

# Bureau of Prisons Health Services

## 2016 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
Dosage Forms: N/A	MLP Requires Cosign: No	Form./Non: Formulary	Include Look/Sound: No	Active Loc.: No
Changes Since: N/A	Include Diagnosis: No	MRC Use Only: No	Non Substitutable: No	Medguide: No

Doctor Name	Item Name	Dosage Form	GPI Code	No Sub.	DEA Sched.	Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active Dose	Fmly
Abacavir Sulfate (ABC) Oral Soln 20mg/ml	Abacavir Sulfate(ABC) Oral Soln 20 MG/ML (240ml) (Ziagen)	Sol	12105005102020	No	0	Yes	No	No	No	N/A	No	Yes
**MLP Requires Cosign**												
Abacavir Sulfate (ABC) Tablet	Abacavir (ABC) 300 MG TAB (Ziagen)	Tab	12105005100320	No	0	Yes	No	No	No	N/A	No	Yes
Abacavir (ABC) 300 MG TAB UD (Ziagen)	Abacavir (ABC) 300 MG TAB UD (Ziagen)	Tab	12105005100320	No	0	Yes	No	No	No	N/A	Yes	Yes
**MLP Requires Cosign**												
Abacavir Sulfate/Lamivudine 600mg/300 mg Tablet	Abacavir Sulfate/Lamivudine 600MG/300MG TAB (Epzicom)	Tab	12109902200340	No	0	Yes	No	No	No	N/A	No	Yes
Abacavir Sulfate/Lamivudine 600MG/300MG Tab UD (Epzicom)	Abacavir Sulfate/Lamivudine 600MG/300MG Tab UD (Epzicom)	Tab	12109902200340	No	0	Yes	No	No	No	N/A	Yes	Yes
**MLP Requires Cosign**												
Abacavir-Lamivudine-Zidovudine Tablet	Abacavir-Lamivudine-Zidovudine 300-150-300MG tab (Trizivir)	Tab	12109903200320	No	0	Yes	No	No	No	N/A	No	Yes
Abacavir-Lamivudine-Zidovudine 300-150-300MG TAB UD (Trizivir)	Abacavir-Lamivudine-Zidovud 300-150-300MG TAB UD (Trizivir)	Tab	12109903200320	No	0	Yes	No	No	No	N/A	Yes	Yes
**MLP Requires Cosign**												
Abacavir/Dolutegrav/Lamivudine Tab 600-50-300MG	Abacavir/Dolutegrav/Lamivudine Tab 600-50-300MG (Triumeq)	Tab	12109903150320	No	0	Yes	No	No	No	N/A	No	Yes
**MLP Requires Cosign**												
Acetaminophen 325 MG Tablet	Acetaminophen 325 MG Tab UD (Tylenol)	Tab	64200010000310	No	0	No	No	No	No	N/A	Yes	Yes
Acetaminophen 325 MG Tab UD (Tylenol)	Acetaminophen 325 MG Tab (Tylenol)	Tab	64200010000310	No	0	No	No	No	No	N/A	No	Yes
Acetaminophen 325 MG Tab (OTC) 24 count (Tylenol)	Acetaminophen 325 MG Tab (OTC) 24 count (Tylenol)	Tab	64200010000310	No	0	No	No	No	No	N/A	No	Yes
Acetaminophen 325 MG Tab (OTC) 50 count (Tylenol)	Acetaminophen 325 MG Tab (OTC) 50 count (Tylenol)	Tab	64200010000310	No	0	No	No	No	No	N/A	No	Yes
Acetaminophen 325 MG Tab (OTC) 100 count	Acetaminophen 325 MG Tab (OTC) 100 count	Tab	64200010000310	No	0	No	No	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Only	Ln	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
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	No	N/A	Yes	Yes	
	Acetaminophen 500 MG/5ML liquid (237ML)	Liq	64200010000930	No	0	No	Yes	No	No	No	N/A	No	Yes	No	Yes
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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	No	Yes
	Acetaminophen Oral Liquid 160 MG/5ML	Liq	64200010000912	No	0	No	Yes	No	No	No	N/A	No	Yes	No	Yes
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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	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 Rectal Suppository 325 MG	Acetaminophen Rectal Suppository 325 MG (Acephen)	Supp	64200010005215	No	0	No	Yes	No	No	No	N/A	No	Yes	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 Rectal Suppository 120 mg	Acetaminophen Rectal Suppository 120 MG (Tylenol)	Supp	64200010005205	No	0	No	Yes	No	No	No	N/A	No	Yes	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 Rectal Suppository 650 mg	Acetaminophen Rectal Suppository 650 MG (Tylenol)	Supp	64200010005220	No	0	No	Yes	No	No	No	N/A	No	Yes	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 (Tylenol Extra Strength Suspension)	Liq	64200010000914	No	0	No	Yes	No	No	No	N/A	No	Yes	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
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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 the BOP National Formulary, Part 1.\*\*

Acetaminophen/Codeine 300/30 MG Tablets	Tab	65991002050315	No	3	Yes	No	Yes	Yes	N/A	No	Yes	N/A	No	Yes
Acetaminophen/Codeine 300/30MG Tab (Tylenol #3)	Tab	65991002050315	No	3	Yes	No	Yes	Yes	N/A	Yes	Yes	N/A	Yes	Yes

Advisories:

\*\*\*\*ORDER MAY NOT EXCEED 30 DAYS\*\* \*\*PILL LINE ONLY\*\* \*\*IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION\*\* \*\*IMMEDIATE RELEASE, CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM\*\*\*\*

\*\*MLP Requires Cosign\*\*

Acetaminophen/Codeine 300/60MG Tablet	Tab	65991002050320	No	3	Yes	No	Yes	Yes	N/A	Yes	Yes	N/A	Yes	Yes
Acetaminophen/Codeine 300/60MG Tab (Tylenol #4)	Tab	65991002050320	No	3	Yes	No	Yes	Yes	N/A	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	Sol	65991002052020	No	5	Yes	Yes	Yes	Yes	No	N/A	Yes	No	N/A	Yes
Acetaminophen/Codeine 120MG/12MG/5ML, 15ML soln (Tylenol with Codeine Solution)	Sol	65991002052020	No	5	Yes	Yes	Yes	Yes	No	N/A	No	N/A	No	Yes
Acetaminophen/Codeine 120MG/12MG/5ML, 12.5ML Soln (Tylenol with Codeine Solution)	Sol	65991002052020	No	5	Yes	Yes	Yes	Yes	No	N/A	No	N/A	No	Yes
Acetaminophen/Codeine 120MG/12MG/5ML, 10ML soln (Tylenol with Codeine Solution)	Susp	65991002051805	No	5	Yes	Yes	Yes	Yes	No	N/A	No	N/A	No	Yes
Acetaminophen/Codeine 120MG/12 MG/5ML (5ML) Soln (Tylenol with Codeine Solution)	Sol	65991002052020	No	5	Yes	Yes	Yes	Yes	No	N/A	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	Cap ER 12	371000100006920	No	0	No	No	No	No	N/A	No	Yes	No	N/A	Yes
acetaZOLAMIDE ER 500 MG Cap (Diamox SEQUELS)	Tab	37100010000305	No	0	No	No	No	No	N/A	No	Yes	No	N/A	Yes
acetaZOLAMIDE Tablet	Tab	37100010000310	No	0	No	No	No	No	N/A	Yes	Yes	Yes	N/A	Yes
acetaZOLAMIDE 125 MG Tab (Diamox)	Tab	37100010000310	No	0	No	No	No	No	N/A	No	Yes	No	N/A	Yes
acetaZOLAMIDE 250 MG UD (Diamox)	Tab	37100010000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes	N/A	Yes
acetaZOLAMIDE 250 MG Tab (Diamox)	Sol	87300020102000	No	0	No	Yes	No	No	N/A	No	Yes	No	N/A	Yes

Acetic Acid HC Otic (10ML) 2-1%

Acetic Acid HC otic (10ML) 2-1% ML (Vosol HC Otic)

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmly
Acetic Acid Irrigation 0.25%	Acetic Acid Irrigation 0.25%	Sol	56700040002005	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Acetic Acid Otic (15 ML) 2%	Acetic Acid Otic (15 ML) 2%	Sol	87400010102010	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Acetic Acid/Alum acetate Otic 2%	Acetic Acid/Alum acetate Otic 2%	Sol	87400025002010	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Acetylcholine Ophth 1:100 soln (Miochol-E Intraocular Solution Reconstituted 20 MG)	Acetylcholine Ophth 1:100 soln (Miochol-E Intraocular Solution Reconstituted 20 MG)	Sol Recon	86501010102110	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Advisories: *****FOR ANESTHESIA /SURGERY USE ONLY***** **Medical Referral Center (MRC) Use Only**													
Acetylcysteine 20%, 4ML sol	Acetylcysteine 20%, 4ML sol (Mucomyst)	Sol	43300010002005	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Acetylcysteine Inhalation Solution 10 %	Acetylcysteine Inhalation Solution 10 %	Sol	43300010002003	No	0	No	No	No	No	N/A	No	Yes	Yes
Acetylcysteine Inhalation Solution 10%	Acetylcysteine Inhalation Solution 10%	Sol	43300010002003	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Acetylcysteine Inhalation Solution 20%	Acetylcysteine Inhalation Solution 20%	Sol	43300010002005	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Acetylcysteine 20 % , 30 ML Sol (Mucomyst)	Acetylcysteine 20 % , 30 ML Sol (Mucomyst)	Sol	43300010002005	No	0	No	No	No	No	N/A	No	Yes	Yes
Acetylcysteine 20% Inhal Sol, 10 ml	Acetylcysteine 20% Inhal Sol, 10 ml	Sol	93000007002020	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Acetylcysteine Intravenous Soln 200 MG/ML (20%)	Acetylcysteine Intravenous Solution 200 MG/ML (Acetadose)	Susp	12405010001810	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Acyclovir Suspension 200 MG/5ML	Acyclovir Susp 200 MG/5ML ( 16 oz) (Zovirax)	Sol Recon	12405010102130	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Acyclovir Injection	Acyclovir Sodium 500 MG IV Solution (Zovirax)	Sol Recon	12405010102120	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Acyclovir 200 MG Cap (Zovirax)	Acyclovir 200 MG Cap (Zovirax)	Cap	12405010000110	No	0	No	No	No	No	N/A	No	Yes	Yes
Acyclovir 200 MG Cap UD (Zovirax)	Acyclovir 200 MG Cap UD (Zovirax)	Cap	12405010000110	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Acyclovir 400 MG Tab (Zovirax)	Acyclovir 400 MG Tab (Zovirax)	Tab	12405010000320	No	0	No	No	No	No	N/A	No	Yes	Yes
Acyclovir 800 MG TAB (Zovirax)	Acyclovir 800 MG TAB (Zovirax)	Tab	12405010000330	No	0	No	No	No	No	N/A	No	Yes	Yes
Acyclovir 800 MG TAB UD (Zovirax)	Acyclovir 800 MG TAB UD (Zovirax)	Tab	12405010000330	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Acyclovir 400 MG Tab UD (Zovirax)	Acyclovir 400 MG Tab UD (Zovirax)	Tab	12405010000320	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Addamel N Intravenous Solution	Addamel N Intravenous Solution (addamel)	Sol	79909909202020	No	0	No	No	No	No	N/A	No	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
**Medical Referral Center (MRC) Use Only**													
Adenosine Injection													
	Adenosine Intravenous Solution 6 MG/2ML	Sol	35500010002015	No	0	No	No	Yes	No	N/A	No	No	Yes
	Adenosine Intravenous Solution 12 MG/4ML (Adenocard)	Sol	35500010002020	No	0	No	No	Yes	No	N/A	No	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	No	Yes
	Ace Spacer/Aero-Holding Chambers Device (ace spacer)	Device	97100550006200	No	0	No	Yes	No	No	N/A	No	No	Yes
Albendazole Tablet													
	Albendazole 200MG TAB (Albenza)	Tab	15000002000320	No	0	No	No	No	No	N/A	No	No	Yes
Albumin Human													
	Albumin Human IV Sol 25 % 100 ML	Sol	85400010002015	No	0	No	No	Yes	No	N/A	No	No	Yes
	Albumin Human 5%, 500 ML	Sol	85400010002010	No	0	No	No	Yes	No	N/A	No	No	Yes
	Albumin Human IV Sol 5 % 500 ML (Albumin, Human)	Sol	85400010002010	No	0	No	No	Yes	No	N/A	No	No	Yes
Albumin, Human													
	Albumin Human IV Sol 25 % 50 ML (Albuminar-25)	Sol	85400010002015	No	0	No	No	Yes	No	N/A	No	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	No	Yes
	Albuterol Inhaler HFA (18 GM) 90 mcg (Ventolin HFA)	Aero Sol	44201010103410	No	0	No	Yes	No	No	N/A	No	No	Yes
	Albuterol Inhaler HFA (8.5 GM) 90 MCG/ACT (Proventil)	Aero Sol	44201010103410	No	0	No	Yes	No	No	N/A	No	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	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	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	No	Yes
Albuterol Sulfate Tablet													
	Albuterol Sulfate 2 mg tab (Proventil)	Tab	44201010100305	No	0	No	No	No	No	N/A	No	No	Yes
	Albuterol Sulfate 2 mg UD tab (Albuterol)	Tab	44201010100305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Albuterol Sulfate 4 MG TAB (Proventil)	Tab	44201010100310	No	0	No	No	No	No	N/A	No	No	Yes
Alcohol, Isopropyl													
	Alcohol, Isopropyl 70%, 480ML btl (Alcohol)	Sol	96201050102070	No	0	No	Yes	Yes	No	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active Dose	Unit	Fmlry
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Advisories:  
 \*\*\*\*\*CLINIC USE ONLY, NOT TO BE ISSUED TO INMATE\*\*\*\*

Alcohol, Isopropyl Pads  
 Alcohol, Isopropyl 70% PADS (Alcohol Pads)

Advisories:  
 \*\*\*\*\*CLINIC USE ONLY, NOT TO BE ISSUED TO INMATE\*\*\*\*

Alendronate Tablet  
 Alendronate 40 MG TAB (Fosamax)  
 Alendronate 10 MG TAB UD (Fosamax)  
 Alendronate 10 MG TAB (Fosamax)  
 Alendronate 5 MG Tab (Fosamax)  
 Alendronate 70 MG TAB (Fosamax)  
 Alendronate 35 MG TAB (Fosamax)  
 Alendronate 70 MG Tab UD (Fosamax)  
 Alendronate 5 MG Tab UD (Fosamax)  
 Alendronate 35 MG TAB UD

Allopurinol Injection  
 Allopurinol 500 MG Inj (Aloprim)

Allopurinol Tablet  
 Allopurinol 100 MG Tab UD (Zyloprim)  
 Allopurinol 100 MG Tab (Zyloprim)  
 Allopurinol 300 MG Tab (Zyloprim)  
 Allopurinol 300 MG Tab UD (Zyloprim)

ALOH/Mag Carb (Gaviscon ES) 160-105 MG Chew Tab  
 ALOH/Mag Carb(Gaviscon Extra Strength)Chew Tab (Gaviscon Extra Strength Tab Chewable 160- Tab Chew 105MG)

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)

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/Magnes (Gaviscon) 355ML Suspension  
 ALOH/MGOH (acid Gone)355ML Susp 95-358 MG/15ML (Gaviscon)

Alcohol, Isopropyl Pads	Alcohol, Isopropyl 70% PADS (Alcohol Pads)	Pad	97703040004300	No	0	No	Yes	Yes	No	N/A	Yes	Yes	Yes
Alendronate Tablet	Alendronate 40 MG TAB (Fosamax)	Tab	30042010100340	No	0	No	No	No	No	N/A	No	Yes	Yes
	Alendronate 10 MG TAB UD (Fosamax)	Tab	30042010100310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Alendronate 10 MG TAB (Fosamax)	Tab	30042010100310	No	0	No	No	No	No	N/A	No	Yes	Yes
	Alendronate 5 MG Tab (Fosamax)	Tab	30042010100305	No	0	No	No	No	No	N/A	No	Yes	Yes
	Alendronate 70 MG TAB (Fosamax)	Tab	30042010100370	No	0	No	No	No	No	N/A	No	Yes	Yes
	Alendronate 35 MG TAB (Fosamax)	Tab	30042010100335	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Alendronate 70 MG Tab UD (Fosamax)	Tab	30042010100370	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Alendronate 5 MG Tab UD (Fosamax)	Tab	30042010100305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Alendronate 35 MG TAB UD	Tab	30042010100335	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Allopurinol Injection	Allopurinol 500 MG Inj (Aloprim)	Sol Recon	68000010102120	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Allopurinol Tablet	Allopurinol 100 MG Tab UD (Zyloprim)	Tab	68000010000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Allopurinol 100 MG Tab (Zyloprim)	Tab	68000010000305	No	0	No	No	No	No	N/A	No	Yes	Yes
	Allopurinol 300 MG Tab (Zyloprim)	Tab	68000010000310	No	0	No	No	No	No	N/A	No	Yes	Yes
	Allopurinol 300 MG Tab UD (Zyloprim)	Tab	68000010000310	No	0	No	No	No	No	N/A	Yes	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- Tab Chew 105MG)	Tab Chew	48990002150520	No	0	No	No	No	No	N/A	No	Yes	Yes
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	N/A	No	Yes	Yes
ALOH/Magnes (Gaviscon) 355ML Suspension	ALOH/MGOH (acid Gone)355ML Susp 95-358 MG/15ML (Gaviscon)	Susp	48990002151809	No	0	No	Yes	No	No	N/A	No	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
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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/Magnes/Simeth 2400/2400/240 MG Liquid														
ALOH/MGOH/Simeth 30ML 2400/2400/240 mg (Mag-AI Plus XS)		Liq	48991003101835	No	0	No	Yes	No	No	N/A	Yes	Yes		
Mylanta DS Susp (OTC) 400-400-40 MG/5ML (480ml) (Mylanta double)		Susp	48991003101835	No	0	No	No	No	No	N/A	No	Yes		

Advisories:

\*\*Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. 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 DS 400/400/40 MG/5ML 360ML susp (Mi-Acid Maximum Strength)		Susp	48991003101835	No	0	No	Yes	No	No	N/A	No	Yes		

Advisories:

\*\*Formulary OTC Medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. 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 30ML 1200/1200/120MG liq (Mag-AI Plus 30 ML CUP)		Liq	48991003101810	No	0	No	Yes	No	No	N/A	Yes	Yes		
ALOH/MGOH/Simeth 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-AI 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.\*\*

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active Dose	Unit	Fmlry
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		Sol	80302010102040	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
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 15% Intravenous Solution		Sol	80302010102060	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Amino Acid 15% IV Solution 2000ml (Aminosyn II IV solution)		Sol	80302010102060	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Amino Acid 8.5% IV Soln		Sol	80302010102030	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
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 4.25/5 IV Soln		Sol	80302020552032	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Amino Acid/Dex 4.25/5 2L IV Soln (Clinimix E 4.25%)		Sol	80302020552032	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Amino Acid/Dex/Elec 5/20 IV Soln 2L		Sol	80302020702040	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Amino Acid/Dex/Elec 5/20 IV Soln 2L (Clinimix E)		Sol	80302020702040	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Amino Acid/Dex/Electrolyte (5/15)		Sol	80302020652040	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Amino Acid/Dex/Elec 5/15 2L IV Soln (Clinimix E 5/15 2 liter)		Sol	80302020652040	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Amino Acid/Dextrose (4.25/20)		Sol	80302010302032	No	0	No	No	Yes	No	N/A	No	Yes	Yes
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		Sol	80302010252032	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
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		Sol	80302010352032	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
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 Soln		Sol	80302010302040	No	0	No	No	Yes	No	N/A	No	Yes	Yes
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		Sol	80302020602032	No	0	No	No	Yes	No	N/A	No	Yes	Yes
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		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		Sol	80302020752040	No	0	No	No	Yes	No	N/A	No	Yes	Yes
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		Sol	80302010152010	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Amino Acid/Glycerin w/Elec 3/3 IV soln (Procalamine)		Sol	80302010152010	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes



Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Aminocaproic Acid Injection														
Aminocaproic Acid 250 MG/ML inj (Amicar)		Sol	84100010002005	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes
Aminocaproic Acid Syrup 250 MG/ML														
Aminocaproic Acid (480ML) 250 MG/ML syr (Amicar)		Syrup	84100010001205	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
Aminocaproic Acid Tablet														
Aminocaproic Acid 500 MG TAB (Amicar)		Tab	84100010000305	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Aminocaproic Acid 500 MG Tab UD		Tab	84100010000305	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Aminophylline Injection														
Aminophylline 25MG/ML, 20ML inj (Aminophylline)		Sol	44300010002010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes
Aminophylline 25MG/ML, 10ML inj (Aminophylline)		Sol	44300010002010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes
Amiodarone Injection														
Amiodarone HCl IV Solution 150 MG/3ML		Sol	35400005002030	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Amiodarone HCl IV Solution 450 MG/9ML (Cordarone)		Sol	35400005002040	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Advisories:														
***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***														
Formulary Restrictions:														
****CARDIOLOGIST-INITIATED THERAPY ONLY IN NON-EMERGENCY USE****														
**Medical Referral Center (MRC) Use Only**														
Amiodarone Tablet														
Amiodarone HCl 200 MG Tab UD (Pacerone)		Tab	35400005000305	No	0	No	No	No	No	N/A	Yes	Yes	No	Yes
Amiodarone HCl 200 MG Tab (Pacerone)		Tab	35400005000305	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Amiodarone HCl 100 MG Tab (Pacerone)		Tab	35400005000303	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Amiodarone HCl 100 MG Tab UD (Pacerone)		Tab	35400005000303	No	0	No	No	No	No	N/A	Yes	Yes	No	Yes
Amiodarone HCl 400 MG Tab (Pacerone)		Tab	35400005000320	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Advisories:														
***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***														
Formulary Restrictions:														
****CARDIOLOGIST-INITIATED THERAPY ONLY IN NON-EMERGENCY USE****														
Amitriptyline Tablet														
Amitriptyline 10 MG TAB (Elavil)		Tab	58200010100305	No	0	Yes	No	Yes	No	N/A	No	Yes	No	Yes
Amitriptyline 10 MG TAB UD (Elavil)		Tab	58200010100305	No	0	Yes	No	Yes	No	N/A	Yes	Yes	No	Yes
Amitriptyline 100 MG Tab (Elavil)		Tab	58200010100325	No	0	Yes	No	Yes	No	N/A	No	Yes	No	Yes
Amitriptyline 100 MG Tab UD (Elavil)		Tab	58200010100325	No	0	Yes	No	Yes	No	N/A	Yes	Yes	No	Yes
Amitriptyline 150 MG Tab (Elavil)		Tab	58200010100330	No	0	Yes	No	Yes	No	N/A	No	Yes	No	Yes
Amitriptyline 150 MG Tab UD (Elavil)		Tab	58200010100330	No	0	Yes	No	Yes	No	N/A	Yes	Yes	No	Yes
Amitriptyline 25 MG Tab UD (Elavil)		Tab	58200010100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes	No	Yes
Amitriptyline 25 MG Tab (Elavil)		Tab	58200010100310	No	0	Yes	No	Yes	No	N/A	No	Yes	No	Yes
Amitriptyline 50 MG Tab (Elavil)		Tab	58200010100315	No	0	Yes	No	Yes	No	N/A	No	Yes	No	Yes
Amitriptyline 75 MG Tab (Elavil)		Tab	58200010100320	No	0	Yes	No	Yes	No	N/A	No	Yes	No	Yes
Amitriptyline 75 MG Tab UD (Elavil)		Tab	58200010100320	No	0	Yes	No	Yes	No	N/A	Yes	Yes	No	Yes
Amitriptyline 50 MG Tab UD (Elavil)		Tab	58200010100315	No	0	Yes	No	Yes	No	N/A	Yes	Yes	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmly
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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	N/A	Yes	Yes	Yes	Yes
	amLODIPine 10 MG TAB (Norvasc)	Tab	34000003100340	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	amLODIPine 2.5 MG TAB (Norvasc)	Tab	34000003100320	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	amLODIPine 5 MG TAB UD (Norvasc)	Tab	34000003100330	No	0	No	No	No	No	N/A	Yes	Yes	No	Yes
	amLODIPine 5 MG TAB (Norvasc)	Tab	34000003100330	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	amLODIPine 2.5 MG TAB UD (Norvasc)	Tab	34000003100320	No	0	No	No	No	No	N/A	Yes	Yes	No	Yes
Ammonia Aromatic Inhalation	Ammonia Aromatic 0.33 AMP inhalation (Ammonia Aromatic)	Inhaler	99000015102400	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes
Amoxicillin 875 Mg Tablet	Amoxicillin 875 MG TAB (Amoxil)	Tab	01200010100315	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Amoxicillin Capsule	Amoxicillin 250 MG Cap UD (Trimox)	Cap	01200010100105	No	0	No	No	No	No	N/A	Yes	Yes	No	Yes
	Amoxicillin 500 MG Cap (Amoxil)	Cap	01200010100110	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	Amoxicillin 500 MG Cap UD (Trimox)	Cap	01200010100110	No	0	No	No	No	No	N/A	Yes	Yes	No	Yes
	Amoxicillin 250 MG Cap (Trimox)	Cap	01200010100105	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Amoxicillin Chewable Tablet	Amoxicillin 250 MG Chewable Tablet	Tab Chew	01200010100510	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Amoxicillin Suspension	Amoxicillin 400 MG/5ML Susp (Amoxil)	Susp Recon	01200010101924	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
	Amoxicillin (80 ML) 125MG/5ML susp (Amoxil)	Susp Recon	01200010101910	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
	Amoxicillin 250 MG/5ML Susp (Amoxil)	Susp Recon	01200010101915	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
Amoxicillin/Clav Suspension	Amoxicillin/Clav (150ML) 250 MG/5ML susp (Augmentin)	Susp Recon	01990002201920	No	0	Yes	Yes	No	No	N/A	No	Yes	No	Yes
	Amoxicillin/Clav (100ML) 200 MG/5 ML susp (Augmentin)	Susp Recon	01990002201915	No	0	Yes	Yes	No	No	N/A	No	Yes	No	Yes
	Amoxicillin/Clav 400MG/5ML susp (Augmentin)	Susp Recon	01990002201935	No	0	Yes	Yes	No	No	N/A	No	Yes	No	Yes
	Amoxicillin/Clav (200ML) 600mg/5ml susp (Augmentin)	Susp Recon	01990002201960	No	0	Yes	Yes	No	No	N/A	No	Yes	No	Yes
	Amoxicillin-Clav Susp 600-42.9MG/5ML (75ml)	Susp Recon	01990002201960	No	0	Yes	Yes	No	No	N/A	No	Yes	No	Yes

Advisories:  
 \*\*\*\*\*APPROVED FOR HUMAN BITES\*\*\*\*\*  
 \*\*MLP Requires Cosign\*\*

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlry
Amoxicillin/Clav Tablet	Amoxicillin/Clav 250/125MG TAB (Augmentin)	Tab	01990002200310	No	0	Yes	No	No	No	N/A	No	N/A	Yes
	Amoxicillin/Clav 500/125MG TAB (Augmentin)	Tab	01990002200320	No	0	Yes	No	No	No	N/A	No	N/A	Yes
	Amoxicillin/Clav 500/125MG TAB UD (Augmentin)	Tab	01990002200320	No	0	Yes	No	No	No	N/A	Yes	N/A	Yes
	Amoxicillin/Clav 875/125MG TAB (Augmentin)	Tab	01990002200340	No	0	Yes	No	No	No	N/A	No	N/A	Yes
	Amoxicillin/Clav 875/125MG UD (Augmentin)	Tab	01990002200340	No	0	Yes	No	No	No	N/A	Yes	N/A	Yes
Advisories:													
*****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	N/A	Yes
Amphoter B Liposome Injection	Amphoter B Liposome 50 MG inj (Ambisone)	Susp Recon	11000010401920	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
Amphotericin B Injection	Amphotericin B 50 MG inj (Amphotericin B)	Sol Recon	11000010002105	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
Amphoter B 50 MG inj (Fungizone)	Amphoter B 50 MG inj (Fungizone)	Sol Recon	11000010002105	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
Ampicillin Injection	Ampicillin 1 GM ADV inj (Ampicillin)	Sol Recon	01200020302122	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
	Ampicillin 2 GM ADV inj (Ampicillin)	Sol Recon	01200020302127	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
	Ampicillin 1 GM inj (Ampicillin)	Sol Recon	01200020302120	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
	Ampicillin 2 GM inj (Ampicillin)	Sol Recon	01200020302125	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
Ampicillin/Subbactam Injection	Ampicillin/Subbactam 3GM inj (Unasyn)	Sol Recon	01990002252122	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
	Ampicillin/Subbactam 1.5GM inj (Unasyn)	Sol Recon	01990002252112	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
	Ampicillin/Subbactam 1.5GM inj ADV (Unasyn)	Sol Recon	01990002252112	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
	Ampicillin-Subbactam Inj Soln 1.5 (1-0.5)GM	Sol Recon	01990002252110	No	0	No	No	Yes	No	N/A	No	N/A	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	N/A	Yes
Advisories:													
***FDA warning - not for use in hemodialysis units***													
Anticoagulant Sodium Citrate Soln 4 GM/100ML	Anticoagulant Sodium Citrate Soln 4GM/100ML(500m (Anticoagulant Sodium Citrate Soln 4 GM/100ML)	Sol	83400080102020	No	0	No	No	Yes	No	N/A	No	N/A	Yes
Sodium Citrate 4 % 5ml (re-pack syringe) (anticoagulant)	Sodium Citrate 4 % 5ml (re-pack syringe) (anticoagulant)	Sol	83400080102020	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
Antihemophilic fact , reco Xyntha Solofuse IV Kit	Antihemophilic fact Xyntha Solofuse IV Kit 2000U (Xyntha Solofuse)	Kit	85100010266460	No	0	Yes	No	Yes	No	N/A	No	N/A	Yes
Antihemophilic fact Xyntha Solofuse IV 1000 UNIT (Xyntha Solofuse)	Antihemophilic fact Xyntha Solofuse IV 1000 UNIT (Xyntha Solofuse)	Kit	85100010266440	No	0	Yes	Yes	Yes	No	N/A	No	N/A	Yes
Antihemophilic fact Xyntha Solofuse IV 500 UNIT (Xyntha Solofuse)	Antihemophilic fact Xyntha Solofuse IV 500 UNIT (Xyntha Solofuse)	Kit	85100010266430	No	0	Yes	No	Yes	No	N/A	No	N/A	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlry
	**MLP Requires Cosign**												
Antihemophilic Factor-VWF Injection	Antihemophilic Factor-VWF Soln 250-600 UNIT (Humate P)	Sol Recon	85100015102122	No	0	No	No	Yes	No	N/A	No	No	Yes
	Antihemophilic Factor-VWF Soln 1000-2400 UNIT (Humate P)	Sol Recon	85100015102144	No	0	No	No	Yes	No	N/A	No	No	Yes
	Antihemophilic/VWF Complex/Human IV Sol 2000 UNIT (Alphanate/Vwf)	Sol Recon	85100015102193	No	0	No	No	Yes	No	N/A	No	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	No	Yes
	Antihemophilic Fac VIII Med(~500)(Koate-DVI) IV (Koate-DVI)	Sol Recon	85100010002130	No	0	No	No	Yes	No	N/A	No	No	Yes
	Antihemophilic fact, Koate-DVI IV Soln 250 UNIT (Koate-DVI)	Sol Recon	85100010002110	No	0	No	No	Yes	No	N/A	No	No	Yes
Apraclonidine 0.5% Ophthalmic Solution	Apraclonidine ophth 0.5% (5 ML) soln (lopidine)	Sol	86602010102010	No	0	No	Yes	No	No	N/A	No	No	Yes
	Formulary Restrictions:												
	****OPHTHALMOLOGIST USE ONLY****												
Apraclonidine 1% Ophthalmic Solution	Apraclonidine ophth 1% (5 ML) soln (lopidine)	Sol	86602010102020	No	0	No	Yes	No	No	N/A	No	No	Yes
	Apraclonidine Ophthalmic Solution 1% (0.1ml) (lopidine)	Sol	86602010102020	No	0	No	Yes	No	No	N/A	No	No	Yes
	Formulary Restrictions:												
	****OPHTHALMOLOGIST USE ONLY****												
Aprepitant Capsule	Aprepitant 80 MG CAP (Emend)	Cap	502800200000120	No	0	No	No	No	No	N/A	No	No	Yes
	Aprepitant 125 MG CAP (Emend)	Cap	502800200000130	No	0	No	No	No	No	N/A	No	No	Yes
	Aprepitant 3 day pack 1x125mg, 2x80mg Cap (Emend)	Miscellaneous	502800200006320	No	0	No	Yes	No	No	N/A	No	No	Yes
	Aprepitant 125 MG Cap UD (Emend)	Cap	502800200000130	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Aprepitant 80 MG Cap UD (Emend)	Cap	502800200000120	No	0	No	No	No	No	N/A	Yes	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-Genex 10)	Sol	94200012102005	No	0	No	Yes	Yes	No	N/A	No	No	Yes
Aspirin 325 MG Tablet	Aspirin 325 MG Tab UD (Aspirin)	Tab	641000100000315	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Aspirin 325 MG Tab (Aspirin)	Tab	641000100000315	No	0	No	No	No	No	N/A	No	No	Yes
	Aspirin 500 MG Tab (Aspirin)	Tab DR	641000100000607	No	0	No	No	No	No	N/A	No	No	Yes
	Aspirin 325 MG Tab (OTC) 24 count	Tab	641000100000315	No	0	No	No	No	No	N/A	No	No	Yes
	Aspirin 325 MG Tab (OTC) 100 Count	Tab	641000100000315	No	0	No	No	No	No	N/A	No	No	Yes
	Aspirin 325 MG Tab (OTC) 50 count	Tab	641000100000315	No	0	No	No	No	No	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlyr
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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 the BOP National Formulary, Part I.\*\*

Aspirin 81 MG Tablet (365 day)														
Aspirin 81 MG EC Tab UD (Aspirin E.C.)		Tab DR	64100010000601	No	0	No	No	No	No	No	No	N/A	Yes	Yes
Aspirin 81 MG Tab Chewable (Aspirin)		Tab Chew	64100010000510	No	0	No	No	No	No	No	No	N/A	No	Yes
Aspirin 81 MG EC Tab (Aspirin E.C.)		Tab DR	64100010000601	No	0	No	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	No	N/A	Yes	Yes
Aspirin 81 MG Tab Chewable UD		Tab Chew	64100010000510	No	0	No	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	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 Suppository		Supp	641000100005218	No	0	No	Yes	No	No	N/A	No	No	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 the BOP National Formulary, Part I.\*\*

Aspirin, E.C. 325 MG Tablet		Tab DR	64100010000605	No	0	No	No	No	No	No	No	N/A	Yes	Yes
Aspirin, E.C. 325 MG Tab UD (Aspirin)		Tab DR	64100010000605	No	0	No	No	No	No	No	No	N/A	No	Yes

Advisories:  
 \*\*Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.\*\*

Atazanavir (ATV) Sulfate Capsule		Cap	12104515200120	No	0	Yes	No	No	No	No	No	N/A	No	Yes
Atazanavir Sulfate (ATV) 100 MG CAP (Reyataz)		Cap	12104515200130	No	0	Yes	No	No	No	No	No	N/A	No	Yes
Atazanavir Sulfate (ATV) 150 MG CAP (Reyataz)		Cap	12104515200140	No	0	Yes	No	No	No	No	No	N/A	No	Yes
Atazanavir Sulfate (ATV) 200 MG CAP (Reyataz)		Cap	12104515200150	No	0	Yes	No	No	No	No	No	N/A	No	Yes
Atazanavir Sulfate (ATV) 300 MG Cap (Reyataz)		Cap	12104515200130	No	0	Yes	No	No	No	No	No	N/A	Yes	Yes
Atazanavir Sulfate (ATV) 150 MG CAP UD (Reyataz)		Cap	12104515200150	No	0	Yes	No	No	No	No	No	N/A	Yes	Yes
Atazanavir Sulfate (ATV) 300 MG Cap UD (Reyataz)		Cap	12104515200140	No	0	Yes	No	No	No	No	No	N/A	Yes	Yes

\*\*MLP Requires Cosign\*\*

Atenolol Tablet		Tab	332000200000310	No	0	No	No	No	No	No	No	N/A	No	Yes
Atenolol 100 MG TAB (Tenormin)		Tab	332000200000310	No	0	No	No	No	No	No	No	N/A	Yes	Yes
Atenolol 100 MG UD (Tenormin)		Tab	332000200000303	No	0	No	No	No	No	No	No	N/A	No	Yes
Atenolol 25 MG TAB (Tenormin)		Tab	332000200000303	No	0	No	No	No	No	No	No	N/A	Yes	Yes
Atenolol 25 MG TAB UD (Tenormin)		Tab	332000200000303	No	0	No	No	No	No	No	No	N/A	Yes	Yes
Atenolol 50 MG TAB (Tenormin)		Tab	332000200000305	No	0	No	No	No	No	No	No	N/A	No	Yes
Atenolol 50 MG TAB UD (Tenormin)		Tab	332000200000305	No	0	No	No	No	No	No	No	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
Atorvastatin	Tablet												
	Atorvastatin 10 MG Tab (Lipitor)	Tab	39400010100310	No	0	No	No	No	No	N/A	No	Yes	Yes
	Atorvastatin 20 MG TAB (Lipitor)	Tab	39400010100320	No	0	No	No	No	No	N/A	No	Yes	Yes
	Atorvastatin 40 MG TAB (Lipitor)	Tab	39400010100330	No	0	No	No	No	No	N/A	No	Yes	Yes
	Atorvastatin 80 MG TAB (Lipitor)	Tab	39400010100350	No	0	No	No	No	No	N/A	No	Yes	Yes
	Atorvastatin 20 MG TAB UD (Lipitor)	Tab	39400010100320	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Atorvastatin 40 MG TAB UD	Tab	39400010100330	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Atorvastatin 10 MG TAB UD	Tab	39400010100310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Atorvastatin 80 MG TAB UD	Tab	39400010100350	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Non-Formulary Use Criteria:												
	**1. DOCUMENTED FAILURE OF SIMVASTATIN AT MAXIMUM DOSE**												
	**2. Failure of niacin utilization via the brand name Niaspan formulation**												
	**3. Must complete and submit appendix 2, steps 1-6 , Management of Lipid Disorders, BOP Clinical Practice Guidelines.**												
Atropine	Injection												
	Atropine 1MG/ML inj (Atropine)	Sol	49101010102030	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	**Medical Referral Center (MRC) Use Only**												
Atropine	Ophthalm Oint												
	Atropine Sulfate Ophthalmic Ointment 1 %	Oint	86350010104210	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Atropine	Ophthalm Solution 1%												
	Atropine ophth 1%, 15 mL soln (Atropine)	Sol	86350010102010	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Atropine ophth 1%, 5 mL soln (Atropine)	Sol	86350010102010	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Atropine ophth 1%, 2 mL soln (Atropine)	Sol	86350010102010	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Atropine sulfate Injection 0.1mg/ml	Sol	49101010102010	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Atropine sulfate 0.1MG/ML inj (Atropine)	Sol	49101010102010	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Atropine sulfate Injection 0.4mg/ml	Sol	49101010102020	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Atropine sulfate 0.4MG/ML inj (Atropine)	Sol	49101010102020	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Aveeno	Shower & Bath												
	Aveeno Shower & Bath External Oil (Aveeno Shower & Bath)	Oil	90400000001700	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Formulary Restrictions:												
	***Inpatient Use only****												
azaTHIOprine	Tablet												
	azaTHIOprine 50 MG TAB (Imuran)	Tab	99406010000305	No	0	No	No	No	No	N/A	No	Yes	Yes
	azaTHIOprine 100 MG TAB (Imuran)	Tab	99406010000325	No	0	No	No	No	No	N/A	No	Yes	Yes
	azaTHIOprine 75 MG TAB (Imuran)	Tab	99406010000315	No	0	No	No	No	No	N/A	No	Yes	Yes
	azaTHIOprine 50 MG TAB UD (Imuran)	Tab	99406010000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Azithromycin Injection	Azithromycin INJ 500 MG vial (Zithromax)	Sol Recon	03400010002120	No	0	Yes	Yes	Yes	No	N/A	No	No	No	Yes
**MLP Requires Cosign**														
Azithromycin Tablet	Azithromycin Tab 600 MG (Zithromax)	Tab	03400010000340	No	0	Yes	No	No	No	N/A	No	No	No	Yes
Azithromycin	Tab 250 MG (Zithromax)	Tab	03400010000320	No	0	Yes	No	No	No	N/A	No	No	No	Yes
Azithromycin	Tab 250 MG UD (Zithromax)	Tab	03400010000320	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes	Yes
Azithromycin	Tab 500 MG, (Tri-Pak) (Zithromax Tri-Pak)	Tab	03400010000334	No	0	Yes	No	No	No	N/A	No	No	No	Yes
Azithromycin	Tab 250 MG, (Z-Pak) (Zithromax Z-Pak)	Tab	03400010000320	No	0	Yes	Yes	No	No	N/A	No	No	No	Yes
Azithromycin	Tab 600 MG UD (Zithromax)	Tab	03400010000340	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes	Yes
Azithromycin	Tab 500 MG	Tab	03400010000334	No	0	Yes	No	No	No	N/A	No	No	No	Yes
**MLP Requires Cosign**														

B&L Advanced Eye Relief  
 B & L Advanced Eye Relief (B&L Advanced Eye Relief)  
 Formulary Restrictions:

\*\*\*\*FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY\*\*\*\*

Bacillus Calmette-Guerin Intravesical  
 Bacillus Calmette-Guerin 81MG Vacc (TheraCys) (TheraCys)  
 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)  
 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)  
 Bacitracin/Poly B ointment

Bacitracin/Poly B oint UD Packet (Polysporin)

Bacitracin/Poly B 28.35 GM oint (Polysporin)

Bacitracin/Poly B oint 14.17GM (Polysporin)

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
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.**														
Bacteriostatic Water(Benz Alc) Injec Soln	Bacteriostatic Water(Benz Alc) Injec Soln	Sol	98401020102000	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
Balanced salt solution	Balanced salt solution 500 ML (BSS)	Sol	86803000002000	No	0	No	No	No	No	N/A	No	Yes	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	No	Yes
Barium (VoLumen) Oral Suspension 0.1 %	Barium (VoLumen) Oral Suspension 0.1% 450ml (VoLumen)	Susp	94401010101805	No	0	No	Yes	Yes	No	N/A	No	Yes	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	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	No	Yes
Barium Oral Suspension 40 % ( Tagitol V)	Barium Oral Suspension 40 % ( Tagitol V) Oral Suspension 40 %	Susp	94401010101834	No	0	No	No	Yes	No	N/A	No	Yes	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	No	Yes
	Barium Sulfate 1.3% Susp(Readi-Cat Combo) 900 ml	Susp	94401010101814	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes
Barium Sulfate 2.1 % Suspension	Barium Sulfate 2.1 % Susp 450 ml (Readi-Cat 2)	Susp	94401010101883	No	0	No	No	Yes	No	N/A	No	Yes	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	No	Yes
	Barium Sulfate 2.1% (Readi-Cat 2)Oral Susp 450ml (Readi-cat2)	Susp	94401010101826	No	0	No	Yes	Yes	No	N/A	No	Yes	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	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	No	Yes
Beclomethasone HFA Oral Inhaler 40 Mcg/ACT	Beclomethasone HFA inh 40 MCG (8.7GM) (QVAR)	Aero Sol	44400010103408	No	0	No	Yes	No	No	N/A	No	Yes	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	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	No	Yes
	Belladonna and opium 16A supp (B&O)	Supp	49109902155220	No	2	Yes	Yes	Yes	No	N/A	Yes	Yes	No	Yes



Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Formulary Restrictions:														
**Inpatient use only; order may not exceed 3 days**														
**Medical Referral Center (MRC) Use Only**														
**MLP Requires Cosign**														
Benzo/Butamben/Tetra	Benzo/Butamben/Tetra 56GM Spray (Cetacaine)	Aero	90859903403220	No	0	No	Yes	Yes	No	N/A	No	No	No	Yes
Formulary Restrictions:														
****Pill line or clinic Use only****														
Benzocaine Mouth/Throat Paste 20 % (Orabase-B)	Benzocaine Mouth/Throat Paste 20 % (Orabase-B)	Paste	88350010004420	No	0	No	Yes	No	No	N/A	No	No	No	Yes
Advisories:														
**Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**														
Benzoin Compound Tincture 60 ML (Benzoin Compound)	Benzoin Compound Tincture 60 ML (Benzoin Compound)	Tincture	90972010101500	No	0	No	Yes	Yes	No	N/A	No	No	No	Yes
Formulary Restrictions:														
**Clinic use only, not to be issued to inmate**														
Benzonatate Capsule	Benzonatate 200 MG CAP (Tessalon)	Cap	43102010000110	No	0	No	No	No	No	N/A	No	No	No	Yes
Benzonatate 100 MG CAP (Tessalon)	Benzonatate 100 MG CAP (Tessalon)	Cap	43102010000105	No	0	No	No	No	No	N/A	No	No	No	Yes
Benzonatate 100 MG CAP UD (Tessalon)	Benzonatate 100 MG CAP UD (Tessalon)	Cap	43102010000105	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
Formulary Restrictions:														
**maximum length of therapy 5 days**														
Benztropine Injection	Benzotropine 1MG/ML, 2ML inj (Cogentin)	Sol	73100010102005	No	0	Yes	Yes	Yes	No	N/A	Yes	Yes	Yes	Yes
Advisories:														
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**														
**REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LOFAZEPAM, INJECTABLE BENZTROPINE, AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****														
**MLP Requires Cosign**														
Benzotropine Tablet	Benzotropine 0.5 MG Tab (Cogentin)	Tab	73100010100305	No	0	Yes	No	Yes	No	N/A	No	No	No	Yes
Benzotropine 1 MG Tab (Cogentin)	Benzotropine 1 MG Tab (Cogentin)	Tab	73100010100310	No	0	Yes	No	Yes	No	N/A	No	No	No	Yes
Benzotropine 1 MG Tab UD (Cogentin)	Benzotropine 1 MG Tab UD (Cogentin)	Tab	73100010100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes
Benzotropine 2 MG Tab (Cogentin)	Benzotropine 2 MG Tab (Cogentin)	Tab	73100010100315	No	0	Yes	No	Yes	No	N/A	No	No	No	Yes
Benzotropine 2 MG Tab UD (Cogentin)	Benzotropine 2 MG Tab UD (Cogentin)	Tab	73100010100315	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes
Benzotropine 0.5 MG Tab UD (Cogentin)	Benzotropine 0.5 MG Tab UD (Cogentin)	Tab	73100010100305	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlry
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	Cm	90550020003705	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Betamethasone Dip 15GM 0.05% crea (Diprosone cream)	Cm	90550020003705	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Betamethasone Dip 45GM 0.05% crea (Diprosone Cream)	Cm	90550020003705	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Betamethasone Dip 0.05% Ointment	Oint	90550020004205	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Betamethasone Dip 15GM 0.05% oint (Diprosone Oint)	Oint	90550020004205	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Betamethasone Dip 45GM 0.05% oint (Diprosone Oint)	Oint	90550020004205	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Betamethasone Dip Aug Cream 0.05%	Cm	90550020053705	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Betamethasone Dip Aug 50 GM 0.05% crea (Diprolene)	Cm	90550020053705	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Betamethasone Dip Aug 15 GM 0.05% Cream (diprolene)	Cm	90550020053705	No	0	No	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 ****													
	Betamethasone Dip Aug Ointment 0.05%	Oint	90550020054205	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Betamethasone Dip Aug 50 GM 0.05% oint (Diprolene)	Oint	90550020054205	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Betamethasone Dip Aug 15 GM 0.05% oint (Diprolene)	Oint	90550020054205	No	0	No	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 ****													
	Betaxolol 0.25% Ophth Suspension	Susp	86250010101810	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Betaxolol HCl Ophth 0.25%, 5 ML susp (Betoptic-S)	Susp	86250010101810	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Betaxolol HCl Ophth 0.25%, 10 ML susp (Betoptic-S)	Susp	86250010101810	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Betaxolol 0.5% Ophth Solution	Sol	86250010102005	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Betaxolol HCl Ophth 0.5%, 5 ML Soln (Betoptic)	Sol	86250010102005	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Betaxolol HCl Ophth 0.5 % 15 ML Soln (Betoptic)	Sol	86250010102005	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Bethanechol Chloride Tablet	Tab	54300010100330	No	0	No	No	No	No	N/A	No	No	Yes
	Bethanechol 25 MG TAB (Urecholine)	Tab	54300010100330	No	0	No	No	No	No	N/A	No	No	Yes
	Bethanechol 50 MG TAB (Urecholine)	Tab	54300010100340	No	0	No	No	No	No	N/A	No	No	Yes
	Bethanechol 10 MG TAB (Urecholine)	Tab	54300010100320	No	0	No	No	No	No	N/A	No	No	Yes
	Bethanechol 10 MG TAB UD (Urecholine)	Tab	54300010100320	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Bethanechol 25 MG TAB UD (Urecholine)	Tab	54300010100330	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Bethanechol 5 MG TAB (Urecholine)	Tab	54300010100310	No	0	No	No	No	No	N/A	No	No	Yes
	Bevacizumab Injection	Sol	21335020002030	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
	Bevacizumab 25 MG/ML inj (Avastin)	Sol	21335020002030	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
	Bevacizumab Intravenous Soln 100 MG/4ML (Avastin)	Sol	21335020002025	No	0	No	No	Yes	No	N/A	No	Yes	Yes

Doctor Name	Item Name	Medical Referral Center (MRC) Use Only**	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry	
Bicalutamide	Tablet															
Bicalutamide	50 MG TAB (Casodex)		Tab	21402420000320	No	0	No	No	No	No	No	No	N/A	No	Yes	
Bicalutamide	50 MG TAB UD (Casodex)		Tab	21402420000320	No	0	No	No	No	No	No	No	N/A	Yes	Yes	
Formulary Restrictions:																
***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***																
Bisacodyl	E.C. Tablet															
Bisacodyl	E.C. 5 MG TAB UD (Dulcolax)		Tab DR	46200010000610	No	0	No	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	No	N/A	No	Yes	
Bisacodyl	Suppository															
Bisacodyl	10 MG supp (Dulcolax)		Supp	46200010005205	No	0	No	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	No	Yes	
Bismuth	Subsal Suspen (Kaopectate) 262 MG/15ML (Kaopectate oral susp)		Susp	47300010001805	No	0	No	No	No	No	No	N/A	No	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	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	N/A	No	No	No	Yes	
Bleomycin	Sulfate 15 Units inj (Blenoxane)		Sol Recon	21200010102105	No	0	No	No	Yes	No	N/A	No	No	No	Yes	
Brimonidine	Tartrate 0.2% Ophth soln															
Brimonidine	Tartrate Ophth 0.2 % Sol (10ml) (Alphagan)		Sol	86602020102010	No	0	No	Yes	No	No	N/A	No	No	No	Yes	
Brimonidine	Tartrate Ophth 0.2 % sol (5ml) (Alphagan)		Sol	86602020102010	No	0	No	Yes	No	No	N/A	No	No	No	Yes	
Brimonidine	Tartrate Ophth 0.2% Soln( 15ml)		Sol	86602020102010	No	0	No	No	No	No	N/A	No	No	No	Yes	
Bromocriptine	Tab/Cap															
Bromocriptine	Mesylate 5 MG CAP (Parlodel)		Cap	73200020100105	No	0	No	No	No	No	N/A	No	No	No	Yes	
Bromocriptine	Mesylate 2.5 MG TAB (Parlodel)		Tab	73200020100305	No	0	No	No	No	No	N/A	No	No	No	Yes	
Bromocriptine	Mesylate 2.5 MG Tab UD (repack)		Tab	73200020100305	No	0	No	No	No	No	N/A	Yes	Yes	Yes		
Bupivacaine	HCl 0.25% Injection															
Bupivacaine	HCl 0.25% ML Inj (Marcaine)		Sol	69100010102005	No	0	No	Yes	Yes	No	N/A	No	No	No	Yes	
Marcaine	PF Injection Soln 0.25 % (Marcaine)		Sol	69100010102007	No	0	No	No	Yes	No	N/A	No	No	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
Bupivacaine HCl 0.5% Injection	Bupivacaine HCl 0.5% ML Inj (Marcaine)	Sol	69100010102010	No	0	No	Yes	Yes	No	N/A	No	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	No	Yes
Bupivacaine HCl 0.75% Injection	Bupivacaine HCl (PF) Injection Soln 0.75 %	Sol	69100010102018	No	0	No	No	Yes	No	N/A	No	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	No	Yes
Bupivacaine-Epinephrine 0.5% Injection	Bupivacaine-Epinephrine(PF) Inj 0.25-1:200000%	Sol	69991002102012	No	0	No	No	Yes	No	N/A	No	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	No	Yes
Bupivacaine-MPF/Epinephrine Inj 0.5-1:200000% (Sensorcaine-MPF)	Bupivacaine-MPF/Epinephrine Inj 0.5-1:200000% (Sensorcaine-MPF)	Sol	69991002102017	No	0	No	No	Yes	No	N/A	No	No	Yes
Bupivacaine-Epinephrine 0.75% Injection	Bupivacaine-Epinephrine (PF) Inj 0.75% -1:200000	Sol	69991002102025	No	0	No	No	Yes	No	N/A	No	No	Yes
Buprenorphine HCL Injection	Buprenorphine HCL 0.3 MG/ML inj (Buprenex)	Sol	65200010102005	No	3	Yes	Yes	Yes	No	N/A	No	No	Yes
Formulary Restrictions:													
****FOR ANESTHESIA/SURGERY USE ONLY**** Is this order for anesthesia/surgery use?*													
**MLP Requires Cosign**													
busPIRone Tablet	busPIRone 15 MG UD (Buspar)	Tab	57200005100330	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	busPIRone 15 MG TAB (Buspar)	Tab	57200005100330	No	0	No	No	No	No	N/A	No	No	Yes
	busPIRone 30 MG TAB (Buspar)	Tab	57200005100340	No	0	No	No	No	No	N/A	No	No	Yes
	busPIRone 7.5 MG TAB (Buspar)	Tab	57200005100315	No	0	No	No	No	No	N/A	No	No	Yes
	busPIRone 10 MG TAB (Buspar)	Tab	57200005100320	No	0	No	No	No	No	N/A	No	No	Yes
	busPIRone 10 MG UD (Buspar)	Tab	57200005100320	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	busPIRone 5 MG TAB (Buspar)	Tab	57200005100310	No	0	No	No	No	No	N/A	No	No	Yes
	busPIRone 5 MG UD (Buspar)	Tab	57200005100310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
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	No	Yes
Busulfan Tablet	Busulfan 2 MG Tab (Myleran)	Tab	21100010000305	No	0	No	No	No	No	N/A	No	No	Yes
Formulary Restrictions:													
***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***													
Butorphanol Injection	Butorphanol 2 MG/ML inj (Stadol)	Sol	65200020102010	No	4	Yes	Yes	Yes	No	N/A	No	No	Yes
	Butorphanol 1 MG/ML inj (Stadol)	Sol	65200020102005	No	4	Yes	Yes	Yes	No	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active Dose	Unit	Fmlry
Formulary Restrictions:													
****LIMITED TO 5 DAY THERAPY** **LIMITED TO PRE AND POST-OP THERAPY ONLY****													
**MLP Requires Cosign**													
Cadexomer Iodine GEL	Cadexomer Iodine Gel 0.9% (40GM) GEL (Iodosorb)	Gel	9220003004020	No	0	No	Yes	No	No	No	N/A	No	Yes
Formulary Restrictions:													
***Clinic Use Only***													
Calamine Lotion	Calamine Lotion 120 ML (Calamine)	Lotion	90971010004100	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Calamine External Lotion 180 ML	Calamine External Lotion 180 ML	Lotion	90971010004100	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.**													
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	Yes
Calcipotriene Cream 0.005%	Calcipotriene Cream 0.005%	Cm	90250025003710	No	0	Yes	Yes	No	No	N/A	No	Yes	Yes
Calcipotriene Cream 0.005% 60 gm (Dovonex)	Calcipotriene Cream 0.005% ( 120 gm) (Dovonex)	Cm	90250025003710	No	0	Yes	Yes	No	No	N/A	No	Yes	Yes
Calcipotriene Cream 0.005% 30 gm (Dovonex)	Calcipotriene Cream 0.005% 30 gm (Dovonex)	Cm	90250025003710	No	0	Yes	Yes	No	No	N/A	No	Yes	Yes
Calcipotriene Cream 0.005% 1GM	Calcipotriene Cream 0.005% 1GM	Cm	90250025003710	No	0	Yes	Yes	No	No	N/A	No	Yes	Yes
Formulary Restrictions:													
****USE AFTER FAILURE TO "VERY HIGH POTENCY STEROIDS****													
**MLP Requires Cosign**													
Calcipotriene oint 0.005%	Calcipotriene Ointment 0.005% 60 gm (Dovonex)	Oint	90250025004210	No	0	Yes	Yes	No	No	N/A	No	Yes	Yes
Formulary Restrictions:													
****USE AFTER FAILURE TO "VERY HIGH POTENCY STEROIDS****													
**MLP Requires Cosign**													
Calcipotriene soln 0.005%	Calcipotriene Soln 0.005% 60ml (Dovonex)	Sol	90250025002020	No	0	Yes	Yes	Yes	No	N/A	No	Yes	Yes
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	Yes
Calcitonin Salmon Intranasal 200 Unit/Act	Calcitonin Salmon Intranasal 200 Unit/Act	Sol	30043020002080	No	0	No	Yes	No	No	N/A	No	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Calcitriol 1 MCG/ML Inj	Calcitriol 1 MCG/ML Inj (Calcijex)	Sol	30905030002005	No	0	No	Yes	Yes	No	N/A	No	N/A	No	Yes
Advisories:														
****ORAL ROUTE PREFERRED****														
Calcitriol Cap	Calcitriol 0.5 MCG Cap (Rocaltrol)	Cap	30905030000110	No	0	No	No	No	No	N/A	No	N/A	No	Yes
	Calcitriol 0.25 MCG Cap (Rocaltrol)	Cap	30905030000105	No	0	No	No	No	No	N/A	No	N/A	No	Yes
	Calcitriol 0.25 MCG Cap UD (Rocaltrol)	Cap	30905030000105	No	0	No	No	No	No	N/A	Yes	N/A	Yes	Yes
	Calcitriol 0.5 MCG Cap UD	Cap	30905030000110	No	0	No	No	No	No	N/A	Yes	N/A	Yes	Yes
Advisories:														
****ORAL ROUTE PREFERRED****														
Calcium Acetate Tablet/Capsule	Calcium Acetate 667 MG Tab (PhosLo)	Tab	52800020100320	No	0	No	No	No	No	N/A	No	N/A	No	Yes
	Calcium Acetate 667 MG Cap (PhosLo)	Cap	52800020100120	No	0	No	No	No	No	N/A	No	N/A	No	Yes
	Calcium Acetate 667 MG Tab UD (PhosLo)	Tab	52800020100320	No	0	No	No	No	No	N/A	Yes	N/A	Yes	Yes
	Calcium Acetate 667 MG Cap UD (Re-Pack) (PhosLo)	Cap	52800020100120	No	0	No	No	No	No	N/A	Yes	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	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	483000100000515	No	0	No	No	No	No	N/A	No	N/A	No	Yes
	Calcium Carbonate Chew Tab 500MG (Tums)	Tab Chew	483000100000510	No	0	No	No	No	No	N/A	No	N/A	No	Yes
	Calcium Carbonate Chew Tab 750MG (Tums EX)	Tab Chew	483000100000520	No	0	No	No	No	No	N/A	No	N/A	No	Yes
	Calcium Carbonate Chew Tab 500MG UD (Tums)	Tab Chew	483000100000510	No	0	No	No	No	No	N/A	Yes	N/A	Yes	Yes
	Calcium Carbonate Chewable Tab 1000 MG (Tums Ultra)	Tab Chew	483000100000545	No	0	No	No	No	No	N/A	No	N/A	No	Yes
	Calcium Carbonate Tablet 648 MG	Tab	483000100000309	No	0	No	No	No	No	N/A	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 Capsule	Calcium Carbonate 1250 MG Caps (Calcil-Mix (Calcium Elem 500MG))	Cap	791000070000120	No	0	No	No	No	No	N/A	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.**														

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Calcium Carbonate Tablet	Calcium Carbonate 600 MG Tab (Caltrate)	Tab	79100007000350	No	0	No	No	No	No	N/A	No	N/A	No	Yes
Calcium Carbonate 1250 MG Tab	Calcium Carbonate 1250 MG Tab	Tab	79100007000345	No	0	No	No	No	No	N/A	No	N/A	No	Yes
Calcium Carbonate Oral Tablet 600 MG	Calcium Carbonate Oral Tablet 600 MG	Tab	79100007000325	No	0	No	No	No	No	N/A	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	N/A	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 600MG/200IU Tab	Calcium Carbonate/Vit D 600MG/200IU Tab (Caltrate with D)	Tab	79109902100389	No	0	No	No	No	No	N/A	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	N/A	No	N/A	No	Yes
Calcium Carbonate/Vit D 500MG/200 Unit Tab UD (Oyst-Cal D)	Calcium Carbonate/Vit D 500MG/200 Unit Tab UD (Oyst-Cal D)	Tab	79109902630345	No	0	No	No	No	No	N/A	No	N/A	Yes	Yes
Calcium Carbonate/Vit D 600MG/400 Unit Tab UD	Calcium Carbonate/Vit D 600MG/400 Unit Tab UD	Tab	79109902630368	No	0	No	No	No	No	N/A	No	N/A	Yes	Yes
Calcium Carbonate/Vit D 600MG/400 Unit TAB (Caltrate)	Calcium Carbonate/Vit D 600MG/400 Unit TAB (Caltrate)	Tab	79109902630368	No	0	No	No	No	No	N/A	No	N/A	No	Yes
Calcium Carbonate/Vit D 500MG/400 Unit Tab (SM Oyster Shell Calcium/Vit D 500-400 MG-UNIT)	Calcium Carbonate/Vit D 500MG/400 Unit Tab (SM Oyster Shell Calcium/Vit D 500-400 MG-UNIT)	Tab	79109902630350	No	0	No	No	No	No	N/A	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	Tab	79109902640340	No	0	No	No	No	No	N/A	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	N/A	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.**													

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Calcium CHLoride Inj	Calcium CHLoride 1GM/10ML Inj (AMIER)	Sol	79100010002010	No	0	No	Yes	Yes	No	N/A	No	No	Yes	Yes
	**Medical Referral Center (MRC) Use Only**													
Calcium Citrate Tablet	Calcium Citrate 950 MG Tab (Calcium Citrate)	Tab	79100015000310	No	0	No	No	No	No	N/A	No	No	Yes	Yes
	Calcium Citrate 200 MG Tab (Citracal)	Tab	79100015000302	No	0	No	No	No	No	N/A	No	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 BOP National Formulary Part I.**													
Calcium Citrate/VIT D	Calcium Citrate/VIT D 315MG/200 Unit Tab (SUNMARK calcium Citrate-VitD)	Tab	79109902660330	No	0	No	No	No	No	N/A	No	No	Yes	Yes
	Calcium Citrate/Vit D 200MG/250 Unit Tab (Citracal)	Tab	79109902660318	No	0	No	No	No	No	N/A	No	No	Yes	Yes
	Calcium Citrate/Vit D 315MG/250 Unit Tab	Tab	79109902660333	No	0	No	No	No	No	N/A	No	No	Yes	Yes
	Calcium Citrate/Vit D 200MG/250 Unit Tab UD	Tab	79109902660318	No	0	No	No	No	No	N/A	No	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 BOP National Formulary Part I.**													
calcium GLUConate Injection	Calcium GLUConate 10% Inj	Sol	79100030002010	No	0	No	Yes	Yes	No	N/A	No	No	Yes	Yes
	Calcium GLUConate 0.465 Meq/ml IV Soln (Calcium Gluconate)	Sol	79100030002010	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes
Calcium Lactate Tab	Calcium Lactate 650 MG Tab (Calcium Lactate)	Tab	79100040000325	No	0	No	No	No	No	N/A	No	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 BOP National Formulary Part I.**													
Calcium Polycarbophil 625 mg Tablet	Calcium Polycarbophil 625 MG Tab (Fiber-con)	Tab	46300020100310	No	0	No	No	No	No	N/A	No	No	Yes	Yes
	Calcium Polycarbophil 625 MG Tab UD (Fiber-Con)	Tab	46300020100310	No	0	No	No	No	No	N/A	No	No	Yes	Yes
	Calcium Polycarbophil (OTC) 625 MG 60 Count (FiberIax)	Tab	46300020100310	No	0	No	Yes	No	No	N/A	No	No	Yes	Yes
	Calcium Polycarbophil (OTC) 625 MG 90 count (Fiber Lax)	Tab	46300020100310	No	0	No	No	No	No	N/A	No	No	Yes	Yes
	Calcium Polycarbophil (OTC) 625 MG 36 Count	Tab	46300020100310	No	0	No	Yes	No	No	N/A	No	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 BOP National Formulary Part I.**													
Capecitabine Tablet	Capecitabine 150 MG Tab (Xeloda)	Tab	21300005000320	No	0	No	No	No	No	N/A	No	No	Yes	Yes
	Capecitabine 500 MG Tab (Xeloda)	Tab	21300005000350	No	0	No	No	No	No	N/A	No	No	Yes	Yes
	Capecitabine 150 MG Tab UD (Xeloda)	Tab	21300005000320	No	0	No	No	No	No	N/A	No	No	Yes	Yes
	Capecitabine 500 MG Tab UD (Xeloda)	Tab	21300005000350	No	0	No	No	No	No	N/A	No	No	Yes	Yes



Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry	
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	No	N/A	No	Yes
	Captopril 25 MG Tab (Capoten)	Tab	36100010000310	No	0	No	No	No	No	No	No	N/A	No	Yes
	Captopril 25 MG Tab UD (Capoten)	Tab	36100010000310	No	0	No	No	No	No	No	No	N/A	No	Yes
	Captopril 50 MG Tab (Capoten)	Tab	36100010000315	No	0	No	No	No	No	No	No	N/A	No	Yes
	Captopril 50 MG Tab UD (Capoten)	Tab	36100010000315	No	0	No	No	No	No	No	No	N/A	No	Yes
	Captopril 100 MG Tab (Capoten)	Tab	36100010000320	No	0	No	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	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	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	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	No	N/A	No	Yes
	carBAMazepine ER 12 Hour 200 MG Cap	Cap ER 12	72600020006920	No	0	No	No	No	No	No	No	N/A	No	Yes
	carBAMazepine ER 12 Hour 100 MG Tab UD (repack) (TEGretol)	Tab ER 12	72600020007410	No	0	No	No	No	No	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 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.***														

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlyr
Carbamide Peroxide Otic 6.5%	Carbamide Peroxide Otic 6.5% (15 ML) (Debrox)	Sol	87400030002010	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 1.**													
Carbidopa/Levodopa Tablet	Carbidopa/Levodopa 10/100 MG Tab (Sinemet)	Tab	73209902100310	No	0	No	No	No	No	N/A	No	Yes	Yes
	Carbidopa/Levodopa 10/100 MG Tab UD (Sinemet)	Tab	73209902100310	No	0	No	No	No	No	N/A	No	Yes	Yes
	Carbidopa/Levodopa 25/100 MG Tab (Sinemet)	Tab	73209902100320	No	0	No	No	No	No	N/A	No	Yes	Yes
	Carbidopa/Levodopa 25/100 MG Tab UD (Sinemet)	Tab	73209902100320	No	0	No	No	No	No	N/A	No	Yes	Yes
	Carbidopa/Levodopa 25/250 MG Tab (Sinemet)	Tab	73209902100330	No	0	No	No	No	No	N/A	No	Yes	Yes
	Carbidopa/Levodopa 25/250 MG Tab UD (Sinemet)	Tab	73209902100330	No	0	No	No	No	No	N/A	No	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	N/A	No	Yes	Yes
	Carbidopa/Levodopa CR 50/200 MG Tab (Sinemet CR)	Tab ER	73209902100420	No	0	No	No	No	No	N/A	No	Yes	Yes
	Carbidopa/Levodopa CR 50-200 MG Tab UD (Sinemet CR)	Tab ER	73209902100420	No	0	No	No	No	No	N/A	Yes	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	N/A	No	No	Yes
	CARBOPlatin 450 MG/45ML inj Soln (Paraplatin)	Sol	21100015002040	No	0	No	No	Yes	No	N/A	No	No	Yes
	CARBOPlatin 50 MG/5ML Inj Soln (Paraplatin Inj)	Sol	21100015002030	No	0	No	Yes	Yes	No	N/A	No	No	Yes
Carmustine Inj	Carmustine 100 MG Inj (BICNU)	Sol Recon	21102010002105	No	0	No	Yes	Yes	No	N/A	No	No	Yes
Carvedilol Tablet	Carvedilol 3.125 MG Tab (Coreg)	Tab	33300007000305	No	0	No	No	No	No	N/A	No	No	Yes
	Carvedilol 6.25 MG Tab (Coreg)	Tab	33300007000310	No	0	No	No	No	No	N/A	No	No	Yes
	Carvedilol 12.5 MG Tab (Coreg)	Tab	33300007000320	No	0	No	No	No	No	N/A	No	No	Yes
	Carvedilol 25 MG Tab (Coreg)	Tab	33300007000330	No	0	No	No	No	No	N/A	No	No	Yes
	Carvedilol 12.5 MG Tab UD (Coreg)	Tab	33300007000320	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Carvedilol 25 MG Tab UD (Coreg)	Tab	33300007000330	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Carvedilol 6.25 MG Tab UD (Coreg)	Tab	33300007000310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Carvedilol 3.125 MG Tab UD (Coreg)	Tab	33300007000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active Dose	Unit	Fmlry
Cascara Aromatic Extract	Cascara Aromatic Extract 120 ML SOL (Cascara Aromatic Extract)	Fluid Extract	46200020001405	No	0	No	No	No	No	N/A	No	N/A	Yes
Castor Oil	Castor Oil 120 ML (Castor Oil)	Oil	96202007001700	No	0	No	Yes	No	No	N/A	No	N/A	Yes
Castor Oil	Castor Oil 480 ML	Oil	96202007001700	No	0	No	Yes	No	No	N/A	No	N/A	Yes
Castor Oil	unit dose	Oil	46200030001795	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes
Castor Oil	60 ML UD (Castor Oil)	Oil	46200030001795	No	0	No	Yes	No	No	N/A	Yes	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	Yes
cefAZolin in Dextrose dds	cefAZolin In Dextrose 1G/50ML Premix Inj (Ancef)	Sol Recon	02100015132120	No	0	No	Yes	Yes	No	N/A	Yes	Yes	Yes
cefAZolin and Dextrose DDS 1 GRAM	cefAZolin In Dextrose 2 GM/50ml IV Premix Soln	Sol Recon	02100015132130	No	0	No	No	Yes	No	N/A	No	N/A	Yes
cefAZolin Inj	cefAZolin Inj	Sol Recon	02100015102117	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
cefAZolin 1 Gram Advantage Inj (Ancef)	cefAZolin BULK 10GM/100ML Vial (Ancef)	Sol Recon	02100015102125	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
cefAZolin 10 GM Inj (Ancef)	cefAZolin 1 GM Inj (Ancef)	Sol Recon	02100015102115	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
cefAZolin 10 GM Inj (Ancef)	cefAZolin 10 GM Inj (Ancef)	Sol Recon	02100015102125	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
cefAZolin 500 MG Inj (Ancef)	cefAZolin 500 MG Inj (Ancef)	Sol Recon	02100015102110	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
Cefepime Inj	Cefepime Inj	Sol Recon	02400040102110	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
Cefepime 1GM ADV (Maxipime)	Cefepime HCL 2 GM Inj (Maxipime)	Sol Recon	02400040102120	No	0	No	No	Yes	No	N/A	No	N/A	Yes
Cefepime HCL 2 GM Inj (Maxipime)	Cefepime HCL 1 GM Inj	Sol Recon	02400040102110	No	0	No	No	Yes	No	N/A	No	N/A	Yes
Cefepime Dextrose Intravenous Soln 1 GM/50ML	**Medical Referral Center (MRC) Use Only**	Sol Recon	02400040122110	No	0	No	No	Yes	No	N/A	No	N/A	Yes
Cefepime-Dextrose Intravenous Soln 1 GM/50ML	Cefepime-Dextrose Intravenous Soln 1 GM/50ML	Sol Recon	02400040122110	No	0	No	No	Yes	No	N/A	No	N/A	Yes
Cefepime-Dextrose Intravenous Soln 2 GM/50ML	**Medical Referral Center (MRC) Use Only**	Sol Recon	02400040122120	No	0	No	No	Yes	No	N/A	No	N/A	Yes
Cefepime-Dextrose Intravenous Soln 2 GM/50ML	Cefepime-Dextrose Intravenous Soln 2 GM/50ML (Maxipime)	Sol Recon	02400040122120	No	0	No	No	Yes	No	N/A	No	N/A	Yes
Cefixime Capsule/Tablet	Cefixime Oral Tablet 400 MG (Suprax)	Tab	02300060000315	No	0	No	No	No	No	N/A	No	N/A	Yes
Cefixime 400 MG Capsule (Suprax)	Cefixime 400 MG Capsule (Suprax)	Cap	02300060000120	No	0	No	No	No	No	N/A	No	N/A	Yes
Ceftazidime in D5W Injection	Ceftazidime Tablet Chewable 200 MG (Suprax)	Tab Chew	02300060000530	No	0	No	No	No	No	N/A	No	N/A	Yes
Ceftazidime 2 GM/50ML Inj (Premix) (Fortaz)	Ceftazidime in D5W Injection	Sol	02300080112020	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlry
Ceftazidime Injection													
Ceftazidime 1 GM Inj (Tazicef Inj)		Sol Recon	02300080002110	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Ceftazidime 1 GM ADV (Fortaz)		Sol Recon	02300080002117	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Ceftazidime 2 GM Inj (Fortaz 2 GM)		Sol Recon	02300080002115	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Ceftazidime 2 GM ADV (Fortaz 2 gm adv)		Sol Recon	02300080002115	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Ceftazidime 500 MG Inj (Fortaz)		Sol Recon	02300080002105	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Ceftazidime Intravenous Solution 1 GM (Tazicef)		Sol Recon	02300080002112	No	0	No	No	Yes	No	N/A	No	Yes	Yes
cefTRIAXone Inj													
cefTRIAXone 1 GM Inj (Rocephin Inj)		Sol Recon	02300090102115	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
cefTRIAXone 2 GM Inj (Rocephin Inj)		Sol Recon	02300090102120	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
cefTRIAXone 250 MG inj (Rocephin Inj)		Sol Recon	02300090102105	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
cefTRIAXone 500 MG Inj (Rocephin Inj)		Sol Recon	02300090102110	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
cefTRIAXone ADD-Vantage 1 GM Inj (Rocephin)		Sol Recon	02300090102117	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
cefTRIAXone ADD-Vantage 2 GM Inj (Rocephin)		Sol Recon	02300090102122	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
cefTRIAXone Premix Injection													
cefTRIAXone Premix 1 GM / 50ML INJ (Rocephin)		Sol	02300090112015	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
cefTRIAXone Premix 2 GM / 50ML INJ (Rocephin)		Sol	02300090112020	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Cephalexin Capsule													
Cephalexin 250 MG Cap UD (Keflex)		Cap	02100020000105	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Cephalexin 500 MG Cap (Keflex)		Cap	02100020000110	No	0	No	No	No	No	N/A	No	Yes	Yes
Cephalexin 500 MG Cap UD (Keflex)		Cap	02100020000110	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Cephalexin 250 MG Cap (Keflex)		Cap	02100020000105	No	0	No	No	No	No	N/A	No	Yes	Yes
Cetuximab Inj													
Cetuximab 2MG/ML (Erbixux)		Sol	21353025002020	No	0	No	No	Yes	No	N/A	No	Yes	Yes
**Medical Referral Center (MRC) Use Only**													
Charcoal Activated Oral Liquid 25 GM/120ML													
Charcoal Activated Oral Liquid 25 GM/120ML (ctidose-Aqua Oral Lique 25 GM/120ML)		Liq	93000010100900	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Charcoal Activated Oral Liquid 50 GM/240ML (Kerr Insta-Char Oral)		Liq	93000010100900	No	0	No	Yes	No	No	N/A	No	Yes	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	Yes
Chlorambucil Tablet													
Chlorambucil 2 MG Tab (Leukeran)		Tab	21101010000305	No	0	No	No	No	No	N/A	No	Yes	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	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
Formulary Restrictions:													
****DENTAL USE ONLY** Alcohol free only****													
Chlorhexidine	Glucuronate Soln External 4%	Liq	92100030100940	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Chlorhexidine	Glucuronate Solution 4% (118 ML) (Hibiclens Liquid)	Liq	92100030100940	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Chlorhexidine	Glucuronate Solution 4 % ( 237 ml)	Liq	92100030100940	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Chlorhexidine	Glucuronate Ext Liquid 4 % 473 ml (Betasept)	Liq	92100030100940	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Chlorhexidine	Glucuronate EXT Liquid 4% (946ml) (Betasept)	Liq	92100030100940	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Chlorhexidine	Glucuronate Solution 4% (15 ML) (Hibiclens Liquid)	Liq	92100030100940	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Formulary Restrictions:													
**for pre-op use only**													
**Medical Referral Center (MRC) Use Only**													
Cinacalcet	HCL Tablet	Tab	30905225100320	No	0	No	No	No	No	N/A	No	Yes	Yes
Cinacalcet	HCL 30 MG Tab (Sensipar)	Tab	30905225100330	No	0	No	No	No	No	N/A	No	Yes	Yes
Cinacalcet	HCL 60 MG Tab (Sensipar)	Tab	30905225100340	No	0	No	No	No	No	N/A	No	Yes	Yes
Cinacalcet	HCL 90 MG Tab (Sensipar)	Tab	30905225100340	No	0	No	No	No	No	N/A	No	Yes	Yes
Cinacalcet	HCl 30 MG Tab UD (Sensipar)	Tab	30905225100320	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Cinacalcet	HCl 60 MG Tab UD (Sensipar)	Tab	30905225100330	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Cinacalcet	HCl 90 MG Tab UD (Sensipar)	Tab	30905225100340	No	0	No	No	No	No	N/A	Yes	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	Tab	05000020100310	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes
Ciprofloxacin	250 MG Tab UD (Cipro 250 MG)	Tab	05000020100310	No	0	Yes	No	No	No	N/A	No	Yes	Yes
Ciprofloxacin	250 MG Tab (Cipro 250 MG)	Tab	05000020100315	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes
Ciprofloxacin	500 MG Tab UD (Cipro 500 MG)	Tab	05000020100315	No	0	Yes	No	No	No	N/A	No	Yes	Yes
Ciprofloxacin	500 MG Tab (Cipro 500 MG)	Tab	05000020100320	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes
Ciprofloxacin	750 MG Tab UD (Cipro 750 MG)	Tab	05000020100320	No	0	Yes	No	No	No	N/A	No	Yes	Yes
Ciprofloxacin	750 MG Tab (Cipro 750 MG)	Tab	05000020100320	No	0	Yes	No	No	No	N/A	No	Yes	Yes
Ciprofloxacin	HCl 100 MG Tab (cipro)	Tab	05000020100305	No	0	Yes	No	No	No	N/A	No	Yes	Yes
Formulary Restrictions:													
****Do Not Use for MRSA****													
**MLP Requires Cosign**													
Ciprofloxacin	Injection	Sol	05000020002024	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
Ciprofloxacin	10 MG/ML 200 MG Inj (Cipro IV)	Sol	05000020002026	No	0	Yes	Yes	Yes	No	N/A	No	Yes	Yes
Ciprofloxacin	10 MG/ML 400 MG Inj (Cipro IV)	Sol	05000020002026	No	0	Yes	Yes	Yes	No	N/A	No	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
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	N/A	No	Yes
	Ciprofloxacin IV 400 MG Inj (Cipro)	Sol	05000020112028	No	0	Yes	Yes	Yes	No	N/A	No	N/A	No	Yes
	Ciprofloxacin IV Premix 400MG/200ML Inj (Cipro IV)	Sol	05000020112028	No	0	Yes	Yes	Yes	No	N/A	No	N/A	No	Yes
Formulary Restrictions:														
****Do Not Use for MRSA****														
**MLP Requires Cosign**														
Ciprofloxacin Ophth oint. 0.3%	Ciprofloxacin Ophth Ointment 0.3% (3.5GM) (Ciprofloxacin Ophth Ointment)	Oint	86101023104210	No	0	Yes	Yes	No	No	N/A	No	N/A	No	Yes
**MLP Requires Cosign**														
Ciprofloxacin Ophth Solution 0.3%	Ciprofloxacin HCl Ophth Soln 0.3% (5ML) (Ciloxan Ophth Solution)	Sol	86101023102010	No	0	Yes	Yes	No	No	N/A	No	N/A	No	Yes
	Ciprofloxacin HCl Ophth Soln 0.3% (2.5ML) (Ciloxan)	Sol	86101023102010	No	0	Yes	Yes	No	No	N/A	No	N/A	No	Yes
	Ciprofloxacin HCl Ophth Soln 0.3 % (10 ML)	Sol	86101023102010	No	0	Yes	Yes	No	No	N/A	No	N/A	No	Yes
**MLP Requires Cosign**														
Ciprofloxacin/Dexameth 0.3-01% OTIC	Ciprofloxacin/Dexametha Otic 0.3%/0.1% (7.5ML) (Ciprodex Otic Suspension)	Susp	87991002361820	No	0	No	Yes	No	No	N/A	No	N/A	No	Yes
Cisatracurium Besylate Inj 2 mg/ml	Cisatracurium Besylate IV Soln 10 MG/5ML	Sol	74200013102014	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
**Medical Referral Center (MRC) Use Only**														
CI-Splatin Injection	CI-Splatin Intravenous Solution 100 MG/100ML (Platinol)	Sol	21100020002025	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
	CI-Splatin Intravenous Solution 200 MG/200ML (Platinol)	Sol	21100020002030	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
Citalopram Oral Solution	Citalopram 10MG/5ML Oral solution (Celexa)	Sol	58160020102020	No	0	Yes	No	No	No	N/A	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****														
**MLP Requires Cosign**														
Citalopram Tablet	Citalopram 20 MG Tab (Celexa)	Tab	58160020100320	No	0	Yes	No	No	No	N/A	No	N/A	No	Yes
	Citalopram 40 MG Tab (Celexa)	Tab	58160020100340	No	0	Yes	No	No	No	N/A	No	N/A	No	Yes
	Citalopram 40 MG Tab UD (Celexa)	Tab	58160020100340	No	0	Yes	No	No	No	N/A	Yes	N/A	Yes	Yes
	Citalopram 10 MG Tab (Celexa)	Tab	58160020100310	No	0	Yes	No	No	No	N/A	No	N/A	No	Yes
	Citalopram 10 MG Tab UD (Celexa)	Tab	58160020100310	No	0	Yes	No	No	No	N/A	Yes	N/A	Yes	Yes
	Citalopram 20 MG Tab UD (Celexa)	Tab	58160020100320	No	0	Yes	No	No	No	N/A	Yes	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
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**														
Citrate Of Magnesia	296 ML Bottle (Citrate Of Magnesia Cherry)	Sol	46100020102000	No	0	No	Yes	No	No	N/A	No	Yes	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	Tab	03500010000310	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes	Yes
Clarithromycin	250 MG Tab UD (Biaxin)	Tab	03500010000310	No	0	Yes	No	No	No	N/A	No	Yes	No	Yes
Clarithromycin	500 MG Tab UD (Biaxin)	Tab	03500010000320	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes	Yes
Clarithromycin	500 MG Tab (Biaxin)	Tab	03500010000320	No	0	Yes	No	No	No	N/A	No	Yes	No	Yes
Formulary Restrictions: ****SECOND LINE THERAPY FOR MOST INDICATIONS**** **MLP Requires Cosign**														
Clindamycin	HCl Capsule	Cap	16220020100110	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Clindamycin	HCl 150 MG Cap (Cleocin)	Cap	16220020100110	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
Clindamycin	HCl 300 MG Cap (Cleocin)	Cap	16220020100120	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Clindamycin	HCl 300 MG Cap UD (Cleocin)	Cap	16220020100120	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
Clindamycin	HCl 75 MG Capsule (Cleocin)	Cap	16220020100105	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Advisories: ****PILL LINE ONLY FOR when used for MRSA****														
Clindamycin	Inj	Sol	16220020302033	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Clindamycin	Phosphate 900MG/6ML Inj (Cleocin)	Sol	16220020302031	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Clindamycin	Phosphate Inj Soln 300 MG/2ML (Cleocin)	Sol	16220020302037	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Clindamycin	Phosphate Inj Soln 600 MG/4ML (Cleocin)	Sol	16220020302037	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Advisories: ****PILL LINE ONLY FOR when used for MRSA****														
Clindamycin	Phosphate in D5W	Sol	16220020312040	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Clindamycin	Premix 900MG/50ML in D5 Inj (Cleocin Phosphate)	Sol	16220020312020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes
Advisories: ****PILL LINE ONLY FOR when used for MRSA****														
Clindamycin	Premix 300MG/50ML in D5 Inj (Cleocin)	Sol	16220020312030	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes
Clindamycin	Premix 600MG/50ML in D5 Inj (Cleocin)	Sol	16220020312030	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
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Advisories:  
 \*\*\*\*PILL LINE ONLY FOR when used for MRSA\*\*\*\*  
 clonazepam Tablet  
 clonazepam 0.5 MG Tab (Klonopin)  
 clonazepam 0.5 MG Tab UD (Klonopin)  
 clonazepam 1 MG Tab (Klonopin)  
 clonazepam 1 MG Tab UD (Klonopin)  
 clonazepam 2 MG Tab UD (Klonopin)  
 clonazepam 0.25 mg Tab (1/2 tab) (Klonopin)  
 clonazepam 2 MG Tab (Klonopin)

	Tab	72100010000305	No	4	Yes	No	Yes	Yes	N/A	No	Yes	No	Yes
	Tab	72100010000305	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes	No	Yes
	Tab	72100010000310	No	4	Yes	No	Yes	Yes	N/A	No	Yes	No	Yes
	Tab	72100010000310	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes	No	Yes
	Tab	72100010000315	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes	No	Yes
	Tab	72100010000305	No	4	Yes	No	Yes	Yes	N/A	No	Yes	No	Yes
	Tab	72100010000315	No	4	Yes	No	Yes	Yes	N/A	No	Yes	No	Yes

Non-Formulary Use Criteria:  
 \*\*01. Control of severe agitation in psychiatric patients\*\*  
 \*\*02. When lack of sleep causes an exacerbation of psychiatric illness\*\*  
 \*\*03. Part of a prolonged taper schedule\*\*  
 \*\*04. Detoxification for substance abuse\*\*  
 \*\*05. Failure of standard modalities for seizure disorders ( 4th line therapy)\*\*  
 \*\*06. Long-term use for terminally ill patients for palliative care ( e.g. hospice patients)\*\*  
 \*\*07. Adjunct to neuroleptic therapy to stabilize psychosis\*\*  
 \*\*08. Second line therapy for anti-mania\*\*  
 \*\*09. Psychotic syndromes presenting with catatonia ( refer to BOP Schizophrenia Clinical Practice Guideline)\*\*  
 \*\*10. Akathisia which is non-responsive to beta blocker at maximum dose or unsuccessful conversion to another antipsychotic agent\*\*

Formulary Restrictions:  
 \*\*Formulary for 30 days only. Is this order for less than 31 days?\*\*\*  
 \*\*MLP Requires Cosign\*\*

	Tab	85158020100320	No	0	Yes	No	No	No	N/A	Yes	Yes	No	Yes
	Tab	85158020100320	No	0	Yes	No	No	No	N/A	No	Yes	No	Yes
	Tab	85158020100340	No	0	Yes	No	No	No	N/A	No	Yes	No	Yes

Non-Formulary Use Criteria:  
 \*\*1. Does patient have aspirin allergy (anaphylaxis, bronchospasm)? (indications for use as single antiplatelet agent therapy).\*\*  
 \*\*2. Does patient have recurrent non-cardioembolic cerebral ischemia while on aspirin? (indications for use as single antiplatelet agent therapy).\*\*  
 \*\*3. Does patient have ACS (NSTEMI,STEMI,unstable angina(UA)) with no revascularization - 1 year therapy recommended (indication for use as dual antiplatelet therapy  
 with aspirin)\*\*  
 \*\*4. Is patient post PCI - 1 year therapy recommended (indication for use as dual antiplatelet therapy  
 with aspirin)\*\*  
 \*\*5. Is patient post CABG - 4 weeks therapy recommended (indication for use as dual antiplatelet therapy  
 with aspirin)\*\*  
 \*\*6. Does patient have non-coronary stenting? (indication for use as dual antiplatelet therapy  
 with aspirin)\*\*

Formulary Restrictions:  
 \*\*\*\*Non-Formulary Approval required after 30 days\*\*\*\*  
 \*\*MLP Requires Cosign\*\*



Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlyr
Clostrimazole Cream 1%	Clostrimazole Cream 1% USP 15 GM (Lotrimin)	Cm	901540200003705	No	0	No	Yes	No	No	N/A	No	N/A	No	Yes
	Clostrimazole Cream 1% 30 GM (Lotrimin)	Cm	901540200003705	No	0	No	Yes	No	No	N/A	No	N/A	No	Yes
	Clostrimazole Cream 1% 45 GM (Lotrimin)	Cm	901540200003705	No	0	No	Yes	No	No	N/A	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.**													
Clostrimazole Solution 1%	Clostrimazole Solution 1% 30 ML (Lotrimin)	Sol	90154020002005	No	0	No	Yes	No	No	N/A	No	N/A	No	Yes
	Clostrimazole Solution 1% 10 ML	Sol	90154020002005	No	0	No	Yes	No	No	N/A	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.**													
Clostrimazole Troche	Clostrimazole Troche 10 MG (Mycelex Troche)	Troche	88100020004805	No	0	No	No	No	No	N/A	No	N/A	No	Yes
	Clostrimazole Troche 10 MG UD (Mycelex Troche)	Troche	88100020004805	No	0	No	No	No	No	N/A	No	N/A	Yes	Yes
Clostrimazole Vaginal 1%	Clostrimazole Vaginal Cream 1%, 45 GM (Mycelex Vaginal)	Cm	551040200003705	No	0	No	Yes	No	No	N/A	No	N/A	No	Yes
CloZAPine Tablet	CloZAPine 100 MG Tab (Clozaril 100 MG)	Tab	591520200000330	No	0	Yes	No	Yes	No	N/A	No	N/A	No	Yes
	CloZAPine 25 MG Tab UD (Clozaril 25 MG)	Tab	591520200000320	No	0	Yes	No	Yes	No	N/A	Yes	N/A	Yes	Yes
	CloZAPine 25 MG Tab (Clozaril)	Tab	591520200000320	No	0	Yes	No	Yes	No	N/A	No	N/A	No	Yes
	CloZAPine 50 MG Tab (Clozaril)	Tab	591520200000325	No	0	Yes	No	Yes	No	N/A	No	N/A	No	Yes
	CloZAPine 200 MG Tab (Clozaril)	Tab	591520200000340	No	0	Yes	No	Yes	No	N/A	No	N/A	No	Yes
	CloZAPine 100 MG Tab UD (Clozaril)	Tab	591520200000330	No	0	Yes	No	Yes	No	N/A	Yes	N/A	Yes	Yes
	CloZAPine 200 MG Tab UD	Tab	591520200000340	No	0	Yes	No	Yes	No	N/A	Yes	N/A	Yes	Yes
Advisories:	****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**													
	**PSYCHIATRIST USE ONLY** ** FAILURE OF AT LEAST 2 OTHER ATYPICAL AGENTS** **INITIATE AT MEDICAL REFERRAL CENTER ONLY**													
	**Medical Referral Center (MRC) Initiation Only**													
	**MLP Requires Cosign**													
Coal Tar (Oxipor)VHC) Ext Lotion 5% 118ml	Coal Tar (Oxipor VHC) Lotion 5% 118ml (Oxipor VHS)	Lotion	90529903504120	No	0	No	No	No	No	N/A	No	N/A	No	Yes
Coal Tar Cream 2%	Coal Tar Cream 2% (107 GM) (Elita Tar)	Cm	905200100003717	No	0	No	Yes	No	No	N/A	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
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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 the BOP National Formulary, Part I.\*\*

Formulary Restrictions: \*\*\*\*RESTRICTED TO SEBORRHEA AND PSORIASIS\*\*\*\*

Coal Tar External Ointment 2 % (MG217)	Oint	90520010004240	No	0	No	Yes	No	No	No	N/A	No	Yes	No	Yes
Coal Tar Extract External Ointment 10 % (MG217)	Oint	90520010004240	No	0	No	Yes	No	No	No	N/A	No	Yes	No	Yes
Coal Tar External Ointment 2 % (MG217) (MG217 Medicated Tar External Ointment)	Oint	90520010004240	No	0	No	Yes	No	No	No	N/A	No	Yes	No	Yes
Coal Tar MG217 External Ointment 2% 107gm (MG 217)	Oint	90520010004214	No	0	No	Yes	No	No	No	N/A	No	Yes	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)	Shampoo	90520010004530	No	0	No	Yes	No	No	No	N/A	No	Yes	No	Yes
Coal Tar External Shampoo 3% (MG217)120ML	Shampoo	90520010004530	No	0	No	Yes	No	No	No	N/A	No	Yes	No	Yes
Coal Tar External Shampoo 3% (MG217) 240ML	Shampoo	90520010004530	No	0	No	Yes	No	No	No	N/A	No	Yes	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	Shampoo	90520010004505	No	0	No	Yes	No	No	No	N/A	No	Yes	No	Yes
Coal Tar Fragrance Free 2.9%,Shampoo (DHS Tar Shampoo)	Shampoo	90520010004505	No	0	No	Yes	No	No	No	N/A	No	Yes	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 %	Lotion	90520010004105	No	0	No	Yes	No	No	No	N/A	No	Yes	No	Yes
Coal Tar Lotion 5 % (MG217 Medicated Tar)	Lotion	90520010004105	No	0	No	Yes	No	No	No	N/A	No	Yes	No	Yes

Coal Tar Shampoo 0.5 %	Shampoo	90520010004505	No	0	No	Yes	No	No	No	N/A	No	Yes	No	Yes
Coal Tar Shampoo 0.5%, 120 ML (DHS Tar Shampoo)	Shampoo	90520010004505	No	0	No	Yes	No	No	No	N/A	No	Yes	No	Yes
Coal Tar Shampoo 0.5%, 251 ML (Therapeutic External Shampoo)	Shampoo	90520010004505	No	0	No	Yes	No	No	No	N/A	No	Yes	No	Yes
Coal Tar Shampoo 0.5 % , 235 ml (Tera-Gel Tar External shampoo)	Shampoo	90520010004505	No	0	No	Yes	No	No	No	N/A	No	Yes	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	No	N/A	No	Yes	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\*\*\*\*

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Coal Tar Shampoo 1%	Coal Tar Shampoo 1%, 180 ML (PC-TAR)	Shampoo	90520010004510	No	0	No	Yes	No	No	N/A	No	No	No	Yes
<p>Advisories:</p> <p>****Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**</p> <p>Formulary Restrictions:</p> <p>****RESTRICTED TO SEBORRHEA AND PSORIASIS****</p>														
Coal Tar Shampoo 15% ( MG217)	Coal Tar External Shampoo 15% w/fragrance(MG217) (MG217 Medicated Tar External Shampoo 15%)	Shampoo	90520010004574	No	0	No	Yes	No	No	N/A	No	No	No	Yes
<p>Advisories:</p> <p>**Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**</p> <p>Formulary Restrictions:</p> <p>****RESTRICTED TO SEBORRHEA AND PSORIASIS****</p>														
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	No	No	Yes
<p>Advisories:</p> <p>****Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**</p> <p>Formulary Restrictions:</p> <p>****RESTRICTED TO SEBORRHEA AND PSORIASIS****</p>														
Coal Tar Topical Solution	Coal Tar Solution 5%, 473 ML	Sol	96400020002000	No	0	No	Yes	No	No	N/A	No	No	No	Yes
<p>Formulary Restrictions:</p> <p>****RESTRICTED TO SEBORRHEA AND PSORIASIS****</p>														
Colchicine Capsule/Tablet	Colchicine Tablet 0.6 MG (Colcrys)	Tab	680000200000310	No	0	No	No	No	No	N/A	No	No	No	Yes
	Colchicine Tablet 0.6 MG UD (Colcrys)	Tab	680000200000310	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	Colchicine 0.6 MG Capusle (Mitigare)	Cap	680000200000120	No	0	No	No	No	No	N/A	No	No	No	Yes
<p>Advisories:</p> <p>**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.**</p>														
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	No	No	Yes
Colestipol Powder	Colestipol Powder, 5 GM PKT (Colestid)	Packet	39100020103010	No	0	No	No	No	No	N/A	No	No	No	Yes
	Colestipol Powder, 5GM/Scoop (Colestid)	Granules	39100020102705	No	0	No	No	No	No	N/A	No	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
Colestipol Tablet													
	Colestipol 1 GM Tab (Colestid)	Tab	39100020100320	No	0	No	No	No	No	N/A	No	No	Yes
	Colestipol 1 GM Tab UD (Colestid)	Tab	39100020100320	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Collagenase Ointment												
	Collagenase Ointment 250 Units/GM (30GM) (Santyl Ointment)	Oint	90700010004205	No	0	No	Yes	No	No	N/A	No	No	Yes
	Collagenase Ointment 250 Units/GM (15GM) (Santyl Ointment)	Oint	90700010004205	No	0	No	Yes	No	No	N/A	No	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	N/A	No	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	N/A	No	No	Yes
	Contact- Boston Advance Cleaner Solution (Boston Advance Cleaner)	Sol	86903000002000	No	0	No	Yes	No	No	N/A	No	No	Yes
	Contact- Boston Simplus Multi Action Soln 105 ml	Sol	86903000002000	No	0	No	Yes	No	No	N/A	No	No	Yes
	Formulary Restrictions:												
	****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****												
	Contact- RGP Lens Rewetting Solution Sol												
	Contact- B & L Renu Rewetting Drops (15ml) (Renu Rewetting Drops)	Sol	86903000002000	No	0	No	Yes	No	No	N/A	No	No	Yes
	Contact- Boston Rewetting Solution 10 ML (Boston Advance Rewetting Solution)	Sol	86903000002000	No	0	No	Yes	No	No	N/A	No	No	Yes
	Formulary Restrictions:												
	****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****												
	Contact- Soft Lens Hydrogen Peroxide Clean Soln												
	Contact- Clear Care Solution (355ml) (Clear Care soln)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	No	Yes
	Contact- Clear Care Solution (90ml)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	No	Yes
	Contact- B & L PeroxiClear Solution 90 ML (Peroxiclear)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	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	N/A	No	No	Yes
	Contact- SM Multi-Purpose Soln 355 ml	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	No	Yes
	Contact -Opti-Free Replenish Solution 118 ml	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	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	N/A	No	No	Yes
	Contact- B & L Renu MultiPlus Lub/Rewet Soln 8 ml (Renu)	Sol	86902000002000	No	0	No	Yes	No	No	N/A	No	No	Yes

Doctor Name	Item Name	Formulary Restrictions:	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Only	Crush.	Req. Loc.	Active Dose	Unit	Fmlry
		****FOR MEDICALLY NECESSARY CONTACTS- SEE CURRENT POLICY****										
	Corticotropic Repository Injection 80 units/ml		No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Corticotropic Repository 80 Units/ML (Acthar GEL, H.P.)		No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Cosyntropin		No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Cosyntropin Inj Reconstituted 0.25 MG Inj (Cortrosyn)		No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Cromolyn Opth Soln 4%		No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Cromolyn OPHTH Solution 4%, 10ML (Crolom Ophthalmic Solution)		No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Cromolyn Sodium nebulization soln 20MG/2ML		No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Cromolyn Sodium 20MG/2ML AMP (Intal)		No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Cyanocobalamin inj		No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Cyanocobalamin 1000 MCG/ML Inj (Vitamin B-12 Injection)		No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Cyanocobalamin Tablet		No	0	No	No	No	No	N/A	No	No	Yes
	Cyanocobalamin 100 MCG Tab (Vitamin B-12)		No	0	No	No	No	No	N/A	No	No	Yes
	Cyanocobalamin (Vit B-12)1000 MCG Tab (Vitamin B-12)		No	0	No	No	No	No	N/A	No	No	Yes
	Cyanocobalamin 500 MCG Tab		No	0	No	No	No	No	N/A	No	No	Yes
	Cyanocobalamin 500 MCG Tab UD		No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Cyanocobalamin 250 MCG Tab (vitamin B-12)		No	0	No	No	No	No	N/A	No	No	Yes
	Cyanocobalamin 100 MCG Tab UD (vitamin b 12)		No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Cyclopentolate HCl Opth 0.5%		No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Cyclopentolate HCl Opth 0.5% (15ML) Sol (Cyclogyl)		No	0	No	Yes	No	No	N/A	No	No	Yes
	Cyclopentolate HCl Opth 1%		No	0	No	Yes	No	No	N/A	No	No	Yes
	Cyclopentolate HCl Opth 1% (2ML) Sol (Cyclogyl Ophth)		No	0	No	Yes	No	No	N/A	No	No	Yes
	Cyclopentolate HCl Opth 1% (15ML) Sol (Cyclogyl)		No	0	No	Yes	No	No	N/A	No	No	Yes
	Cyclopentolate HCl Opth 1% (5ML) Sol (Cyclogyl)		No	0	No	Yes	No	No	N/A	No	No	Yes
	Cyclopentolate HCl Opth 2%		No	0	No	Yes	No	No	N/A	No	No	Yes
	Cyclopentolate HCl Opth 2% (5ML) Sol (Cyclogyl)		No	0	No	Yes	No	No	N/A	No	No	Yes
	Cyclophosphamide Capsule		No	0	No	No	No	No	N/A	No	No	Yes
	Cyclophosphamide 25 MG Capsule (Cytosan)		No	0	No	No	No	No	N/A	No	No	Yes
	Cyclophosphamide 50 MG Capsule (Cytosan)		No	0	No	No	No	No	N/A	No	No	Yes
	Formulary Restrictions:											
	****Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***											
	Cyclophosphamide inj		No	0	No	No	Yes	No	N/A	No	No	Yes
	Cyclophosphamide Injection Soln 1 GM (Cytosan)		No	0	No	No	Yes	No	N/A	No	No	Yes
	Cyclophosphamide Injection Soln 500 MG (Cytosan)		No	0	No	No	Yes	No	N/A	No	No	Yes
	Cyclophosphamide Injectio Sol Reconstituted 2 GM (Cytosan)		No	0	No	No	Yes	No	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlry
cycloSPORINE (Neoral)	Capsule	Cap	99402020300120	No	0	No	No	No	No	No	N/A	No	Yes
cycloSPORINE Modified (Neoral)	25 MG Cap (Neoral)	Cap	99402020300150	No	0	No	No	No	No	No	N/A	No	Yes
cycloSPORINE Modified (Gengraf/Neoral)	100 MG CAP (NEORAL 100MG)	Cap	99402020300120	No	0	No	No	No	No	No	N/A	Yes	Yes
cycloSPORINE Modified (Gengraf/Neoral)	Cap 25MG 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		Cap	99402020000140	No	0	No	No	No	No	No	N/A	Yes	Yes
cycloSPORINE (Sandimmune)	100 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 (Sandimmune)	100 MG Cap (Sandimmune)	Cap	99402020000140	No	0	No	No	No	No	No	N/A	No	Yes
cycloSPORINE inj 50 mg/ml		Sol	99402020002005	No	0	No	No	Yes	No	No	N/A	No	Yes
cycloSPORINE IV Solution		Sol	99402020002005	No	0	No	No	Yes	No	No	N/A	No	Yes
cycloSPORINE oral soln 100 mg/ml		Sol	99402020002010	No	0	No	Yes	No	No	No	N/A	No	Yes
Cytarabine Injection		Sol	21300010002010	No	0	No	No	Yes	No	No	N/A	No	Yes
Cytarabine Inj 20MG/ML (Cytosar)		Sol Recon	21300010002115	No	0	No	No	Yes	No	No	N/A	No	Yes
Cytarabine Inj 1 GM (Cytosar)		Sol Recon	21300010002105	No	0	No	No	Yes	No	No	N/A	No	Yes
Dacarbazine Injection		Sol Recon	21700020002110	No	0	No	Yes	Yes	No	No	N/A	No	Yes
Dacarbazine 200 MG Inj (DTIC-Dome)		Sol Recon	21200020002105	No	0	No	Yes	Yes	No	No	N/A	No	Yes
DACTINomycin Injection		Sol	83101010102020	No	0	No	No	Yes	No	No	N/A	No	Yes
Dalteparin Injection		Sol	83101010102040	No	0	No	No	Yes	No	No	N/A	No	Yes
Dalteparin Sod 2500 UNIT/0.2ML Subcutaneous Soln (Fragmin)		Sol	83101010102015	No	0	No	No	Yes	No	No	N/A	No	Yes
Dalteparin Sod 5000 UNIT/0.2ML Subcutaneous Soln (Fragmin)		Sol	83101010102056	No	0	No	No	Yes	No	No	N/A	No	Yes
Dalteparin Sod 10000 UNIT/ML Subcutaneous Soln (Fragmin)		Cap	23100005000110	No	0	No	No	No	No	No	N/A	No	Yes
Dalteparin Sod 15000 UNIT/0.6ML Subcut Soln (Fragmin)		Cap	23100005000115	No	0	No	No	No	No	No	N/A	No	Yes
Danazol Capsule		Cap	23100005000105	No	0	No	No	No	No	No	N/A	No	Yes
Danazol 100 MG Cap (Danocrine)		Cap		No	0	No	No	No	No	No	N/A	No	Yes
Danazol 200 MG Cap (Danocrine)		Cap		No	0	No	No	No	No	No	N/A	No	Yes
Danazol 50 MG Cap (Danocrine)		Cap		No	0	No	No	No	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Dapsone Tablet	Dapsone 100 MG Tab (Dapsone)	Tab	16300010000320	No	0	No	No	No	No	N/A	No	N/A	No	Yes
	Dapsone 25 MG Tab (Dapsone)	Tab	16300010000310	No	0	No	No	No	No	N/A	No	N/A	No	Yes
	Dapsone 25 MG Tab UD	Tab	16300010000310	No	0	No	No	No	No	N/A	Yes	N/A	Yes	Yes
	Dapsone 100 MG Tab UD (Dapsone)	Tab	16300010000320	No	0	No	No	No	No	N/A	Yes	N/A	Yes	Yes
Darbepoetin Alfa (Albumin Free) inj	Darbepoetin Alfa (Albumin Free) 300 MCG/ML (Aranesp (Albumin Free))	Sol	82401015102070	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
	Darbepoetin Alfa (Albumin Free) 300 MCG/0.6ML (Aranesp (Albumin Free) Inj Soln)	Sol Prefilled	8240101510E58	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
	Darbepoetin Alfa (Albumin Free) 150 MCG/0.75ML (Aranesp)	Sol	82401015102050	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
	Darbepoetin Alfa (Albumin Free) 200 MCG/0.4ML (Aranesp)	Sol Prefilled	8240101510E58	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
	Darbepoetin Alfa (Albumin Free) 60 MCG/0.3ML (Aranesp)	Sol Prefilled	8240101510E55	No	0	No	Yes	Yes	No	N/A	No	N/A	No	Yes
	Darbepoetin Alfa (Albumin Free) 40 MCG/0.4ML (Aranesp)	Sol Prefilled	8240101510E54	No	0	No	Yes	Yes	No	N/A	No	N/A	No	Yes
	Darbepoetin Alfa (Albumin Free) 60 MCG/ML (Aranesp)	Sol	82401015102030	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
	Darbepoetin Alfa (Albumin Free) 100 MCG/ML (Aranesp)	Sol	82401015102040	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
	Darbepoetin Alfa (Albumin Free) 25 MCG/ML (Aranesp)	Sol	82401015102010	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
	Darbepoetin Alfa (Albumin Free) 200 MCG/ML (Aranesp)	Sol	82401015102060	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
	Darbepoetin Alfa (Albumin Free) 500 MCG/ML syrin (Aranesp)	Sol Prefilled	8240101510E59	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
	Darbepoetin Alfa (Albumin Free) 40 MCG/ML (Aranesp)	Sol	82401015102020	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes

Advisories:

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

ESA USE IN CANCER PATIENTS:

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

ESA USE IN ESRD PATIENTS:

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:

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Only	Ln	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
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a. cirrhotic;  
 b. pre or post-liver transplant  
 c. HIV/HCV co-infected;  
 d. receiving HIV triple therapy;  
 AND\*\*

\*\*3. Patient underwent evaluation for other causes of Page 37 of 189 anemia (e.g. bleeding, nutritional deficiency) and has been treated appropriately; AND\*\*  
 \*\*4. Patient develops anemia defined as Hgb < 10 g/dL (or as clinically indicated for significant anemia-related signs and symptoms) and persists for at least two weeks after reducing the ribavirin dose to 600 mg/day; AND\*\*

\*\*5. Patient does not have exclusion criteria: Uncontrolled hypertension or risk for thrombosis.\*\*  
 \*\*All of the following must be true for patient to be eligible for epoetin alfa treatment of hepatitis C treatment-related anemia.\*\*  
 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) 100 MG/ML Suspension																	
Darunavir Ethanolate Oral Suspension 100 MG/ML																	
Darunavir Ethanolate (DRV) Tablet																	
Darunavir Ethanolate (DRV) 400 MG Tab (Prezista)																	
Darunavir Ethanolate (DRV) 600 MG Tab (Prezista)																	
Darunavir Ethanolate (DRV) 600 MG Tab UD (Prezista)																	
Darunavir Ethanolate (DRV) 400 MG Tab UD (Prezista)																	
Darunavir Ethanolate (DRV) 800 MG Tab (Prezista)																	
Darunavir Ethanolate (DRV) 800 MG Tab UD																	

\*\*MLP Requires Cosign\*\*

DAUNORubicin HCL Inj																	
DAUNORubicin 5MG/ML (Cerubidine)																	
DAUNORubicin HCL 20 MG INJ (Cerubidine)																	
Deferoxamine Mesylate Inj																	
Deferoxamine Mesylate 500 MG Inj (Desferal)																	
Deferoxamine Mesylate 100MG/ML, 20ML Inj (Desferal)																	
Demeclocycline HCl Tablet																	
Demeclocycline HCL 150 MG Tab (Declomycin)																	
Demeclocycline HCL 300 MG Tab (Declomycin)																	
Demeclocycline HCL 150 MG Tab UD (Declomycin)																	
Depo Estradiol Cypionate Inj																	
Estradiol Cypionate 5MG/ML Inj (Depo -Estradiol)																	



Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Only	Crush.	Req. Loc.	Active	Dose	Fmly
Formulary Restrictions:													
****UTILIZATION IN SEX-OFFENDER TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****													
Desflurane Inhalation Soln	Inhalation Soln (240 ML) (Suprane)	Sol	70200007002000	No	0	No	Yes	No	No	N/A	No	No	Yes
Desipramine Tablet													
Desipramine	10 MG Tab (Norpramin)	Tab	58200030100305	No	0	Yes	No	Yes	No	N/A	No	No	Yes
Desipramine	100 MG Tab (Norpramin)	Tab	58200030100325	No	0	Yes	No	Yes	No	N/A	No	No	Yes
Desipramine	150 MG Tab (Norpramin)	Tab	58200030100330	No	0	Yes	No	Yes	No	N/A	No	No	Yes
Desipramine	25 MG Tab (Norpramin)	Tab	58200030100310	No	0	Yes	No	Yes	No	N/A	No	No	Yes
Desipramine	50 MG Tab (Norpramin)	Tab	58200030100315	No	0	Yes	No	Yes	No	N/A	No	No	Yes
Desipramine	75 MG Tab (Norpramin)	Tab	58200030100320	No	0	Yes	No	Yes	No	N/A	No	No	Yes
Desipramine	10 MG Tab UD (Norpramin)	Tab	58200030100305	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes
Desipramine	25 MG Tab UD (Norpramin)	Tab	58200030100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes
Desipramine	50 MG Tab UD (Norpramin)	Tab	58200030100315	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes
Desipramine	75 MG Tab UD (Norpramin)	Tab	58200030100320	No	0	Yes	No	Yes	No	N/A	Yes	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	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	No	Yes
Desmopressin Acetate Tablet													
Desmopressin Acetate	0.2 Mg Tab (DDAVP)	Tab	30201010100320	No	0	No	No	No	No	N/A	No	No	Yes
Desmopressin Acetate	0.1 MG Tab (DDAVP)	Tab	30201010100310	No	0	No	No	No	No	N/A	No	No	Yes
Desmopressin Acetate	0.2 MG Tab UD (DDAVP)	Tab	30201010100320	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Desmopressin Acetate	0.1 MG Tab UD (repack) (DDAVP)	Tab	30201010100310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Desonide Cream 0.05%													
Desonide Cream	0.05% (60GM) (Desowen)	Crm	90550035003705	No	0	No	Yes	No	No	N/A	No	No	Yes
Desonide Cream	0.05% ( 15GM)	Crm	90550035003705	No	0	No	Yes	No	No	N/A	No	No	Yes
Desonide External Lotion 0.05 %													
Desonide External Lotion	0.05 % ( 118ml) (DesOwen)	Lotion	90550035004105	No	0	No	Yes	No	No	N/A	No	No	Yes
Desonide Ointment 0.05%													
Desonide Ointment	0.05% (60 GM) (Diprosone Oint)	Oint	90550035004205	No	0	No	Yes	No	No	N/A	No	No	Yes
Desonide Ointment	0.05% (15GM)	Oint	90550035004205	No	0	No	Yes	No	No	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
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	No	Yes	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	No	Yes	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	No	Yes	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	No	Yes	Yes
Dexamethasone Injection	Dexamethasone Sod Phos Inj 10MG/ML (Decadron)	Sol	22100020202010	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes
	Dexamethasone Sod Phos Inj 4 MG/ML (Decadron)	Sol	22100020202005	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes
	Dexamethasone Sod Phos Inj Soln 100 MG/10ML MDV	Sol	22100020202060	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes
	Dexamethasone Sod Phos Injec Soln 20 MG/5ML	Sol	22100020202040	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes
Dexamethasone Ophth Solution 0.1%	Dexamethasone Ophth Soln 0.1%, 5ML (Dexamethasone Ophth)	Sol	86300010102005	No	0	Yes	Yes	No	No	N/A	No	No	Yes	Yes
Advisories: ****RESTRICTED TO OPTOMETRIST/PHYSICIAN USE ONLY**** **COMBINATION TOBRAMYCIN/DEXAMETHASONE OPTHALMIC 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	No	Yes	Yes
Advisories: ****RESTRICTED TO OPTOMETRIST/PHYSICIAN USE ONLY**** **COMBINATION TOBRAMYCIN/DEXAMETHASONE OPTHALMIC 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	No	Yes	Yes
Advisories: ****RESTRICTED TO OPTOMETRIST/PHYSICIAN USE ONLY**** **COMBINATION TOBRAMYCIN/DEXAMETHASONE OPTHALMIC FORMULATIONS (TOBRADEX) NOT APPROVED**** **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	No	Yes	Yes
Dexamethasone Oral Tablet	Dexamethasone 0.5 MG Tab (Decadron)	Tab	22100020000315	No	0	Yes	No	No	No	N/A	No	No	Yes	Yes
	Dexamethasone 0.75 MG Tab (Decadron)	Tab	22100020000320	No	0	Yes	No	No	No	N/A	No	No	Yes	Yes
	Dexamethasone 0.75 MG UD Tab (Decadron)	Tab	22100020000320	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes	Yes
	Dexamethasone 1 MG Tab (Decadron)	Tab	22100020000325	No	0	Yes	No	No	No	N/A	No	No	Yes	Yes
	Dexamethasone 1 MG Tab UD (Decadron)	Tab	22100020000325	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes	Yes
	Dexamethasone 1.5 MG Tab (Decadron)	Tab	22100020000330	No	0	Yes	No	No	No	N/A	No	No	Yes	Yes
	Dexamethasone 2 MG Tab (Decadron)	Tab	22100020000335	No	0	Yes	No	No	No	N/A	No	No	Yes	Yes
	Dexamethasone 4 MG Tab (Decadron)	Tab	22100020000340	No	0	Yes	No	No	No	N/A	No	No	Yes	Yes
	Dexamethasone 4 MG Tab UD (Decadron)	Tab	22100020000340	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes	Yes
	Dexamethasone 6 MG Tab (Decadron)	Tab	22100020000345	No	0	Yes	No	No	No	N/A	No	No	Yes	Yes
	Dexamethasone 2 MG Tab UD (Decadron)	Tab	22100020000335	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes	Yes
	Dexamethasone 6 MG Tab UD (Decadron)	Tab	22100020000345	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
	**MLP Requires Cosign**													
Dexferrum (iron Dextran)	SDV 50MG/2ML	Sol	82300040002010	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes
Iron Dextran	SDV 50MG/2ML (DexFerrum)													
Dextrose	Dextrose 70% Inj (Dextrose 70%)	Sol	80100020002060	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Dextrose 20% Intravenous Soln	Dextrose 20% Inj 500 ML (Dextrose 20% Injection)													
Dextrose 1.5 % Intraperitoneal Soln	346 MOSM/L	Sol	80100020002025	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes
Dextrose 1.5 % Intraperitoneal Soln	346 MOSM/L (Delflex-LC)													
Dextrose 10% Intravenous Soln	Dextrose 10% Inj 1000 ML (Dextrose 10% Injection)	Sol	80100020002020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes
Dextrose 2.5% Intraperitoneal Soln	Dextrose 2.5% Intraperitoneal Soln (Delflex-LC)													
Dextrose 4.25% Intraperitoneal Soln	483 MOSM/L	Sol	99700000002038	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Dextrose 4.25% Intraperitoneal Soln	483 MOSM/L (Delflex-LC)													
Dextrose 5% in Lactated Ringer	Dextrose 5% in Lactated Ringer	Sol	99700000002070	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Dextrose 5%/Lactated Ringer	1000 ML INJ (Dextrose 5% in Lactated Ringer Injection)													
Dextrose 5% IN SOD CHLOR 0.2%	Dextrose 5% IN SOD CHLOR 0.2% 1000 ML INJ	Sol	79993002202020	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Dextrose 5% IN SOD CHLOR 0.9%	Dextrose 5% IN SOD CHLOR 0.9%	Sol	79993002202035	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes
Dextrose 5%/Sod CHLORide 0.9%	Dextrose 5% IN SOD CHLORide 0.9% 1000 ML INJ (Dextrose 5% IN Sodium Chloride 0.9%)													
Dextrose 5% IN SOD CHLORide 0.45%	Dextrose 5% IN SOD CHLORide 0.45% 1000 ML INJ	Sol	79993002202030	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes
Dextrose 5% Inj	Dextrose 5% Inj 1000 ML (Dextrose 5% Inj in Water)													
Dextrose 5% Inj	500 ML (Dextrose 5% Inj in Water)	Sol	80100020002015	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes
Dextrose 5% Inj	250 ML (Dextrose 5% Inj in Water)	Sol	80100020002015	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes
Dextrose 5% Inj	50 ML (Dextrose 5% Inj in Water)	Sol	80100020002015	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes
Dextrose 5% Inj	100 ML (Dextrose 5% in Water)	Sol	80100020002015	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes
Dextrose 50% Inj	Dextrose 50% Inj 1000 ML (Dextrose 50% Inj)													
Dextrose 50% Inj	500 ML (Dextrose 50% Inj)	Sol	80100020002050	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes
Dextrose 50% Inj	50 ML PFS (Dextrose 50% Inj)	Sol	80100020002050	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes
Dextrose 50% Inj	50ML 0.5GM/ML (Dextrose 50% Inj)	Sol	80100020002050	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlyr
Diabetic Supply - Control Solution	Diabetic Supply - Control Solution (Diabetic Supply- Control Solution)			No	0	No	Yes	No	No	N/A	No	Yes	Yes
Diabetic Supply - Glucometer	Diabetic Supply - Glucometer (Diabetic Supply- Glucometer)			No	0	No	Yes	No	No	N/A	No	Yes	Yes
Diabetic Supply - Lancets	Diabetic Supply - Lancets (Diabetic Supply- Lancets)			No	0	No	Yes	No	No	N/A	No	Yes	Yes
Diabetic Supply - Sharps Container	Diabetic Supply - Sharps Container (Diabetic Supply - Sharps Container)			No	0	No	Yes	No	No	N/A	No	Yes	Yes
Diabetic Supply - Test Strips (Precision Xtra)	Diabetic Supply - Test Strips (Precision Xtra) (Precision Xtra Blood Glucose In Vitro Strip)	Strip	94100030006100	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Diabetic Supply - Test Strips (Various Brands)	Diabetic Supply - Test Strips (Diabetic Supply- Test Strips)			No	0	No	Yes	No	No	N/A	No	Yes	Yes
Dialyte/1.5% Dextrose	Dianeal/1.5% Dex Intraperitoneal Sol 346 MOSM/L (Dianeal PD)	Sol	99700000002029	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Dialyte/2.5% Dextrose	Dianeal/2.5% Dex Intraperitoneal Sol 396 MOSM/L (Dianeal PD)	Sol	99700000002042	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Dialyte/4.25% Dextrose	Dianeal/4.25% Dex Intraperitoneal Sol 485MOSM/L (Dianeal PD-2/4.25%)	Sol	99700000002073	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Diatrizoate Meglumine Urethral Solution 30 %	Diatrizoate Meglumine Urethral Solution 30 % (Cystografin 30%)	Sol	94402015102011	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Diatrizoate SOD and Meglumine Inj	Diatrizoate Sod AND Meglumine 10% / 66% Inj (Hypaque-76)	Sol	94402015302035	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
MD-Gastroview Oral Solution 66-10 % (30 ml) (MD-gastroview)	MD-Gastroview Oral Solution 66-10 % (30 ml) (MD-gastroview)	Sol	94402015302050	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Dibucaine External Ointment 1 %	Dibucaine External Ointment 1 % ( 28.35gm)	Oint	90850045004205	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.**													
Dibucaine Ointment 1%	Dibucaine Ointment (1oz) 28GM 1% (Nupercainal)	Oint	89200017004210	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.**													
Diclofenac Sodium Opth Soln 0.1%	Diclofenac Sodium Opth Soln 0.1% , 5ML OPTH (Voltaren Ophthalmic Drops)	Sol	86805010102010	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Diclofenac Sodium Opth Soln 0.1 % (2.5 ML) (Voltaren)	Diclofenac Sodium Opth Soln 0.1 % (2.5 ML) (Voltaren)	Sol	86805010102010	No	0	No	Yes	No	No	N/A	No	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlry
Dicloxacillin	Capsule	Cap	01300020100110	No	0	No	No	No	No	No	N/A	No	Yes
Dicloxacillin	Capsule 250 MG (Dynapen)	Cap	01300020100115	No	0	No	No	No	No	No	N/A	No	Yes
Dicloxacillin	Capsule 500 MG (Dynapen)	Cap	01300020100115	No	0	No	No	No	No	No	N/A	Yes	Yes
Dicyclomine HCL	Syrup 10mg/5ml	Syrup	49103010102050	No	0	No	Yes	No	No	No	N/A	No	Yes
Dicyclomine HCL	(480ML) 10MG/5ML Liquid (Bentyl)	Sol	49103010102005	No	0	No	Yes	Yes	No	No	N/A	No	Yes
Dicyclomine Injection													
Dicyclomine 10 MG/ML,2ML Inj (Bentyl Injection)													
Dicyclomine Tablet/Capsule													
Dicyclomine HCL 10 MG Cap (Bentyl)		Cap	49103010100105	No	0	No	No	No	No	No	N/A	No	Yes
Dicyclomine HCL 20 MG Tab (Bentyl)		Tab	49103010100305	No	0	No	No	No	No	No	N/A	No	Yes
Dicyclomine HCL 20 MG Tab UD (Bentyl)		Tab	49103010100305	No	0	No	No	No	No	No	N/A	Yes	Yes
Dicyclomine HCL 10 MG Cap UD (Bentyl)		Cap	49103010100105	No	0	No	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	Yes	No	No	No	No	N/A	No	Yes
Didanosine (ddl) Delayed Release 100 MG Cap (Videx EC)		Cap DR	12105015006528	No	0	Yes	No	No	No	No	N/A	No	Yes
Didanosine (ddl) Delayed Release 200 MG Cap (Videx EC)		Cap DR	12105015006528	No	0	Yes	No	No	No	No	N/A	No	Yes
Didanosine (ddl) Delayed Release 250 MG Cap (Videx EC)		Cap DR	12105015006535	No	0	Yes	No	No	No	No	N/A	No	Yes
Didanosine (ddl) Delayed Release 400 MG Cap (Videx EC)		Cap DR	12105015006550	No	0	Yes	No	No	No	No	N/A	No	Yes
Didanosine (ddl) Delayed Release 400 MG Cap UD (Videx EC)		Cap DR	12105015006550	No	0	Yes	No	No	No	No	N/A	Yes	Yes
Didanosine (ddl) Delayed Release 200 MG Cap UD (Videx EC)		Cap DR	12105015006528	No	0	Yes	No	No	No	No	N/A	Yes	Yes
Didanosine (ddl) Delayed Release 250 MG Cap UD (Videx EC)		Cap DR	12105015006535	No	0	Yes	No	No	No	No	N/A	Yes	Yes
Didanosine (ddl) Delayed Release 125 MG Cap UD (Videx EC)		Cap DR	12105015006520	No	0	Yes	No	No	No	No	N/A	Yes	Yes
***MLP Requires Cosign**													
Digoxin Inj													
Digoxin 0.25 MG/ML, 2M Inj (Lanoxin Injection)		Sol	31200010002010	No	0	No	Yes	Yes	No	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	No	N/A	No	Yes
Digoxin 0.25 MG Tab (Lanoxin)		Tab	31200010000310	No	0	No	No	No	No	No	N/A	No	Yes
Digoxin 0.25 MG Tab UD (Lanoxin)		Tab	31200010000310	No	0	No	No	No	No	No	N/A	Yes	Yes
Digoxin 0.125 MG Tab UD (Lanoxin)		Tab	31200010000305	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.***													

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	FmIry
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	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	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	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	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	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	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	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	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	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	No	N/A	No	Yes
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
	Diltiazem HCl ER Coated Beads Tab 24 Hr 300 MG	Tab ER 24	34000010127550	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

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Advisories:														
****CARDIZEM SR NOT APPROVED****														
Diltiazem Inj	5mg/ml	Sol	34000010102025	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes
Diltiazem HCl Intravenous Solution 25 MG/5ML														
Diltiazem XR	24 hour Capsule	Cap ER 24	34000010107040	No	0	No	No	No	No	N/A	No	No	Yes	Yes
Diltiazem XR 24 hour 240 MG Cap(Dilacor XR) (Dilacor XR)														
Dilt-XR	24 Hour 120 MG ER Cap	Cap ER 24	34000010107020	No	0	No	No	No	No	N/A	No	No	Yes	Yes
Advisories:														
****CARDIZEM SR NOT APPROVED****ONCE A DAY DOSING****														
Dimethylsulfoxide-RMSO		Sol	56500010002010	No	0	No	No	No	No	N/A	No	No	Yes	Yes
Dimethylsulfoxide-RMSO ML (Rimso-50)														
Formulary Restrictions:														
****MRC USE ONLY**														
***Oncology Use Only*****														
**Medical Referral Center (MRC) Use Only**														
diphenhydramine	Capsule/Tablet	Cap	41200030100105	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes
diphenhydramine 25 MG Cap (Benadryl)														
diphenhydramine	25 MG Cap UD (Benadryl)	Cap	41200030100105	No	0	No	No	Yes	No	N/A	Yes	No	Yes	Yes
diphenhydramine 25 MG Cap (Benadryl)														
diphenhydramine	50 MG Cap (Benadryl)	Cap	41200030100110	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes
diphenhydramine 50 MG Cap UD (Benadryl)														
diphenhydramine	25 MG Tab (Benadryl)	Tab	41200030100305	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes
diphenhydramine 25 MG Tab UD (Benadryl)														
diphenhydramine	50 MG Tab	Tab	41200030100310	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes
diphenhydramine 50 MG Tab UD (Benadryl)														
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	Sol	41200030102010	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes
diphenhydramine HCl 50 MG/ML 2 ML Inj (Benadryl Inj)														
diphenhydramine	HCl 50 MG/ML 1 ML Inj (Benadryl INJ)	Sol	41200030102010	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes
diphenhydramine HCl 50 MG/ML 1 ML Vial (Benadryl Inj)														
diphenhydramine	HCl 50 MG/ML 10ml Inj	Sol	41200030102010	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active Dose	Unit	Fmlry
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
	Dipyridamole 25 MG Tab UD (Persantine 25 MG)	Tab	85150030000310	No	0	No	No	No	No	No	N/A	Yes	Yes
	Dipyridamole 50 MG Tab UD (Persantine 50 MG)	Tab	85150030000320	No	0	No	No	No	No	No	N/A	Yes	Yes
	Dipyridamole 75 MG Tab (Persantine)	Tab	85150030000330	No	0	No	No	No	No	No	N/A	No	Yes
	Dipyridamole 75 MG Tab UD (Persantine)	Tab	85150030000330	No	0	No	No	No	No	No	N/A	Yes	Yes
	Dipyridamole 50 MG Tab (Persantine)	Tab	85150030000320	No	0	No	No	No	No	No	N/A	No	Yes
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
	Distilled Water for CPAP - 1 Gallon (water)	Liq	98402024000900	No	0	No	Yes	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.													
**PILL LINE ONLY FOR USE IN NON-SEIZURE INDICATIONS****													
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



Doctor Name	Item Name	Medical Referral Center (MRC) Use Only**	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlry
**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
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	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.**														
Dolutegravir(DTG) 50 MG Tablet	Dolutegravir Sodium ( DTG) 50 MG Tablet (Tivicay)		Tab	12103015100320	No	0	Yes	No	No	No	No	N/A	No	Yes
	Dolutegravir Sodium (DTG) 50 MG UD (repack) (Tivicay)		Tab	12103015100320	No	0	Yes	No	No	No	No	N/A	Yes	Yes
**MLP Requires Cosign**														
DOPamine Inj	DOPamine 200 MG/5 ML		Sol	38000020102010	No	0	No	No	Yes	No	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	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	No	Yes
	Dorzolamide HCL Ophth 2%, 10 ML Soln (Trusopt Ophthalmic Solution)		Sol	86802340102020	No	0	No	Yes	No	No	N/A	No	No	Yes
Advisories:														
****OPHTHALMOLOGIST INITIATION ONLY****														
Dorzolamide-Timolol Ophth soln 2-0.5%	Dorzolamide-Timolol PF Soln 22.3-6.8mg/ml 10ml (Cosopt PF)		Sol	86259902202060	No	0	No	Yes	No	No	N/A	No	No	Yes
	Dorzolamide-Timolol Optn Soln 22.3-6.8mg/ml 10ML (Cosopt)		Sol	86259902202020	No	0	No	Yes	No	No	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
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	N/A	No	Yes
Doxazosin Tablet	Doxazosin 1 MG Tab UD (Cardura)	Tab	36202005100310	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	Doxazosin 2 MG Tab UD (Cardura)	Tab	36202005100320	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	Doxazosin 4 MG Tab UD (Cardura)	Tab	36202005100330	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	Doxazosin 1 MG Tab (CARDURA)	Tab	36202005100310	No	0	No	No	No	No	N/A	No	No	No	Yes
	Doxazosin 2 MG Tab (CARDURA)	Tab	36202005100320	No	0	No	No	No	No	N/A	No	No	No	Yes
	Doxazosin 4 MG Tab (Cardura)	Tab	36202005100330	No	0	No	No	No	No	N/A	No	No	No	Yes
	Doxazosin 8 MG Tab (Cardura)	Tab	36202005100340	No	0	No	No	No	No	N/A	No	No	No	Yes
	Doxazosin 8 MG Tab UD (Cardura)	Tab	36202005100340	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
Doxepin Capsule	Doxepin 10 MG Cap (Sinequan)	Cap	58200040100105	No	0	Yes	No	Yes	No	N/A	No	No	No	Yes
	Doxepin 10 MG Cap UD (Sinequan)	Cap	58200040100105	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes
	Doxepin 100 MG Cap (Sinequan)	Cap	58200040100125	No	0	Yes	No	Yes	No	N/A	No	No	No	Yes
	Doxepin 100 MG Cap UD (Sinequan)	Cap	58200040100125	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes
	Doxepin 150 MG Cap (Sinequan)	Cap	58200040100130	No	0	Yes	No	Yes	No	N/A	No	No	No	Yes
	Doxepin 25 MG Cap (Sinequan)	Cap	58200040100110	No	0	Yes	No	Yes	No	N/A	No	No	No	Yes
	Doxepin 25 MG Cap UD (Sinequan)	Cap	58200040100110	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes
	Doxepin 50 MG Cap (Sinequan)	Cap	58200040100115	No	0	Yes	No	Yes	No	N/A	No	No	No	Yes
	Doxepin 50 MG Cap UD (Sinequan)	Cap	58200040100115	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes
	Doxepin 75 MG Cap (Sinequan)	Cap	58200040100120	No	0	Yes	No	Yes	No	N/A	No	No	No	Yes
	Doxepin 75 MG Cap UD (Sinequan)	Cap	58200040100120	No	0	Yes	No	Yes	No	N/A	Yes	Yes	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**														
Doxepin Solution 10MG/ML	Doxepin Solution 10 MG/ML, 120 ML (Sinequan)	Concentrate	58200040101305	No	0	Yes	Yes	Yes	No	N/A	No	No	No	Yes
	Doxepin Solution 50 MG/5ML, UD (Sinequan)	Concentrate	58200040101305	No	0	Yes	Yes	Yes	No	N/A	Yes	Yes	Yes	Yes
Advisories:														
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **recommended to be administered crushed, capsules emptied and administered via powder form , or liquid, ensuring tablets to be crushed are not listed on available "do not crush " lists or specifically stated in the package insert****														
**MLP Requires Cosign**														
Doxercalciferol Capsule	Doxercalciferol 2.5 MCG Cap (Hectorol)	Cap	30905040000120	No	0	No	No	No	No	N/A	No	No	No	Yes
	Doxercalciferol 0.5 MCG Cap (Hectorol)	Cap	30905040000105	No	0	No	No	No	No	N/A	No	No	No	Yes
	Doxercalciferol 1 MCG Cap (Hectoral)	Cap	30905040000110	No	0	No	No	No	No	N/A	No	No	No	Yes

<b>Doctor Name</b>	<b>Item Name</b>	<b>Dosage Form</b>	<b>GPI Code</b>	<b>Non Sub.</b>	<b>DEA Sched.</b>	<b>MLP Cosign</b>	<b>Bulk</b>	<b>Pill Ln Only</b>	<b>Crush.</b>	<b>Req. Loc.</b>	<b>Active</b>	<b>Dose</b>	<b>Fmlry Unit</b>
Formulary Restrictions:													
****ORAL ROUTE PREFERRED****													
Doxercalciferol Injection	Doxercalciferol 2 MCG/ML Inj (Hectorol inj)	Sol	30905040002020	No	0	No	No	Yes	No	N/A	No	No	Yes
Formulary Restrictions:													
****ORAL ROUTE PREFERRED****													
DOXOrubicin Injection	DOXOrubicin HCL 2MG/ML Inj (Adriamycin)	Sol	21200040102010	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
	DOXOrubicin Injection 10 MG (2 MG/ML) (Adriamycin)	Sol	21200040102010	No	0	No	No	Yes	No	N/A	No	No	Yes
	DOXOrubicin HCL 2MG/ML, 5ML Inj (Adriamycin)	Sol	21200040102010	No	0	No	Yes	Yes	No	N/A	No	No	Yes
	DOXOrubicin Injection 50 MG (2mg/ml) (Adriamycin)	Sol	21200040102010	No	0	No	No	Yes	No	N/A	No	No	Yes
Doxycycline Hyclate Capsule/Tablet	Doxycycline Hyclate 100 MG Cap UD (Vibramycin)	Cap	04000020100110	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Doxycycline Hyclate 100 MG Cap	Cap	04000020100110	No	0	No	No	No	No	N/A	No	No	Yes
	Doxycycline Hyclate 50 MG Cap UD	Cap	04000020100105	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Doxycycline Hyclate 50 MG Cap (Vibramycin)	Cap	04000020100105	No	0	No	No	No	No	N/A	No	No	Yes
	Doxycycline Hyclate 100 MG Tab UD (Vibramycin)	Tab	04000020100310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Doxycycline Hyclate 50 MG Tab	Tab	04000020100310	No	0	No	No	No	No	N/A	No	No	Yes
	Doxycycline Hyclate 100 MG Tab (Vibratabs)	Tab	04000020100310	No	0	No	No	No	No	N/A	No	No	Yes
	Doxycycline Hyclate Oral Tablet 20 MG (Periostat)	Tab	04000020100302	No	0	No	No	No	No	N/A	No	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	040000200000110	No	0	No	No	No	No	N/A	No	No	Yes
	Doxycycline Monohydrate 50 MG Cap	Cap	040000200000105	No	0	No	No	No	No	N/A	No	No	Yes
	Doxycycline Monohydrate 100 MG Tablet	Tab	040000200000310	No	0	No	No	No	No	N/A	No	No	Yes
	Doxycycline Monohydrate 50 MG Tablet	Tab	040000200000305	No	0	No	No	No	No	N/A	No	No	Yes
	Doxycycline Monohydrate 100 MG Cap UD	Cap	040000200000110	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Doxycycline Monohydrate 100 MG Tab UD	Tab	040000200000310	No	0	No	No	No	No	N/A	Yes	Yes	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	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
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	Yes	No	Yes
Droperidol Inj	Droperidol Inj 2.5MG/ML (Inapsine)	Sol	57200030002005	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Advisories:														
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****														
DULoxetine	Delayed Release Capsule	Cap DR	58180025106720	No	0	No	No	No	No	N/A	No	Yes	No	Yes
DULoxetine HCl	Delayed Rel 20 MG Cap (Cymbalta)	Cap DR	58180025106750	No	0	No	No	No	No	N/A	No	Yes	No	Yes
DULoxetine HCl	Delayed Rel 60 MG Cap (Cymbalta)	Cap DR	58180025106730	No	0	No	No	No	No	N/A	Yes	Yes	No	Yes
DULoxetine HCl	Delayed Rel 30 MG Cap UD (Cymbalta)	Cap DR	58180025106730	No	0	No	No	No	No	N/A	No	Yes	No	Yes
DULoxetine HCl	Delayed Rel 30 MG Cap (Cymbalta)	Cap DR	58180025106730	No	0	No	No	No	No	N/A	No	Yes	No	Yes
DULoxetine HCl	Delayed Rel 60 MG Cap UD (Cymbalta)	Cap DR	58180025106750	No	0	No	No	No	No	N/A	Yes	Yes	No	Yes
DULoxetine HCl	Delayed Rel 20 MG Cap UD (Cymbalta)	Cap DR	58180025106720	No	0	No	No	No	No	N/A	Yes	Yes	No	Yes
DuoDERM	Hydroactive External	Miscellaneous	90944050006300	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Flexible Hydroactive External	Dressing granules (DuoDERM Hydroactive External Miscellaneous)	Miscellaneous	90944050006300	No	0	No	No	No	No	N/A	No	Yes	No	Yes
E-Z-Gas II Oral Packet 2.21-1.53-0.04 GM		Packet	48991003803025	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes
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	Yes	No	Yes
Echothiophate Iodide Ophth Soln 0.125%		Sol Recon	86502020102115	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
Echothiophate Iodide Ophth 0.125%, 5 ML Soln (Phospholine Iodide Ophthalmic)		Sol Recon	86502020102115	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
Edrophonium Chloride Inj		Sol	76000020102005	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Edrophonium Chloride Inj 10MG/ML, 10ML (Tensilon Inj)		Sol	76000020102005	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Efavirenz (EFV) Oral Cap		Cap	12109030000110	No	0	Yes	No	No	No	N/A	No	Yes	No	Yes
Efavirenz (EFV) 50 MG Cap (Sustiva)		Cap	12109030000110	No	0	Yes	No	No	No	N/A	No	Yes	No	Yes
Efavirenz (EFV) 200 MG Cap (Sustiva)		Cap	12109030000140	No	0	Yes	No	No	No	N/A	No	Yes	No	Yes
Efavirenz (EFV) 200 MG Cap UD ( repack)		Cap	12109030000140	No	0	Yes	No	No	No	N/A	Yes	Yes	No	Yes
**MLP Requires Cosign**														
Efavirenz (EFV) Oral Tab		Tab	12109030000330	No	0	Yes	No	No	No	N/A	No	Yes	No	Yes
Efavirenz (EFV) 600 MG Tab (Sustiva)		Tab	12109030000330	No	0	Yes	No	No	No	N/A	No	Yes	No	Yes
Efavirenz (EFV) 600 MG Tab UD (Sustiva)		Tab	12109030000330	No	0	Yes	No	No	No	N/A	Yes	Yes	No	Yes
**MLP Requires Cosign**														
Efavirenz/Emtricitabine/Tenofovir Tablet		Tab	12109903300320	No	0	Yes	No	No	No	N/A	No	Yes	No	Yes
Efavirenz/Emtricitabine/Tenofovir Tablet		Tab	12109903300320	No	0	Yes	No	No	No	N/A	No	Yes	No	Yes
Efavirenz/Emtricitabine/Tenofovir Tablet		Tab	12109903300320	No	0	Yes	No	No	No	N/A	No	Yes	No	Yes
Efavirenz/Emtricitabine/Tenofovir Tablet		Tab	12109903300320	No	0	Yes	No	No	No	N/A	No	Yes	No	Yes
Efavirenz/Emtricitabine/Tenofovir Tablet		Tab	12109903300320	No	0	Yes	No	No	No	N/A	No	Yes	No	Yes
Efavirenz/Emtricitabine/Tenofovir Tablet		Tab	12109903300320	No	0	Yes	No	No	No	N/A	No	Yes	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Only	Crush.	Req. Loc.	Active Dose	Unit	Fmlry
Formulary Restrictions:													
**Restricted To HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****													
**MLP Requires Cosign**													
Elvitegravir/Cobicistat/Emtricitabine/Tenof tab		Tab	12109904300320	No	0	Yes	No	No	No	No	N/A	No	Yes
Elvitegr/Cobicist/Emtric/Tenof 150-150-200-300MG (Stribild)													
**MLP Requires Cosign**													
Emtricitabine (FTC) Capsule		Cap	12106030000120	No	0	Yes	No	No	No	No	N/A	No	Yes
Emtricitabine (FTC) 200 MG Cap (Emtriva)													
Emtricitabine (FTC) 200 MG Cap UD (Emtriva)		Cap	12106030000120	No	0	Yes	No	No	No	No	N/A	Yes	Yes
Formulary Restrictions:													
****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****													
**MLP Requires Cosign**													
Emtricitabine/Rilpivirine/Tenof 200-25-300MG Tab		Tab	12109903400320	No	0	Yes	No	No	No	No	N/A	No	Yes
Emtricitabine/Rilpivirine/Tenof 200-25-300MG Tab (Complera)													
Emtricitabine/Rilpivir/Tenof 200-25-300MG TabUD (complera)		Tab	12109903400320	No	0	Yes	No	No	No	No	N/A	Yes	Yes
Advisories:													
***Not a preferred regimen for treatment-naive patients***													
**MLP Requires Cosign**													
Emtricitabine/Tenofovir 200/300 Mg Tablet		Tab	12109902300320	No	0	Yes	No	No	No	No	N/A	No	Yes
Emtricitabine/Tenofovir(Truvada) 200/300 MG Tab (Truvada)													
Emtricitabine/Tenofovir 200/300 MG Tab UD (Truvada)		Tab	12109902300320	No	0	Yes	No	No	No	No	N/A	Yes	Yes
Formulary Restrictions:													
****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****													
**MLP Requires Cosign**													
Enoxaparin Injection		Sol	83101020102012	No	0	No	Yes	Yes	No	No	N/A	No	Yes
Enoxaparin Injection 30 MG/0.3 ML (Lovenox)													
Enoxaparin Injection 40 MG/0.4 ML (Lovenox)		Sol	83101020102013	No	0	No	Yes	Yes	No	No	N/A	No	Yes
Enoxaparin Injection 60 MG/0.6 ML (Lovenox)		Sol	83101020102014	No	0	No	Yes	Yes	No	No	N/A	No	Yes
Enoxaparin Injection 80 MG/0.8 ML (Lovenox)		Sol	83101020102015	No	0	No	Yes	Yes	No	No	N/A	No	Yes
Enoxaparin Injection 100 MG/1 ML (Lovenox)		Sol	83101020102016	No	0	No	Yes	Yes	No	No	N/A	No	Yes
Enoxaparin Injection 120 MG/0.8 ML (Lovenox)		Sol	83101020102018	No	0	No	Yes	Yes	No	No	N/A	No	Yes
Enoxaparin Injection 150 MG/1 ML (Lovenox)		Sol	83101020102020	No	0	No	Yes	Yes	No	No	N/A	No	Yes
Enoxaparin Injection 300 MG/3ML (Lovenox)		Sol	83101020102050	No	0	No	No	Yes	No	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
EPINEPHrine Auto-Injector 0.3 MG/0.3ML	EPINEPHrine Auto-Injector 0.3 MG/0.3 ML (EpiPen Injection Device)	Sol Auto-	3890004000D540	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
Adrenalin Injection Solution 1 MG/ML (Adrenalin)		Sol	3890004000D0300	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
EPINEPHrine HCl Injection Soln 1 MG/ML	EPINEPHrine HCl Injection Soln 1 MG/ML 1ml (Adrenaline)	Sol	4420202020D0100	No	0	No	Yes	Yes	No	N/A	No	N/A	No	Yes
Formulary Restrictions:														
	***ACLS Use Only***													
EPINEPHrine Injection 0.1 MG/ML (Cardiac)	EPINEPHrine HCl Inj Prefill Syringe 0.1MG/ML (epi)	Sol Prefilled	4420202020E510	No	0	No	No	Yes	No	N/A	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	N/A	No	Yes
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	8240102000D0400	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
	Epoetin Alfa 10,000 Units/ML, 2 ML Vial (Procrit)	Sol	8240102000D0400	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
	Epoetin Alfa 2000 Units/ML, 1 ML Inj (Procrit)	Sol	8240102000D0100	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
	Epoetin Alfa 3000 Units/ML, 1 ML Inj (Procrit)	Sol	8240102000D0150	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
	Epoetin Alfa 4000 Units/ML, 1 ML Inj (Procrit)	Sol	8240102000D0200	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
	Epoetin Alfa 20,000 Units/ML, 1 ML Inj (Procrit 20,000 Units)	Sol	8240102000D0500	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
	Epoetin Alfa 40,000 Units/ML, 1 ML Inj (Procrit)	Sol	8240102000D0600	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes

\*\*\*\*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

**Doctor Name**      **Item Name**      **Dosage Form**      **GPI Code**      **Non Sub.**      **DEA Sched.**      **MLP Cosign**      **Bulk**      **Pill Only**      **Crush.**      **Req. Loc.**      **Active**      **Unit Dose**      **Fmlry**

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-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\*\*\*\*

\*\*Medical Referral Center (MRC) Use Only\*\*

Ergotamine Tartrate/Caffeine 2/100 Mg Supp      Supp      67991002105220      No      0      No      Yes      No      No      No      N/A      No      Yes

Ergotamine Tartrate/Caffeine 2 MG /100MG SUPP (Cafergot Supp)  
 Formulary Restrictions:

\*\*\*\*Limited to dispensing 10 suppository/tablets per month\*\*\*\*

Ergotamine Tartrates S.L. 2 Mg Tablet      Tab Sublingual      67000020100705      No      0      No      No      No      No      No      N/A      No      Yes

Ergotamine/Caffeine 1/100 Mg Oral Tab      Tab      67991002100310      No      0      No      No      No      No      No      N/A      No      Yes

Ergotamine/Caffeine 1/100 MG Tab (Cafergot Tab)  
 Ergotamine/Caffeine 1/100 MG Tab UD (Cafergot)

Formulary Restrictions:

\*\*\*\*Limited to dispensing 10 tablets per month\*\*\*\*

Erlotinib HCl Tablet      Tab      21534025100320      No      0      No      No      No      No      No      N/A      No      Yes

Erlotinib HCl 25 MG Tab (Tarceva)  
 Erlotinib HCl 100 MG Tab (Tarceva)

Erlotinib HCl 150 MG Tab (Tarceva Tablet)  
 Erlotinib HCl 150 MG Tablet UD (Tarceva)

Formulary Restrictions:

\*\*\*Limit to 14 days dispensing if cost is > \$25 per tablet/capsule\*\*\*

Ertapenem Injection      Sol Recon      16150030102130      No      0      No      No      Yes      No      No      N/A      No      Yes

Ertapenem 1 GM Inj (Invanz)  
 Ertapenem Intravenous Soln 1 GM ADD-vantage (INVanz)

Sol Recon      16150030102135      No      0      No      No      Yes      No      No      N/A      No      Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
**Medical Referral Center (MRC) Use Only**													
Erythromycin (PCE)	Delayed Release Tab	Tab DR	03100006000605	No	0	No	No	No	No	No	N/A	No	Yes
Erythromycin (PCE)	Delayed Release 333 MG Tab	Tab DR	03100006000610	No	0	No	No	No	No	No	N/A	No	Yes
Erythromycin (PCE )	Delayed Release 500 MG Tab												
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	031000050006720	No	0	No	No	No	No	No	N/A	No	Yes
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 Tablet													
Erythromycin Ethyl Succ 400 MG Tab (E.E.S. 400 MG Tablet)		Tab	031000030300305	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	031000050502105	No	0	No	No	Yes	No	N/A	No	No	Yes
Erythromycin Ophthalmic Ointment 5MG/GM													
Erythromycin Ophth Oint 3.5 GM 5mg/gm		Oint	86101025004210	No	0	No	Yes	No	No	N/A	No	No	Yes
Erythromycin Ophth Oint 1 GM 5 MG/GM		Oint	86101025004210	No	0	No	Yes	No	No	N/A	No	No	Yes
Esmolol Hydrochloride Inj													
Esmolol HCL 10 MG/ML Inj (Brevibloc)		Sol	33200025102015	No	0	No	Yes	Yes	No	N/A	No	No	Yes
Estradiol Cypionate Inj													
Estradiol Cypionate 5MG/ML INJ (Depo-Estradiol)		Oil	24000035101710	No	0	No	Yes	Yes	No	N/A	No	No	Yes
Formulary Restrictions:													
****UTILIZATION IN SEX-OFFENDER 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	N/A	No	No	Yes
Estradiol 0.075 MG/24HR Patch (Alora) BiWeekly (Alora)		Patch Twice	24000035008730	No	0	No	Yes	No	No	N/A	No	No	Yes
Estradiol 0.025 MG/24H Patch (Once-weekly) (Climara)		Patch Weekly	24000035008810	No	0	No	Yes	No	No	N/A	No	No	Yes
Estradiol 0.0375 MG/24HR Patch (Once-weekly) (Climara)		Patch Weekly	24000035008815	No	0	No	Yes	No	No	N/A	No	No	Yes
Estradiol 0.05 MG/24HR Patch (Estraderm) (Estraderm Patch)		Patch Twice	24000035008720	No	0	No	Yes	No	No	N/A	No	No	Yes
Estradiol 0.1 MG/24HR Patch Bi-weekly(Estraderm) (Estraderm)		Patch Twice	24000035008750	No	0	No	Yes	No	No	N/A	No	No	Yes
Estradiol 0.1 MG/24HR Patch Biweekly (Vivelle) (Vivelle Transdermal Patch Biweekly)		Patch Twice	24000035008750	No	0	No	No	No	No	N/A	No	No	Yes
Estradiol 0.06 MG/24HR Patch (Once-weekly) (Climara Patch)		Patch Weekly	24000035008824	No	0	No	Yes	No	No	N/A	No	No	Yes
Estradiol 0.1 MG/24HR Patch (Alora) BiWeekly (Alora Transdermal Patch Biweekly)		Patch Twice	24000035008750	No	0	No	Yes	No	No	N/A	No	No	Yes
Estradiol 0.1 MG/24HR Patch (Once-weekly) (Climara Transdermal Patch Weekly)		Patch Weekly	24000035008840	No	0	No	Yes	No	No	N/A	No	No	Yes
Estradiol 0.025 MG/24HR Patch Biweekly (Vivelle) (Vivelle-Dot Transderm Patch Biweekly)		Patch Twice	24000035008705	No	0	No	No	No	No	N/A	No	No	Yes
Estradiol 0.0375 MG/24HR Patch Biweekly(Vivelle) (Vivelle-Dot Transderm Patch Biweekly)		Patch Twice	24000035008710	No	0	No	No	No	No	N/A	No	No	Yes
Estradiol 0.075 MG/24HR Patch Biweekly(Vivelle) (Vivelle-Dot patch)		Patch Twice	24000035008730	No	0	No	No	No	No	N/A	No	No	Yes



Doctor Name	Item Name	Dosage Form	GPI Code	No. Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Only	Crush.	Req. Loc.	Active	Unit Dose	Fmtry	
Estradiol 0.075 MG/24HR Patch (Once-weekly) (Climara Transdermal Patch Weekly)		Patch Weekly	24000035008830	No	0	No	No	No	No	No	No	N/A	No	Yes
Estradiol 0.05 MG/24HR Patch (Alora ) Biweekly (Alora)		Patch Twice	24000035008720	No	0	No	Yes	No	No	No	No	N/A	No	Yes
Estradiol 0.025 MG/24HR Patch Biweekly(alora) (Alora)		Patch Twice	24000035008705	No	0	No	No	No	No	No	No	N/A	No	Yes
Estradiol Tablet														
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
Estradiol 2 MG Tab UD (Estrace)		Tab	24000035000310	No	0	No	No	No	No	No	No	N/A	Yes	Yes
Non-Formulary Use Criteria:														
**1. Consultation with BOP Chief psychiatrist and /or Central Office Transgender Clinical Management Team when providing transgender care**														
Formulary Restrictions:														
****UTILIZATION IN SEX-OFFENDER TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINES****														
Estradiol Valerate Inj														
Estradiol Valerate 20 MG/ML Inj (Delestrogen)		Oil	24000035201705	No	0	No	No	Yes	No	No	N/A	No	No	Yes
Estradiol Valerate 10 MG/ML Inj (Delestrogen)		Oil	24000035201710	No	0	No	No	Yes	No	No	N/A	No	No	Yes
Estradiol Valerate 40 MG/ML Inj (Delestrogen)		Oil	24000035201715	No	0	No	No	Yes	No	No	N/A	No	No	Yes
Non-Formulary Use Criteria:														
**1. Consultation with BOP Chief psychiatrist and /or Central Office Transgender Clinical Management Team when providing transgender care**														
Formulary Restrictions:														
****UTILIZATION IN SEX-OFFENDER TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINES****														
Estrogen Vaginal Cream														
Estrogen Vaginal Cream 0.625 MG/GM (42.5gm) (Premarin Vaginal Cream 0.625 MG/GM)		Cm	55350025003710	No	0	No	Yes	No	No	No	N/A	No	No	Yes
Estrogen Vaginal Cream 0.625 MG/GM (30gm) (Premarin Vaginal cream)		Cm	55350025003710	No	0	No	Yes	No	No	No	N/A	No	No	Yes
Estrogens Conjugated Tablet														
Estrogens Conjugated 0.3 MG Tab (Premarin)		Tab	24000015000310	Yes	0	No	No	No	No	No	N/A	No	No	Yes
Estrogens Conjugated 0.625 MG (Premarin)		Tab	24000015000320	Yes	0	No	No	No	No	No	N/A	No	No	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	No	Yes
Estrogens Conjugated 1.25 MG Tab (Premarin)		Tab	24000015000330	Yes	0	No	No	No	No	No	N/A	No	No	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	No	Yes
Non-Formulary Use Criteria:														
**1. Consultation with BOP Chief psychiatrist and /or Central Office Transgender Clinical Management Team when providing transgender care.**														
Formulary Restrictions:														
****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-OFFENDER TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****														

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmly
Estrogens Esterified Tablet	Estrogens Esterified 0.3 MG Tab (Menest)	Tab	24000030000305	No	0	No	No	No	No	N/A	No	N/A	No	Yes
Estrogens Esterified 0.625 MG Tab (Menest)	Estrogens Esterified 0.625 MG Tab (Menest)	Tab	24000030000310	No	0	No	No	No	No	N/A	No	N/A	No	Yes
Estrogens Esterified 1.25 MG Tab (Menest)	Estrogens Esterified 1.25 MG Tab (Menest)	Tab	24000030000315	No	0	No	No	No	No	N/A	No	N/A	No	Yes
Estrogens Esterified 2.5 MG Tab (Menest)	Estrogens Esterified 2.5 MG Tab (Menest)	Tab	24000030000320	No	0	No	No	No	No	N/A	No	N/A	No	Yes
Non-Formulary Use Criteria:														
	**1. Consultation with BOP Chief psychiatrist and /or Central Office Transgender Clinical Management Team when providing transgender care**													
	**3. Psychiatric diagnostic evaluation and treatment plan.**													
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-OFFENDER TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****													
Estropipate Tablet	Estropipate 1.5 MG Tab (Ogen)	Tab	24000055000310	No	0	No	No	No	No	N/A	No	N/A	No	Yes
Estropipate 0.75 MG Tab (Ogen)	Estropipate 0.75 MG Tab (Ogen)	Tab	24000055000305	No	0	No	No	No	No	N/A	No	N/A	No	Yes
Estropipate 3 MG Tab (Ogen)	Estropipate 3 MG Tab (Ogen)	Tab	24000055000315	No	0	No	No	No	No	N/A	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	N/A	No	Yes
Ethambutol HCL 400 MG Tab (Myambutol)	Ethambutol HCL 400 MG Tab (Myambutol)	Tab	09000040100310	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
Ethambutol HCL 400 MG Tab UD (Myambutol)	Ethambutol HCL 400 MG Tab UD (Myambutol)	Tab	09000040100310	No	0	No	No	Yes	No	N/A	Yes	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	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	N/A	No	Yes
Etidronate Disodium 400 MG Tab (Didronel)	Etidronate Disodium 400 MG Tab (Didronel)	Tab	30042040100310	No	0	No	No	No	No	N/A	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	N/A	No	Yes
Etoposide Intravenous Soln 500 MG/25ML INJ (vepesid)	Etoposide Intravenous Soln 500 MG/25ML INJ (vepesid)	Sol	21500010002030	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
Etoposide Oral	Etoposide 50 MG Cap (Vepesid)	Cap	21500010000120	No	0	No	No	No	No	N/A	No	N/A	No	Yes
Etoposide 50 MG Cap UD	Etoposide 50 MG Cap UD	Cap	21500010000120	No	0	No	No	No	No	N/A	Yes	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
Formulary Restrictions:													
***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***													
Eye Wash	Eye Wash 120 ML	Sol	86803000002000	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Fat Emulsion 10% (liposyn III)	Fat Emulsion 10% 500 ML Inj (Liposyn III) (Liposyn III 10%)	Emul	80200010001610	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Fat Emulsion 20% 250ML (intralipid)	Fat Emulsion 20% 250ML Inj (Intralipid) (Intralipid)	Emul	80200010001620	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Fat Emulsion 20% (Liposyn III)	Fat Emulsion 20% 500 ML INJ (Liposyn III) (Liposyn III 20%)	Emul	80200010001620	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
fentaNYL Citrate Inj Old entry -do not use	fentaNYL Citrate 50 MCG/ML ( 2 ML) Inj OLD ENTRY (Fentanyl Citrate Injection)	Sol		No	2	No	No	Yes	No	N/A	No	Yes	Yes
fentaNYL Injection	FentaNYL Citrate (PF) 250 MCG/5ML Inj Soln (5ml)	Sol	65100025102022	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes
	FentaNYL Citrate (PF) 100 MCG/2ML Inj Soln (2ml)	Sol	65100025102012	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes
	FentaNYL Citrate (PF) 500 MCG/10ML inj (10ml)	Sol	65100025102032	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes
**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	Yes
	fentaNYL Patch 25 MCG/HR (Duragesic)	Patch 72 Hour	65100025008620	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes
	fentaNYL Patch 50 MCG/HR (Duragesic)	Patch 72 Hour	65100025008630	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes
	fentaNYL Patch 75 MCG/HR (Duragesic)	Patch 72 Hour	65100025008640	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes
	fentaNYL Patch 12 (12.5) MCG/HR (Duragesic)	Patch 72 Hour	65100025008610	No	2	Yes	No	Yes	No	N/A	No	Yes	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	Yes
Ferrous Gluconate Tablet	Ferrous Gluconate 225 MG Tab (Iron)	Tab	823000200000380	No	0	No	No	No	No	N/A	No	Yes	Yes
	Ferrous Gluconate 324 (5 GR) MG Tab (Ferrous Gluconate)	Tab	823000200000319	No	0	No	No	No	No	N/A	No	Yes	Yes
	Ferrous Gluconate 324 MG Tab UD (Ferrous Gluconate)	Tab	823000200000319	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Ferrous Gluconate 325 MG (5 GR) Tab	Tab	823000200000322	No	0	No	No	No	No	N/A	No	Yes	Yes
	Ferrous Gluconate 325 (36 Fe) MG TAB UD	Tab	823000200000322	No	0	No	No	No	No	N/A	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
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	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	N/A	No	Yes
Formulary Restrictions:														
*****Approved for use in NPO patients only*****														
**Medical Referral Center (MRC) Use Only**														
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	Yes	Yes
Formulary Restrictions:														
*****MRC Use Only**														
***Approved for use in NPO patients only*****														
**Medical Referral Center (MRC) Use Only**														
First-Mouthwash BLM Mouth/Throat Suspension	First-Mouthwash BLM Mouth/Throat Susp 237ml (First-Mouthwash)	Susp	88359905401820	No	0	No	Yes	No	No	N/A	No	N/A	No	Yes
First-Mouthwash BLM Mouth/Throat Susp 119ML (First Mouth)	First-Mouthwash BLM Mouth/Throat Susp 119ML (First Mouth)	Susp	88359905401820	No	0	No	Yes	No	No	N/A	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	N/A	No	Yes
Fluconazole injection	Fluconazole 400 MG INJ (Diflucan IV 400 MG)	Sol	11407015012020	No	0	No	Yes	Yes	No	N/A	No	N/A	No	Yes
Fluconazole 200 MG INJ (Diflucan IV 200 MG)	Fluconazole 200 MG INJ (Diflucan IV 200 MG)	Sol	11407015012010	No	0	No	Yes	Yes	No	N/A	No	N/A	No	Yes
Fluconazole in Sod CI IV Soln 100-0.9 MG/50ML-% (Diflucan)	Fluconazole in Sod CI IV Soln 100-0.9 MG/50ML-% (Diflucan)	Sol	11407015012005	No	0	No	No	Yes	No	N/A	No	N/A	No	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	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*****														

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
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Fluconazole injection	200 mg/100 ml Premix	Sol	11407015022010	No	0	No	Yes	Yes	No	N/A	Yes	Yes	Yes	Yes
Fluconazole Premix	200MG INJ (diflucan)													

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	150 MG Tab (Diflucan)	Tab	11407015000325	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Fluconazole	100 MG Tab (Diflucan)	Tab	11407015000320	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Fluconazole	100 MG Tab UD (Diflucan)	Tab	11407015000320	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
Fluconazole	200 MG Tab (Diflucan)	Tab	11407015000330	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Fluconazole	200 MG Tab UD (Diflucan)	Tab	11407015000330	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
Fluconazole	50 MG Tab (Diflucan)	Tab	11407015000310	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Fluconazole	150 MG Tab UD (Diflucan)	Tab	11407015000325	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes

Non-Formulary Use Criteria:  
 \*\*1. Diabetic or circulatory disorders evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation.\*\*

\*\*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	50 MG INJ (Fludara Injection)	Sol Recon	21300025102120	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Fludrocortisone Acetate Tablet	0.1 MG Tab (Florinef)	Tab	22200030100305	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Fludrocortisone Acetate	0.1 MG Tab UD (Florinef)	Tab	22200030100305	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes

Flumazenil Inj		Sol	93200040002030	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Flumazenil Intravenous Solution	1 MG/10ML (Romazicon)	Sol	93200040002025	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes

Fluocinonide Cream	0.05%	Crm	90550060003705	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
Fluocinonide	0.05%, 15g cream (Lidex)	Crm	90550060003705	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
Fluocinonide	0.05%, 30g Cream (Lidex)	Crm	90550060003705	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes

Fluocinonide Ointment	0.05%	Oint	90550060004205	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
Fluocinonide	0.05%, 60GM Oint (Lidex Ointment)	Oint	90550060004205	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
Fluocinonide	0.05%, 15 GM Oint (Lidex Ointment)	Oint	90550060004205	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
Fluorescein 25% Injection	Fluorescein 25% 250MG/ML Inj (AK-Fluor Injection)	Sol	86806010202015	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Fluorescein Sodium Ophthalmic Strip 1 MG	Fluorescein Sodium Strip 1 MG EA (Fluorets)	Strip	86806010106120	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Flu-Glo Ophthalmic Strip 0.6 MG (ful-glo)	Ful-Glo Ophthalmic Strip 0.6 MG (ful-glo)	Strip	86806010106110	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Fluorescein/Benoxinate Ophthalmic Solution 0.25% / 0.4%	Fluorescein/Benoxinate Ophthalmic Solution 0.25% / 0.4% 5ML (Fluress)	Sol	86806010222010	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Fluoride Cream 1.1%	Fluoride Cream 1.1%, 51gm (Prevident 5000 Plus)	Crm	88402020003721	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Fluorometholone Ophthalmic Ointment 0.1%	Fluorometholone Ophthalmic Ointment 0.1% (FML SOP)	Oint	86300020004205	No	0	Yes	Yes	No	No	N/A	No	Yes	Yes
Fluorometholone Ophthalmic Suspension 0.1%	Fluorometholone Ophthalmic Suspension 0.1% (FML Liquifilm Susp)	Susp	86300020001810	No	0	Yes	Yes	No	No	N/A	No	Yes	Yes
Fluorometholone Ophthalmic Suspension 0.1%	Fluorometholone Ophthalmic Suspension 0.1%, 5 ML Susp (Fluor-OP)	Susp	86300020001810	No	0	Yes	Yes	No	No	N/A	No	Yes	Yes
Fluorometholone Ophthalmic Suspension 0.1%	Fluorometholone Ophthalmic Suspension 0.1%, 15 ML Susp (FML Liquifilm Susp)	Susp	86300020001810	No	0	Yes	Yes	No	No	N/A	No	Yes	Yes
Fluorometholone Ophthalmic Suspension 0.25%	Fluorometholone Ophthalmic Suspension 0.25%, 5 ML Susp (FML Forte)	Susp	86300020001820	No	0	Yes	Yes	No	No	N/A	No	Yes	Yes
Fluorometholone Ophthalmic Suspension 0.25%	Fluorometholone Ophthalmic Suspension 0.25%, 10 ML Susp (FML Forte Liquifilm)	Susp	86300020001820	No	0	Yes	Yes	No	No	N/A	No	Yes	Yes
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	Yes
Fluorouracil Cream 0.5%	Fluorouracil Cream 0.5%, 30GM (Carac 0.5%)	Crm	90372030003705	No	0	No	Yes	No	No	N/A	No	Yes	Yes

Advisories:  
 \*\*\*Restricted to Optometry/Ophthalmology diagnostic use only\*\*\* Clinic Use Only\*\*\*\*

Formulary Restrictions:  
 \*\*\*\*RESTRICTED TO CREAM FORMULATION ONLY\*\*\*\*

Formulary Restrictions:  
 \*\*\*\*RESTRICTED TO OPTOMETRIST OR OPHTHALMOLOGIST ONLY\*\*\*\*

\*\*MLP Requires Cosign\*\*

Formulary Restrictions:  
 \*\*\*\*RESTRICTED TO OPTOMETRIST OR OPHTHALMOLOGIST ONLY\*\*\*\*

\*\*MLP Requires Cosign\*\*

Advisories:  
 \*\*\*Do Not Refrigerate\*\*\*

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Fluorouracil Cream 1%	Fluorouracil Cream 1%, 30GM (Fluoroplex)	Cm	903720300003710	No	0	No	Yes	No	No	N/A	No	Yes		Yes
Fluorouracil Cream 5%	Fluorouracil Cream 5%, 25GM (Efudex Cream)	Cm	903720300003730	No	0	No	Yes	No	No	N/A	No	Yes		Yes
Fluorouracil External Cream 5%	Fluorouracil External Cream 5% (40gm) (Efudex Cream 5%)	Cm	903720300003730	No	0	No	Yes	No	No	N/A	No	Yes		Yes
Fluorouracil Solution 2%	Fluorouracil Solution 2%, 10ML Soln (Efudex 2% Solution)	Sol	903720300002020	No	0	No	Yes	Yes	No	N/A	No	Yes		Yes
Fluorouracil Solution 5%	Fluorouracil Solution 5%, 10 ML (Efudex 5% Solution)	Sol	903720300002050	No	0	No	Yes	No	No	N/A	No	Yes		Yes
FLUoxetine Capsule	FLUoxetine HCl 10 MG Cap (Prozac)	Cap	581600400000110	No	0	Yes	No	No	No	N/A	No	Yes		Yes
FLUoxetine HCl 20 MG Cap (Prozac)	FLUoxetine HCl 20 MG Cap (Prozac)	Cap	581600400000120	No	0	Yes	No	No	No	N/A	No	Yes		Yes
FLUoxetine HCl 20 MG Cap UD (Prozac)	FLUoxetine HCl 20 MG Cap UD (Prozac)	Cap	581600400000120	No	0	Yes	No	No	No	N/A	Yes	Yes		Yes
FLUoxetine HCl 10 MG Cap UD (Prozac)	FLUoxetine HCl 10 MG Cap UD (Prozac)	Cap	581600400000110	No	0	Yes	No	No	No	N/A	Yes	Yes		Yes
FLUoxetine HCl 40 MG Cap (Prozac)	FLUoxetine HCl 40 MG Cap (Prozac)	Cap	581600400000140	No	0	Yes	No	No	No	N/A	No	Yes		Yes
Advisories:	****once a week formulation not approved** fluoxetine is preferred sstr followed by sertraline** case by case basis**** **MLP Requires Cosign**													
FLUoxetine Solution 20 MG/5ML	FLUoxetine Solution 20 MG/5ML	Sol	581600400002020	No	0	Yes	Yes	No	No	N/A	No	Yes		Yes
FLUoxetine 20 MG/5ML SOL, 120ML (Prozac Oral Solution)	FLUoxetine 20 MG/5ML SOL, 120ML (Prozac Oral Solution)	Sol	581600400002020	No	0	Yes	Yes	No	No	N/A	Yes	Yes		Yes
Advisories:	****once a week formulation not approved** fluoxetine is preferred sstr followed by sertraline** case by case basis**** **MLP Requires Cosign**													
FLUoxetine Tablet	FLUoxetine HCl 20 MG Tab (Prozac)	Tab	581600400000320	No	0	Yes	No	No	No	N/A	No	Yes		Yes
FLUoxetine HCl 10 MG Tab (Prozac)	FLUoxetine HCl 10 MG Tab (Prozac)	Tab	581600400000310	No	0	Yes	No	No	No	N/A	No	Yes		Yes
FLUoxetine HCl 60 MG Tab	FLUoxetine HCl 60 MG Tab	Tab	581600400000360	No	0	Yes	No	No	No	N/A	No	Yes		Yes
Advisories:	****once a week formulation not approved** fluoxetine is preferred sstr followed by sertraline** case by case basis**** **MLP Requires Cosign**													
FluPHENAZine Decanoate Injection	FluPHENAZine Dec 25MG/ML, 5ML Inj (Prolixin Decanoate)	Sol	59200025302005	No	0	Yes	Yes	Yes	No	N/A	No	Yes		Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Advisories:														
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****														
**MLP Requires Cosign**														
FluPHENAZine HCl Oral Elixir 2.5 MG/5ML	FluPHENAZine HCl Oral Elixir 2.5 MG/5ML (60ml)	Elixir	59200025101005	No	0	Yes	Yes	Yes	No	N/A	No	Yes	No	Yes
Advisories:														
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****														
**MLP Requires Cosign**														
FluPHENAZine Injection	FluPHENAZine 2.5MG/ML, 10ML Inj (Prolixin HCL Injection)	Sol	59200025102005	No	0	Yes	Yes	Yes	No	N/A	No	Yes	No	Yes
Advisories:														
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****														
**MLP Requires Cosign**														
FluPHENAZine Oral Solution 5 MG/ML	FluPHENAZine Oral Concentrate 5MG/ML, 120ML (Prolixin Solution)	Concentrate	59200025101320	No	0	Yes	Yes	Yes	No	N/A	No	Yes	No	Yes
Advisories:														
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****														
**MLP Requires Cosign**														
FluPHENAZine Tablet	FluPHENAZine 1 MG Tab (Prolixin)	Tab	59200025100305	No	0	Yes	No	Yes	No	N/A	No	Yes	No	Yes
	FluPHENAZine 1 MG Tab UD (Prolixin)	Tab	59200025100305	No	0	Yes	No	Yes	No	N/A	Yes	Yes	No	Yes
	FluPHENAZine 10 MG Tab (Prolixin)	Tab	59200025100320	No	0	Yes	No	Yes	No	N/A	No	Yes	No	Yes
	FluPHENAZine 10 MG Tab UD (Prolixin)	Tab	59200025100320	No	0	Yes	No	Yes	No	N/A	Yes	Yes	No	Yes
	FluPHENAZine 2.5 MG Tab (Prolixin)	Tab	59200025100310	No	0	Yes	No	Yes	No	N/A	No	Yes	No	Yes
	FluPHENAZine 2.5 MG Tab UD (Prolixin)	Tab	59200025100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes	No	Yes
	FluPHENAZine 5 MG Tab (Prolixin)	Tab	59200025100315	No	0	Yes	No	Yes	No	N/A	No	Yes	No	Yes
	FluPHENAZine 5 MG Tab UD (Prolixin)	Tab	59200025100315	No	0	Yes	No	Yes	No	N/A	Yes	Yes	No	Yes
Advisories:														
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****														
**MLP Requires Cosign**														
Flutamide Capsule	Flutamide 125 MG Cap UD (Eulexin)	Cap	21402440000110	No	0	No	No	No	No	N/A	Yes	Yes	No	Yes
	Flutamide 125 MG Cap (Eulexin)	Cap	21402440000110	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Formulary Restrictions:														
***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***														
Fluticasone Propionate Spray	Fluticasone Prop 50mcg, 16ml Nasal spry (Flonase)	Susp	42200032301810	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
	Fluticasone Prop 50 MCG/ACT , 9.9 ml nasal spray	Susp	42200032301810	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes



Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlry
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.**													
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	Yes
Folic Acid Tablet	Folic Acid 1 MG Tab (Folic Acid Tablet)	Tab	82200010000315	No	0	No	No	No	No	N/A	No	Yes	Yes
	Folic Acid 1 MG Tab UD (Folic Acid Tablet)	Tab	82200010000315	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Folic Acid Oral Tablet 400 MCG	Tab	82200010000305	No	0	No	No	No	No	N/A	No	Yes	Yes
Folic Acid Tablet Complex	Folic Acid Tablet Complex (Folgard)	Tab	82991503200305	No	0	No	No	No	No	N/A	No	Yes	Yes
Fosamprenavir Calcium (FPV) 50 MG/ML Suspension	Fosamprenavir Calcium (FPV) 50 MG/ML Suspension	Susp	12104525101820	No	0	Yes	Yes	No	No	N/A	No	Yes	Yes
**MLP Requires Cosign**													
Fosamprenavir Calcium (FPV) Tablet	Fosamprenavir Calcium (FPV) 700 MG Tab (Lexiva)	Tab	12104525100330	No	0	Yes	No	No	No	N/A	No	Yes	Yes
	Fosamprenavir Calcium (FPV) 700 MG Tab UD (Lexiva)	Tab	12104525100330	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes
**MLP Requires Cosign**													
Fosaprepitant Dimeglumine IV Soln	Fosaprepitant Dimeglumine IV Soln 150 MG	Sol Recon	50280035102130	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Formulary Restrictions:													
**For use in highly emetic chemotherapy treatment regimens only**													
**Medical Referral Center (MRC) Use Only**													
Foscarnet Sodium Inj	Foscarnet Sodium 24 MG/ML, 250 MG Inj (Foscavir)	Sol	12200020102030	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Foscarnet Sodium Intravenous Soln 6000 MG/250ML (Foscavir)	Sol	12200020102030	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Furosemide Injection	Furosemide Injection 10 MG/ML, 2 ML Inj (Lasix Inj)	Sol	372000300002005	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Furosemide Injection 10 MG/ML, 4 ML Inj (Lasix Inj)	Sol	372000300002005	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Furosemide Injection 10 MG/ML, 10 ML Inj (Lasix Inj)	Sol	372000300002005	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Furosemide Oral Soln 10 MG/ML	Furosemide Oral Soln 10 MG/ML (Furosemide Oral Soln)	Sol	372000300002050	No	0	No	No	No	No	N/A	No	Yes	Yes
Furosemide Tablet	Furosemide 20 MG Tab (Lasix)	Tab	37200030000305	No	0	No	No	No	No	N/A	No	Yes	Yes
	Furosemide 20 MG Tab UD (Lasix)	Tab	37200030000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Furosemide 40 MG Tab UD (Lasix)	Tab	37200030000310	No	0	No	No	No	No	N/A	No	Yes	Yes
	Furosemide 40 MG Tab (Lasix)	Tab	37200030000310	No	0	No	No	No	No	N/A	No	Yes	Yes
	Furosemide 80 MG Tab (Lasix)	Tab	37200030000315	No	0	No	No	No	No	N/A	No	Yes	Yes
	Furosemide 80 MG Tab UD (Lasix)	Tab	37200030000315	No	0	No	No	No	No	N/A	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active Dose	Unit	Fmlry
Gadopentetate	Dimeglumine 469.01 MG/ML soln	Sol	94500030102047	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Gadopentetate	Dimeglumine 469MG/ML,20M INJ (Magnevist)												
Ganciclovir (Ophth)	Implant 4.5 MG	Implant	86103007002320	No	0	No	No	No	No	N/A	No	Yes	Yes
Ganciclovir (Ophth)	Implant 4.5 MG (Vitrasert)												
Ganciclovir IV Solution		Sol Recon	12200030102110	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Ganciclovir	500 MG INJ (Cytovene IV)												
Gardasil 9	Intramuscular Suspension	Susp	17100065501800	No	0	No	No	Yes	No	N/A	No	Yes	Yes
HPV (Gardasil 9)	Intramuscular Suspension (Gardasil)												
Advisories:													
	**Documentation of administration MUST occur in the Flowsheets**												
	Formulary Restrictions:												
	**up to age 26 for females and immunocompromised ales and up to age 21 for non immunocompromised males**												
Gastrografin Oral Solution	66-10 % 120 ml	Sol	94402015302050	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Gastrografin Oral Solution	66-10 % 120 ml (Gastrografin)												
Gemcitabine Inj		Sol Recon	21300034102140	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Gemcitabine	1 Gram Inj (Gemzar Inj)												
	**Medical Referral Center (MRC) Use Only**												
Gemfibrozil Tablet		Tab	392000300000310	No	0	No	No	No	No	N/A	No	Yes	Yes
Gemfibrozil	600 MG TAB (Lopid)												
Gemfibrozil	600 MG TAB UD (Lopid)	Tab	392000300000310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Gentamicin Ophth oint		Oint	86101030004205	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Gentamicin Ophthalmic	(3.5GM) 3 MG/GM OINT (Gentak Ophth Oint.)												
Gentamicin Ophth Soln 0.3%		Sol	86101030002005	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Gentamicin Ophth 3 MG/ML(5ML) SOLN	(Gentamicin Ophth Soln)												
Gentamicin Premix Inj		Sol	07000020112008	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Gentamicin Inj Premix	80MG/100ML INJ												
Gentamicin Inj Premix	100MG/100ML IV soln	Sol	07000020112015	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Gentamicin Inj Premix	120MG/100ml IV Soln (Gent/saline)	Sol	07000020112025	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Gentamicin Sulfate Injection		Sol	07000020102045	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Gentamicin Sulfate	40 MG/ML,2ML INJ (Garamycin Injection)												
Gentamicin Sulfate	40 MG/ML, 20 ML Inj	Sol	07000020102045	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Gentamicin Sulfate Injection Soln	10 MG/ML (2ML)	Sol	07000020102035	No	0	No	No	Yes	No	N/A	No	Yes	Yes
glipizIDE Tablet		Tab	272000300000310	No	0	No	No	No	No	N/A	No	Yes	Yes
glipizIDE	10 MG TAB (Glucotrol)												
glipizIDE	5 MG TAB (Glucotrol)	Tab	272000300000305	No	0	No	No	No	No	N/A	No	Yes	Yes
glipizIDE	5 MG TAB UD (Glucotrol)	Tab	272000300000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
glipizIDE	10 MG TAB UD (Glucotrol)	Tab	272000300000310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
glipizIDE	2.5 MG ( 1/2 of 5 mg tab) UD (Glucotrol)	Tab	272000300000305	No	0	No	No	No	No	N/A	No	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
	GlucaGen Injection Solution Reconstituted 1 MG	Sol Recon	27300010152110	No	0	No	No	No	No	N/A	No	No	Yes
	GlucaGen HypoKit Injection Solution 1 MG (Glucagen)												
	Glucagon Hydrochloride Inj	Kit	27300010106410	No	0	No	Yes	Yes	No	N/A	No	No	Yes
	Glucagon HCl 1 MG Inj Kit (Glucagon Emergency Kit)												
	Glucose Gel 40%	Gel	27300030004020	No	0	No	Yes	No	No	N/A	No	No	Yes
	Glucose Gel 40% GM - Glucose 15 (Glucose 15)												
	Glucose Gel 40% GM - Insta-Glucose 31 (Insta-Glucose)	Gel	27300030004020	No	0	No	Yes	No	No	N/A	No	No	Yes
	Glucose Gel 40 % GM Glucose 45 (Glucose)	Gel	27300030004020	No	0	No	Yes	No	No	N/A	No	No	Yes
	Glucose Oral Gel 77.4 %	Gel	27300030004070	No	0	No	Yes	No	No	N/A	No	No	Yes
	Glucose Gel 77.4% GM Insta-Glucose Oral 31 (Insta Glucose)												
	Glucose Oral Tablet	Tab Chew	273000300000515	No	0	No	Yes	No	No	N/A	No	No	Yes
	Glucose 4 GM Tab (Glucose Tablets)												
	Glycerin Adult Suppository	Supp	46600010005250	No	0	No	Yes	No	No	N/A	No	No	Yes
	Glycerin (Adult) Rectal Suppository 2.1 GM	Supp	46600010005215	No	0	No	No	No	No	N/A	No	No	Yes
	Glycerin (Adult) Rectal Suppository 2 GM												
	Glycopyrrolate Tablet	Tab	491020300000310	No	0	No	No	No	No	N/A	No	No	Yes
	Glycopyrrolate 1 MG Tab (Robinul)	Tab	491020300000315	No	0	No	No	No	No	N/A	No	No	Yes
	Glycopyrrolate 2MG Tab (Robinul)	Tab	491020300000310	No	0	No	No	No	No	N/A	Yes	No	Yes
	Glycopyrrolate 1 MG Tab UD												
	Glycopyrrolate inj	Sol	491020300002010	No	0	No	No	Yes	No	N/A	No	No	Yes
	Glycopyrrolate 0.2MG/ML, 1ML Inj (Robinul)												
	Glycopyrrolate Injection Solution 0.4 MG/2ML (Robinul)	Sol	491020300002012	No	0	No	No	Yes	No	N/A	No	No	Yes
	Glycopyrrolate Injection Solution 1 MG/5ML (robinul)	Sol	491020300002013	No	0	No	No	Yes	No	N/A	No	No	Yes
	Advisories:												
	**for IV or IM injection without dilution!**												
	Glycopyrrolate Oral Solution 1 MG/5ML	Sol	491020300002060	No	0	No	Yes	No	No	N/A	No	No	Yes
	Glycopyrrolate Oral Solution 1 MG/5ML												
	Granisetron HCl Oral Solution 2 MG/10ML	Sol	50250035102060	No	0	No	No	No	No	N/A	No	No	Yes
	Granisetron HCl Oral Solution 2 MG/10ML (Kytiril)												
	Formulary Restrictions:												
	****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****												
	**Medical Referral Center (MRC) Use Only**												
	Granisetron Injection	Sol	50250035102010	No	0	No	No	Yes	No	N/A	No	No	Yes
	Granisetron HCl 1 MG/ML, 1 ML Inj (Kytiril Injection)												
	Granisetron HCl Intravenous Solution 4 MG/4ML (Kytiril)	Sol	50250035102015	No	0	No	No	Yes	No	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Formulary Restrictions:														
****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY****														
**Medical Referral Center (MRC) Use Only**														
Granisetron Tablet														
	Granisetron HCl 1 MG TAB (Kytrel)	Tab	50250035100310	No	0	No	No	No	No	No	No	N/A	No	Yes
	Granisetron HCl 1 MG TAB UD (Kytrel)	Tab	50250035100310	No	0	No	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**														
Haloperidol Decanoate Injection														
	Haloperidol Decanoate 100 MG/ML, 1ML INJ (Haldol Decanoate Injection)	Sol	59100010302020	No	0	Yes	No	Yes	No	N/A	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	N/A	No	Yes
Advisories:														
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**														
**REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE, AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****														
**MLP Requires Cosign**														
Haloperidol Lactate Injection														
	Haloperidol Lactate INJ 5MG/ML, 1ML (Haldol Injection)	Sol	59100010202005	No	0	Yes	No	Yes	No	N/A	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	N/A	No	Yes
	Haloperidol Lactate INJ 5MG/ML (Haldol)	Sol	59100010202005	No	0	Yes	No	Yes	No	N/A	No	N/A	No	Yes
Advisories:														
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**														
**REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE, AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****														
**MLP Requires Cosign**														
Haloperidol Lactate Oral Concentrate														
	Haloperidol Lactate Oral Conc 2 MG/ML, 120ML (Haldol)	Concentrate	59100010201305	No	0	Yes	Yes	Yes	Yes	No	N/A	No	No	Yes
	Haloperidol Lactate Oral Conc 2 MG/ML, 5 ML Cup	Concentrate	59100010201305	No	0	Yes	Yes	Yes	Yes	No	N/A	Yes	Yes	Yes
Advisories:														
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**														
**REQUIRED ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE, AND INJECTABLE IMMEDIATE RELEASE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES****														
**MLP Requires Cosign**														
Haloperidol Tablet														
	Haloperidol 0.5 MG TAB (Haldol)	Tab	59100010100305	No	0	Yes	No	Yes	No	N/A	No	N/A	No	Yes
	Haloperidol 0.5 MG Tab UD (Haldol)	Tab	59100010100305	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes
	Haloperidol 1 MG Tab (Haldol)	Tab	59100010100310	No	0	Yes	No	Yes	No	N/A	No	N/A	No	Yes
	Haloperidol 1 MG Tab UD (Haldol)	Tab	59100010100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes
	Haloperidol 10 MG Tab (Haldol)	Tab	59100010100325	No	0	Yes	No	Yes	No	N/A	No	N/A	No	Yes
	Haloperidol 2 MG Tab (Haldol)	Tab	59100010100315	No	0	Yes	No	Yes	No	N/A	No	N/A	No	Yes
	Haloperidol 2 MG Tab UD (Haldol)	Tab	59100010100315	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes
	Haloperidol 20 MG Tab (Haldol)	Tab	59100010100330	No	0	Yes	No	Yes	No	N/A	No	N/A	No	Yes
	Haloperidol 5 MG Tab (Haldol)	Tab	59100010100320	No	0	Yes	No	Yes	No	N/A	No	N/A	No	Yes
	Haloperidol 5 MG Tab UD (Haldol)	Tab	59100010100320	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
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 %		Oint	89994004604220	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
Hemorrhoidal Ointment 0.25-3-14-71.9 %	(Prompt Rectal Ointment)													
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 0.25-14-74.9 %		Oint	89994003224222	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
Hemorrhoidal Rectal Ointment 0.25-14-74.9 %	(major- prep)													
Hemorrhoidal Rectal Ointment 79.3-3 %		Oint	89400000004200	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
Hemorrhoidal Rectal Ointment 79.3-3 %														
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%		Supp	89994002455210	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes	Yes
Hemorrhoidal Suppository (Anu-Med Rectal Suppository)														
Heparin Sodium Inj		Sol	83100020202015	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Heparin Sodium 1,000 Units/ML, 1 ML Inj (Heparin Sodium Inj)														
Heparin Sodium 1,000 Units/ML, 30 ML Inj (Heparin Sodium)		Sol	83100020202015	No	0	No	No	Yes	No	N/A	No	Yes	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	No	Yes
Heparin Sodium 10,000 Units/ML, 4 ML Inj (Heparin)		Sol	83100020202035	No	0	No	No	Yes	No	N/A	No	Yes	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	No	Yes
Heparin Sodium 5,000 Units/ML, Inj (Heparin Sodium Inj)		Sol	83100020202025	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Heparin Sodium 5,000 Units/ML, 1 ML Inj (Heparin)		Sol	83100020202025	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Heparin Sodium 10,000 Units/ML, 0.5 ML Inj		Sol	83100020202035	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Heparin Sodium (Porcine) PF Inj 5000 UNIT/0.5ML		Sol	83100020202034	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Heparin Sodium (Porcine) 1000 UNIT/ML, 10ml		Sol	83100020202015	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Heparin Sodium (Porcine) 10,000 UNIT/ML 5 ML Inj		Sol	83100020202035	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Heparin Sodium 1,000 UN/ML 10ml(repack syringe)		Sol	83100020202035	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Heparin Sodium Lock Flush		Sol												
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	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	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	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	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	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	No	Yes
Heparin Lock Flush 100 UNIT/ML (5 ml in 10ml Syr)		Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Heparin Lock Flush 100 UNIT/ML (3 ML syringe)		Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Heparin Lock Flush 100Unit/ML 5 ML Vial		Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	Yes	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	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Only	Crush.	Req. Loc.	Active	Dose	Fmlry
Heparin	Lock Flush 100 UNIT/ML (10 ml in 12ml) (Monoject Prefill Adv)	Sol	83100020302030	No	0	No	No	Yes	No	N/A	No	No	Yes
Heparin	Lock Flush 10 UNIT/ML (3ml syringe)	Sol	83100020302020	No	0	No	No	Yes	No	N/A	No	No	Yes
Hepatitis A (Vaqta) Vaccine		Susp	17100008001870	No	0	No	No	Yes	No	N/A	No	No	Yes
Hepatitis A (Vaqta) IM Suspension 50 UNIT/ML (Vaqta)		Susp	17109902051820	No	0	No	No	Yes	No	N/A	No	No	Yes
Hepatitis A & B (Twinrix) Intramuscular		Susp	17109902051820	No	0	No	No	Yes	No	N/A	No	No	Yes
Hepatitis A & Hepatitis B (Twinrix ) Susp 720-20 (Twinrix)		Susp	17109902051820	No	0	No	No	Yes	No	N/A	No	No	Yes
Hepatitis A Virus Vaccine		Susp	17100008001840	No	0	No	No	Yes	No	N/A	No	No	Yes
Hepatitis A Virus Vaccine 1440ELU/1ML INJ (Havrix)		Susp	17100008001840	No	0	No	No	Yes	No	N/A	No	No	Yes
Hepatitis B Immune Globulin		Sol	19100010002050	No	0	No	No	Yes	No	N/A	No	No	Yes
Hepatitis B Immune Globulin 50MG/ML Inj(HepaGam) (HepaGam B Inejction solution)		Sol	19100010002050	No	0	No	No	Yes	No	N/A	No	No	Yes
Hepatitis B Immune Globulin 1560/5ML Inj(Nabi-HB (Nabi HB))		Sol	19100010002000	No	0	No	No	Yes	No	N/A	No	No	Yes
Hepatitis B Vaccine-Recomb		Susp	17100010201830	No	0	No	No	Yes	No	N/A	No	No	Yes
Hepatitis B Vaccine-Recomb 20 MCG/ML, 1 ML Inj (Engerix-B)		Injectable	17100010202210	No	0	No	No	Yes	No	N/A	No	No	Yes
Hepatitis B Vaccine-Recomb 10 MCG/ 0.5 ML Inj (Engerix-B)		Susp	17100010201840	No	0	No	No	Yes	No	N/A	No	No	Yes
Hepatitis B Vaccine-Recomb 40 MCG/ML, 1 ML Inj (Recombivax HB)		Susp	17100010201827	No	0	No	No	Yes	No	N/A	No	No	Yes
Engerix-B Injection Suspension 10 MCG/0.5ML (Engerix-B)		Susp	17100010201815	No	0	No	No	Yes	No	N/A	No	No	Yes
Hepatitis B Vaccine -Recomb 5 MCG/0.5ML (Recombivax HB)		Susp	17100010201830	No	0	No	No	Yes	No	N/A	No	No	Yes
Hepatitis B Vaccine-Recomb 20 MCG/ML Prefil syri		Susp	17100010201830	No	0	No	No	Yes	No	N/A	No	No	Yes
Hetastarch		Sol	85300010202020	No	0	No	No	Yes	No	N/A	No	No	Yes
Hetastarch 6%, 500 ML Inj (Hespan)		Sol	85300010202020	No	0	No	No	Yes	No	N/A	No	No	Yes
Homatropine Ophth Soln 2%		Sol	86350030102005	No	0	No	Yes	No	No	N/A	No	No	Yes
Homatropine Ophth 2%, 5 ML SOL (Isopto Homatropine)		Sol	86350030102005	No	0	No	Yes	No	No	N/A	No	No	Yes
Homatropine Ophth Soln 5%		Sol	86350030102010	No	0	No	Yes	No	No	N/A	No	No	Yes
Homatropine Ophth 5%, 15 ML Sol (Isopto Homatropine 5% Ophth Soln)		Sol	86350030102010	No	0	No	Yes	No	No	N/A	No	No	Yes
Homatropine Ophth 5%, 5 ML Sol (Isopto)		Sol	86350030102010	No	0	No	Yes	No	No	N/A	No	No	Yes
Hyaluronidase 150 UNIT/ML inj		Sol	99350040302010	No	0	No	No	Yes	No	N/A	No	No	Yes
Hyaluronidase 150 UNIT/ML inj (Hydase Injection)		Sol	99350040302010	No	0	No	No	Yes	No	N/A	No	No	Yes
Formulary Restrictions:													
****MRC USE ONLY**													
***Oncology Use Only*****													
**Medical Referral Center (MRC) Use Only**													
hydrALAZINE Tablet		Tab	36400010100305	No	0	No	No	No	No	N/A	No	No	Yes
hydrALAZINE 10 MG Tab (Apresoline)		Tab	36400010100305	No	0	No	No	No	No	N/A	No	No	Yes
hydrALAZINE 100 MG TAB (Apresoline)		Tab	36400010100320	No	0	No	No	No	No	N/A	No	No	Yes
hydrALAZINE 25 MG Tab UD (Apresoline)		Tab	36400010100310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
hydrALAZINE 25 MG Tab (Apresoline)		Tab	36400010100310	No	0	No	No	No	No	N/A	No	No	Yes
hydrALAZINE 50 MG Tab (Apresoline)		Tab	36400010100315	No	0	No	No	No	No	N/A	No	No	Yes
hydrALAZINE 50 MG Tab UD (Apresoline)		Tab	36400010100315	No	0	No	No	No	No	N/A	Yes	Yes	Yes
hydrALAZINE 10 MG Tab UD (Apresoline)		Tab	36400010100305	No	0	No	No	No	No	N/A	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlyr
Hydrochlorothiazide	Tablet/Capsule													
	Hydrochlorothiazide 12.5 MG Cap (Microzide)	Cap	37600040000110	No	0	No	No	No	No	N/A	No	N/A	No	Yes
	Hydrochlorothiazide 25 MG Tab (Hydrodiuril)	Tab	37600040000305	No	0	No	No	No	No	N/A	No	N/A	No	Yes
	Hydrochlorothiazide 25 MG Tab UD (Hydrodiuril)	Tab	37600040000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	Hydrochlorothiazide 50 MG Tab (Hydrodiuril)	Tab	37600040000310	No	0	No	No	No	No	N/A	No	N/A	No	Yes
	Hydrochlorothiazide 50 MG Tab UD (Hydrodiuril)	Tab	37600040000310	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	Hydrochlorothiazide 12.5 MG Cap UD (Microzide)	Cap	37600040000110	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	Hydrochlorothiazide 12.5 MG Tab	Tab	37600040000303	No	0	No	No	No	No	N/A	No	N/A	No	Yes
	Hydrocortisone Cream 1%													
	Hydrocortisone Cream 1%, (OTC) 30 GM (Cortaid)	Cm	90550075003720	No	0	No	Yes	No	No	N/A	No	N/A	No	Yes
	Hydrocortisone Cream 1%, 0.9 GM	Cm	90550075003720	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes	Yes
	Hydrocortisone Cream 1%, ( 454 GM)	Cm	90550075003720	No	0	No	Yes	No	No	N/A	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	N/A	No	N/A	No	Yes
	Hydrocortisone Acetate Suppositories 25 MG													
	Hydrocortisone Acetate SUPP 25 MG (Hemri-HC Suppository)	Supp	89100010105230	No	0	No	Yes	No	No	N/A	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	N/A	No	N/A	No	Yes
	Hydrocortisone Ointment 1%													
	Hydrocortisone Ointment 1%, 30 GM (Hydrocortisone Ointment 1%,)	Oint	90550075004210	No	0	No	Yes	No	No	N/A	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	N/A	No	N/A	No	Yes
	Hydrocortisone Rectal Cream 2.5 % 20gsm	Cm	89100010003720	No	0	No	Yes	No	No	N/A	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	N/A	No	N/A	No	Yes
	Hydrocortisone Sod Succinate 50 MG/ML, 2ML INJ (Solu-Cortef)	Sol Recon	22100025402150	No	0	No	Yes	Yes	No	N/A	No	N/A	No	Yes
	Hydrocortisone Sod Succinate 125 MG/ML, 2ML INJ (Solu-Cortef)	Sol Recon	22100025402155	No	0	No	Yes	Yes	No	N/A	No	N/A	No	Yes
	Hydrocortisone Sod Succinate 125 MG/ML, 4ML INJ (Solu-Cortef)	Sol Recon	22100025402161	No	0	No	Yes	Yes	No	N/A	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
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	N/A	No	No	Yes	
	hydroXYzine HCL 25 MG Tab UD (Atarax)	Tab	57200040100310	No	0	No	No	Yes	Yes	N/A	Yes	Yes	Yes	
	hydroXYzine HCL 25 MG Tab (Atarax)	Tab	57200040100310	No	0	No	No	Yes	Yes	N/A	No	No	Yes	
	hydroXYzine HCL 50 MG Tab (Atarax)	Tab	57200040100315	No	0	No	No	Yes	Yes	N/A	No	No	Yes	
	hydroXYzine HCL 50 MG Tab UD (Atarax)	Tab	57200040100315	No	0	No	No	Yes	Yes	N/A	Yes	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.**   **Schd.**   **DEA**   **Cosign**   **MLP**   **Bulk**   **Pill Ln Only**   **Crush.**   **Req. Loc.**   **Active**   **Dose**   **Unit**   **FmIry**

\*\*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   Susp   66100020001820   No   0   No   Yes   No   No   N/A   No   Yes   No   No   N/A   No   Yes  
 Ibuprofen Susp 100 MG/5 ML, 120 ML (Motrin Suspension)  
 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   N/A   No   Yes   No   No   N/A   No   Yes  
 Ibuprofen 200 MG Tab UD (Motrin)   Tab   66100020000305   No   0   No   No   No   No   N/A   No   Yes   No   No   N/A   No   Yes  
 Ibuprofen 400 MG Tab UD (Motrin)   Tab   66100020000320   No   0   No   No   No   No   N/A   No   Yes   No   No   N/A   No   Yes  
 Ibuprofen 400 MG Tab (Motrin)   Tab   66100020000320   No   0   No   No   No   No   N/A   No   Yes   No   No   N/A   No   Yes  
 Ibuprofen 600 MG Tab UD (Motrin)   Tab   66100020000330   No   0   No   No   No   No   N/A   No   Yes   No   No   N/A   No   Yes  
 Ibuprofen 600 MG Tab (Motrin)   Tab   66100020000330   No   0   No   No   No   No   N/A   No   Yes   No   No   N/A   No   Yes  
 Ibuprofen 800 MG Tab UD (Motrin)   Tab   66100020000340   No   0   No   No   No   No   N/A   No   Yes   No   No   N/A   No   Yes  
 Ibuprofen 800 MG Tab (Motrin)   Tab   66100020000340   No   0   No   No   No   No   N/A   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.\*\*

Ifosfamide Inj  
 Ifosfamide 50 MG/ML (Ifex)   Sol Recon   21101025002110   No   0   No   No   No   No   N/A   No   Yes   No   No   N/A   No   Yes  
 Ifosfamide 1 GM Inj (Ifex)   Sol Recon   21101025002110   No   0   No   No   No   No   N/A   No   Yes   No   No   N/A   No   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   N/A   No   Yes   No   No   N/A   No   Yes  
 Imatinib Mesylate 100 MG Tab (Gleevec)   Tab   21534035100320   No   0   No   No   No   No   N/A   No   Yes   No   No   N/A   No   Yes  
 Imatinib Mesylate 100 MG Tab UD (Gleevec)   Tab   21534035100320   No   0   No   No   No   No   N/A   No   Yes   No   No   N/A   No   Yes  
 Imatinib Mesylate 400 MG Tab UD (Gleevec)   Tab   21534035100340   No   0   No   No   No   No   N/A   No   Yes   No   No   N/A   No   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   No   N/A   No   Yes  
 Imipramine 25 MG Tab (Tofranil)   Tab   58200050100310   No   0   Yes   No   Yes   No   N/A   No   Yes   No   No   N/A   No   Yes  
 Imipramine 25 MG Tab UD (Tofranil 25 MG)   Tab   58200050100310   No   0   Yes   No   Yes   No   N/A   No   Yes   No   No   N/A   No   Yes  
 Imipramine 50 MG Tab (Tofranil)   Tab   58200050100315   No   0   Yes   No   Yes   No   N/A   No   Yes   No   No   N/A   No   Yes  
 Imipramine 50 MG Tab UD (Tofranil)   Tab   58200050100315   No   0   Yes   No   Yes   No   N/A   No   Yes   No   No   N/A   No   Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Only	Crush.	Req. Loc.	Active	Dose	Fmlry
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 (Gammagard)	Inj Soln 30 GM/300ML	Sol	19100020302080	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Immune Globulin (Gammagard)	Inj Soln 30 GM/300ML (Gammagard)	Sol	19100020302076	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Gammagard Injection Solution	20 GM/200ML (Gammagard injection)	Injectable	19100020002200	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Immune Globulin (Human) IM	Intramuscular Injectable (GamaSTAN S/D)	Sol Prefilled	1910005000E54	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Immune Globulin (Human) IM RhoGam	Ultra-Filtered IM 1500 U (RhoGAM Ultra-Filtered Plus)	Sol	19100020102072	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Immune Globulin Intravenous (Gammagard S/D)		Sol Recon	19100020102130	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Immune globulin Gammagard S/D	IV Soln 10 GM (Gammagard)	Sol Recon	19100020102115	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Immune Globulin (Gammagard) S/D	IV Soln 2.5 GM (Gammagard)	Sol	19100020102076	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Immune Globulin, Human		Sol	19100020102068	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Immune Globulin (Gamunex) IV Soln	10 GM/100ML 10% (Gamunex Intravenous Solution 10 GM/100ML)	Cap	12104530200120	No	0	Yes	No	No	No	N/A	No	Yes	Yes
Indinavir Sulfate (IDV) Capsules	200 MG Cap (Crixivan)	Cap	12104530200140	No	0	Yes	No	No	No	N/A	No	Yes	Yes
Indinavir Sulfate (IDV)	400 MG Cap (Crixivan)	Cap	12104530200140	No	0	Yes	No	No	No	N/A	No	Yes	Yes
Indinavir Sulfate (IDV)	400 MG Cap UD (Crixivan)	Cap	12104530200140	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes
Indinavir Sulfate (IDV)	200 MG Cap UD (Crixivan)	Cap	12104530200120	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes
**MLP Requires Cosign**													
Indomethacin Capsule		Cap	66100030000105	No	0	No	No	No	No	N/A	No	Yes	Yes
Indomethacin 25 MG Cap (Indocin)		Cap	66100030000105	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Indomethacin 25 MG Cap UD (Indocin)		Cap	66100030000110	No	0	No	No	No	No	N/A	No	Yes	Yes
Indomethacin 50 MG Cap (Indocin)		Cap	66100030000110	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Indomethacin 50 MG Cap UD (Indocin)		Susp	661000300001805	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Indomethacin Suspension	25 MG/5ML	Susp Prefilled	1710002021E62	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Indomethacin 25 MG/5ML suspension (Indocin)		Susp Prefilled	1710002021E62	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Influenza (Afluria) PF Im Susp Syringe	0.5ML	Susp Prefilled	1710002021E62	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Influenza (Afluria) PF Im Susp Prefill Syr	0.5ML (Afluria)	Susp Prefilled	1710002021E62	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Influenza (Fluarix) IM Susp Prefill Syringe	0.5ML (Fluarix)												

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Influenza (Fluarix)	Quadrivalent IM Susp 0.5ML	Susp Prefilled	1710002025E62	No	0	No	No	No	No	No	N/A	No	No	Yes
	Influenza (Fluarix Quadrivalent Im Susp 0.5ML (Fluarix)		0											
Influenza A (H1N1)	Monoval Vac Nasal Liquid	Liq	17100020640900	No	0	No	No	No	No	No	N/A	No	No	Yes
	Influenza A (H1N1) Monoval Vac Nasal Liquid													
Influenza Vaccine	(Fluzone High-Dose) IM Syringe	Susp Prefilled	1710002023E62	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Influenza (Fluzone High-Dose) IM Syringe 0.5 ML (Fluzone)		0											
Influenza Virus	(Fluzone Quadrivalent) IM Susp	Susp	17100020251800	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Influenza Virus (Fluzone Quadrivalent) IM Susp (Fluzone quadrivalent)													
Influenza Virus vaccine	(Afluria) IM Suspension	Susp	17100020201800	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Influenza Virus (Afluria) IM Suspension (afluria)													
Influenza Virus Vaccine	(Flucelvax) IM Injection	Susp Prefilled	1710002080E62	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Influenza Virus Vaccine (Flucelvax) IM Injection (Flucelvax)		0											
Influenza Virus Vaccine	(Fluaval) IM Injectable	Susp	17100020201800	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Influenza Virus Vaccine (Fluaval) IM Injectable (Fluaval)													
Influenza Virus Vaccine	(Fluzone) IM Injec	Susp	17100020201800	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Influenza Virus Vaccine (Fluzone) IM Injec (Fluzone IM)													
Inhaler Assist Device		Miscellaneous	97100550006200	No	0	No	Yes	No	No	No	N/A	No	No	Yes
	Inhaler Assist Device (Easivent Valved Holding Chamber)													
Inspirease Bags	EA (Inspirease Bags)	Miscellaneous	97100550106300	No	0	No	Yes	No	No	No	N/A	No	No	Yes
	Inspirease System (Inspirease System)													
Inspirease System		Miscellaneous	97100550006200	No	0	No	Yes	No	No	No	N/A	No	No	Yes
	Inspirease System (Inspirease System)													
Insulin NPH - Human		Susp	27104020001805	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Insulin NPH (10 ML) 100 UNITS/ML INJ (NovoLIN N Insulin)													
Insulin (HumuLIN)	N Subcut Susp 100 UNIT/ML (HumuLIN N)	Susp	27104020001805	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Insulin (HumuLIN) N Subcut Susp 100 UNIT/ML (HumuLIN N)													
Advisories:	<p>****HUMAN INSULIN ONLY** **INSULIN 70/30 NOT APPROVED** **INSULIN GLARGINE NOT APPROVED** **INSULIN LISPRO NOT APPROVED** **INSULIN ASPARTATE NOT APPROVED****</p>													
Insulin REG - Human		Sol	27104010002005	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Insulin Reg (10 ML) 100 UNITS/ML Inj (NovoLIN R Insulin)													
Insulin (HumuLIN) R Inj	Solution 100 UNIT/ML (HumuLIN R)	Sol	27104010002005	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Insulin (HumuLIN) R Inj Solution 100 UNIT/ML (HumuLIN R)													
Insulin(HumuLIN R U-500 Conc)	Soin 500 UNIT/ML (HumuLIN R Concentrate)	Sol	27104010002015	No	0	No	No	Yes	No	No	N/A	No	No	Yes
	Insulin(HumuLIN R U-500 Conc) Soin 500 UNIT/ML (HumuLIN R Concentrate)													

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active Dose	Unit	Fmlyr
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	N/A	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	N/A	Yes
Iodine Strong Oral Solution 5 % 473ml	Iodine Strong Oral Solution 5 % 473ml	Sol	79350032002020	No	0	No	Yes	No	No	N/A	No	N/A	Yes
Iohexol Intravenous Solution	Iohexol 2.4G/10ML Inj (Omnipaque)	Sol	94402042002020	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
Iohexol 300 MG/ML ML (Omnipaque)	Iohexol 300 MG/ML ML (Omnipaque)	Sol	94402042002030	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
Iopamidol Soln Inj	Iopamidol Soln -300 Intravenous Soln 61% Inj (Isovue-300)	Sol	94402047002062	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
Iopamidol Isovoue-370 Intravenous Soln 76%(100ml) (Isovue)	Iopamidol Isovoue-370 Intravenous Soln 76%(100ml) (Isovue)	Sol	94402047002076	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
Iopamidol Isovoue-370 Intravenous Soln 76%(150ml)	Iopamidol Isovoue-370 Intravenous Soln 76%(150ml)	Sol	94402047002076	No	0	No	No	Yes	No	N/A	No	N/A	Yes
Iothalamate Meglumine	Iothalamate Meglumine 60%, 50 ML Inj (Conray 60%)	Sol	94402050102005	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
Ioversol Intravenous Soln 51 % (240)	Ioversol Intravenous Soln 51 % (240)	Sol	94402055002051	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
Ioversol Intravenous Soln 51% (100ml) Optiray (Optiray)	Ioversol Intravenous Soln 51% (100ml) Optiray (Optiray)	Sol	94402055002064	No	0	No	No	Yes	No	N/A	No	N/A	Yes
Ioversol Intravenous Soln 64% (100 ml) Optiray (Optiray 300)	Ioversol Intravenous Soln 64% (100 ml) Optiray (Optiray 300)	Sol	94402055002068	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
Ioversol Intravenous Soln 68%	Ioversol Intravenous Soln 68% (100 ml) Optiray (Optiray 320)	Sol	94402055002068	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
Ioversol Intravenous Soln 68% (100 ml) Optiray (Optiray 320)	Ioversol Intravenous Soln 68% (100 ml) Optiray (Optiray 320)	Sol	94402055002068	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
Ioversol Intravenous Soln 74%	Ioversol Intravenous Soln 74% optiray 350 (Optiray 350)	Sol	94402055002074	No	0	No	No	Yes	No	N/A	No	N/A	Yes
Ipratropium Inhalation Solution 0.02%	Ipratropium Inhalation Solution 0.02%	Sol	44100030102020	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes
Ipratropium Inhalation Sol 0.02%, 2.5ML UD (Atrovent Inhalation Solution)	Ipratropium Inhalation Sol 0.02%, 2.5ML UD (Atrovent Inhalation Solution)	Sol	44100030102020	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes
Ipratropium Inhaler HFA	Ipratropium HFA 12.9 GM MDI (Atrovent HFA)	Aero Sol	44100030123420	No	0	No	Yes	No	No	N/A	No	N/A	Yes
Ipratropium Nasal Spray	Ipratropium Nasal Spray	Sol	42300040102010	No	0	No	Yes	No	No	N/A	No	N/A	Yes
Ipratropium Nasal Spray 30ml 0.03% (Atrovent Nasal Spray)	Ipratropium Nasal Spray 30ml 0.03% (Atrovent Nasal Spray)	Sol	42300040102010	No	0	No	Yes	No	No	N/A	No	N/A	Yes
Ipratropium Nasal Spray 15ml 0.06% (Atrovent Nasal Spray)	Ipratropium Nasal Spray 15ml 0.06% (Atrovent Nasal Spray)	Sol	42300040102020	No	0	No	Yes	No	No	N/A	No	N/A	Yes
Ipratropium/Albuterol Neb Sol 2.5-0.5MG/3ML	Ipratropium/Albuterol Neb Sol 2.5-0.5MG/3ML	Sol	44209902012015	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes
Ipratropium/Albuterol Neb Sol 0.5/3(2.5equiv)MG (Duoneb)	Ipratropium/Albuterol Neb Sol 0.5/3(2.5equiv)MG (Duoneb)	Sol	44209902012015	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Irinotecan HCL Inj	Irinotecan HCl Intravenous Solution 100 MG/5ML (Captosar)	Sol	21550040102030	No	0	No	No	Yes	No	N/A	No	No	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	No	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	No	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	No	No	Yes
	Eye Irrigating Soln (Goldline) 120 ML (Eye Wash)	Sol	86803000002000	No	0	No	Yes	No	No	N/A	No	No	No	Yes
	Isoflurane Inhalation Solution													
	Isoflurane (100ML) ML (Forane)	Sol	70200030002000	No	0	No	No	No	No	N/A	No	No	No	Yes
	Isoflurane (250ML) ML	Sol	70200030002000	No	0	No	No	No	No	N/A	No	No	No	Yes
	**Medical Referral Center (MRC) Use Only**													
	Isoniazid Syrup 50 mg/5ml	Syrup	09000060001210	No	0	No	Yes	Yes	No	N/A	No	No	No	Yes
	Isoniazid ( 473 ML) 10 MG/ML (Isoniazid)													
	Advisories:													
	**INH/Rifapentine 12 week therapy is preferred treatment for latent TB infection per BOP Management of Tuberculosis Clinical Practice Guideline, Isoniazid-Rifapentine Treatment of Latent TB Infection Addendum, 2014													
	**May be written for 270 day order for TB preventive therapy if used as single drug therapy when INH/Rifapentine combination is contraindicated****													
	Isoniazid Tablet													
	Isoniazid 100 MG Tab (INH)	Tab	09000060000305	No	0	No	No	Yes	No	N/A	No	No	No	Yes
	Isoniazid 300 MG Tab (INH)	Tab	09000060000310	No	0	No	No	Yes	No	N/A	No	No	No	Yes
	Isoniazid 300 MG Tab UD (INH)	Tab	09000060000310	No	0	No	No	Yes	No	N/A	Yes	No	Yes	Yes
	Advisories:													
	**INH/Rifapentine 12 week therapy is preferred treatment for latent TB infection per BOP Management of Tuberculosis Clinical Practice Guideline, Isoniazid-Rifapentine Treatment of Latent TB Infection Addendum, 2014													
	**May be written for 270 day order for TB preventive therapy if used as single drug therapy when INH/Rifapentine combination is contraindicated****													
	Isopterenol HCL Inj													
	Isopterenol 1 MG / 5 ML INJ (Isuprel)	Sol	44201040102005	No	0	No	No	Yes	No	N/A	No	No	No	Yes
	Isopterenol HCL 0.2 MG/ML Inj (Isuprel)	Sol	44201040102005	No	0	No	Yes	Yes	No	N/A	No	No	No	Yes
	Isoorbide Dinitrate ER Tablet													
	Isoorbide Dinitrate ER 40 MG Tab (Isordil-ER)	Tab ER	321000200000405	No	0	No	No	No	No	N/A	No	No	No	Yes
	Isoorbide Dinitrate Sublingual Tablet													
	Isoorbide Dinitrate Sublingual Tab 2.5 MG (Isordil)	Tab Sublingual	321000200000705	No	0	No	No	No	No	N/A	No	No	No	Yes
	Isoorbide Dinitrate Sublingual Tab 5 MG	Tab Sublingual	321000200000710	No	0	No	No	No	No	N/A	No	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
Isosorbide Dinitrate Tablet	Isosorbide Dinitrate 40 MG Tab (Isordil Tirradose)	Tab	321000200000325	No	0	No	No	No	No	N/A	No	No	Yes
	Isosorbide Dinitrate 10 MG Tab (Isordil)	Tab	321000200000310	No	0	No	No	No	No	N/A	No	No	Yes
	Isosorbide Dinitrate 10 MG Tab UD (Isordil)	Tab	321000200000310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Isosorbide Dinitrate 20 MG Tab UD (Isordil)	Tab	321000200000315	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Isosorbide Dinitrate 20 MG Tab (Isordil)	Tab	321000200000315	No	0	No	No	No	No	N/A	No	No	Yes
	Isosorbide Dinitrate 30 MG Tab (Isordil)	Tab	321000200000320	No	0	No	No	No	No	N/A	No	No	Yes
	Isosorbide Dinitrate 5 MG Tab UD (Isordil)	Tab	321000200000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Isosorbide Dinitrate 5 MG Tab (Isordil)	Tab	321000200000305	No	0	No	No	No	No	N/A	No	No	Yes
Isosorbide Mononitrate ER 24 hour Tablet	Isosorbide Mononitrate ER 120 MG 24 hour Tab (Imdur)	Tab ER 24	321000250007540	No	0	No	No	No	No	N/A	No	No	Yes
	Isosorbide Mononitrate ER 30 MG 24 hour Tab UD (Imdur)	Tab ER 24	321000250007520	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Isosorbide Mononitrate ER 60 MG 24 hour Tab (Imdur)	Tab ER 24	321000250007530	No	0	No	No	No	No	N/A	No	No	Yes
	Isosorbide Mononitrate ER 30 Mg 24 hour Tab (Imdur)	Tab ER 24	321000250007520	No	0	No	No	No	No	N/A	No	No	Yes
	Isosorbide Mononitrate ER 60 MG 24 hour Tab UD (Imdur)	Tab ER 24	321000250007530	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Isosorbide Mononitrate ER 120 MG 24 Hour Tab UD (Imdur)	Tab ER 24	321000250007540	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Isosorbide Mononitrate Tablet	Isosorbide Mononitrate 10 MG Tab (Monoket/Ismo)	Tab	321000250000310	No	0	No	No	No	No	N/A	No	No	Yes
	Isosorbide Mononitrate 20 MG Tab (Monoket/Ismo)	Tab	321000250000320	No	0	No	No	No	No	N/A	No	No	Yes
	Isosorbide Mononitrate 20 MG Tab UD (Monoket/Ismo)	Tab	321000250000320	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Isosorbide Mononitrate 10 MG Tab UD (Monoket/Ismo)	Tab	321000250000310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Itraconazole Capsule	Itraconazole 100 MG CAP UD (Sporanox)	Cap	114070350000120	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Itraconazole 100 MG CAP (Sporanox)	Cap	114070350000120	No	0	No	No	No	No	N/A	No	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 HISTOPLASMOIS, 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	114070350002020	No	0	No	No	No	No	N/A	No	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 HISTOPLASMOIS, BLASTOMYCOSIS, ASPERGILLOSIS, AND SYSTEMIC MYCOSIS** **NOT APPROVED FOR ONYCHOMYCOSIS****												

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlyr
Ketamine Hydrochloride Inj	Ketamine Hydrochloride Inj 50 MG/ML,10ML (Katalar)	Sol	70400020102010	No	3	Yes	No	Yes	No	N/A	No	No	Yes
	**Medical Referral Center (MRC) Use Only**												
	**MLP Requires Cosign**												
Ketoconazole shampoo 2%	Ketoconazole shampoo 2% 120 ML (Nizoral shampoo)	Shampoo	90154045004510	No	0	No	Yes	No	No	N/A	No	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	N/A	No	No	Yes
	Ketorolac Tromethamine Injection Soln 60 MG/2ML (Toradol)	Sol	66100037102034	No	0	Yes	No	Yes	No	N/A	No	No	Yes
	Ketorolac Tromethamine IM Soln 60 MG/2ML (Toradol)	Sol	66100037102071	No	0	Yes	No	Yes	No	N/A	No	No	Yes
	Advisories:												
	***Limited to 5 consecutive day of therapy***												
	Formulary Restrictions:												
	****LIMITED to 10 DAYS ONLY per year****												
	**MLP Requires Cosign**												
Ketorolac Tromethamine Inj 15 MG/ML	Ketorolac Tromethamine Inj 15 MG/ML (Toradol)	Sol	66100037102015	No	0	Yes	No	Yes	No	N/A	No	No	Yes
	Advisories:												
	**Limited to 5 consecutive days of therapy**												
	Formulary Restrictions:												
	****LIMITED to 10 DAYS ONLY per year****												
	**MLP Requires Cosign**												
Labetalol HCL Inj	Labetalol HCL 5 MG/ML, 20 ML Inj (Normodyne Inj)	Sol	33300010102005	No	0	No	No	Yes	No	N/A	No	No	Yes
	Labetalol HCl Intravenous Solution 5 MG/ML 40 ml	Sol	33300010102005	No	0	No	No	Yes	No	N/A	No	No	Yes
Labetalol HCL Tablet	Labetalol HCL 100 MG Tab UD (Trandate)	Tab	33300010100305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Labetalol HCL 100 MG Tab (Trandate)	Tab	33300010100305	No	0	No	No	No	No	N/A	No	No	Yes
	Labetalol HCL 200 MG Tab (Trandate)	Tab	33300010100310	No	0	No	No	No	No	N/A	No	No	Yes
	Labetalol HCL 200 MG Tab UD (Trandate)	Tab	33300010100310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Labetalol HCL 300 MG Tab (Trandate)	Tab	33300010100315	No	0	No	No	No	No	N/A	No	No	Yes
	Labetalol HCL 300 MG Tab UD (Trandate)	Tab	33300010100315	No	0	No	No	No	No	N/A	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	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	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Lactulose Soln 10 GM/15 ML	Lactulose Soln 10 GM/15 ML	Sol	524000200002010	No	0	No	Yes	No	No	No	N/A	No	Yes	
Lactulose (473 ML) 10 GM/15 ML Soln (Enulose)		Sol	524000200002010	No	0	No	Yes	No	No	No	N/A	No	Yes	
Lactulose 10 GM/15 ML UD (Lactulose)		Sol	466000200002010	No	0	No	Yes	No	No	No	N/A	Yes	Yes	
Lactulose Soln 10 GM/15 ML (Enulose)		Sol	466000200002010	No	0	No	Yes	No	No	No	N/A	Yes	Yes	
Lactulose 20 GM/30 ML UD (Enulose)		Sol	466000200002010	No	0	No	Yes	No	No	No	N/A	Yes	Yes	
Lactulose (946 ML) 10 GM/15 ML Soln (Enulose)		Sol	466000200002010	No	0	No	Yes	No	No	No	N/A	No	Yes	
Lactulose (236 ML) 10 GM/15 ML Soln		Sol	466000200002010	No	0	No	Yes	No	No	No	N/A	No	Yes	
Lactulose Soln (473 ML) 10 GM/15 ML		Sol	466000200002010	No	0	No	Yes	No	No	No	N/A	No	Yes	
Lactulose Soln (1892 ML) 10 GM/15ML (Enulose)		Sol	466000200002010	No	0	No	Yes	No	No	No	N/A	No	Yes	
lamiVUDine (3TC) oral tab		Tab	121060600000320	No	0	Yes	No	No	No	No	N/A	No	Yes	
lamiVUDine (3TC) 150 MG Tab (Epiriv (3TC))		Tab	121060600000330	No	0	Yes	No	No	No	No	N/A	No	Yes	
lamiVUDine (3TC) 300 MG Tab (Epiriv)		Tab	121060600000320	No	0	Yes	No	No	No	No	N/A	Yes	Yes	
lamiVUDine (3TC) 150 MG Tab UD (Epiriv)		Tab												
Formulary Restrictions:														
****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****														
**MLP Requires Cosign**														
lamiVUDine (3TC) Solution 10 MG/ML		Sol	121060600002020	No	0	Yes	Yes	No	No	No	N/A	No	Yes	
lamiVUDine (3TC) 10 MG/ML Soln, 240ML (Epiriv Solution)		Sol												
Formulary Restrictions:														
****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****														
**MLP Requires Cosign**														
lamiVUDine-Zidovudine 150-300 Mg Tablet		Tab	121099025000320	No	0	Yes	No	No	No	No	N/A	No	Yes	
lamiVUDine-Zidovudine 150-300 MG Tab (Combivir)		Tab	121099025000320	No	0	Yes	No	No	No	No	N/A	Yes	Yes	
lamiVUDine-Zidovudine 150-300 MG Tab UD (Combivir)		Tab												
Formulary Restrictions:														
****RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES****														
**MLP Requires Cosign**														
lamoTRIGine Tablet		Tab	726000400000330	No	0	No	No	No	No	No	N/A	No	Yes	
lamoTRIGine 100 MG Tab (Lamictal)		Tab	726000400000335	No	0	No	No	No	No	No	N/A	No	Yes	
lamoTRIGine 150 MG TAB (Lamictal)		Tab	726000400000340	No	0	No	No	No	No	No	N/A	No	Yes	
lamoTRIGine 200 MG TAB (Lamictal)		Tab	726000400000310	No	0	No	No	No	No	No	N/A	No	Yes	
lamoTRIGine 25 MG TAB (Lamictal)		Tab	726000400000310	No	0	No	No	No	No	No	N/A	Yes	Yes	
lamoTRIGine 25 MG Tab UD (Lamictal)		Tab	726000400000335	No	0	No	No	No	No	No	N/A	Yes	Yes	
lamoTRIGine 150 MG Tab UD (Lamictal)		Tab	726000400000330	No	0	No	No	No	No	No	N/A	Yes	Yes	
lamoTRIGine 100 MG Tab UD (Lamictal)		Tab	726000400000330	No	0	No	No	No	No	No	N/A	Yes	Yes	
lamoTRIGine 200 MG Tab UD (Lamictal)		Tab	726000400000340	No	0	No	No	No	No	No	N/A	Yes	Yes	



Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
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Advisories:  
 \*\*\*\*RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS\*\*  
 \*\*\*PILL LINE ONLY FOR USE IN NON-SEIZURE INDICATIONS\*\*\*\*

Lanthanum Carbonate Tablet	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
Latanoprost Ophth Soln	0.005% 2.5 ML	Sol	86330050002020	No	0	No	Yes	No	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	100 MG Inj (Wellcovorin)	Sol Recon	21755040102130	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Leucovorin Calcium	50 MG Inj (Wellcovorin)	Sol Recon	21755040102120	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Leucovorin Calcium	350 MG Inj	Sol Recon	21755040102160	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Leucovorin Calcium Tablet	10 MG Tab (Wellcovorin)	Tab	21755040100325	No	0	No	No	No	No	N/A	No	Yes	Yes
Leucovorin Calcium	25 MG Tab (Wellcovorin)	Tab	21755040100345	No	0	No	No	No	No	N/A	No	Yes	Yes
Leucovorin Calcium	5 MG Tab (Wellcovorin)	Tab	21755040100310	No	0	No	No	No	No	N/A	No	Yes	Yes
Leucovorin Calcium	25 MG Tab UD (Wellcovorin)	Tab	21755040100345	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Leucovorin Calcium	5 MG Tab UD (Wellcovorin)	Tab	21755040100310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Leuprolide Acetate	3 month Intramuscularly	Kit	21405010156430	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Leuprolide Acetate	22.5 MG Depot Inj (Lupron Depot)	Kit	21405010156420	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-OFFENDER TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL\*\* \*\*REFER TO PARAPHILIA TREATMENT GUIDELINE\*\*\*\*

Leuprolide Acetate	4 month Intramuscularly	Kit	21405010206430	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Leuprolide acetate	30 MG Depot Inj (Lupron Depot 4 MONTH)	Kit	21405010206430	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-OFFENDER TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL\*\* \*\*REFER TO PARAPHILIA TREATMENT GUIDELINE\*\*\*\*

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Only	Ln	Crush.	Req. Loc.	Active	Dose	Unit	Fmly
Leuprolide Acetate 45 MG Depot (4 Months) IM Kit		Kit	21405010256450	No	0	No	No	No	Yes	Yes	No	N/A	No	Yes		Yes
Leuprolide Acetate 45 MG Depot IM Kit (Lupron Depot)																
Advisories:																
***Female use only*																
*Mandatory Use contract requires use of Eligard for the treatment of prostate cancer**																
Formulary Restrictions:																
****UTILIZATION IN SEX-OFFENDER TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE****																
Leuprolide Acetate Intramuscularly (30 day)																
Leuprolide Acetate 3.75 MG Depot Inj (Lupron Depot)		Kit	21405010106405	No	0	No	Yes	Yes	Yes	No	N/A	No	Yes		No	Yes
Leuprolide Acetate 7.5 MG Depot Inj (Lupron Depot)		Kit	21405010106410	No	0	No	Yes	Yes	Yes	No	N/A	No	Yes		No	Yes
Advisories:																
***Female use only*																
*Mandatory Use contract requires use of Eligard for the treatment of prostate cancer**																
Formulary Restrictions:																
****UTILIZATION IN SEX-OFFENDER 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	Yes	Yes	Yes	No	N/A	No	Yes		No	Yes
Advisories:																
***Male use only*																
*Mandatory Use contract requires use of Eligard for the treatment of prostate cancer**																
Formulary Restrictions:																
****UTILIZATION IN SEX-OFFENDER 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	Yes	Yes	Yes	No	N/A	No	Yes		No	Yes
Advisories:																
***Male use only*																
*Mandatory Use contract requires use of Eligard for the treatment of prostate cancer**																
Formulary Restrictions:																
****UTILIZATION IN SEX-OFFENDER 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	Yes	Yes	Yes	No	N/A	No	Yes		No	Yes
Advisories:																
***Male use only*																
*Mandatory Use contract requires use of Eligard for the treatment of prostate cancer**																
Formulary Restrictions:																
****UTILIZATION IN SEX-OFFENDER 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	Yes	Yes	Yes	No	N/A	No	Yes		No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
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Advisories:  
 \*\*\*Male use only\*  
 \*Mandatory Use contract requires use of Eligard for the treatment of prostate cancer\*\*\*  
 Formulary Restrictions:  
 \*\*\*\*\*UTILIZATION IN SEX-OFFENDER 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)  
 Advisories:  
 \*\*\*\*\*RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS\*\*  
 \*\*PILL LINE ONLY FOR USE IN NON-SEIZURE INDICATIONS\*\*\*\*\*  
 levETIRAcetam Tablet  
 levETIRAcetam 250 MG Tab (Keppra)  
 levETIRAcetam 500 MG Tab (Keppra)  
 levETIRAcetam 750 MG Tab (Keppra)  
 levETIRAcetam 500 MG Tab UD (Keppra)  
 levETIRAcetam 1000 MG Tab (Keppra)  
 levETIRAcetam 250 MG Tab UD (Keppra)

Advisories:  
 \*\*\*\*\*RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS\*\*  
 \*\*PILL LINE ONLY FOR USE IN NON-SEIZURE INDICATIONS\*\*\*\*\*  
 Levofloxacin inj  
 Levofloxacin 25 MG/ML, 20ML INJ (Levaquin)  
 Advisories:  
 \*\*\*DO NOT USE FOR MRSA\*\*\*  
 \*\*MLP Requires Cosign\*\*  
 Levofloxacin Tablet  
 Levofloxacin 250 MG Tab UD (Levaquin)  
 Levofloxacin 250 MG Tab (Levaquin)  
 Levofloxacin 500 MG Tab UD (Levaquin)  
 Levofloxacin 500 MG Tab (Levaquin)  
 Levofloxacin 750 MG Tab (Levaquin)  
 Levofloxacin 750 MG Tab UD (Levaquin)

Advisories:  
 \*\*\*DO NOT USE FOR MRSA\*\*\*  
 \*\*MLP Requires Cosign\*\*  
 Levofloxacin/Dextrose Premix  
 Levofloxacin/Dextrose Premix 500 MG IV (Levaquin)  
 Levofloxacin/Dextrose Premix 750 MG IV (Levaquin 750MG Premix)  
 Levofloxacin in D5W Intravenous Soln 250 MG/50ML (Levaquin)

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
	Levonorgestrel / Ethinyl Es. 0.15-30 MG-MCG Tab	Tab	25990002400310	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
	Levonorgestrel / Ethinyl Est 0.15/0.03 MG Tab (Nordette)	Tab	25990002400310	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
	Levonorgestrel / Ethinyl Est (Tri-Levlen)	Tab	25992002100310	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
	Levonorgestrel/Estradiol 91DAY Tab	Tab	25993002300320	No	0	No	No	No	No	N/A	No	Yes	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	No	Yes
	Levonorgestrel/Ethinyl Est (Trivora) Tab	Tab	25992002100310	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
	Levonorgestrel/Ethinyl Est 6-5-10 Tab(Triphasil) (Triphasil 28)	Tab	25990002400310	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
	Levonorgestrel/Ethinyl estr Tab	Tab	25990002400310	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
	Levonorgestrel/Ethinyl 0.1-20 MG-MCG Tab(Sronyx) (Sronyx)	Tab	25990002400305	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	Levonorgestrel/Ethinyl Estrad Tablet	Tab	25990002400305	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
	Levonorgestrel/Ethinyl Estr 0.1/0.02 Tab(Alesse) (Alesse-28)	Tab	25990002400305	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
	Levonorgestrel/Ethinyl est. (Aviane) 0.1/0.02Tab (Levite 28)	Tab	25990002400305	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
	Levonorgestrel/Ethinyl est0.1-20MG-MCG(Orsythia) (Orsythia Oral Tablet)	Tab	25990002400305	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	LevoTHYROXINE Sodium inj	Sol Recon	28100010102103	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	LevoTHYROXINE Sodium Inj Soln 100 MCG/5ml	Sol Recon	28100010102107	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	LevoTHYROXINE Sodium Inj Soln 200 MCG	Sol Recon	28100010102107	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	LevoTHYROXINE Sodium Tablet	Tab	28100010100305	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	LevoTHYROXINE Sodium 25 MCG Tab (Levothroid)	Tab	28100010100310	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	LevoTHYROXINE Sodium 50 MCG Tab (Levothroid)	Tab	28100010100315	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	LevoTHYROXINE Sodium 75 MCG Tab (Levothroid)	Tab	28100010100320	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	LevoTHYROXINE Sodium 100 MCG Tab (Levothroid)	Tab	28100010100320	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	LevoTHYROXINE Sodium 100 MCG Tab UD (Levothroid)	Tab	28100010100320	No	0	No	No	No	No	N/A	Yes	Yes	No	Yes
	LevoTHYROXINE Sodium 112 MCG Tab (Levothroid)	Tab	28100010100322	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	LevoTHYROXINE Sodium 125 MCG Tab (Levothroid)	Tab	28100010100325	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	LevoTHYROXINE Sodium 137 MCG Tab (Levothroid)	Tab	28100010100327	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	LevoTHYROXINE Sodium 150 MCG Tab (Levothroid)	Tab	28100010100330	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	LevoTHYROXINE Sodium 175 MCG Tab (Levothroid)	Tab	28100010100335	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	LevoTHYROXINE Sodium 200 MCG Tab (Levothroid)	Tab	28100010100340	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	LevoTHYROXINE Sodium 300 MCG Tab (Levothroid)	Tab	28100010100345	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	LevoTHYROXINE Sodium 125 MCG Tab UD (Levothroid)	Tab	28100010100325	No	0	No	No	No	No	N/A	Yes	Yes	No	Yes
	LevoTHYROXINE Sodium 150 MCG Tab UD (Levothroid)	Tab	28100010100330	No	0	No	No	No	No	N/A	Yes	Yes	No	Yes
	LevoTHYROXINE Sodium 88 MCG Tab (Levothroid)	Tab	28100010100317	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	LevoTHYROXINE Sodium 25 MCG Tab UD (Levothroid)	Tab	28100010100305	No	0	No	No	No	No	N/A	Yes	Yes	No	Yes
	LevoTHYROXINE Sodium 50 MCG Tab UD (Levothroid)	Tab	28100010100310	No	0	No	No	No	No	N/A	Yes	Yes	No	Yes
	LevoTHYROXINE Sodium 75 MCG Tab UD (Levothroid)	Tab	28100010100315	No	0	No	No	No	No	N/A	Yes	Yes	No	Yes
	LevoTHYROXINE Sodium 88 MCG Tab UD (Levothroid)	Tab	28100010100317	No	0	No	No	No	No	N/A	Yes	Yes	No	Yes

Advisories:  
 \*\*\*DO NOT USE FOR MRSA\*\*\*  
 \*\*MLP Requires Cosign\*\*

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Only	Crush.	Req. Loc.	Active	Dose	Fmtry
LevoTHYROXINE Sodium	175 MCG Tab UD (Levothroid)	Tab	28100010100335	No	0	No	No	No	No	No	N/A	Yes	Yes
LevoTHYROXINE Sodium	200 MCG Tab UD (Levothroid)	Tab	28100010100340	No	0	No	No	No	No	No	N/A	Yes	Yes
LevoTHYROXINE Sodium	112 MCG Tab UD (Levoxy)	Tab	28100010100322	No	0	No	No	No	No	No	N/A	Yes	Yes
LevoTHYROXINE Sodium	137 MCG Tab UD (Levothroid)	Tab	28100010100327	No	0	No	No	No	No	No	N/A	No	Yes
Lidocaine 1% Injection													
Lidocaine HCl 1% Inj	30 ML (Xylocaine)	Sol	69100040102010	No	0	No	Yes	Yes	No	N/A	No	No	Yes
Lidocaine HCl 1% Inj	10 ML	Sol	69100040102010	No	0	No	Yes	Yes	No	N/A	No	No	Yes
Lidocaine HCl 1% Inj	10 MG/ML	Sol	69100040102010	No	0	No	No	Yes	No	N/A	No	No	Yes
Lidocaine HCl 1%, 50 ML Inj	(Xylocaine)	Sol	69100040102010	No	0	No	No	Yes	No	N/A	No	No	Yes
Lidocaine HCl 1% Inj	20 ML (Xylocaine)	Sol	69100040102010	No	0	No	No	Yes	No	N/A	No	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	No	Yes
Lidocaine HCl-MPF 1%, Inj	2 ML (Xylocaine-MPF)	Sol	69100040102010	No	0	No	No	Yes	No	N/A	No	No	Yes
Lidocaine HCl-MPF 1%, Inj	5 ML	Sol	69100040102010	No	0	No	Yes	Yes	No	N/A	No	No	Yes
Lidocaine HCl-MPF 2%, Inj	5 ML (Xylocaine-MPF)	Sol	69100040102021	No	0	No	No	Yes	No	N/A	No	No	Yes
Lidocaine HCl-MPF 4%, Inj	5 ML (Xylocaine-MPF 4%)	Sol	69100040102026	No	0	No	No	Yes	No	N/A	No	No	Yes
Lidocaine HCl 1% MPF 2 ML Inj	(xylocaine MPF injection)	Sol	69100040102011	No	0	No	Yes	Yes	No	N/A	No	No	Yes
Lidocaine HCl 1% MPF 5ml Inj	(SDV) (Xylocaine MPF)	Sol	69100040102011	No	0	No	No	Yes	No	N/A	No	No	Yes
Lidocaine HCl 0.5% Injection													
Lidocaine HCl 0.5% Inj	(Lidocaine)	Sol	69100040102005	No	0	No	No	Yes	No	N/A	No	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	No	Yes
Lidocaine HCl 2% (50 ML)	20 MG/ML Inj	Sol	69100040102020	No	0	No	No	Yes	No	N/A	No	No	Yes
Lidocaine HCl 2%, 20 ML Inj	(Xylocaine 2% Inj)	Sol	69100040102020	No	0	No	Yes	Yes	No	N/A	No	No	Yes
Lidocaine HCl 2%, 50 ML Inj	(Xylocaine)	Sol	69100040102020	No	0	No	No	Yes	No	N/A	No	No	Yes
Lidocaine HCl 2% (2 ML)	20 MG/ML Inj	Sol	69100040102020	No	0	No	No	Yes	No	N/A	No	No	Yes
Lidocaine HCL 2 % Soln	10 ml (Xylocaine 2%)	Sol	69100040102020	No	0	No	No	Yes	No	N/A	No	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	No	Yes
Lidocaine HCl 20MG/ML, 5ML PFS	(Xylocaine Cardiac 100 MG PFS)	Sol	35200020102030	No	0	No	No	Yes	No	N/A	No	No	Yes
Formulary Restrictions:													
***ACLS Use Only***													
**Medical Referral Center (MRC) Use Only**													
Lidocaine HCl 4% Soln	( 360 Kit)												
Lidocaine HCl 4% Soln	( LTA 360 Kit Mouth/Throat Solution)	Sol	88350065102045	No	0	No	No	Yes	No	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Lidocaine HCl	External Cream 3 %	Crm	90850060103730	No	0	No	Yes	No	No	N/A	No	N/A	No	Yes
Lidocaine HCl	External Cream 3 % ( 28 GM)													
Lidocaine HCl	External Gel 2 %	Gel	90850060104005	No	0	No	Yes	No	No	N/A	No	N/A	No	Yes
Lidocaine HCl	External Gel 2 %													
Lidocaine HCl	Lotion 3%	Lotion	90850060104140	No	0	No	Yes	No	No	N/A	No	N/A	No	Yes
Lidocaine HCl	External Lotion 3 % ( 177 ml) (Lidocaine 3% Lotion)													
Lidocaine HCL	Solution 4%	Sol	90850060102015	No	0	No	No	No	No	N/A	No	N/A	No	Yes
Lidocaine HCl	Solution 4% 50 ML													
Formulary Restrictions:														
***Clinic Use only***														
Lidocaine HCl/Epinephrine	1% Inj	Sol	69991002402011	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
Lidocaine HCl	w Epinephrine 1%, 20 ML Inj													
Lidocaine HCl	w Epinephrine 1%, 10 ML Inj (Xylocaine W/ Epinephrine)	Sol	69991002402011	No	0	No	No	Yes	No	N/A	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	N/A	No	Yes
Lidocaine HCl	w Epinephrine 1%, 50 ML Inj (Xylocaine W/ Epinephrine)													
Lidocaine HCl	w Epinephrine 1% 30 ML INJ	Sol	69991002402011	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
Lidocaine HCl	w Epinephrine 1% 30 ML INJ													
Formulary Restrictions:														
***Clinic Use only***														
Lidocaine HCl/Epinephrine	2% Inj	Sol	69991002402022	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
Lidocaine HCl	w Epinephrine 2% MDV (Xylocaine W/ Epinephrine)													
Lidocaine HCl	w Epinephrine 2%, 50 ML Inj (Xylocaine W/ Epinephrine)	Sol	69991002402022	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
Lidocaine-Epinephrine	Inj Soln 2%-1:200000 20 ml	Sol	69991002402021	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
Lidocaine-Epinephrine	Inj Soln 2%-1:200000 20 ml													
Formulary Restrictions:														
***Clinic Use Only***														
Lidocaine Jelly	2%	Gel	90850060104005	No	0	No	Yes	No	No	N/A	No	N/A	No	Yes
Lidocaine Jelly	2%, 30 GM Topical (Xylocaine Jelly Gel)													
Lidocaine Jelly	2%, Uro-Jet	Gel	90850060104005	No	0	No	Yes	Yes	No	N/A	No	N/A	No	Yes
Lidocaine Jelly	2%, 20 ML Uro-Jet													
Lidocaine Jelly	2%, 10 ML Uro-jet (Uro-Jet)	Gel	90850060104005	No	0	No	Yes	Yes	No	N/A	No	N/A	No	Yes
Lidocaine Jelly	2%, 5 ml Uro-jet	Gel	90850060104005	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
Lidocaine Jelly	2%, 5 ml Uro-jet													
Advisories:														
**For use in Urology Procedures**														
Lidocaine Ointment	5%	Oint	90850060004210	No	0	No	Yes	No	No	N/A	No	N/A	No	Yes
Lidocaine HCl	Ointment 5% (35.4 GM) (Xylocaine 5% Ointment)													
Lidocaine HCl	Ointment 5 % (50 GM)	Oint	90850060004210	No	0	No	Yes	No	No	N/A	No	N/A	No	Yes
Lidocaine HCl	Ointment 5 % (30gm)	Oint	90850060004210	No	0	No	Yes	No	No	N/A	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
Lidocaine viscous HCl Oral 2%		Sol	88350065102050	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Lidocaine Viscous HCl 2%, 100 ML O/S (Xylocaïne Viscous)		Sol	88350065102050	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes
Lidocaine Viscous HCl 2%, 15 ML UD Cup O/S (Lidocaine Viscous)		Sol	28100020102020	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Liothyronine Sodium inj 10 mcg/ml													
Liothyronine Sodium Inj Solution 10 MCG/ML (Triostat inj)													
Liothyronine Sodium Tablet													
Liothyronine Sodium 25 MCG Tab (Cytomel)		Tab	28100020100310	No	0	No	No	No	No	N/A	No	Yes	Yes
Liothyronine Sodium 5 MCG Tab (Cytomel)		Tab	28100020100305	No	0	No	No	No	No	N/A	No	Yes	Yes
Liothyronine Sodium 50 MCG Tab (Cytomel)		Tab	28100020100315	No	0	No	No	No	No	N/A	No	Yes	Yes
Liothyronine Sodium 25 MCG Tab UD (re-Pack)		Tab	28100020100310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Liothyronine Sodium 50 MCG Tab UD (Re-Pack)		Tab	28100020100315	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Lisinopril Tablet													
Lisinopril 10 MG Tab UD (Prinivil)		Tab	36100030000310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Lisinopril 20 MG Tab UD (Prinivil)		Tab	36100030000315	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Lisinopril 20 MG Tab (Prinivil)		Tab	36100030000315	No	0	No	No	No	No	N/A	No	Yes	Yes
Lisinopril 40 MG Tab (Prinivil)		Tab	36100030000330	No	0	No	No	No	No	N/A	No	Yes	Yes
Lisinopril 5 MG Tab UD (Prinivil)		Tab	36100030000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Lisinopril 5 MG Tab (Prinivil)		Tab	36100030000305	No	0	No	No	No	No	N/A	No	Yes	Yes
Lisinopril 10 MG Tab (Prinivil)		Tab	36100030000310	No	0	No	No	No	No	N/A	No	Yes	Yes
Lisinopril 40 MG Tab UD (Prinivil)		Tab	36100030000330	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Lisinopril 2.5 MG Tab UD (Prinivil)		Tab	36100030000303	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Lisinopril 2.5 MG Tab (Prinivil)		Tab	36100030000303	No	0	No	No	No	No	N/A	No	Yes	Yes
Lisinopril 30 MG Tab (Prinivil)		Tab	36100030000324	No	0	No	No	No	No	N/A	No	Yes	Yes
Lisinopril 30 MG Tab UD (Prinivil)		Tab	36100030000324	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Lithium Carbonate Capsule													
Lithium Carbonate 150 MG Cap		Cap	59500010100103	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
Lithium Carbonate 300 MG Cap (Eskalith)		Cap	59500010100105	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
Lithium Carbonate 600 MG Cap (Lithium Carbonate)		Cap	59500010100110	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
Lithium Carbonate 300 MG Cap UD		Cap	59500010100105	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes
Lithium Carbonate 150 MG Cap UD		Cap	59500010100103	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes
Advisories:													
***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***													
**MLP Requires Cosign**													
Lithium Carbonate ER Tablet													
Lithium Carbonate SR 300 MG Tab (Lithobid)		Tab ER	59500010100405	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
Lithium Carbonate ER 300 MG Tab (Eskalith CR)		Tab ER	59500010100405	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
Lithium Carbonate ER 450 MG Tab (Eskalith CR)		Tab ER	59500010100410	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
Lithium Carbonate ER 300 MG Tab UD		Tab ER	59500010100405	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes
Lithium Carbonate ER 450 MG Tab UD (Eskalith CR)		Tab ER	59500010100410	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes
Lithobid ER 300 MG Tablet (BRAND NAME) (Lithobid)		Tab ER	59500010100405	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Only	Ln	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
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	No	N/A	Yes	Yes		Yes
Lithium Carbonate Tablet	Lithium Carbonate 300 MG Tab	Tab	59500010100305	No	0	Yes	No	Yes	No	No	N/A	No	No		Yes
Advisories:															
***Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***															
**MLP Requires Cosign**															
Lithium Citrate (60mg/ml)= 8MEQ/5ML, Solution	Lithium Citrate (60mg/ml)= 8MEQ/5ML, 473ML SOLN (Lithium Citrate)	Sol	59500010002010	No	0	Yes	Yes	Yes	No	No	N/A	No	No		Yes
Lithium Citrate (60mg/ml)= 8MEQ/5ML Sol UD (Lithium Citrate Syrup)	Lithium Citrate (60mg/ml)= 8MEQ/5ML Sol UD (Lithium Citrate Syrup)	Sol	59500010002010	No	0	Yes	Yes	Yes	No	No	N/A	Yes	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	No	N/A	No	No		Yes
Lomustine Capsule	Lomustine 100 MG Cap (CeeNU)	Cap	21102020000120	No	0	No	No	No	No	No	N/A	No	No		Yes
Lomustine Capsule	Lomustine 40 MG Cap (CeeNU)	Cap	21102020000115	No	0	No	No	No	No	No	N/A	No	No		Yes
Lomustine Capsule	Lomustine 10 MG Cap UD (CeeNU)	Cap	21102020000110	No	0	No	No	No	No	No	N/A	Yes	Yes		Yes
Lomustine Capsule	Lomustine 40 MG Cap UD (CeeNU)	Cap	21102020000115	No	0	No	No	No	No	No	N/A	Yes	Yes		Yes
Lomustine Capsule	Lomustine 100 MG Cap UD (CeeNU)	Cap	21102020000120	No	0	No	No	No	No	No	N/A	Yes	Yes		Yes
Formulary Restrictions:															
***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***															
Loperamide Capsule	Loperamide Capsule 2 MG (Imodium)	Cap	47100020100105	No	0	No	No	No	No	No	N/A	No	No		Yes
Loperamide Capsule	Loperamide Capsule 2 MG UD (Imodium)	Cap	47100020100105	No	0	No	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.**															
Lopinavir-Ritonavir 100-25 MG Tab	Lopinavir-Ritonavir 100-25 MG Tab (Kaletra)	Tab	12109902550310	No	0	Yes	No	No	No	No	N/A	No	No		Yes
Lopinavir-Ritonavir 100-25 MG Tablet	Lopinavir-Ritonavir 100-25 MG Tablet	Tab	12109902550320	No	0	Yes	No	No	No	No	N/A	No	No		Yes
**MLP Requires Cosign**															
Lopinavir-Ritonavir 200-50 MG Tab	Lopinavir-Ritonavir 200-50 MG Tab (Kaletra)	Tab	12109902550320	No	0	Yes	No	No	No	No	N/A	Yes	Yes		Yes
Lopinavir-Ritonavir 200-50 MG Tablet	Lopinavir-Ritonavir 200-50 MG Tablet	Tab	12109902550320	No	0	Yes	No	No	No	No	N/A	Yes	Yes		Yes



Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
	**MLP Requires Cosign**													
Lopinavir/Ritonavir Solution 400-100 MG/5ML	Lopinavir/Ritonavir Soln 80/20MG/ML, 160 ML (Kaletra Soln)	Sol	12109902552020	No	0	Yes	No	No	No	N/A	No	Yes	No	Yes
	**MLP Requires Cosign**													
LORazepam Inj	LORazepam 2 MG/ML, 1 ML Inj (Ativan inj)	Sol	57100060002005	No	4	Yes	Yes	Yes	No	N/A	Yes	Yes	Yes	Yes
	LORazepam 4 MG/ML, 1 ML Inj (Ativan inj)	Sol	57100060002010	No	4	Yes	Yes	Yes	No	N/A	No	Yes	No	Yes
	LORazepam 2 MG/ML Carpuject (1ml) (Ativan inj)	Sol	57100060002005	No	4	Yes	No	Yes	No	N/A	No	Yes	No	Yes
	LORazepam 2 MG/ML, 10 ML vial Inj (Ativan inj)	Sol	57100060002005	No	4	Yes	No	Yes	No	N/A	No	Yes	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	N/A	Yes	Yes	Yes	Yes
	LORazepam 1 MG Tab UD (Ativan)	Tab	57100060000310	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes	Yes	Yes
	LORazepam 2 MG Tab UD (Ativan)	Tab	57100060000315	No	4	Yes	No	Yes	Yes	N/A	Yes	Yes	Yes	Yes
	LORazepam 1 MG Tab (Ativan)	Tab	57100060000310	No	4	Yes	No	Yes	Yes	N/A	No	Yes	No	Yes
	LORazepam 0.25 MG Tab ( 1/2 tab) (Ativan)	Tab	57100060000305	No	4	Yes	No	Yes	Yes	N/A	No	Yes	No	Yes
	LORazepam 0.5 MG Tab (Ativan)	Tab	57100060000305	No	4	Yes	No	Yes	Yes	N/A	No	Yes	No	Yes
	LORazepam 2 MG Tab (Ativan)	Tab	57100060000315	No	4	Yes	No	Yes	Yes	N/A	No	Yes	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.**													

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
	**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**												
	Loxapine Succinate Capsule	Cap	59154020200110	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Loxapine Succinate 10 MG Cap (Loxitane)	Cap	59154020200110	No	0	No	No	Yes	No	N/A	Yes	Yes	Yes
	Loxapine Succinate 25 MG Cap (Loxitane)	Cap	59154020200115	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Loxapine Succinate 25 MG Cap UD (Loxitane)	Cap	59154020200115	No	0	No	No	Yes	No	N/A	Yes	Yes	Yes
	Loxapine Succinate 5 MG Cap (Loxitane)	Cap	59154020200105	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Loxapine Succinate 50 MG Cap (Loxitane)	Cap	59154020200120	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Loxapine Succinate 50 MG Cap UD (Loxitane)	Cap	59154020200120	No	0	No	No	Yes	No	N/A	Yes	Yes	Yes
	Loxapine Succinate 5 MG Cap UD (Loxitane)	Cap	59154020200105	No	0	No	No	Yes	No	N/A	Yes	Yes	Yes
	Advisories:												
	****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****												
	Lubricant, Surgical												
	Lubricant, Surgical 5 GM UD (Surgilube)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes
	Lubricant, Surgical 720 GM (Surgilube)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Lubricant, Surgical 60 GM TUBE (Surgilube)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Lubricant, Surgical 4.25 OZ EA (Surgilube)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Lubricant, Surgical 3 GM UD (Surgilube)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes
	Lubricating Jelly												
	Lubricating Jelly 120 GM (KY Jelly)	Gel	90977000004000	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Magic Mouthwash 1:1 Lidoc/benadryl/maalox 8oz												
	Magic Mouthwash 1:1:1 Lidoc/benadryl/maalox 8oz (Magic Mouthwash)			No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Magic Mouthwash 1:1:(lidoc/Maalox/Bismuth)180ML												
	Magic Mouthwash 1:1:(Lidoc/Maalox/Bismuth)180ML (first)			No	0	No	Yes	No	No	N/A	No	Yes	Yes
	**Medical Referral Center (MRC) Use Only**												
	Magnesium Hydroxide Susp												
	Magnesium Hydroxide 30 ML Susp UD (Milk Of Magnesia)	Susp	46100010101820	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes
	Magnesium Hydroxide (480ML) 400MG/5ML SUSP (Milk of Magnesia)	Susp	46100010101820	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Magnesium Hydroxide Susp 180 ML (Milk Of Magnesia)	Susp	46100010101820	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Milk of Magnesia Susp (OTC) 400 MG/5ML 480 ML (MOM)	Susp	46100010101820	No	0	No	No	No	No	N/A	No	Yes	Yes
	Magnesium Hydroxide 400 MG/5ML Susp ( 355ml) (Milk of Magnesia)	Susp	46100010101820	No	0	No	Yes	No	No	N/A	No	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlry
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) Magnesium Hydroxide conc ( 10 ml ) (Milk of Magnesia) 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	Tab	79400010360340	No	0	No	No	No	No	N/A	No	N/A	Yes
	Magnesium Oxide 400 (241.3 Mg) MG Tab	Tab	79400010360318	No	0	No	No	No	No	N/A	No	N/A	Yes
	Magnesium Oxide 400 (240 Mg) MG Tab	Tab	79400010360317	No	0	No	No	No	No	N/A	No	N/A	Yes
	Magnesium Oxide Tablet	Tab	484000200000310	No	0	No	No	No	No	N/A	No	N/A	Yes
	Magnesium Oxide 400 MG Tab (Mag-OX 400 MG)	Tab	484000200000310	No	0	No	No	No	No	N/A	Yes	N/A	Yes
	Magnesium Oxide 420 MG Tab (Maoox 420)	Tab	484000200000315	No	0	No	No	No	No	N/A	No	N/A	Yes
	Magnesium Oxide 250 MG Tablet	Tab	484000200000305	No	0	No	No	No	No	N/A	No	N/A	Yes
	Magnesium Sulfate in D5W	Sol	79400010412020	No	0	No	No	Yes	No	N/A	No	N/A	Yes
	Magnesium Sulfate/D5W Inj Premix 1% (1G/100ml)	Sol	79400010402020	No	0	No	No	Yes	No	N/A	No	N/A	Yes
	Magnesium Sulfate INJ	Sol	79400010402020	No	0	No	No	Yes	No	N/A	No	N/A	Yes
	Magnesium Sulfate 50%, 10ML INJ (Magnesium Sulfate)	Sol	79400010402020	No	0	No	No	Yes	No	N/A	No	N/A	Yes
	Magnesium Sulfate 1GM/2ML INJ (GM dosing) (Magnesium Sulfate)	Sol	79400010402020	No	0	No	No	Yes	No	N/A	No	N/A	Yes
	Magnesium Sulfate Intravenous Solution 2 GM/50ML (mag)	Sol	79400010402040	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
	Mannitol Inj	Sol	37400030002025	No	0	No	No	Yes	No	N/A	No	N/A	Yes
	Mannitol 25%, 50 ML Inj (Mannitol)	Sol	37400030002025	No	0	No	No	Yes	No	N/A	No	N/A	Yes
	Measles, Mumps AND Rubella VAC	Injectable	17109903102200	No	0	No	No	Yes	No	N/A	No	N/A	Yes
	Measles, Mumps And Rubella VAC 0.5 ML Inj (M-M-R II)	Injectable	17109903102200	No	0	No	No	Yes	No	N/A	No	N/A	Yes
	Mechlorethamine HCL Inj	Sol Recon	21101030102105	No	0	No	No	Yes	No	N/A	No	N/A	Yes
	Mechlorethamine HCL 10 MG Inj (Mustargen)	Sol Recon	21101030102105	No	0	No	No	Yes	No	N/A	No	N/A	Yes
	Mecizine HCl Tablet	Tab	502000500000305	No	0	No	No	No	No	N/A	Yes	N/A	Yes
	Mecizine HCl 12.5 MG Tab UD (Antivert)	Tab	502000500000305	No	0	No	No	No	No	N/A	No	N/A	Yes
	Mecizine HCl 12.5 MG Tab (Antivert)	Tab	502000500000305	No	0	No	No	No	No	N/A	Yes	N/A	Yes
	Mecizine HCl 25 MG Tab UD (Antivert)	Tab	502000500000310	No	0	No	No	No	No	N/A	Yes	N/A	Yes
	Mecizine HCl 25 MG Tab (Antivert)	Tab	502000500000310	No	0	No	No	No	No	N/A	No	N/A	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
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Advisories:  
 \*\*\*\*NOT TO BE ROUTINELY USED AS A SLEEP AGENT\*\*\*\*

Mecizine HCl Tablet Chewable  
 Mecizine HCl Chewable Tablet 25 MG

		Tab Chew	50200050000510	No	0	No	No	No	No	No	N/A	No	N/A	No	Yes
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Advisories:  
 \*\*\*\*NOT TO BE ROUTINELY USED AS A SLEEP AGENT\*\*\*\*

medroxyPROGESTERone Tab  
 medroxyPROGESTERone 10 MG Tab (Provera)  
 medroxyPROGESTERone 2.5 MG Tab (Provera)  
 medroxyPROGESTERone 5 MG Tab (Provera)

		Tab	26000020200315	No	0	No	No	No	No	No	N/A	No	N/A	No	Yes
		Tab	26000020200305	No	0	No	No	No	No	No	N/A	No	N/A	No	Yes
		Tab	26000020200310	No	0	No	No	No	No	No	N/A	No	N/A	No	Yes

Non-Formulary Use Criteria:  
 \*\*1. Consultation with BOP Chief psychiatrist and /or Central Office Transgender Clinical Management Team when providing transgender care\*\*  
 Formulary Restrictions:  
 \*\*\*\*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-OFFENDER TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL\*\* \*\*REFER TO PARAPHLIA TREATMENT GUIDELINE\*\*\*\*

medroxyPROGESTERone Injection  
 medroxyPROGESTERone 150MG/ML, 1ML INJ (Depo-Provera)

		Susp	25150035101820	No	0	No	No	No	Yes	No	N/A	No	N/A	No	Yes
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Non-Formulary Use Criteria:  
 \*\*1. Consultation with BOP Chief psychiatrist and /or Central Office Transgender Clinical Management Team when providing transgender care\*\*  
 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-OFFENDER TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL\*\* \*\*REFER TO PARAPHLIA TREATMENT GUIDELINE\*\*\*\*

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	N/A	No	Yes
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Non-Formulary Use Criteria:  
 \*\*1. Consultation with BOP Chief psychiatrist and /or Central Office Transgender Clinical Management Team when providing transgender care\*\*  
 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-OFFENDER TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL\*\* \*\*REFER TO PARAPHLIA TREATMENT GUIDELINE\*\*\*\*

Megestrol Acetate Suspension 40 MG/ML  
 Megestrol Acetate Oral Susp 40 MG/ML (Megace)  
 Megestrol Acetate Oral Susp 40 MG/ML , 240 ML (Megace)  
 Megestrol Acetate Oral Susp 40 MG/ML, 10 ML UD (Megace)

		Susp	21404020101810	No	0	No	Yes	No	No	No	N/A	No	N/A	No	Yes
		Susp	21404020101810	No	0	No	Yes	No	No	No	N/A	No	N/A	No	Yes
		Susp	21404020101810	No	0	No	Yes	No	No	No	N/A	Yes	N/A	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlry
Megestrol Acetate Tablet	Megestrol Acetate 20 MG Tab (Megace)	Tab	21404020100305	No	0	No	No	No	No	N/A	No	No	Yes
Megestrol Acetate 40 MG Tab (Megace)	Megestrol Acetate 40 MG Tab (Megace)	Tab	21404020100310	No	0	No	No	No	No	N/A	No	No	Yes
Megestrol Acetate 40 MG Tab UD	Megestrol Acetate 40 MG Tab UD	Tab	21404020100310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Meloxicam Tablet	Meloxicam 7.5 MG Tab (Mobic)	Tab	66100052000320	No	0	No	No	No	No	N/A	No	No	Yes
Meloxicam 15 MG Tab (Mobic)	Meloxicam 15 MG Tab (Mobic)	Tab	66100052000330	No	0	No	No	No	No	N/A	No	No	Yes
Meloxicam 7.5 MG Tab UD (Mobic)	Meloxicam 7.5 MG Tab UD (Mobic)	Tab	66100052000320	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Meloxicam 15 MG Tab UD (Mobic)	Meloxicam 15 MG Tab UD (Mobic)	Tab	66100052000330	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.**													
Melphalan Inj	Melphalan Hydrochloride 50 MG Inj (Alkeran IV)	Sol Recon	211101040102110	No	0	No	Yes	Yes	No	N/A	No	No	Yes
Melphalan Tablet	Melphalan 2 MG Tab (Alkeran)	Tab	211101040000305	No	0	No	No	No	No	N/A	No	No	Yes
Melphalan 2 MG Tab UD (Alkeran)	Melphalan 2 MG Tab UD (Alkeran)	Tab	211101040000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Mepivacaine HCl Injection 1%	Mepivacaine HCl Injection Solution 1 % (Polocaine)	Sol	69100050102005	No	0	No	No	Yes	No	N/A	No	No	Yes
Mercaptopurine Tablet	Mercaptopurine 50 MG Tab (Purinethol)	Tab	213000400000305	No	0	No	No	No	No	N/A	No	No	Yes
Mercaptopurine 50 MG Tab UD (Purinethol)	Mercaptopurine 50 MG Tab UD (Purinethol)	Tab	213000400000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Formulary Restrictions:													
***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***													
Meropenem IV	Meropenem IV 1GM (Merrem IV)	Sol Recon	16150050002140	No	0	No	No	Yes	No	N/A	No	No	Yes
Meropenem Intravenous Solution 500 MG (Merrem)	Meropenem Intravenous Solution 500 MG (Merrem)	Sol Recon	16150050002120	No	0	No	No	Yes	No	N/A	No	No	Yes
Mesalamine Enema	Mesalamine Enema 4G/60ML (Rowasa Enema)	Enema	525000300005105	No	0	No	Yes	No	No	N/A	No	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	525000300007020	No	0	No	No	No	No	N/A	No	No	Yes
Mesalamine ER Capsule	Mesalamine 250 MG ER Cap (Pentasa)	Cap ER	525000300000210	No	0	No	No	No	No	N/A	No	No	Yes
Mesalamine 500 MG ER Cap (Pentasa)	Mesalamine 500 MG ER Cap (Pentasa)	Cap ER	525000300000220	No	0	No	No	No	No	N/A	No	No	Yes
Mesalamine 250 MG ER Cap UD (Pentasa)	Mesalamine 250 MG ER Cap UD (Pentasa)	Cap ER	525000300000210	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Mesalamine 500 MG ER Cap UD (Pentasa)	Mesalamine 500 MG ER Cap UD (Pentasa)	Cap ER	525000300000220	No	0	No	No	No	No	N/A	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Mesalamine	Rectal Kit 4 GM	Kit	52500030206420	No	0	No	Yes	No	No	N/A	No	Yes		Yes
Mesalamine	Rectal Kit 4 GM (Rowasa)													
Mesalamine	Suppository	Supp	52500030005240	No	0	No	No	No	No	N/A	No	Yes		Yes
Mesalamine	Rectal Suppository 1000 MG (Canasa)													
Mesalamine	Tablet (Delayed Release)	Tab DR	52500030000650	No	0	No	No	No	No	N/A	No	Yes		Yes
Mesalamine	HD 800 MG Delayed Release Tab (Asacol HD)	Tab DR	52500030000650	No	0	No	No	No	No	N/A	Yes	Yes		Yes
Mesalamine	HD 800 MG Delayed Release Tab UD (Asacol HD)													
Mesna Inj		Sol	21758050002010	No	0	No	No	Yes	No	N/A	No	Yes		Yes
Mesna	IV Sol 100 MG/ML (Mesnex)													
Mesna	Tablet	Tab	21758050000320	No	0	No	No	No	No	N/A	No	Yes		Yes
Mesna	400 MG Tab (Mesnex)													
metFORMIN	Solution 500 MG/5ML	Sol	27250050002020	No	0	No	Yes	No	No	N/A	No	Yes		Yes
metFORMIN	Solution 500 MG/5ML (473ML) (Riomet)													
metFORMIN	Tablets	Tab	27250050000320	No	0	No	No	No	No	N/A	Yes	Yes		Yes
metFORMIN	500 MG Tab UD (Glucophage)	Tab	27250050000320	No	0	No	No	No	No	N/A	No	Yes		Yes
metFORMIN	500 MG Tab (Glucophage)	Tab	27250050000340	No	0	No	No	No	No	N/A	No	Yes		Yes
metFORMIN	850 MG Tab (Glucophage)	Tab	27250050000350	No	0	No	No	No	No	N/A	No	Yes		Yes
metFORMIN	1000 MG Tab (Glucophage)	Tab	27250050000350	No	0	No	No	No	No	N/A	Yes	Yes		Yes
metFORMIN	1000 MG Tab UD (Glucophage)	Tab	27250050000350	No	0	No	No	No	No	N/A	Yes	Yes		Yes
metFORMIN	850 MG Tab UD (Glucophage)	Tab	27250050000340	No	0	No	No	No	No	N/A	Yes	Yes		Yes
Methadone	Concentrate	Concentrate	65100050101310	No	2	Yes	Yes	Yes	No	N/A	No	Yes		Yes
Methadone	Concentrate 10 MG/ML (Intensol)													

**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\*\*

\*\*Total daily dose for the treatment of neuropathic pain should not exceed 20mg/day\*\*\*\*

\*\*Medical Referral Center (MRC) Initiation Only\*\*

\*\*MLP Requires Cosign\*\*

Methadone HCl Oral Solution 5 MG/5ML	Sol	65100050102010	No	2	Yes	No	Yes	No	No	N/A	No	Yes		Yes
Methadone HCl Oral Solution 5 MG/5ML														

**Doctor Name**    **Item Name**    **Dosage Form**    **GPI Code**  
**Advisories:**  
**Fmlry**  
**Unit**  
**Dose**  
**Active**  
**Loc.**  
**Req.**  
**Crush.**  
**Pill Ln**  
**Only**  
**Bulk**  
**MLP**  
**Cosign**  
**DEA**  
**Schd.**  
**Non**  
**Sub.**

\*\*\*\*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\*\*  
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 \*\*IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM\*\*  
 \*\*Total daily dose for the treatment of neuropathic pain should not exceed 20mg/day\*\*\*\*  
 \*\*Medical Referral Center (MRC) Initiation Only\*\*  
 \*\*MLP Requires Cosign\*\*

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Dose	Unit	Fmlry
	Methadone Solution 10 MG/5 ML													
	Methadone HCl Solution 2 MG/ML, 500 ML (Methadone)	Sol	65100050102015	No	2	Yes	Yes	No	N/A	No	Yes	No	N/A	Yes
	Methadone HCl Solution 2 MG/ML (5 ML UD)	Sol	65100050102015	No	2	Yes	Yes	No	N/A	Yes	Yes	No	N/A	Yes
	Methadone HCl Solution 2 MG/ML (2.5 ML UD)	Sol	65100050102015	No	2	Yes	Yes	No	N/A	Yes	Yes	No	N/A	Yes
	Methadone HCl Solution 2 MG/ML (12.5 ML UD)	Sol	65100050102015	No	2	Yes	Yes	No	N/A	Yes	Yes	No	N/A	Yes
	Methadone HCl Solution 2 MG/ML (6 ML UD)	Sol	65100050102015	No	2	Yes	Yes	No	N/A	Yes	Yes	No	N/A	Yes
	Methadone HCl Solution 2 MG/ML (7.5 ML UD)	Sol	65100050102015	No	2	Yes	Yes	No	N/A	Yes	Yes	No	N/A	Yes
	Methadone HCl Solution 2 MG/ML (15 ML)	Sol	65100050102015	No	2	Yes	Yes	No	N/A	Yes	Yes	No	N/A	Yes
	Methadone HCl Solution 2 MG/ML (10 ML UD)	Sol	65100050102015	No	2	Yes	No	Yes	No	N/A	Yes	No	N/A	Yes

**Advisories:**  
 \*\*\*\*REFER TO PHARMACY PROGRAM STATEMENT FOR METHADONE MAINTENANCE, DETOX & LICENSING\*\*  
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 \*INITIATION OF PAIN MANAGEMENT THERAPY RESTRICTED TO MEDICAL REFERRAL CENTERS (MRC'S) ONLY\*\*  
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 \*\*TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF ADMINISTRATION\*\*  
 \*\* IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION\*\*  
 \*\*IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM\*\*  
 \*\*Total daily dose for the treatment of neuropathic pain should not exceed 20mg/day\*\*\*\*  
 \*\*Medical Referral Center (MRC) Initiation Only\*\*  
 \*\*MLP Requires Cosign\*\*

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req.	Loc.	Active	Dose	Unit	Fmlry
	Methadone Tablet													
	Methadone 10 MG Tab UD (Methadone)	Tab	65100050100310	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes	N/A	Yes
	Methadone 5 MG Tab (Methadone)	Tab	65100050100305	No	2	Yes	No	Yes	Yes	N/A	No	Yes	N/A	Yes
	Methadone 5 MG Tab UD (Methadone)	Tab	65100050100305	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes	N/A	Yes
	Methadone 10 MG Tab (Methadone)	Tab	65100050100310	No	2	Yes	No	Yes	Yes	N/A	No	Yes	N/A	Yes
	Methadone 40 MG Diskets (Methadose Disket)	Tab Soluble	65100050107320	No	2	Yes	No	Yes	Yes	N/A	No	Yes	N/A	Yes
	Methadone 2.5 MG Tab ( 1/2 tablet) (Methadone)	Tab	65100050100305	No	2	Yes	No	Yes	Yes	N/A	No	Yes	N/A	Yes

**Doctor Name**    **Item Name**    **Dosage Form**    **GPI Code**  
**Fmlry**  
**Unit**  
**Dose**  
**Active**  
**Loc.**  
**Req.**  
**Crush.**  
**Pill Ln**  
**Only**  
**Bulk**  
**MLP**  
**Cosign**  
**DEA**  
**Schd.**  
**Non**  
**Sub.**

**Advisories:**  
 \*\*\*\*REFER TO PHARMACY PROGRAM STATEMENT FOR METHADONE MAINTENANCE, DETOX & LICENSING\*\*  
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 \*\*IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM\*\*  
 \*\*Total daily dose for the treatment of neuropathic pain should not exceed 20mg/day\*\*\*\*  
 \*\*Medical Referral Center (MRC) Initiation Only\*\*  
 \*\*MLP Requires Cosign\*\*

Methadone Tablet (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\*\*  
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 \*\* IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION\*\*  
 \*\*IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM\*\*  
 \*\*Total daily dose for the treatment of neuropathic pain should not exceed 20mg/day\*\*\*\*  
 \*\*MLP Requires Cosign\*\*

Methenamine Hippurate 1 GM Tablet  
 Methenamine Hippurate 1 GM Tablet (Urex Oral Tablet)    Tab    53000020200305    No    0    No    No    No    N/A    No    Yes  
 Methenamine Hippurate 1 GM Tablet UD (Urex Oral Tablet)    Tab    53000020200305    No    0    No    No    No    N/A    Yes    Yes

Methenamine Mandelate Tablet  
 Methenamine Mandelate 500 MG Tab (Mandelamine)    Tab    53000020100310    No    0    No    No    No    N/A    No    Yes  
 Methenamine Mandelate 1 GM Tab (Mandelamine)    Tab    53000020100320    No    0    No    No    No    N/A    No    Yes

Methimazole Tablet  
 Methimazole 10 MG Tab (Tapazole)    Tab    28300010000310    No    0    No    No    No    N/A    No    Yes  
 Methimazole 5 MG Tab (Tapazole)    Tab    28300010000305    No    0    No    No    No    N/A    No    Yes  
 Methimazole 10 MG Tab UD (Tapazole)    Tab    28300010000310    No    0    No    No    No    N/A    Yes    Yes



Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlry
Methotrexate Sodium Inj	Methotrexate Sodium (PF) Inj Soln 50 MG/2ML	Sol	21300050102063	No	0	No	No	Yes	No	N/A	No	No	Yes
Methotrexate Sodium Injection Solution 50 MG/2ML	Methotrexate Sodium Injection Solution 50 MG/2ML	Sol	21300050102062	No	0	No	No	Yes	No	N/A	No	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	N/A	No	No	Yes
Methotrexate Sodium 2.5 MG Tab UD (Methotrexate)	Methotrexate Sodium 2.5 MG Tab UD (Methotrexate)	Tab	21300050100310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Methotrexate Sodium 10 MG Tab	Methotrexate Sodium 10 MG Tab	Tab	21300050100340	No	0	No	No	No	No	N/A	No	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 (Oxoralen-Ultra 10 MG)	Cap	90250560100110	No	0	No	No	No	No	N/A	No	No	Yes
Methoxsalen Lotion	Methoxsalen Lotion1%, 30 ML (Oxoralen Lotion)	Lotion	90871010004105	No	0	No	Yes	No	No	N/A	No	No	Yes
Methyldopa Tablet	Methyldopa 250 MG Tab (Aldomet)	Tab	362010300000310	No	0	No	No	No	No	N/A	No	No	Yes
Methyldopa 500 MG Tab (Aldomet)	Methyldopa 500 MG Tab (Aldomet)	Tab	362010300000315	No	0	No	No	No	No	N/A	No	No	Yes
Methyldopa 250 MG Tab UD (Aldomet)	Methyldopa 250 MG Tab UD (Aldomet)	Tab	362010300000310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Advisories: ****PREFERRED AGENT FOR HYPERTENSION OF PREGNANCY, PRE-ECLAMPSIA, ECLAMPSIA****													
Methylene Blue Inj 1%	Methylene Blue Inj 1%, 10 ML (Methylene Blue)	Sol	93000050002005	No	0	No	Yes	Yes	No	N/A	No	No	Yes
Methylergonovine Maleate Inj	Methylergonovine Maleate 200 MCG/ML, 1 ML Inj (Methylergonovine Maleate Inj)	Sol	29000020102005	No	0	No	No	Yes	No	N/A	No	No	Yes
Methylergonovine Maleate Tablet	Methylergonovine Maleate 200 MCG Tab (Methergine)	Tab	29000020100305	No	0	No	No	No	No	N/A	No	No	Yes
MethylPREDNISolone Acetate Injection	methylPREDNISolone Acetate 40 MG/ML, 1 ML Inj (Depo-Medrol)	Susp	22100030101810	No	0	No	No	Yes	No	N/A	No	No	Yes
methylPREDNISolone Acetate 80 MG/ML, 5 ML Inj (Depo-Medrol Inj)	methylPREDNISolone Acetate 80 MG/ML, 5 ML Inj (Depo-Medrol Inj)	Susp	22100030101815	No	0	No	No	Yes	No	N/A	No	No	Yes
methylPREDNISolone Acetate 80 MG/ML, 1 ML Inj (Depo-Medrol Inj)	methylPREDNISolone Acetate 80 MG/ML, 1 ML Inj (Depo-Medrol Inj)	Susp	22100030101815	No	0	No	No	Yes	No	N/A	No	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	No	Yes
methylPREDNISolone Sod Succ 125 MG/ML, 8 ML Inj (Solu-Medrol)	methylPREDNISolone Sod Succ 125 MG/ML, 8 ML Inj (Solu-Medrol)	Sol Recon	22100030202120	No	0	No	Yes	Yes	No	N/A	No	No	Yes
methylPREDNISolone Sod Succ 125 MG/2 ML Inj (Solu-Medrol)	methylPREDNISolone Sod Succ 125 MG/2 ML Inj (Solu-Medrol)	Sol Recon	22100030202110	No	0	No	Yes	Yes	No	N/A	No	No	Yes
methylPREDNISolone Sod Succ 40 MG/ML 1 ML Inj (Solu Medrol 40 MG ACT-O-VIAL)	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	No	Yes
methylPREDNISolone Sod Succ 125 MG/ML, 4 ML Inj (Solu-Medrol)	methylPREDNISolone Sod Succ 125 MG/ML, 4 ML Inj (Solu-Medrol)	Sol Recon	22100030202115	No	0	No	Yes	Yes	No	N/A	No	No	Yes
methylPREDNISolone Sod Succ 500 MG (Solu-Medrol)	methylPREDNISolone Sod Succ 500 MG (Solu-Medrol)	Sol Recon	22100030202115	No	0	No	No	Yes	No	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlyr
MethylPREDNISolone Tab													
	methylPREDNISolone 2 MG Tab (Medrol)	Tab	221000300000305	No	0	No	No	No	No	N/A	No	No	Yes
	methylPREDNISolone 4 MG Tab (Medrol)	Tab	221000300000310	No	0	No	No	No	No	N/A	No	No	Yes
	methylPREDNISolone 16 MG Tab (Medrol)	Tab	221000300000320	No	0	No	No	No	No	N/A	No	No	Yes
	methylPREDNISolone 4 MG Tab UD (Medrol)	Tab	221000300000310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	methylPREDNISolone 32 MG Tab	Tab	221000300000330	No	0	No	No	No	No	N/A	No	No	Yes
MethylPREDNISolone Tab 4 MG ( Dose Pack 21 tab)													
	methylPREDNISolone 4 MG Tab ( 21 count Pack) (Medrol Dospak 4MG -21 TAB)	Tab Therapy	221000300000B70	No	0	No	Yes	No	No	N/A	No	No	Yes
			5										
Metoclopramide HCL Injection													
	Metoclopramide HCL 5 MG/ML, 2 ML Inj (Reglan Injection)	Sol	52300020102005	No	0	No	No	Yes	No	N/A	No	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	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	No	Yes
	Metoclopramide 10 MG Tab UD (Reglan)	Tab	52300020100305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Metoclopramide 5 MG Tab (Reglan)	Tab	52300020100303	No	0	No	No	No	No	N/A	No	No	Yes
	Metoclopramide 5 MG Tab UD (Reglan)	Tab	52300020100303	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Advisories:													
	***limited to 12 weeks of therapy, non-formulary required for continuation of therapy beyond 12 weeks.**												
	Non-Formulary Use Criteria:												
	**1. Restricted to 12 weeks of therapy for all formulations**												
	**2. If NFR approved, after 12 weeks, get periodic AIMS testing**												
Metolazone Tablet													
	Metolazone 10 MG Tab (Zaroxolyn)	Tab	376000600000315	No	0	No	No	No	No	N/A	No	No	Yes
	Metolazone 2.5 MG Tab (Zaroxolyn)	Tab	376000600000305	No	0	No	No	No	No	N/A	No	No	Yes
	Metolazone 2.5 MG Tab UD (Zaroxolyn)	Tab	376000600000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Metolazone 5 MG Tab (Zaroxolyn)	Tab	376000600000310	No	0	No	No	No	No	N/A	No	No	Yes
	Metolazone 5 MG Tab UD (Zaroxolyn)	Tab	376000600000310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Metolazone 10 MG Tab UD (Zaroxolyn)	Tab	376000600000315	No	0	No	No	No	No	N/A	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlyr
Metoprolol Injection	Metoprolol 1MG/ML, 5ML Inj (Lopressor Injection)	Sol	33200030102005	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes
Metoprolol Succinate XL Tablet 24 Hour	Metoprolol Succ XL 24 Hour 25 MG Tab (Toprol-XL)	Tab ER 24	33200030057510	No	0	No	No	No	No	N/A	No	No	Yes	Yes
	Metoprolol Succ XL 24 Hour 50 MG Tab (Toprol-XL)	Tab ER 24	33200030057520	No	0	No	No	No	No	N/A	No	No	Yes	Yes
	Metoprolol Succ XL 24 Hour 100 MG Tab (Toprol-XL)	Tab ER 24	33200030057530	No	0	No	No	No	No	N/A	No	No	Yes	Yes
	Metoprolol Succ XL 24 Hour 25 MG Tab UD (Toprol-XL)	Tab ER 24	33200030057510	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	Metoprolol Succ XL 24 Hour 50 MG Tab UD (Toprol-XL)	Tab ER 24	33200030057520	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	Metoprolol Succ XL 24 Hour 100 MG Tab UD (Toprol-XL)	Tab ER 24	33200030057530	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	Metoprolol Succ XL 24 Hour 200 MG Tab (Toprol XL)	Tab ER 24	33200030057540	No	0	No	No	No	No	N/A	No	No	Yes	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	N/A	No	No	Yes	Yes
	Metoprolol Tartrate 100 MG Tab UD (Lopressor)	Tab	33200030100315	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	Metoprolol Tartrate 50 MG Tab UD (Lopressor)	Tab	33200030100310	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	Metoprolol Tartrate 50 MG Tab (Lopressor)	Tab	33200030100310	No	0	No	No	No	No	N/A	No	No	Yes	Yes
	Metoprolol Tartrate 25 MG Tab (Lopressor)	Tab	33200030100305	No	0	No	No	No	No	N/A	No	No	Yes	Yes
	Metoprolol Tartrate 25 MG Tab UD (Lopressor)	Tab	33200030100305	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	Metoprolol Tartrate 12.5 MG Tab ( 1/2 tablet) (Lopressor)	Tab	33200030100305	No	0	No	No	No	No	N/A	No	No	Yes	Yes
metronIDAZOLE Capsule	metronIDAZOLE 375 MG Cap (Flagyl)	Cap	16000035000107	No	0	No	No	No	No	N/A	No	No	Yes	Yes
metronIDAZOLE Cream 0.75%	metronIDAZOLE Topical Cream 0.75% (45GM) (MetroCream)	Crm	90060040003710	No	0	No	Yes	No	No	N/A	No	No	Yes	Yes
Advisories:														
**Utilize 0.75% topical cream unless use is not clinically indicated. 0.75% cream provides substantial pharmacoeconomic advantage over the 1% cream and all gel formulations. Most conditions can be appropriately treated with the 0.75% topical cream.***														
MetroNIDAZOLE External Cream 1 %	MetroNIDAZOLE External Cream 1 %	Crm	90060040003720	No	0	No	Yes	No	No	N/A	No	No	Yes	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	No	Yes	Yes
	metronIDAZOLE/Sodium Chloride PRE-MIX 500MG IV (Flagyl)	Sol	16000035112020	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Advisories: ****INJECTION LIMITED TO PATIENTS THAT ARE NPO****														
metroNIDAZOLE	Tablet	Tab	16000035000305	No	0	No	No	No	No	No	No	N/A	No	Yes
metroNIDAZOLE	250 MG Tab (Flagyl)	Tab	16000035000305	No	0	No	No	No	No	No	No	N/A	Yes	Yes
metroNIDAZOLE	500 MG Tab UD (Flagyl)	Tab	16000035000310	No	0	No	No	No	No	No	No	N/A	Yes	Yes
metroNIDAZOLE	500 MG Tab (Flagyl)	Tab	16000035000310	No	0	No	No	No	No	No	No	N/A	No	Yes
metroNIDAZOLE	Vaginal Gel 0.75%	Gel	55100035000420	No	0	No	Yes	No	No	No	N/A	No	Yes	Yes
metroNIDAZOLE	Vaginal Gel 0.75% (70GM) (Metrogel Vaginal)	Gel	55100035000420	No	0	No	Yes	No	No	No	N/A	No	Yes	Yes
Mexiletine	HCL Capsule	Cap	35200025100105	No	0	No	No	No	No	No	N/A	No	Yes	Yes
Mexiletine	HCL 150 MG Cap (Mexetil)	Cap	35200025100105	No	0	No	No	No	No	No	N/A	Yes	Yes	Yes
Mexiletine	HCL 200 MG Cap (Mexetil)	Cap	35200025100110	No	0	No	No	No	No	No	N/A	No	Yes	Yes
Mexiletine	HCL 250 MG Cap (Mexetil)	Cap	35200025100115	No	0	No	No	No	No	No	N/A	No	Yes	Yes
Mexiletine	HCL 200 MG Cap UD (Mexetil)	Cap	35200025100115	No	0	No	No	No	No	No	N/A	Yes	Yes	Yes
Formulary Restrictions: ****CARDIOLOGIST INITIATED THERAPY ONLY****														
Miconazole	Cream 2%	Cm	90154050103705	No	0	No	Yes	No	No	No	N/A	No	Yes	Yes
Miconazole	Nitrate Cream 2%, 28.4 GM (Monistat Derm)	Cm	90154050103705	No	0	No	Yes	No	No	No	N/A	No	Yes	Yes
Miconazole	Nitrate Cream 2%, 15 GM (Monistat Derm)	Cm	90154050103705	No	0	No	Yes	No	No	No	N/A	No	Yes	Yes
Miconazole	Nitrate Cream 2% 42.5 GM	Cm	90154050103705	No	0	No	Yes	No	No	No	N/A	No	Yes	Yes
Miconazole	Nitrate Cream 2%, 30 GM	Cm	90154050103705	No	0	No	Yes	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.**														
Miconazole	Powder	Aero	97800000003200	No	0	No	Yes	No	No	No	N/A	No	Yes	Yes
Miconazole	Powder 90 GM (Desenex Foot/Sneaker Spray)	Aero	97800000003200	No	0	No	Yes	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.**														
Miconazole	Vaginal suppository 200 mg (QTY 3)	Supp	55104050105210	No	0	No	Yes	No	No	No	N/A	No	Yes	Yes
Miconazole	Vaginal (QTY 3) 200 MG Suppository (Monistat 3)	Supp	55104050105210	No	0	No	Yes	No	No	No	N/A	No	Yes	Yes
Miconazole	Vaginal Cream 2%	Cm	55104050103710	No	0	No	Yes	No	No	No	N/A	No	Yes	Yes
Miconazole	Vaginal Cream 2%, 45 GM (Monistat-7)	Cm	55104050103710	No	0	No	Yes	No	No	No	N/A	No	Yes	Yes
Miconazole	Vaginal Cream 4 %	Cm	55104050103720	No	0	No	Yes	No	No	No	N/A	No	Yes	Yes
Miconazole	Vaginal Cream 4 % 15 gm (Monistat 3 Vaginal Cream 4 %)	Cm	55104050103720	No	0	No	Yes	No	No	No	N/A	No	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active Dose	Unit	Fmlry
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	Yes
Microchamber spacer	Microchamber Spacer (MicroChamber Spacer)	Miscellaneous	97100550006200	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Midazolam HCL Injection	Midazolam HCL Injection	Sol	60201025102005	No	4	Yes	No	Yes	No	N/A	No	Yes	Yes
Midazolam HCL Inj 5 MG/ML, 1 ML (Versed)	Midazolam HCL Inj 5 MG/ML, 1 ML (Versed)	Sol	60201025102005	No	4	Yes	No	Yes	No	N/A	No	Yes	Yes
Midazolam HCL Inj 5 MG/ML, 5 ML (Versed)	Midazolam HCL Inj 5 MG/ML, 5 ML (Versed)	Sol	60201025102005	No	4	Yes	Yes	Yes	No	N/A	No	Yes	Yes
Midazolam HCl Injection Solution 2 MG/2ML, 2 ML (Versed)	Midazolam HCl Injection Solution 2 MG/2ML, 2 ML (Versed)	Sol	60201025102002	No	4	Yes	No	Yes	No	N/A	No	Yes	Yes
Midazolam HCl Injection Solution 5 MG/5ML (Versed)	Midazolam HCl Injection Solution 5 MG/5ML (Versed)	Sol	60201025102003	No	4	Yes	No	Yes	No	N/A	No	Yes	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	364000200000310	No	0	No	No	No	No	N/A	No	Yes	Yes
	Minoxidil 2.5 MG Tab (Loniten)	Tab	364000200000305	No	0	No	No	No	No	N/A	No	Yes	Yes
	Minoxidil 10 MG Tab UD (Loniten)	Tab	364000200000310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Minoxidil 2.5 MG Tab UD	Tab	364000200000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Mirtazapine Tablet	Mirtazapine 30 MG Tab (Remeron)	Tab	580300500000330	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
	Mirtazapine 15 MG Tab UD (Remeron)	Tab	580300500000315	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes
	Mirtazapine 15 MG Tab (Remeron)	Tab	580300500000315	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
	Mirtazapine 30 MG Tab UD (Remeron)	Tab	580300500000330	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes
	Mirtazapine 45 MG Tab UD (Remeron)	Tab	580300500000345	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes
	Mirtazapine 45 MG Tab (Remeron)	Tab	580300500000345	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
	Mirtazapine 7.5 MG Tab (Remeron)	Tab	580300500000308	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
	Mirtazapine 7.5 MG Tab UD (Remeron)	Tab	580300500000308	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes
Advisories:													
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****													
**MLP Requires Cosign**													
Misoprostol Tablet	Misoprostol 100 MCG Tab UD (Cytotec)	Tab	492500300000310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Misoprostol 100 MCG Tab (Cytotec)	Tab	492500300000310	No	0	No	No	No	No	N/A	No	Yes	Yes
	Misoprostol 200 MCG Tab (Cytotec)	Tab	492500300000320	No	0	No	No	No	No	N/A	No	Yes	Yes
	Misoprostol 200 MCG Tab UD (Cytotec)	Tab	492500300000320	No	0	No	No	No	No	N/A	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Mitomycin Inj	Mitomycin 20 MG Inj (Mutamycin)	Sol Recon	21200050002110	No	0	No	No	No	Yes	No	N/A	No	Yes	Yes
	Mitomycin 40 MG Inj (Mutamycin)	Sol Recon	21200050002120	No	0	No	No	Yes	No	N/A	No	Yes	Yes	Yes
	Mitomycin 5 MG Inj (Mutamycin)	Sol Recon	21200050002105	No	0	No	No	Yes	No	N/A	No	Yes	Yes	Yes
Mitotane Tablet	Mitotane 500 MG Tab (Lysodren)	Tab	214022500000320	No	0	No	No	No	No	N/A	No	Yes	Yes	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	N/A	No	Yes	Yes	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	N/A	No	Yes	Yes	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	N/A	No	Yes	Yes	Yes
Mometasone Furoate Inhal 220 MCG/Inh (30 doses) (Asmanex 30 Metered Doses)	Mometasone Furoate Inhal 220 MCG/Inh (30 doses) (Asmanex 30 Metered Doses)	Aero Pwdr	44400036208020	No	0	No	Yes	No	No	N/A	No	Yes	Yes	Yes
Mometasone Furoate Inhal 220 MCG/Inh (120 doses) (Asmanex 120 Metered Doses)	Mometasone Furoate Inhal 220 MCG/Inh (120 doses) (Asmanex 120 Metered Doses)	Aero Pwdr	44400036208020	No	0	No	Yes	No	No	N/A	No	Yes	Yes	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	N/A	No	Yes	Yes	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	N/A	No	Yes	Yes	Yes
Morphine Concentrated Sulfate Solution 20 MG/ML	Morphine Sulfate Concentrated Oral Soln 20MG/ML	Sol	65100055102090	No	2	Yes	Yes	Yes	No	N/A	No	Yes	Yes	Yes
	Advisories:													
	****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT ** IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM****													
	**MLP Requires Cosign**													
Morphine ER 24 Hour Capsule (AVINza)	Morphine ER (AVINza) 24 Hour 90 MG Capsule (AVINza)	Cap ER 24	65100055207040	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes
Morphine ER (AVINza) 24 Hour 60 MG Capsule (AVINza)	Morphine ER (AVINza) 24 Hour 60 MG Capsule (AVINza)	Cap ER 24	65100055207030	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes
Morphine ER (AVINza) 24 Hour 30 MG Capsule (AVINza)	Morphine ER (AVINza) 24 Hour 30 MG Capsule (AVINza)	Cap ER 24	65100055207020	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes
Morphine ER (AVINza) 24 Hour 120 MG Capsule (AVINza)	Morphine ER (AVINza) 24 Hour 120 MG Capsule (AVINza)	Cap ER 24	65100055207050	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes
Morphine ER (AVINza) 24 Hour 45 MG Capsule (AVINza)	Morphine ER (AVINza) 24 Hour 45 MG Capsule (AVINza)	Cap ER 24	65100055207025	No	2	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
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		Sol	65100055102050	No	2	Yes	No	No	No	N/A	No	N/A	No	Yes
Morphine Pump Infusion Solution														
**MLP Requires Cosign**														
Morphine Sulfate ER 12 Hour Tablet		Tab ER	65100055100460	No	2	Yes	No	Yes	No	N/A	No	N/A	No	Yes
Morphine SR/ER 12 Hour 100 MG Tab														
Morphine SR/ER 12 Hour 200 MG Tab		Tab ER	65100055100480	No	2	Yes	No	Yes	No	N/A	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		Sol	65100055102030	No	2	Yes	No	Yes	No	N/A	No	N/A	No	Yes
Morphine Sulfate 10 MG/ML, 1 ML Tbx (Morphine Sulfate Inj)														
Morphine Sulfate 15 MG/ML, 1 ML Tbx (Morphine Sulfate Injection)		Sol	65100055102040	No	2	Yes	No	Yes	No	N/A	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	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	N/A	No	Yes
Morphine Sulfate Inj 5MG/ML (Morphine Sulfate Inj)		Sol	65100055102015	No	2	Yes	No	Yes	No	N/A	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	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	N/A	No	Yes
Morphine Sulfate 10 MG/ML, 1 ML Vial		Sol	65100055102030	No	2	Yes	No	Yes	No	N/A	No	N/A	No	Yes
Morphine Sulfate 1 MG/ML (2ml) inj		Sol	65100055102004	No	2	Yes	No	Yes	No	N/A	No	N/A	No	Yes
Morphine 1 MG/ML PF Inj (2ml) (Astramorph)		Sol	65100055102054	No	2	Yes	No	Yes	No	N/A	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	N/A	No	Yes
Morphine Sulfate (PF) 10 MG/ML Injection Soln		Sol	65100055102030	No	2	Yes	No	Yes	No	N/A	No	N/A	No	Yes
Morphine Sulfate Inj 8 MG/ML, 1ML Syringe		Sol	65100055102025	No	2	Yes	No	Yes	No	N/A	No	N/A	No	Yes
Morphine Sulfate 15 MG/ML, SDV Inj		Sol	65100055102040	No	2	Yes	No	Yes	No	N/A	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	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	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	N/A	No	Yes
Morphine Sulfate (PF) 2 MG/ML Inj		Sol	65100055102057	No	2	Yes	No	Yes	No	N/A	No	N/A	No	Yes
Morphine Sulfate Inj Soln 10 MG/ML (10ml vial)		Sol	65100055102030	No	2	Yes	No	Yes	No	N/A	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmly
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Advisories: \*\*\*\*ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT \*\* IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION\*\* IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM\*\*\*\*

\*\*MLP Requires Cosign\*\*  
 Morphine Sulfate Injection (PCA)  
 Morphine Sulfate (PCA) 1 MG/ML  
 Morphine Sulfate (PCA) 5 MG/1 ML (30ml)

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)

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)  
 Morphine Sulfate IR 15 MG Tab UD (Morphine)  
 Morphine Sulfate IR 30 MG Tab  
 Morphine Sulfate IR 30 MG Tab UD

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

\*\*MLP Requires Cosign\*\*  
 Morphine Sulfate Solution 10 MG/5ML  
 Morphine Sulfate Oral Soln 10 MG/5ML (5 ML Cup) (Morphine)  
 Morphine Sulfate Oral Solution 10 MG/5 ML 500ml  
 Morphine Sulfate Oral Soln 10 MG/5 ML (2.5ML UD)  
 Morphine Sulfate Oral Solution 10 MG/5ML (100ml)



Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
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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	No	N/A	No	Yes	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 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	No	Yes
Morphine SR/ER 12 Hour 15 MG Tab	Tab ER		65100055100415	No	2	Yes	No	Yes	No	N/A	No	Yes	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	No	Yes
Morphine SR/ER 12 Hour 30 MG Tab	Tab ER		65100055100432	No	2	Yes	No	Yes	No	N/A	No	Yes	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	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	No	Yes
Morphine SR/ER 12 Hour 100 MG Tab UD (Oramorph)	Tab ER		65100055100460	No	2	Yes	No	Yes	No	N/A	Yes	Yes	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 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	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	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	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	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	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	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	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	No	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	No	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	No	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	No	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	No	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	No	Yes
Morphine Sulfate SR 24 Hour 10 MG Cap UD	Cap ER 24		65100055107010	No	2	Yes	No	Yes	No	N/A	Yes	Yes	No	Yes
Morphine Sulfate SR 24 Hour 40 MG Cap (Kadian)	Cap ER 24		65100055107035	No	2	Yes	No	Yes	No	N/A	No	Yes	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose Unit	Fmlry
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Advisories:

\*\*\*\*ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT \*\* \*\*IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCE ARE TO BE CRUSHED PRIOR TO ADMINISTRATION\*\* \*\*IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM\*\*\*\*

\*\*MLP Requires Cosign\*\*

Moxifloxacin HCL Ophth Solution 0.5%

Moxifloxacin HCL 0.5% Ophth Soln 3ml (Vigamox)

Formulary Restrictions:

\*\*\*\*Do Not Use for MRSA\*\*\*\*

\*\*MLP Requires Cosign\*\*

Multi Vitamin Conc IV

Multi Vitamin Conc IV 2 X 5ML, VL Inj (MVI-12, 2 X 5 ML Injection)

M.V.I. Pediatric Intravenous Injectable

Multivitamin Animal Shapes Chew Tab with C&FA UD

Multivitamin Animal Shapes Chew Tab with C&FA UD

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.\*\*

Multivitamin Chewable Tablet

Multivitamin Chewable Tab (Flintstone) (Flintstone Complete Chewable Multivitamin Tab)

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, Dialyrite, Nephrovote)\*\*

\*\*2. Pregnant patient (prenatal vitamins)\*\*

\*\*3. Patient undergoing active detoxification for substance abuse\*\*

\*\*4. Patient has a malnutrition/malabsorption disorder\*\*

Multivitamin Liquid (Thera Plus)

Multivitamin Liquid (Thera-Plus) 120 ML (Thera Plus Liquid)

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, Dialyrite, Nephrovote)\*\*

\*\*2. Pregnant patient (prenatal vitamins)\*\*

\*\*3. Patient undergoing active detoxification for substance abuse\*\*

\*\*4. Patient has a malnutrition/malabsorption disorder\*\*

Multivitamin W/Minerals Tablet chewable

Multivitamin/w minerals Oral Tablet Chewable (Centrum Oral Tablet Chewable)

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
<b>Advisories:</b> **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, Dialyvit, Nephrovite)** **2. Pregnant patient (prenatal vitamins)** **3. Patient undergoing active detoxification for substance abuse** **4. Patient has a malnutrition/malabsorption disorder** Multivitamin/w minerals JR Chewable tab 60mg Multivitamin/w minerals Oral Tablet Chewable JR (Cervovite Jr)													
		Tab Chew	78421000000530	No	0	No	No	No	No	No	N/A	No	Yes
<b>Advisories:</b> **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.**													
	Mycophenolate Mofetil 250 MG Capsule	Cap	99403030100120	No	0	No	No	No	No	No	N/A	No	Yes
	Mycophenolate Mofetil 500 MG Tablet	Tab	99403030100330	No	0	No	No	No	No	No	N/A	No	Yes
	Mycophenolate Mofetil 500 MG Tab UD (CellCept)	Tab	99403030100330	No	0	No	No	No	No	No	N/A	Yes	Yes
	Nadolol	Tab	33100010000303	No	0	No	No	No	No	No	N/A	No	Yes
	Nadolol 20 MG Tab (Corgard)	Tab	33100010000305	No	0	No	No	No	No	No	N/A	No	Yes
	Nadolol 40 MG Tab (Corgard)	Tab	33100010000310	No	0	No	No	No	No	No	N/A	No	Yes
	Nadolol 80 MG Tab (Corgard)	Tab	33100010000310	No	0	No	No	No	No	No	N/A	No	Yes
	Nadolol 20 MG Tab UD (Corgard)	Tab	33100010000303	No	0	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	N/A	Yes	Yes
	Nadolol 40 MG Tab UD	Tab	33100010000305	No	0	No	No	No	No	No	N/A	Yes	Yes
	Natcillin Sodium Injection	Sol Recon	01300040102105	No	0	No	No	Yes	No	N/A	No	No	Yes
	Natcillin Sodium 1 GM Inj (Natcillin)	Sol Recon	01300040102125	No	0	No	No	Yes	No	N/A	No	No	Yes
	Natcillin Sodium 10 GM Inj (Natcillin)	Sol Recon	01300040102118	No	0	No	No	Yes	No	N/A	No	No	Yes
	Natcillin Sodium Advantage 2 GM Inj (Natcillin)	Sol Recon	01300040102118	No	0	No	No	Yes	No	N/A	No	No	Yes
	Natcillin Sodium 2 GM Inj (Natcillin)	Sol Recon	01300040102118	No	0	No	No	Yes	No	N/A	No	No	Yes
	Natcillin Sodium Premix			No	0	No	No	Yes	No	N/A	No	No	Yes
	Natcillin Sodium in Dextrose 2G/100ML			No	0	No	No	Yes	No	N/A	No	No	Yes
	Nalbuphine Hydrochloride Injection	Sol	65200030102005	No	0	Yes	No	Yes	No	N/A	No	No	Yes
	Nalbuphine Hydrochloride 10 MG/ML, 1ML Inj (Nubain)	Sol	65200030102010	No	0	Yes	No	Yes	No	N/A	No	No	Yes
	Nalbuphine Hydrochloride 20 MG/ML, 1ML INJ (Nubain)			No	0	Yes	No	Yes	No	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
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	N/A	No	Yes	No	Yes
	Naloxone Hydrochloride 1 MG/ML, 2 ML Inj (Narcan)	Sol	93400020102015	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	Naloxone Hydrochloride 0.4 MG/ML (10 ml) MIDV	Sol	93400020102010	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	Naloxone HCl Auto-injector 0.4 MG/0.4ML (Evzio)	Sol Auto-	9340002010D53	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes
			0											
Naphazoline/Pheniramine Ophth Soln 0.025-0.3%	Naphazoline/Pheniramine(15ML)0.025%/0.3% ML (Naphcon A)	Sol	86409902142010	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
	Naphazoline/Pheniramine Soln(Visine-A)0.025-0.3% (VisineA ophth solution)	Sol	86409902142010	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
	Naphazoline/Pheniramine (5ml) Soln 0.025-0.3% (Naphcon A)	Sol	86409902142010	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**														
Naproxen E.C. Tablet	Naproxen E.C. 375MG Tab (Naprosyn)	Tab DR	66100060000610	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	Naproxen E.C. 500 MG Tab (Naprosyn EC)	Tab DR	66100060000615	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**														
Naproxen Suspension 125 MG/5ML	Naproxen Oral Suspension 125 MG/5ML, 480 ML (Naprosyn Susp)	Susp	66100060001805	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**														
Naproxen Tablet	Naproxen 250 MG Tab (Naprosyn)	Tab	66100060000305	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	Naproxen 375 MG Tab (Naprosyn)	Tab	66100060000310	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	Naproxen 500 MG Tab (Naprosyn)	Tab	66100060000315	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	Naproxen 500 MG Tab UD (Naprosyn)	Tab	66100060000315	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	Naproxen 250 MG Tab UD (Naprosyn)	Tab	66100060000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
Advisories: **Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within the BOP National Formulary, Part I.**														
Nelfinavir Mesylate (NFV) Tablet	Nelfinavir Mesylate (NFV) 250 MG Tab (Viracept)	Tab	12104545200320	No	0	Yes	No	No	No	N/A	No	Yes	No	Yes
	Nelfinavir Mesylate (NFV) 625 MG Tab (Viracept)	Tab	12104545200340	No	0	Yes	No	No	No	N/A	No	Yes	No	Yes
	Nelfinavir Mesylate (NFV) 625 MG Tab UD (Viracept)	Tab	12104545200340	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes	Yes
	Nelfinavir Mesylate (NFV) 250 MG Tab UD (Viracept)	Tab	12104545200320	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active Dose	Unit	Fmlry
	**MLP Requires Cosign**												
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	Yes
Neomy/Polymi/Bacit/HC Ophth Oint	Neomy/Polymi/Bacit/HC Ophth Oint 3.5GM (Cortisporin OPTH Oint)	Oint	86309904104220	No	0	No	Yes	No	No	N/A	No	Yes	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	Yes
Neomycin Sulfate Tablet	Neomycin Sulfate 500 MG Tab (Neomycin)	Tab	07000040100305	No	0	No	No	No	No	N/A	No	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	Yes
	Formulary Restrictions: ***Clinic Use only***												
Neomycin/Poly B/Bacitracin Ophth oint	Neomycin/Poly B/Bacitracin Ophth Oint 3.5 GM (Neo/Poly B/Bacit Ophth Ointment)	Oint	86109903104220	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Neomycin/Poly B/Dexameth Ophth Oint	Neomycin/Poly B/Dexameth Ophth Oint 3.5 GM (Maxitrol)	Oint	86309903324210	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Neomycin/Poly B/Dexameth Ophth Susp	Neomycin/Poly B/Dexameth Ophth Susp 5 ML (Maxitrol Ophth Susp)	Susp	86309903321810	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Neomycin/Poly B/Gramicidin Ophth Soln	Neomycin/Poly B/Gramicidin Ophth Soln 10 ml (Neosporin Ophthalmic Solution)	Sol	86109903202000	No	0	No	Yes	No	No	N/A	No	Yes	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	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	Yes
Neomycin/Poly B/Hydrocort Ophth Susp	Neomycin/Poly B/Hydrocort Ophth 7.5 ML (Cortisporin Ophthalmic SUSP)	Susp	86309903341810	No	0	Yes	Yes	No	No	N/A	No	Yes	Yes
	Formulary Restrictions: ****RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY****												
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	Yes
Neostigmine Bromide Tablet	Neostigmine Bromide 15 MG Tab (Prostigmin)	Tab	76000040100305	No	0	No	No	No	No	N/A	No	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlyr	
Neostigmine Methylsulfate Inj		Sol	76000040202020	No	0	No	No	No	No	No	No	N/A	No	Yes
Neostigmine Methylsulfate 1:1000 1MG/ML Inj (Neostigmine)		Sol	76000040202015	No	0	No	No	No	No	No	No	N/A	No	Yes
Neostigmine Methylsulfate 0.5MG/ML, 1ML Inj (Prostigmin 1:2000)		Susp	12109050001820	No	0	Yes	No	No	No	No	No	N/A	No	Yes
Nevirapine (NVP) Suspension 50 MG/5ML		Tab	121090500000320	No	0	Yes	No	No	No	No	No	N/A	No	Yes
Nevirapine (NVP) Suspension 50 MG / 5 ML (Viramune)		Tab	121090500000320	No	0	Yes	No	No	No	No	No	N/A	Yes	Yes
**MLP Requires Cosign**														
Nevirapine (NVP) Tablet		Tab ER 24	34000020007530	Yes	0	No	No	No	No	No	No	N/A	No	Yes
Nevirapine (NVP) 200 MG Tab (Viramune)		Tab ER 24	34000020007540	Yes	0	No	No	No	No	No	No	N/A	No	Yes
Nevirapine (NVP) 200 MG Tab UD (Viramune)		Tab ER 24	34000020007550	Yes	0	No	No	No	No	No	No	N/A	No	Yes
**MLP Requires Cosign**														
NIFEdipine ER Tablet		Tab ER 24	34000020007530	Yes	0	No	No	No	No	No	No	N/A	Yes	Yes
NIFEdipine 30 MG ER 24 Hour Tab (Adalat CC)		Tab ER 24	34000020007540	Yes	0	No	No	No	No	No	No	N/A	No	Yes
NIFEdipine 60 MG ER 24 Hour Tab (Adalat CC)		Tab ER 24	34000020007550	Yes	0	No	No	No	No	No	No	N/A	No	Yes
NIFEdipine 90 MG ER 24 Hour Tab (Adalat CC)		Tab ER 24	34000020007530	Yes	0	No	No	No	No	No	No	N/A	Yes	Yes
NIFEdipine 30 MG ER 24 Hour Tab UD (Adalat)		Tab ER 24	34000020007540	Yes	0	No	No	No	No	No	No	N/A	Yes	Yes
NIFEdipine 60 MG ER 24 Hour Tab UD (Adalat)		Tab ER 24	34000020007550	Yes	0	No	No	No	No	No	No	N/A	Yes	Yes
NIFEdipine 90 MG ER 24 Hour Tab UD (Adalat)														
Advisories:														
*****AMLODIPINE IS FIRST LINE DIHYDROPYRIDINE THERAPY ****														
Nitrofurantoin Macrocrystal Capsule		Cap	53000050100115	No	0	No	No	No	No	No	No	N/A	No	Yes
Nitrofurantoin Macrocrystal 50 MG Cap (Macrocrantin)		Cap	53000050100120	No	0	No	No	No	No	No	No	N/A	No	Yes
Nitrofurantoin Macrocrystal 100 MG Cap (Macrocrantin)		Cap	53000050100120	No	0	No	No	No	No	No	No	N/A	Yes	Yes
Nitrofurantoin Macrocrystal 50 MG Cap UD (Macrocrantin)		Cap	53000050100115	No	0	No	No	No	No	No	No	N/A	Yes	Yes
Nitrofurantoin Monohydrate Cap (Macrobid)		Cap	53000050150120	No	0	No	No	No	No	No	No	N/A	No	Yes
Nitrofurantoin Mono 100 MG Cap (Macrobid) (Macrobid)		Cap	53000050150120	No	0	No	No	No	No	No	No	N/A	Yes	Yes
Nitrofurantoin Mono 100 MG UD (Macrobid) Cap (Macrobid)		Susp	53000050001810	No	0	No	Yes	No	No	No	No	N/A	No	Yes
Nitrofurantoin Suspension 25 MG/5ML		Sol	32100030002020	No	0	No	No	Yes	No	No	No	N/A	No	Yes
Nitrofurantoin Suspension USP (120ML) 25MG/5ML (Furadantin suspension)		Sol	32100030002020	No	0	No	No	Yes	No	No	No	N/A	No	Yes
Nitroglycerin Intravenous		Oint	32100030004205	No	0	No	Yes	No	No	No	No	N/A	No	Yes
Nitroglycerin IV 5 MG/ML, 10 ML (Nitro-Bid IV)		Oint	32100030004205	No	0	No	Yes	No	No	No	No	N/A	No	Yes
Nitroglycerin IV 5 MG/ML, 5 ML (Nitro-Bid IV)		Oint	32100030004205	No	0	No	Yes	No	No	No	No	N/A	No	Yes
Nitroglycerin Ointment 2%														
Nitroglycerin Ointment 2%, 30 GM (Nitro-BID)														
Nitroglycerin Ointment 2%, 1 GM (Nitro-BID)														
Nitroglycerin Ointment 2 % 60 GM (Nitropaste)														

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlyr
Nitroglycerin Patch	Nitroglycerin Patch 0.1 MG/HR (Nitrodur)	Patch 24 Hour	32100030008510	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Nitroglycerin Patch 0.2 MG/HR (Nitrodur)	Patch 24 Hour	32100030008520	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Nitroglycerin Patch 0.3 MG/HR (Nitrodur)	Patch 24 Hour	32100030008530	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Nitroglycerin Patch 0.4 MG/HR (Nitrodur)	Patch 24 Hour	32100030008540	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Nitroglycerin Patch 0.6 MG/HR (Nitrodur)	Patch 24 Hour	32100030008550	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Nitroglycerin Patch 0.8 MG/HR (Nitrodur)	Patch 24 Hour	32100030008560	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Nitroglycerin SR Capsule	Nitroglycerin SR 2.5 MG Cap (Nitro-BID)	Cap ER	32100030000205	No	0	No	No	No	No	N/A	No	Yes	Yes
	Nitroglycerin SR 6.5 MG Cap (Nitro-BID)	Cap ER	32100030000215	No	0	No	No	No	No	N/A	No	Yes	Yes
	Nitroglycerin SR 9 MG Cap (Nitro-BID)	Cap ER	32100030000220	No	0	No	No	No	No	N/A	No	Yes	Yes
	Nitroglycerin SR 2.5 MG Cap UD (Nitro-BID)	Cap ER	32100030000205	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Nitroglycerin SR 6.5 MG Cap UD (Nitro-BID)	Cap ER	32100030000215	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Nitroglycerin SR 9 MG Cap UD (Nitro-BID)	Cap ER	32100030000220	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Nitroglycerin Sublingual Tablet	Nitroglycerin SL 0.3 MG Tab (Nitrostat)	Tab Sublingual	321000300000710	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Nitroglycerin SL 0.6 MG Tab (Nitrostat)	Tab Sublingual	321000300000720	No	0	No	Yes	No	No	N/A	No	Yes	Yes
	Nitroglycerin SL 0.4 MG Tab (Nitrostat)	Tab Sublingual	321000300000715	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Nitroprusside Sodium	Nitroprusside Sodium 25MG/ML, 2ML Inj (Nitropress)	Sol	36400040102020	No	0	No	No	Yes	No	N/A	No	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	N/A	No	No	Yes
Norethindrone (Nor-Q.D.) Tablets	Norethindrone (Nor-Q.D.) 0.35MG Tab (NorR-Q.D. Tablets)	Tab	25100010000305	No	0	No	Yes	No	No	N/A	No	No	Yes
	Norethindrone (Nora-BE) Oral Tablet 0.35 MG (Nora-BE)	Tab	25100010000305	No	0	No	Yes	No	No	N/A	No	No	Yes
Norethindrone Acetate Tablet	Norethindrone Acetate 5 MG Tab (Aygestin)	Tab	26000030100305	No	0	No	No	No	No	N/A	No	No	Yes
Norethindrone/Ethinyl estra Tablet	Norethindrone/Ethinyl estra Tablet (Loestrin 1/20)	Tab	25990002600310	No	0	No	Yes	No	No	N/A	No	No	Yes
Norethindrone/Ethinyl estra + Fe 1/20 Tab	Norethindrone/Ethinyl estra + Fe 1/20MG Tab (Loestrin Fe 1/20)	Tab	25990003610310	No	0	No	Yes	No	No	N/A	No	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	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlry
Norethindrone/Ethinyl	estra 1-35 Tablet	Tab	25990002500320	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Norethindrone/Ethinyl	estra 1/0.035MG Tab (Norinyl 1/35-28)	Tab	25990002500320	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Norethindrone/Ethinyl	estra 1/0.035MG TAB,Ortho (Ortho Novum 1/35-28)	Tab	25990002500320	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Norethindrone/Ethinyl	estra 1/0.035MG Tab(Necon) (Necon 1/35 28)	Tab	25990002500320	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Norethindrone/Ethinyl	estra 21 Tablet	Tab	25990002600320	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Norethindrone/Ethinyl	estra 21 1.5/0.030MG Tab (Loestrin 21)	Tab	25990002600320	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Norethindrone/Ethinyl	estra 7/7/7	Tab	25992002200310	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Norethindrone/Ethinyl	estra 7/7/7 (28)Tab (Ortho-Novum 7/7/7)	Tab	25992002200310	No	0	No	Yes	No	No	N/A	No	Yes	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	N/A	No	Yes	Yes
Norethindrone/Ethinyl	0.5/1/0.5-35 MG-MCG tab (Leena oral tablet)	Tab	25992002200330	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Norethindrone/Mestranol	Tablet	Tab	25990002700310	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Norethindrone/Mestranol	1MG/0.05MG Tab (Necon) (Necon 1/50 - 28)	Tab	25990002700310	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Norethindrone/Mestranol	1MG/0.05MG Tab (Norinyl) (Norinyl)	Tab	25990002700310	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Nortriptyline HCl	Capsule	Cap	58200060100105	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
Nortriptyline HCl	10 MG Cap (Pamelor)	Cap	58200060100105	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
Nortriptyline HCl	10 MG Cap UD (Pamelor)	Cap	58200060100105	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
Nortriptyline HCl	25 MG Cap (Pamelor)	Cap	58200060100110	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
Nortriptyline HCl	25 MG CAP UD (PAMELOR)	Cap	58200060100110	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
Nortriptyline HCl	50 MG Cap UD (Pamelor)	Cap	58200060100115	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
Nortriptyline HCl	75 MG Cap (Pamelor)	Cap	58200060100120	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
Nortriptyline HCl	50 MG Cap (Pamelor)	Cap	58200060100115	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes

Advisories:  
 \*\*\*\*NOT TO BE ROUTINELY USED AS A SLEEP AGENT\*\*\* \*\*RECOMMEND 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\*\*  
 Nortriptyline HCl Oral solution 10 MG/5ML  
 Nortriptyline HCl Oral Soln 10MG/5ML (Pamelor Solution)  
 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)  
 Advisories:  
 \*\*\*\*PHYSICIAN/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.\*\*



Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
**MLP Requires Cosign**														
Nutritional Supplement -Fiber 1.2 Cal Oral Liq														
Nutri Sup (Jevity 1.2 Cal) Oral Liquid (Jevity 1.2 Cal)														
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**														
**MLP Requires Cosign**														
Nutritional Supplement -Fiber 1.5 cal Oral Liq														
Nutri Sup (Isosource) 1.5 Cal Oral Liquid (Isosource)														
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 (Ensure) Oral Liquid (Ensure)														
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**														
Nystatin Cream 100,000 Unit/GM														
Nystatin Cream 100,000 Unit/GM (.30 GM) (Mycostatin Cream)														
Nystatin Cream 100,000 Unit/GM (15 GM) (Mycostatin)														
Nystatin Ointment 100,000 Unit/GM														
Nystatin Ointment (15GM) (Mycostatin)														
Nystatin Ointment (30GM) (Mycostatin)														
Nystatin Powder 100000 UNIT/GM														
Nystatin Powder 100,000 Unit/GM 15 GM (Mycostatin)														
Nystatin Powder 100,000 Unit/GM 30 GM (Mycostatin)														

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlry
Nystatin Susp	100,000 UNIT/ML	Susp	88100010001805	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Nystatin Susp	100,000 UNIT/ML (480ML) (Mycostatin)	Susp	88100010001805	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Nystatin Susp	100,000 UNIT/ML UD (5ml) (Nystatin Mouth/Throat Suspension)	Susp	88100010001805	No	0	No	No	No	No	N/A	No	Yes	Yes
Nystatin Susp	100,000 UNIT/ML (60 ml)	Susp	88100010001805	No	0	No	No	No	No	N/A	No	Yes	Yes
Nystatin Tablet		Tab	11000060000305	No	0	No	No	No	No	N/A	No	Yes	Yes
Nystatin 500,000 Unit Tab	(Mycostatin)	Tab	11000060000305	No	0	No	No	No	No	N/A	No	Yes	Yes
Nystatin Vaginal Tablet		Tab	55100050000310	No	0	No	No	No	No	N/A	No	Yes	Yes
Nystatin Vaginal Tablet	100,000 Unit (Mycostatin)	Tab	55100050000310	No	0	No	No	No	No	N/A	No	Yes	Yes
Octreotide Acetate Injection		Sol	30170070102005	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Octreotide Acetate Inj	50 MCG/ML (Sandostatatin)	Sol	30170070102005	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Octreotide Acetate Inj	100 MCG/ML (Sandostatatin)	Sol	30170070102010	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Octreotide Acetate Inj	200 MCG/ML,5ML (Sandostatatin)	Sol	30170070102015	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Octreotide Acetate Inj	1000 MCG/ML	Sol	30170070102030	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Octreotide Acetate Inj	500 MCG/ML (Sandostatatin)	Sol	30170070102020	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Octreotide Acetate LAR Depot Injection		Kit	30170070106420	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Octreotide Acetate LAR Depot	20 MG/5ML Inj (Sandostatatin LAR DEPOT)	Kit	30170070106430	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Octreotide Acetate LAR Depot	30 MG Inj (Sandostatatin LAR)	Kit	30170070106410	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Octreotide Acetate LAR Depot	10 MG Inj (Sandostatatin)	Kit	30170070106410	No	0	No	No	Yes	No	N/A	No	Yes	Yes
OLANzapine IM		Sol Recon	59157060002120	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
OLANzapine Intramuscular	10 MG Inj (Zyprexa)	Sol Recon	59157060002120	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
Advisories:													
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****													
**MLP Requires Cosign**													
OLANzapine Tablet		Tab	59157060000310	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes
OLANzapine 5 MG Tab UD	(Zyprexa)	Tab	59157060000310	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
OLANzapine 5 MG Tab	(Zyprexa)	Tab	59157060000310	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
OLANzapine 7.5 MG Tab UD	(Zyprexa)	Tab	59157060000315	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes
OLANzapine 7.5 MG Tab	(Zyprexa)	Tab	59157060000315	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
OLANzapine 10 MG Tab UD	(Zyprexa)	Tab	59157060000320	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes
OLANzapine 10 MG Tab	(Zyprexa)	Tab	59157060000320	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
OLANzapine 2.5 MG Tab UD	(Zyprexa)	Tab	59157060000305	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes
OLANzapine 2.5 MG Tab	(ZYPREXA)	Tab	59157060000305	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
OLANzapine 15 MG Tab	(Zyprexa)	Tab	59157060000330	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
OLANzapine 15 MG Tab UD	(Zyprexa)	Tab	59157060000330	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes
OLANzapine 20 MG Tab UD	(Zyprexa)	Tab	59157060000340	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes
OLANzapine 20 MG Tab	(Zyprexa)	Tab	59157060000340	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**														
Omeprazole	Capsule	Cap DR	49270060006520	No	0	No	No	No	No	N/A	No	N/A	No	Yes
Omeprazole	10 MG Cap (Prilosec)	Cap DR	49270060006510	No	0	No	No	No	No	N/A	No	N/A	No	Yes
Omeprazole	40 MG Cap (Prilosec)	Cap DR	49270060006530	No	0	No	No	No	No	N/A	No	N/A	No	Yes
Omeprazole	20 MG Cap UD (Prilosec)	Cap DR	49270060006520	No	0	No	No	No	No	N/A	No	N/A	Yes	Yes
Advisories: **Deference is given to the local P&T Committee for appropriate management of the following: 1. Patient does NOT have Non-Ulcer Dyspepsia: Patient should be referred to commissary. 2. GERD: supported by current objective findings. 3. Documented doses of ranitidine 750 mg per day divided into qid dosing 4. Documentation of chronic need for NSAIDS with prior history of GI bleed 5. Documented Zollinger-Ellison Syndrome 6. Documented Schatzki's Ring 7. Documented Barrett's Esophagus 8. Documented Esophageal Stricture **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.****														
Ondansetron	Injection	Sol	50250065052030	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
Ondansetron	HCl Injection Solution 40 MG/20ML (Zofran)	Sol	50250065052024	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
Formulary Restrictions: ****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY**** **Medical Referral Center (MRC) Use Only**														
Ondansetron	Injection premix	Sol	50250065152007	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
Ondansetron	32 MG/50ML Inj (Zofran Inj)	Sol	50250065152007	No	0	No	No	Yes	No	N/A	No	N/A	No	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	Sol	50250065052070	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
Ondansetron	Oral Sol 4MG/5ML (Zofran Oral Solution)	Sol	50250065052070	No	0	No	No	Yes	No	N/A	No	N/A	No	Yes
Formulary Restrictions: ****RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY**** **Medical Referral Center (MRC) Use Only**														
Ondansetron	Tablet	Tab	50250065050310	No	0	No	No	No	No	N/A	No	N/A	No	Yes
Ondansetron	4 MG Tab (Zofran)	Tab	50250065050310	No	0	No	No	No	No	N/A	No	N/A	Yes	Yes
Ondansetron	8 MG Tab (Zofran)	Tab	50250065050320	No	0	No	No	No	No	N/A	No	N/A	No	Yes
Ondansetron	8 MG Tab UD (Zofran)	Tab	50250065050320	No	0	No	No	No	No	N/A	No	N/A	Yes	Yes

**Doctor Name**   **Item Name**   **Dosage Form**   **GPI Code**  
**Formulary Restrictions:**  
**\*\*\*\*RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY\*\*\*\***  
**\*\*Medical Referral Center (MRC) Use Only\*\***

**Non Sub.**   **DEA Sched.**   **MLP Cosign**   **Bulk**   **Pill Ln Only**   **Crush.**   **Req. Loc.**   **Active Dose**   **Unit**   **Fmlry**

Oxaliplatin	100 MG INJ (Eloxatin)	Sol Recon	21100028002130	No	0	No	No	Yes	No	N/A	No	Yes
<b>Advisories:</b> ***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	N/A	No	Yes
<b>Advisories:</b> ****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	N/A	No	Yes
Oxcarbazepine	300 MG Tab (Trileptal)	Tab	72600046000320	No	0	No	No	No	No	N/A	No	Yes
Oxcarbazepine	600 MG Tab (Trileptal)	Tab	72600046000340	No	0	No	No	No	No	N/A	No	Yes
Oxcarbazepine	150 MG Tab UD (Trileptal)	Tab	72600046000310	No	0	No	No	No	No	N/A	Yes	Yes
Oxcarbazepine	600 MG Tab UD (Trileptal)	Tab	72600046000340	No	0	No	No	No	No	N/A	Yes	Yes
Oxcarbazepine	300 MG Tab UD	Tab	72600046000320	No	0	No	No	No	No	N/A	Yes	Yes
<b>Advisories:</b> ****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	N/A	No	Yes
Oxybutynin	5 MG Tab UD (Ditropan)	Tab	54100045200330	No	0	No	No	Yes	Yes	N/A	Yes	Yes
oxycodone	HCl Capsule											
oxycodone	HCl 5 MG Cap	Cap	65100075100110	No	2	Yes	No	Yes	Yes	N/A	No	Yes
<b>Advisories:</b> ****ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.** **MLP Requires Cosign**												
oxycodone	HCl Oral Sol 5 MG/5 ML											
oxycodone	HCl Oral Sol 1 MG/1 ML, 5 ML UD (Roxicodone)	Sol	65100075102005	No	2	Yes	Yes	Yes	Yes	N/A	Yes	Yes
oxycodone	HCl Oral Solution 5 MG/5ML (5ml)	Sol	65100075102005	No	2	Yes	Yes	Yes	Yes	N/A	Yes	Yes
<b>Advisories:</b> ****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**												

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlry
oxyCODONE HCl Tablet	oxyCODONE HCl 5 MG Tab (Roxicodone)	Tab	65100075100310	No	2	Yes	No	Yes	Yes	N/A	No	Yes	Yes
	oxyCODONE HCl 5 MG Tab UD (Roxicodone)	Tab	65100075100310	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes	Yes
	oxyCODONE HCl 30 MG Tab IR (Roxicodone tablet)	Tab	65100075100340	No	2	Yes	No	Yes	Yes	N/A	No	Yes	Yes
	oxyCODONE HCl 15 MG Tab	Tab	65100075100325	No	2	Yes	No	Yes	Yes	N/A	No	Yes	Yes
	oxyCODONE HCl 2.5 MG Tab (1/2 Tablet)	Tab	65100075100310	No	2	Yes	No	Yes	Yes	N/A	No	Yes	Yes
	oxyCODONE HCl 20 MG Tab IR	Tab	65100075100330	No	2	Yes	No	Yes	Yes	N/A	No	Yes	Yes
	oxyCODONE HCl 10 MG Tab IR (Roxicodone tablet)	Tab	65100075100320	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes	Yes
	oxyCODONE HCl 15 MG Tab UD	Tab	65100075100325	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes	Yes
	oxyCODONE HCl 10 MG Tab IR UD	Tab	65100075100320	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes	Yes

Advisories:

\*\*\*\*ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT\*\*  
 \*\*IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION\*\* \*\*IMMEDIATE  
 RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.\*\*

\*\*MLP Requires Cosign\*\*

oxyCODONE/Acetaminophen 5MG/325 MG Tablets	oxyCODONE/Acetaminophen 5/325 MG Tab (Percocet)	Tab	65990002200310	No	2	Yes	No	Yes	Yes	N/A	No	Yes	Yes
	oxyCODONE/Acetaminophen 5/325 MG Tab UD (Percocet)	Tab	65990002200310	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes	Yes

Advisories:

\*\*\*\*ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT\*\*  
 \*\*IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION\*\* \*\*IMMEDIATE  
 RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.\*\*

\*\*MLP Requires Cosign\*\*

oxyCODONE/Acetaminophen 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	Yes
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Advisories:

\*\*\*\*ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT\*\*  
 \*\*IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION\*\* \*\*IMMEDIATE  
 RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.\*\*

\*\*MLP Requires Cosign\*\*

oxyCODONE/Acetaminophen 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	Yes
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Advisories:

\*\*\*\*ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT\*\*  
 \*\*IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION\*\* \*\*IMMEDIATE  
 RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM.\*\*

\*\*MLP Requires Cosign\*\*

oxyCODONE/Acetaminophen 10MG/325 MG Tablet	oxyCODONE/Acetaminophen 10/325 MG Tab (Percocet)	Tab	65990002200335	No	2	Yes	No	Yes	Yes	N/A	No	Yes	Yes
	oxyCODONE/Acetaminophen 10/325 MG Tab UD	Tab	65990002200335	No	2	Yes	No	Yes	Yes	N/A	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlyr
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	Sol	29000030002005	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	Oxytocin 10 Units/ML, 1 ML Inj (Pitocin)	Sol	29000030002005	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	Oxytocin 10 Units/ML, 10 ML Inj (Pitocin)													
	PACLitaxel Injection Concentrate 6 MG/ML	Concentrate	21500012001335	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	PACLitaxel 100 MG/16.7ML Inj (Taxol)	Concentrate	21500012001325	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	PACLitaxel Intravenous Concentrate 30 MG/5ML (Taxol)													
	Palonosetron Injection	Sol	50250070102020	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	Palonosetron 0.25MG/5ML Inj (Aloxi)													
	Formulary Restrictions: ****RESTRICTED TO SECOND LINE THERAPY FOR PREVENTION OF CANCER CHEMOTHERAPY AND RADIATION INDUCED NAUSEA AND VOMITING AFTER FAILURE OF KYTRIL & ZOFRAN**** **Medical Referral Center (MRC) Use Only**													
	Pamidronate Injection	Sol	30042060102012	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	Pamidronate Disodium Intravenous Soln 90 MG/10ML (Aredia)													
	Advisories: ****DO NOT MIX WITH CALCIUM CONTAINING PRODUCTS****													
	Pancrelipase Delayed Rel Capsule	Cap DR	51200024006760	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	Pancrelipase 24000/76000/12000 (L/P/A) Unit Cap (Creon 24000)	Cap DR	51200024006720	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	Pancrelipase 6000/19000/30000 (L/P/A) Units Cap (Creon 6000)	Cap DR	51200024006740	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	Pancrelipase 12000/38000/60000 (L/P/A) Units Cap (Creon 12000)	Cap DR	51200024006730	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	Pancrelipase 10000/55000/34000 (L/P/A) Units Cap (Zenpep)	Cap DR	51200024006715	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	Pancrelipase 5000/17000/27000 (L/P/A) Unit Cap (Zenpep)	Cap DR	51200024006748	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	Pancrelipase 15000/51000/82000 (L/P/A) Units Cap (Zenpep)	Cap DR	51200024006754	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	Pancrelipase 21000/37000/61000 (L/P/A) Units Cap (Pancreaze)	Cap DR	51200024006710	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	Pancrelipase 4200/10000/17500 *(L/P/A) DR Caps (PANCREAZE)	Cap DR	51200024006752	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	Pancrelipase 20000/68000/109000 (L/P/A) Unit Cap (Zenpep Oral Capsule Delayed Release 20000 UNIT)	Cap DR												
	Pancrelipase 12000/38000/60000 (L/P/A) units UD (Creon 12000)	Cap DR	51200024006740	No	0	No	No	No	No	N/A	Yes	Yes	No	Yes
	Pancrelipase 6000/19000/30000 (L/P/A) Caps UD (creon)	Cap DR	51200024006720	No	0	No	No	No	No	N/A	Yes	Yes	No	Yes
	Pancrelipase 10500/25000/43750 (L/P/A) Caps (Pancreaze Oral Capsule Delayed)	Cap DR	51200024006734	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	Pancrelipase Delayed Release 3000-9500 UNIT Cap (Creon)	Cap DR	51200024006705	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	Pancrelipase Delayed Release 3000-10000 UNIT Cap (Zenpep)	Cap DR	51200024006706	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	Pancrelipase 25000/85000/136000 (L/P/A) Unit Cap (Zenpep)	Cap DR	51200024006765	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	Pancrelipase Delayed Release 36000 UNIT Cap (Creon)	Cap DR	51200024006780	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	Pancrelipase Delayed Release 16800 UNIT (Pancreaze)	Cap DR	51200024006750	No	0	No	No	No	No	N/A	No	Yes	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
Pancuronium Bromide Injection	Pancuronium Bromide 1 MG/ML, 10ML INJ (Pavulon)	Sol	74200040102005	No	0	No	No	Yes	No	N/A	No	No	Yes
Pantoprazole Injection	Pantoprazole 40 MG Inj (Protonix)	Sol Recon	49270070102120	No	0	No	No	Yes	No	N/A	No	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**													
PEG 3350-KCl-Na Bicarb-NaCl Oral Soln 420 GM	PEG 3350-KCl-Na Bicarb-NaCl Oral Soln 420 GM	Sol Recon	46992004302120	No	0	No	No	No	No	N/A	No	No	Yes
PEG/Electrolyte Solution	PEG/Electrolyte Solution 4000 ML - Golytely (Golytely Soln 4000ML)	Sol Recon	46992005302130	No	0	No	Yes	No	No	N/A	No	No	Yes
PEG/Electrolyte Solution	PEG/Electrolyte Solution 4000 ML - Colyte (Colyte- Flavored)	Sol Recon	46992005302140	No	0	No	Yes	No	No	N/A	No	No	Yes
Pegaspargase Injection Solution 750 UNIT/ML	Pegaspargase Injection Solution 750 UNIT/ML (Oncaspar)	Sol	21250060002020	No	0	No	No	Yes	No	N/A	No	No	Yes
Pegfilgrastim Injection	Pegfilgrastim Subcu Prefilled Syringe 6 MG/0.6ML (Neulasta)	Sol Prefilled	8240157000E52	No	0	Yes	No	Yes	No	N/A	No	No	Yes
Pegfilgrastim Subcu Prefill SyringeKit 6MG/0.6ML (Neulasta)	Pegfilgrastim Subcu Prefill SyringeKit 6MG/0.6ML (Neulasta)	Prefilled	8240157000F820	No	0	Yes	No	Yes	No	N/A	No	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**													

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Peginterferon ALFA 2A	Injection	Sol	12353060052020	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes
Peginterferon ALFA 2A	180 MCG/1 ML Inj (Pegasys)	Kit	12353060056440	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Peginterferon ALFA 2A	180 MCG/0.5 ML Inj (Pegasys)	Sol	12353060052040	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Peginterferon ALFA 2A	180 MCG/0.5ML ( proClick) (Pegasys proclick)	Sol	12353060052030	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Peginterferon ALFA 2A	135 MCG/0.5ML (ProClick) (Pegasys)													
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	Cap	99200030000110	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Penicillamine	250 MG Cap (Cuprimine)													
Penicillin G Benzathine	Injection	Susp	01100020001815	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Penicillin G Benzathine	1.2 MU/2ML Inj (Bicillin L-A)	Susp	01100020001820	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Penicillin G Benzathine	2.4 MU/4ML Inj (Bicillin L-A 2.4MU)													
Advisories:														
****BICILLIN-CR ( BENZATHINE-PROCAINE) NOT APPROVED****														
Penicillin G Pot in Dex IV Soln	20000 UNIT/ML	Sol	0110001012050	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Penicillin G Pot in Dex premix	20000 UNIT/ML 50m													
Penicillin G Potassium Injection		Sol Recon	01100010102125	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Penicillin G Potassium	5,000,000 Unit Inj (Pfizerpen 5 MU)	Sol Recon	01100010102135	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Penicillin G Procaine Injection		Susp	01100030001820	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Penicillin G Procaine	600,000 Unit/1ML Inj (Wycillin)													
Penicillin G Sodium Injection		Sol Recon	01100010202105	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Penicillin G Sodium	5,000,000 Unit/10ML INJ	Sol Recon	01100010202105	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Penicillin G Sodium	5,000,000 Unit Inj													
Penicillin VK Suspension		Sol Recon	01100040102110	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
Penicillin VK	250MG/5ML, 100 ML Susp (Pen VK)	Sol Recon	01100040102110	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
Penicillin VK	250MG/5ML, 200 ML Susp (Pen VK)													
Penicillin VK Tablet		Tab	01100040100310	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
Penicillin VK	250 MG Tab UD (Pen VK)	Tab	01100040100310	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Penicillin VK	250 MG Tab (Pen VK)	Tab	01100040100315	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Penicillin VK	500 MG Tab (Pen VK)	Tab	01100040100315	No	0	No	No	No	No	N/A	No	Yes	No	Yes
Penicillin VK	500 MG Tab UD (Pen VK)													
Pentamidine Isothionate	Inhalation	Sol Recon	16000045002170	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes
Pentamidine Isothionate	300 MG/6ML Inh (Nebupent)													



Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Pentamidine Isonitronate Injection														
Pentamidine Isonitronate 300 MG Inj (Pentam 300 MG)		Sol Recon	16000045002130	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes
Permethrin Cream 5%														
Permethrin 5%, 60 GM Cream (Elimite)		Cm	909000350003720	No	0	No	Yes	No	No	N/A	No	No	Yes	Yes
Permethrin Lotion/Liquid 1%														
Permethrin 1%, 60 ML Lotion (Nix)		Lotion	909000350004110	No	0	No	Yes	No	No	N/A	No	No	Yes	Yes
Permethrin 1%, 120 ML Lotion (Nix)		Lotion	909000350004110	No	0	No	Yes	No	No	N/A	No	No	Yes	Yes
Permethrin 1% Creme Rinse Ext Liquid 59 ml (Nix Creme Rinse External Liquid)		Liq	909000350000910	No	0	No	Yes	No	No	N/A	No	No	Yes	Yes
Perphenazine Tablet														
Perphenazine 16 MG Tab (Trilafon)		Tab	592000450000320	No	0	Yes	No	Yes	No	N/A	No	No	Yes	Yes
Perphenazine 2 MG Tab (Trilafon)		Tab	592000450000305	No	0	Yes	No	Yes	No	N/A	No	No	Yes	Yes
Perphenazine 4 MG Tab UD (Trilafon)		Tab	592000450000310	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes
Perphenazine 4 MG Tab (Trilafon)		Tab	592000450000310	No	0	Yes	No	Yes	No	N/A	No	No	Yes	Yes
Perphenazine 8 MG Tab UD (Trilafon)		Tab	592000450000315	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes
Perphenazine 8 MG Tab (Trilafon)		Tab	592000450000315	No	0	Yes	No	Yes	No	N/A	No	No	Yes	Yes
Perphenazine 16 MG Tab UD (Trilafon)		Tab	592000450000320	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes
Perphenazine 2 MG Tab UD (Trilafon)		Tab	592000450000305	No	0	Yes	No	Yes	No	N/A	Yes	Yes	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	N/A	No	No	Yes	Yes
Petroleum, White, Jelly, 15 GM (Vaseline)		Gel	98600065004050	No	0	No	Yes	No	No	N/A	No	No	Yes	Yes
Petrolatum White Gel (454 gm) (Petrolatum White Gel)		Gel	98600065004000	No	0	No	Yes	No	No	N/A	No	No	Yes	Yes
Petrolatum, White gel ( 49gm) (Vaseline)		Gel	98600065004000	No	0	No	Yes	No	No	N/A	No	No	Yes	Yes
Petrolatum, White Gel ( 5 gm )		Gel	98600065004000	No	0	No	Yes	No	No	N/A	No	No	Yes	Yes
Petroleum, White Gel (368 GM)		Gel	98600065004050	No	0	No	Yes	No	No	N/A	No	No	Yes	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	N/A	No	No	Yes	Yes
Phenazopyridine HCl 200 MG Tab (Pyridium)		Tab	56300010100310	No	0	No	No	No	No	N/A	No	No	Yes	Yes
Phenazopyridine HCl 100 MG Tab UD (Pyridium)		Tab	56300010100305	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
Phenazopyridine HCl 200 MG Tab UD		Tab	56300010100310	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
PHENobarbital Elixir	PHENobarbital Elixir (PHENobarbital Elixir)	Elixir	60100060001010	No	4	Yes	Yes	Yes	No	N/A	No	N/A	No	Yes

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

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

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

PHENobarbital Tablet	PHENobarbital 100 MG Tab UD (PHENobarbital)	PHENobarbital 15 MG Tab UD (PHENobarbital)	PHENobarbital 15 MG Tab (PHENobarbital)	PHENobarbital 30 MG Tab UD (PHENobarbital)	PHENobarbital 32.4 MG Tab (PHENobarbital)	PHENobarbital 32.4 MG Tab UD (PHENobarbital)	PHENobarbital 30 MG Tab (old) (PHENobarbital)	PHENobarbital 60 MG Tab UD (PHENobarbital)	PHENobarbital 64.8 MG Tab (PHENobarbital)	PHENobarbital 16.2 MG Tab UD (PHENobarbital)	PHENobarbital 60 MG Tab	PHENobarbital 97.2 MG Tab	PHENobarbital 100 MG Tab	PHENobarbital 7.5 MG Tab ( 1/2 tablet) (PHENobarbital)	PHENobarbital 30 MG Tab
	Tab	Tab	Tab	Tab	Tab	Tab	Tab	Tab	Tab	Tab	Tab	Tab	Tab	Tab	Tab
	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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

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 \*\*1. Diagnosis of seizure, AND\*\*  
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 \*\*MLP Requires Cosign\*\*

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlyr
Phenoxybenzamine HCl Capsule	Phenoxybenzamine HCl 10 MG Capsule (Dibenzyliline)	Cap	36300010100105	No	0	No	No	No	No	No	N/A	No	Yes	Yes
Phenylephrine HCl Injection	Phenylephrine 10MG/ML Inj, 1ML	Sol	38000095102010	No	0	No	No	Yes	No	N/A	No	Yes	Yes	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	Yes	Yes
Phenylephrine Ophth Solution 2.5%	Phenylephrine Ophth Sol 2.5%, 5 ML (Mydrfrin)	Sol	86400040102010	No	0	No	Yes	No	No	N/A	No	Yes	Yes	Yes
Phenylephrine Ophth Sol 2.5%, 15 ML (Neo-Synephrine)	Phenylephrine Ophth Sol 2.5%, 15 ML (Neo-Synephrine)	Sol	86400040102010	No	0	No	Yes	No	No	N/A	No	Yes	Yes	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	No	Yes	Yes	Yes
Phenytoln Chewable Tablet	Phenytoln Chewable Tablet	Tab Chew	72200030000505	No	0	No	No	No	No	N/A	No	Yes	Yes	Yes
Phenytoln 50 MG Chewable Tab (Dilantin Infatabs)	Phenytoln 50 MG Chewable Tab UD (Dilantin Infatabs)	Tab Chew	72200030000505	No	0	No	No	No	No	N/A	No	Yes	Yes	Yes
Phenytoln Oral Susp 125 MG/5ML	Phenytoln Oral Susp 125 MG/5ML, 237ML (Dilantin-125 Liquid)	Susp	72200030001810	No	0	No	Yes	No	No	N/A	No	Yes	Yes	Yes
Phenytoln Oral Capsule 100 MG (Brand Name) (Dilantin)	Phenytoln Oral Capsule 100 MG (Brand Name) (Dilantin)	Cap	72200030200110	No	0	No	No	No	No	N/A	No	Yes	Yes	Yes
Phenytoln Sodium ER Capsule	Phenytoln Sodium ER Capsule	Cap	72200030200110	No	0	No	No	No	No	N/A	No	Yes	Yes	Yes
Phenytoln ER 100 MG Cap (Dilantin)	Phenytoln ER 100 MG Cap (Dilantin)	Cap	72200030200110	No	0	No	No	No	No	N/A	No	Yes	Yes	Yes
Phenytoln ER 30 MG Cap (Dilantin)	Phenytoln ER 30 MG Cap (Dilantin)	Cap	72200030200105	No	0	No	No	No	No	N/A	No	Yes	Yes	Yes
Phenytoln ER 30 MG Cap UD	Phenytoln ER 30 MG Cap UD	Cap	72200030200105	No	0	No	No	No	No	N/A	No	Yes	Yes	Yes

Advisories:  
 \*\*\*\*Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."  
 \*\*PILL LINE ONLY FOR USE IN NON-SEIZURE INDICATIONS\*\*\*\*  
 Formulary Restrictions:  
 \*\*\*\*Dose chewable tablets and suspension with caution when converting different free acid phenytoin amounts\*\*\*

Advisories:  
 \*\*\*\*Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."  
 \*\*PILL LINE ONLY FOR USE IN NON-SEIZURE INDICATIONS\*\*\*\*  
 Formulary Restrictions:  
 \*\*\*\*Dose chewable tablets and suspension with caution when converting different free acid phenytoin amounts\*\*\*

Advisories:  
 \*\*\*\*Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring."  
 \*\*PILL LINE ONLY FOR USE IN NON-SEIZURE INDICATIONS\*\*\*\*

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
Advisories: ****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring." **PILL LINE ONLY FOR USE IN NON-SEIZURE INDICATIONS****													
Phenytoin Sodium Injection 50mg/ml		Sol	72200030052005	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Phenytoin 50 MG/ML, 2ML Inj (Dilantin)		Sol	72200030052005	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Phenytoin 50 MG/ML, 5ML Inj (Dilantin)		Sol		No	0	No	No	Yes	No	N/A	No	Yes	Yes
Advisories: ****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.*** Formulary Restrictions: *****USE SUSPENSION WITH CAUTION*****													
Physostigmine Injection		Sol	93000060102005	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Physostigmine 1 MG/ML, 2ML Inj (Antilirium)		Sol		No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Phytonadione Injection		Sol	77204030002010	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Phytonadione 10MG/ML, 1ML Inj (Aqua-Mephyton)		Sol	77204030002010	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
Phytonadione Injection Soln 1 MG/0.5ML (vitamin K1)		Sol	77204030002005	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Phytonadione Tablet		Tab	77204030000305	No	0	No	No	No	No	N/A	No	Yes	Yes
Phytonadione 5 MG Tab (Mephyton)		Tab	77204030000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Phytonadione 5 MG Tab UD (Mephyton)		Tab	77204030000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Pilocarpine HCl Ophthalmic Solution 1%		Sol	86501030102015	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Pilocarpine HCl Opth Sol 1%, 15 ML (Pilocarpine 1%)		Sol		No	0	No	Yes	No	No	N/A	No	Yes	Yes
Pilocarpine HCl Ophthalmic Solution 2%		Sol	86501030102020	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Pilocarpine HCl Opth Sol 2%, 15ML (Pilocarpine HCL Ophthalmic)		Sol		No	0	No	Yes	No	No	N/A	No	Yes	Yes
Pilocarpine HCl Ophthalmic Solution 4%		Sol	86501030102030	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Pilocarpine HCl Opth Sol 4%, 15 ML (Isopto-Carpine)		Sol		No	0	No	Yes	No	No	N/A	No	Yes	Yes
Pindolol Tablet		Tab	33100030000310	No	0	No	No	No	No	N/A	No	Yes	Yes
Pindolol 10 MG Tab (Visken)		Tab	33100030000310	No	0	No	No	No	No	N/A	No	Yes	Yes
Pindolol 5 MG Tab (Visken)		Tab	33100030000305	No	0	No	No	No	No	N/A	No	Yes	Yes
Pioglitazone Tablet		Tab	27607050100320	No	0	No	No	No	No	N/A	No	Yes	Yes
Pioglitazone HCl 15 MG Tab (Actos)		Tab	27607050100330	No	0	No	No	No	No	N/A	No	Yes	Yes
Pioglitazone HCl 30 MG Tab (Actos)		Tab	27607050100340	No	0	No	No	No	No	N/A	No	Yes	Yes
Pioglitazone HCl 45 MG Tab (Actos)		Tab	27607050100330	No	0	No	No	No	No	N/A	No	Yes	Yes
Pioglitazone HCl 30 MG Tab UD (Actos)		Tab	27607050100330	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Pioglitazone HCl 15 MG Tab UD (Actos)		Tab	27607050100320	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Pioglitazone HCl 45 MG Tab UD (Actos)		Tab	27607050100340	No	0	No	No	No	No	N/A	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active Dose	Unit	Fmlry
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Advisories:

- \*\*1. Second or third line therapy for type 2 diabetes patients with inadequate glycemic control on oral agents, e.g. metformin, glipizide.
- 2. Not recommended in patients with symptomatic heart failure, risk of bone fractures, hepatic impairment, or fluid retention.
- 3. Not recommended in combination with insulin therapy.\*\*

Non-Formulary Use Criteria:

- \*\*1. Failure to achieve target HbA1c goals in type 2 diabetes despite compliance with and adequate duration of a treatment regimen of sulfonylurea plus metformin, insulin plus metformin, insulin plus a sulfonylurea (when metformin is contraindicated), or insulin plus metformin plus a sulfonylurea.\*\*
- \*\*2. Current total insulin dose must be > 1 unit / kg / day of body weight. OR\*\*
- \*\*3. A type 2 diabetic inmate newly-incarcerated in the BOP who arrives on a glitazone with good glycemic control and a past history of failed therapy with or contraindication to metformin. (NOTE: if the inmate has never received treatment with metformin and has no contraindication, metformin should be added to the regimen and the glitazone approved by non-formulary request for 6 months to allow for an adequate trial and titration of metformin.)\*\*
- \*\*4. Pioglitazone is the preferred glitazone when non-formulary use criteria are met. Documentation to be included in non-formulary request: type of diabetes (1 or 2), current treatment regimen and duration at current doses, and most recent HbA1c value with date.\*\*

Piperacillin/Tazobactam Injec													
Piperacillin/Tazobac 2 G/ 0.25 G Inj (Zosyn)	Sol Recon	01990002702120	No	0	No	No	No	Yes	No	N/A	No	Yes	
Piperacillin/Tazobac 2GM/0.225GM Inj (Zosyn)	Sol Recon	01990002702120	No	0	No	No	No	Yes	No	N/A	No	Yes	
Piperacillin/Tazobac 3 GM/0.375G Inj (Zosyn)	Sol Recon	01990002702130	No	0	No	No	No	Yes	No	N/A	No	Yes	
Piperacillin/Tazobac 4 GM/0.5G Inj (Zosyn)	Sol Recon	01990002702140	No	0	No	No	No	Yes	No	N/A	No	Yes	
Piperacillin/Tazobac 36 G/4.5G Inj (Zosyn)	Sol Recon	01990002702170	No	0	No	No	No	Yes	No	N/A	No	Yes	
Piperacillin/Tazobactam 3GM/0.375 GM Advantage	Sol Recon	01990002702130	No	0	No	No	No	Yes	No	N/A	No	Yes	
**Medical Referral Center (MRC) Use Only**													
Piperacillin/Tazobactam Injection Premix													
Piperacillin/Tazobactam Premix 2.25 GM/50ML INJ (Zosyn)	Sol	01990002722020	No	0	No	No	No	Yes	No	N/A	No	Yes	
Piperacillin/Tazobactam Premix 3.375 GM (Zosyn)	Sol	01990002722030	No	0	No	No	No	Yes	No	N/A	No	Yes	
Piperacillin/Tazobactam Premix 4.5 GM/100ML INJ (Zosyn)	Sol	01990002722025	No	0	No	No	No	Yes	No	N/A	No	Yes	
**Medical Referral Center (MRC) Use Only**													
Plasma Protein Fraction													
Plasma Protein Fraction 5%, 50 ML Inj (Plasmanate)	Sol	85400020002005	No	0	No	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	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	Yes	No	N/A	No	Yes	
Podophyllum Resin External Solution													
Podophyllum Resin External Solution 25%, 15ml (Podocon)	Sol	90750020002025	No	0	No	Yes	Yes	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	No	N/A	No	Yes	

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlyr
Polysaccharide Iron Complex Caps	Polysaccharide Iron Complex 150 MG Caps (Niferex 150)	Cap	82300050000110	No	0	No	No	No	No	N/A	No	No	Yes
Polysaccharide Iron Complex Oral Liquid 15 MG/ML	Polysaccharide Iron Complex Oral Liquid 15 MG/ML	Cap	82300050000110	No	0	No	No	No	No	N/A	No	No	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	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	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	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	No	No	Yes
Potassium Chloride 10 mEq ER Tab (Klor-Con)	Potassium Chloride 10 mEq ER Tab (Klor-Con)	Tab ER	79700030000430	No	0	No	No	No	No	N/A	No	No	Yes
Potassium Chloride 8 mEq ER Tab (Klor-Con)	Potassium Chloride 8 mEq ER Tab (Klor-Con)	Tab ER	79700030000420	No	0	No	No	No	No	N/A	No	No	Yes
Potassium Chloride ER 20 MEQ Tab	Potassium Chloride ER 20 MEQ Tab	Tab ER	79700030000445	No	0	No	No	No	No	N/A	No	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	No	Yes
Potassium Chloride 20 mEq ER Tab UD (K-Dur)	Potassium Chloride 20 mEq ER Tab UD (K-Dur)	Tab ER	79700030100440	No	0	No	No	No	No	N/A	No	No	Yes
Potassium Chloride 20 mEq ER Tab (Klor-Con M)	Potassium Chloride 20 mEq ER Tab (Klor-Con M) (Klor-Con)	Tab ER	79700030100440	No	0	No	No	No	No	N/A	No	No	Yes
Potassium Chloride 10 mEq ER Tab (Klor-Con M)	Potassium Chloride 10 mEq ER Tab (Klor-Con M) (Klor-Con)	Tab ER	79700030100430	No	0	No	No	No	No	N/A	No	No	Yes
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	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	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	797000300002005	No	0	No	No	Yes	No	N/A	No	No	Yes
Potassium Chloride Inj 2 mEq/ML, 20ML	Potassium Chloride Inj 2 mEq/ML, 20ML	Sol	797000300002005	No	0	No	No	Yes	No	N/A	No	No	Yes
Potassium Chloride Inj 10 mEq/100ML	Potassium Chloride Inj 10 mEq/100ML	Sol	797000300002050	No	0	No	No	Yes	No	N/A	No	No	Yes
Potassium Chloride Inj 20 mEq/100ml	Potassium Chloride Inj 20 mEq/100ml	Sol	797000300002060	No	0	No	No	Yes	No	N/A	No	No	Yes
Potassium Chloride Inj 10 mEq/50ML	Potassium Chloride Inj 10 mEq/50ML	Sol	797000300002055	No	0	No	No	Yes	No	N/A	No	No	Yes
Potassium Chloride Inj 20 mEq/50ML	Potassium Chloride Inj 20 mEq/50ML	Sol	797000300002070	No	0	No	No	Yes	No	N/A	No	No	Yes
Potassium Chloride Inj 40 mEq/100ML	Potassium Chloride Inj 40 mEq/100ML	Sol	797000300002075	No	0	No	No	Yes	No	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active Dose	Unit	Fmlry
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	No	Yes
Potassium Chloride Oral Solution	Potassium Chlor Oral Sol 10% (40mEq), 30 ML UD	Sol	79700030002085	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes
Potassium Chlor Oral Sol 10% (20mEq), 15 ML UD		Sol	79700030002085	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes
Potassium Chlor Oral Sol 10%, 473ML		Sol	79700030002085	No	0	No	Yes	No	No	N/A	No	No	Yes
Potassium Chlor Oral Sol 20%, 480ML (Potassium Chloride Oral Solution)		Sol	79700030002095	No	0	No	Yes	No	No	N/A	No	No	Yes
Potassium Chlor Oral Sol 20% (40mEq), 15ML UD		Sol	79700030002095	No	0	No	No	No	No	N/A	Yes	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	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	No	Yes
Potassium Citrate 540 MG ER Tab (5 MEQ) (Urocit-K)		Tab ER	56202010200420	No	0	No	No	No	No	N/A	No	No	Yes
Potassium Citrate 1620 MG (15 MEQ) ER Tab (Urocit-K)		Tab ER	56202010200460	No	0	No	No	No	No	N/A	No	No	Yes
Potassium Citrate/Citric Acid Oral Solution	Potassium Citrate/Citric Acid Oral Solution	Sol	56202022002025	No	0	No	Yes	No	No	N/A	No	No	Yes
Potassium Citrate/Citric Acid SOL 2 mEq/ML (Polycitra-K)		Sol	56202022002025	No	0	No	No	No	No	N/A	No	No	Yes
Potassium Iodide Oral Solution 1 GM/ML (SSKI)	Potassium Iodide Oral Solution 1 GM/ML (SSKI)	Sol	79350010002020	No	0	No	No	No	No	N/A	No	No	Yes
Potassium Phosphates 15 MMOLE/5ML IV soln	Potassium Phosphates 15 MMOLE/5ML IV soln	Sol	79600010052020	No	0	No	No	Yes	No	N/A	No	No	Yes
Potassium Phosphates 45 MMOLE/15ML IV soln	Potassium Phosphates 45 MMOLE/15ML IV soln	Sol	79600010052030	No	0	No	No	Yes	No	N/A	No	No	Yes
Povidone-Iodine External Ointment 10%	Povidone-Iodine External Oint 10% (Betadine Ointment)	Oint	92200040004210	No	0	No	Yes	No	No	N/A	No	No	Yes
Povidone-Iodine External Ointment 10%	Povidone-Iodine External Oint 10%, 1/32OZ UD (Betadine Ointment)	Oint	92200040004210	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes
Povidone-Iodine External Solution 10%	Povidone-Iodine External Solution 10%, 237ML (Betadine Solution)	Sol	92200040002015	No	0	No	Yes	No	No	N/A	No	No	Yes
Povidone-Iodine External Solution 10%, 118 ML (Betadine Solution)		Sol	92200040002015	No	0	No	Yes	No	No	N/A	No	No	Yes
Povidone-Iodine External Solution 10%, 473 ML (Betadine Solution)		Sol	92200040002015	No	0	No	Yes	No	No	N/A	No	No	Yes
Povidone-Iodine Scrub 7.5%	Povidone-Iodine Scrub 7.5%, ML (Betadine Surgical Scrub)	Sol	92200040002010	No	0	No	Yes	No	No	N/A	No	No	Yes

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



Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlyr
Formulary Restrictions:													
***RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY** **COMBINATION SULFACETAMIDE/PREDNISOLONE OPHTHALMIC PREPARATION (BLEPHAMIDE)													
NOT APPROVED***													
**MLP Requires Cosign**													
predniSONE 10 mg Dosepak (21)	predniSONE 10 MG Therapy Pack (21 ct) (Sterapred DS)	Tab Therapy	2210004500B72	No	0	No	Yes	No	No	N/A	No	No	Yes
predniSONE 10 mg Dosepak (48)	predniSONE 10 MG Therapy Pack (48 ct) (Sterapred DS)	Tab Therapy	2210004500B72	No	0	No	Yes	No	No	N/A	No	No	Yes
predniSONE 5 mg Dosepak #21	predniSONE 5 MG Therapy Pack (21 ct) (Deltasone)	Tab Therapy	2210004500B70	No	0	No	Yes	No	No	N/A	No	No	Yes
predniSONE 5 mg Dosepak #48	predniSONE 5 MG Therapy Pack (48 ct) (Sterapred DS)	Tab Therapy	2210004500B71	No	0	No	Yes	No	No	N/A	No	No	Yes
predniSONE Solution 1 MG/ML	predniSONE Solution 1 MG/ML, 5ML UD	Sol	22100045002005	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes
predniSONE Solution 1 MG/ML	predniSONE Solution 1 MG/ML	Sol	22100045002005	No	0	No	Yes	No	No	N/A	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	No	Yes
predniSONE Tablet	predniSONE 1 MG Tab (Deltasone)	Tab	22100045000305	No	0	No	No	No	No	N/A	No	No	Yes
	predniSONE 1 MG Tab UD (Deltasone)	Tab	22100045000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	predniSONE 10 MG Tab (Deltasone)	Tab	22100045000320	No	0	No	No	No	No	N/A	No	No	Yes
	predniSONE 2.5 MG Tab (Deltasone)	Tab	22100045000310	No	0	No	No	No	No	N/A	No	No	Yes
	predniSONE 2.5 MG Tab UD (Deltasone)	Tab	22100045000310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	predniSONE 20 MG Tab (Deltasone)	Tab	22100045000325	No	0	No	No	No	No	N/A	No	No	Yes
	predniSONE 20 MG Tab UD (Deltasone)	Tab	22100045000325	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	predniSONE 5 MG Tab UD (Deltasone)	Tab	22100045000315	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	predniSONE 5 MG Tab (Deltasone)	Tab	22100045000315	No	0	No	No	No	No	N/A	No	No	Yes
	predniSONE 50 MG Tab (Deltasone)	Tab	22100045000335	No	0	No	No	No	No	N/A	No	No	Yes
	predniSONE 50 MG Tab UD (Deltasone)	Tab	22100045000335	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	predniSONE 10 MG Tab UD (Deltasone)	Tab	22100045000320	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Prenatal Folic acid plus Iron oral tablet 29-1 M	Prenatal Folic acid plus Iron oral tablet 29-1 M	Tab Chew	78512050000530	No	0	No	No	No	No	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
Prenatal Plus Iron Oral Tablet 29-1 MG		Tab	78512010000330	No	0	No	No	No	No	N/A	No	No	Yes
Prenatal Plus Iron Oral Tablet 29-1 MG		Tab	78512015000324	No	0	No	No	No	No	N/A	No	No	Yes
Prenatal Plus Iron Oral Tablet 29-1 MG		Tab	78512015000530	No	0	No	No	No	No	N/A	No	No	Yes
Prenatal Plus Iron Oral Tablet 29-1 MG		Tab	78512015000328	No	0	No	No	No	No	N/A	No	No	Yes
Prenatal Plus Iron Oral Tablet 29-1 MG		Tab	78512015000322	No	0	No	No	No	No	N/A	No	No	Yes
Advisories:													
**Formulary only if pregnancy indication exists.**													
Prenatal/Iron Oral Tablet		Tab	78512000000315	No	0	No	No	No	No	N/A	No	No	Yes
Prenatal/Iron Oral Tablet		Miscellaneous	785160200006318	No	0	No	No	No	No	N/A	No	No	Yes
Primidone Tablet		Tab	72600060000310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Primidone Tablet		Tab	72600060000310	No	0	No	No	No	No	N/A	No	Yes	Yes
Primidone Tablet		Tab	72600060000305	No	0	No	No	No	No	N/A	No	Yes	Yes
Primidone Tablet		Tab	72600060000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Advisories:													
****PILL LINE ONLY FOR USE IN NON-SEIZURE INDICATIONS****													
Probenecid Tablet		Tab	68100010000310	No	0	No	No	No	No	N/A	No	No	Yes
Probenecid Tablet		Tab	68100010000310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Procainamide Injection		Sol	35100020102010	No	0	No	No	Yes	No	N/A	No	No	Yes
Procainamide HCl 100 MG/ML Inj (Pronestyl Inj)		Cap	21700050100105	No	0	No	No	No	No	N/A	No	No	Yes
**Medical Referral Center (MRC) Use Only**													
Prochlorperazine HCL		Sol	59200055202005	No	0	Yes	Yes	Yes	No	N/A	No	No	Yes
Prochlorperazine HCL 50 MG Cap (Matulane)		Tab	59200055100310	No	0	Yes	No	No	No	N/A	No	No	Yes
Prochlorperazine Maleate 10 MG Tab (Compazine)		Tab	59200055100310	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes
Prochlorperazine Maleate 10 MG Tab UD (Compazine)		Tab	59200055100305	No	0	Yes	No	No	No	N/A	No	No	Yes
Prochlorperazine Maleate 5 MG Tab (Compazine)		Tab	59200055100305	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes
Prochlorperazine Maleate 5 MG Tab UD (Compazine)		Tab	59200055100305	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	Cosign	MLP	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
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		
Non-Formulary Use Criteria:															
**1. Consultation with BOP Chief psychiatrist and /or Central Office Transgender Clinical Management Team when providing transgender care**															
Formulary Restrictions:															
****NOTE: USE OF PROGESTERONE IN MALE INMATES REQUIRES PRIOR APPROVAL BY MEDICAL DIRECTOR****															
Progesterone Injection	Progesterone 50 MG/ML, 10ML Inj	Oil	26000040001705	No	0	No	No	Yes	No	No	N/A	No	Yes		
Non-Formulary Use Criteria:															
**1. Consultation with BOP Chief psychiatrist and /or Central Office Transgender Clinical Management Team when providing transgender care**															
Formulary Restrictions:															
****NOTE: USE OF PROGESTERONE IN MALE INMATES REQUIRES PRIOR APPROVAL BY MEDICAL DIRECTOR****															
Progesterone 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	Yes	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 6.25 MG/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		

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Advisories:														
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****														
Promethazine Tablet														
	Promethazine HCl 25 MG Tab UD (Phenergan)	Tab	41400020100310	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	Promethazine HCl 25 MG Tab (Phenergan)	Tab	41400020100310	No	0	No	No	No	No	N/A	No	Yes		Yes
	Promethazine HCl 50 MG Tab (Phenergan)	Tab	41400020100315	No	0	No	No	No	No	N/A	No	Yes		Yes
	Promethazine HCl 12.5 MG Tab ( 1/2 tablet) (Phenergan)	Tab	41400020100310	No	0	No	No	No	No	N/A	No	Yes		Yes
	Promethazine HCl 12.5 MG Tab (Phenergan)	Tab	41400020100305	No	0	No	No	No	No	N/A	No	Yes		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	353000500006930	No	0	No	No	No	No	N/A	No	Yes		Yes
	Propafenone ER 12 Hour Cap 225 MG (Rythmol)	Cap ER 12	353000500006920	No	0	No	No	No	No	N/A	No	Yes		Yes
	Propafenone ER 12 Hour Cap 425MG (Rythmol SR Oral Cap Extended Release 12 Hour 425)	Cap ER 12	353000500006940	No	0	No	No	No	No	N/A	No	Yes		Yes
Formulary Restrictions:														
****CARDIOLOGIST INITIATED THERAPY ONLY****														
Propafenone Tablet														
	Propafenone 150 MG Tab UD (Rythmol)	Tab	353000500000320	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	Propafenone 150 MG Tab (Rythmol)	Tab	353000500000320	No	0	No	No	No	No	N/A	No	Yes		Yes
	Propafenone 225 MG Tab UD (Rythmol)	Tab	353000500000325	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	Propafenone 225 MG Tab (Rythmol)	Tab	353000500000325	No	0	No	No	No	No	N/A	No	Yes		Yes
	Propafenone 300 MG Tab UD (Rythmol)	Tab	353000500000330	No	0	No	No	No	No	N/A	Yes	Yes		Yes
	Propafenone 300 MG Tab (Rythmol)	Tab	353000500000330	No	0	No	No	No	No	N/A	No	Yes		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	N/A	No	Yes		Yes
Propofol Injection 10 MG/ML														
	Propofol Intravenous Emulsion 500 MG/50ML	Emul	70400050001656	No	0	No	No	Yes	No	N/A	No	Yes		Yes
	Propofol Intravenous Emulsion 1000 MG/100ML	Emul	70400050001660	No	0	No	No	Yes	No	N/A	No	Yes		Yes
	Propofol Intravenous Emulsion 200 MG/20ML	Emul	70400050001652	No	0	No	No	Yes	No	N/A	No	Yes		Yes
	Propofol Intravenous Emulsion 100 MG/10ML	Emul	70400050001640	No	0	No	No	Yes	No	N/A	No	Yes		Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlyr
Propranolol HCl	Oral Solution 20 MG/5 ML	Sol	33100040102050	No	0	No	Yes	No	No	N/A	No	No	Yes
Propranolol	Oral Solution 4 MG/ML, 500 ML (Inderal Solution)	Sol	33100040102005	No	0	No	No	Yes	No	N/A	No	No	Yes
Propranolol	Injection	Cap ER 24	33100040107035	No	0	No	No	No	No	N/A	No	No	Yes
Propranolol	LA 24 Hour Capsule	Cap ER 24	33100040107040	No	0	No	No	No	No	N/A	No	No	Yes
Propranolol	LA 24 Hour 120 MG Cap (Inderal LA)	Cap ER 24	33100040107025	No	0	No	No	No	No	N/A	No	No	Yes
Propranolol	LA 24 Hour 160 MG Cap (Inderal LA)	Cap ER 24	33100040107030	No	0	No	No	No	No	N/A	No	No	Yes
Propranolol	LA 24 Hour 80 MG Cap (Inderal LA)	Cap ER 24	33100040107025	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Propranolol	LA 24 Hour 60 MG Cap UD (Inderal LA)	Cap ER 24	33100040107030	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Propranolol	LA 24 Hour 80 MG Cap UD (Inderal LA)	Cap ER 24	33100040100305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Propranolol	10 MG Tab UD (Inderal)	Tab	33100040100305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Propranolol	20 MG Tab UD (Inderal)	Tab	33100040100310	No	0	No	No	No	No	N/A	No	No	Yes
Propranolol	40 MG Tab UD (Inderal)	Tab	33100040100315	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Propranolol	60 MG Tab (Inderal)	Tab	33100040100320	No	0	No	No	No	No	N/A	No	No	Yes
Propranolol	80 MG Tab UD (Inderal)	Tab	33100040100325	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Propranolol	80 MG Tab (Inderal)	Tab	33100040100325	No	0	No	No	No	No	N/A	No	No	Yes
Propylthiouracil	Oral Tablet	Tab	28300020000310	No	0	No	No	No	No	N/A	No	No	Yes
Propylthiouracil	50 MG Tab (PTU)	Tab	28300020000310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Protamine Sulfate	Inj 10 MG/ML	Sol	85500010102005	No	0	No	No	Yes	No	N/A	No	No	Yes
Protamine Sulfate	10 MG/ML, 5ML Inj (Protamine Sulfate)	Sol	85500010102005	No	0	No	No	Yes	No	N/A	No	No	Yes
Purified Protein Derivative	Injection	Sol	94300070002010	Yes	0	No	No	Yes	No	N/A	No	No	Yes
Purified Protein Derivative	5 Units/0.1ML INJ (Tubersol)	Sol	94300070002010	Yes	0	No	No	Yes	No	N/A	No	No	Yes
Advisories:													
****Non-substitutable use Tubersol Brand Only****													
Pyrazinamide	Tablet	Tab	09000070000310	No	0	No	No	Yes	No	N/A	Yes	Yes	Yes
Pyrazinamide	500 MG Tab UD (PZA)	Tab	09000070000310	No	0	No	No	Yes	No	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Pyridostigmine	Bromide Oral Syrup 60 MG/5ML	Syrup	76000050101205	No	0	No	No	No	No	No	N/A	No	Yes	
Pyridostigmine	Bromide Oral Syrup 60 MG/5ML	Sol	76000050102010	No	0	No	No	Yes	No	N/A	No	Yes		
Pyridostigmine	Injection	Tab ER	76000050100405	No	0	No	No	No	No	N/A	No	Yes		
Pyridostigmine	LA Tablet	Tab	76000050100305	No	0	No	No	No	No	N/A	No	Yes		
Pyridostigmine	LA Tablet	Tab	76000050100305	No	0	No	No	No	No	N/A	Yes	Yes		
Pyridostigmine	Tablet	Tab	77105010000315	No	0	No	No	No	No	N/A	No	Yes		
Pyridoxine	HCl 100 MG Tab (Vitamin B6)	Tab	77105010000305	No	0	No	No	No	No	N/A	No	Yes		
Pyridoxine	HCl 25 MG Tab (Vitamin B6)	Tab	77105010000310	No	0	No	No	No	No	N/A	No	Yes		
Pyridoxine	HCl 50 MG Tab (B6)	Tab	77105010000310	No	0	No	No	No	No	N/A	No	Yes		
Pyridoxine	HCl 50 MG Tab UD (Vitamin B-6)	Tab	77105010000310	No	0	No	No	No	No	N/A	Yes	Yes		
Advisories:														
****May be written for 270 day order in conjunction with Isoniazid for TB preventive therapy****														
Pyrimethamine	Tablet	Tab	13000040000310	No	0	No	No	No	No	N/A	No	Yes		
Pyrimethamine	25 MG Tab (Daraprim)	Tab	13000040000310	No	0	No	No	No	No	N/A	Yes	Yes		
Pyrimethamine	25 MG Tab UD	Sol	35100030102005	No	0	No	No	Yes	No	N/A	No	Yes		
quinIDine	Gluconate Injection	Tab	12103060100320	No	0	Yes	No	No	No	N/A	No	Yes		
quinIDine	Gluconate Inj 80 MG/ML, 10ML	Tab	12103060100320	No	0	Yes	No	No	No	N/A	Yes	Yes		
Raltegravir	(RAL) Tablet	Tab	12103060100320	No	0	Yes	No	No	No	N/A	Yes	Yes		
Raltegravir	Potassium (RAL) 400 MG Tab (Isentress)	Tab Chew	12103060100540	No	0	Yes	No	No	No	N/A	No	Yes		
Raltegravir	Potassium (RAL) 400 MG Tab UD (Isentress)	Tab Chew	12103060100510	No	0	Yes	No	No	No	N/A	No	Yes		
Raltegravir	Potassium (RAL) 100 mg Chewable Tab (Isentress Chew)	Non-Formulary Use Criteria:												

\*\*1. Regimen has been established in consultation with Regional HIV Consultant Pharmacist, expert consultation service or Regional Medical Director.\*\*

\*\*2. Patient must be highly treatment-experienced.\*\*

\*\*3. HAART selection must be directed by appropriate resistance testing.\*\*

\*\*4. The ability exists to construct a HAART regimen to include: 3 active and proper antiretroviral drugs or, at least 1 active drug plus an appropriate antiretroviral drug combination with some residual activity.\*\*

\*\*5. All supporting documents must be attached to include, at a minimum, copies of all available viral loads and CD4 counts, copies of all available resistance tests, description of all known previous HAART regimens, assessment of patient's adherence to HAART, and the complete HAART regimen being requested.\*\*

\*\*6. Maraviroc requests must include results of the CCR5 co-receptor tropism assay.\*\*

\*\*7. None of the antiretroviral drugs of the new/proposed HAART regimen should be started until the non-formulary requests are approved. (same as other HIV medications)\*\*

\*\*MLP Requires Cosign\*\*

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Ranitidine Injection														
	Ranitidine HCl Injection Solution 150 MG/6ML (Zantac)	Sol	49200020102007	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	Ranitidine HCl Injection Solution 50 MG/2ML (Zantac)	Sol	49200020102006	No	0	No	No	Yes	No	N/A	No	Yes	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	N/A	No	Yes	No	Yes
	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	No	Yes
	Ranitidine HCl Syrup 15 MG/ML (10 ML Cup) (Zantac)	Syrup	49200020101210	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	Advisories:													
	**Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within 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	No	Yes
	Ranitidine HCl 150 MG TAB UD (Zantac)	Tab	49200020100305	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	Ranitidine HCl 300 MG TAB (Zantac)	Tab	49200020100310	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	Ranitidine HCl 300 MG TAB UD (Zantac)	Tab	49200020100310	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	Advisories:													
	**Formulary OTC medications may only be prescribed as a maintenance medication associated with ongoing follow up in a chronic care clinic and is supported by an appropriate and commensurate indication. Refer to the Formulary OTC Prescribing Criteria Matrix contained within 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	No	Yes
	Regadenoson 0.4 MG/5 ML, 5 ML inj (Lexiscan)	Sol	94200079002020	No	0	No	No	No	No	N/A	No	Yes	No	Yes
	**Medical Referral Center (MRC) Use 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	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	No	Yes
	Ribavirin Capsule													
	Ribavirin 200 MG CAP (Ribasphere)	Cap	12353070000120	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	Ribavirin 200 MG CAP UD	Cap	12353070000120	No	0	No	No	Yes	No	N/A	Yes	Yes	Yes	Yes
	Advisories:													
	****Use drug entry " Hepatitis C Treatment algorithm request" for all Hep C requests via BEMR RX****													
	Formulary Restrictions:													
	****MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C TREATMENT****													
	Ribavirin Tablet													
	Ribavirin 200 MG Tab (Copegus)	Tab	12353070000320	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	Ribavirin 200 MG Tab UD (Copegus)	Tab	12353070000320	No	0	No	No	Yes	No	N/A	Yes	Yes	Yes	Yes
	Ribavirin 600 MG Tab (Ribapak)	Tab	12353070000360	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Advisories: ****Use drug entry " Hepatitis C Treatment algorithm request" for all Hep C requests via BEMR RX**** Formulary Restrictions: ****MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C TREATMENT****														
RifaBUTIN	Capsule													
	RifaBUTIN 150 MG Cap (Mycobutin)	Cap	090000750000120	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	RifaBUTIN 150 MG Cap UD	Cap	090000750000120	No	0	No	No	Yes	No	N/A	Yes	Yes	No	Yes
Rifampin	Capsule													
	Rifampin 300 MG CAP (Rifadin)	Cap	090000800000110	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	Rifampin 150 MG CAP (Rifadin)	Cap	090000800000105	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	Rifampin 300 MG CAP UD (Rifadin)	Cap	090000800000110	No	0	No	No	Yes	No	N/A	Yes	Yes	No	Yes
	Rifampin 150 MG CAP UD (Rifadin)	Cap	090000800000105	No	0	No	No	Yes	No	N/A	Yes	Yes	No	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	090000800002120	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Advisories: ****Do Not Use as Single Agent for MRSA ****														
Rifapentine	Oral Tablet 150 MG													
	Rifapentine Oral Tablet 150 MG (Priftin)	Tab	090000850000320	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
Advisories: ****INH/Rifapentine 12 week therapy is preferred treatment for latent TB infection per BOP Management of Tuberculosis Clinical Practice Guideline, Isoniazid-Rifapentine Treatment of Latent TB Infection Addendum, 2014**														
Ringers	Intravenous Solution													
	Ringers Intravenous Solution	Sol	79992001302010	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
risperidone	Long-Acting Inj													
	risperidone Long-Acting Inj 37.5 MG (2ml) (Risperdal CONSTA)	Susp Recon	59070070101930	No	0	Yes	No	Yes	No	N/A	No	Yes	No	Yes
	risperidone Long-Acting Inj 50 MG (2ml) (Risperdal CONSTA)	Susp Recon	59070070101940	No	0	Yes	No	Yes	No	N/A	No	Yes	No	Yes
	risperidone Long-Acting Inj 25 MG (2ml) (Risperdal CONSTA)	Susp Recon	59070070101920	No	0	Yes	No	Yes	No	N/A	No	Yes	No	Yes
	risperidone Long-Acting Inj 12.5 MG (2ml) (Risperdal CONSTA)	Susp Recon	59070070101910	No	0	Yes	No	Yes	No	N/A	No	Yes	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	590700700002010	No	0	Yes	No	Yes	No	N/A	No	Yes	No	Yes
Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**														



Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
risperidone	Oral Tablet	Tab	590700700000310	No	0	Yes	No	Yes	No	N/A	Yes	Yes		Yes
risperidone	1 MG Tab UD (Risperdal)	Tab	590700700000310	No	0	Yes	No	Yes	No	N/A	Yes	Yes		Yes
risperidone	1 MG Tab (Risperdal)	Tab	590700700000320	No	0	Yes	No	Yes	No	N/A	Yes	Yes		Yes
risperidone	2 MG Tab UD (Risperdal)	Tab	590700700000320	No	0	Yes	No	Yes	No	N/A	Yes	Yes		Yes
risperidone	2 MG Tab (Risperdal)	Tab	590700700000330	No	0	Yes	No	Yes	No	N/A	Yes	Yes		Yes
risperidone	3 MG Tab UD (Risperdal)	Tab	590700700000330	No	0	Yes	No	Yes	No	N/A	Yes	Yes		Yes
risperidone	3 MG Tab (Risperdal)	Tab	590700700000340	No	0	Yes	No	Yes	No	N/A	Yes	Yes		Yes
risperidone	4 MG Tab UD (Risperdal)	Tab	590700700000340	No	0	Yes	No	Yes	No	N/A	Yes	Yes		Yes
risperidone	4 MG Tab (Risperdal)	Tab	590700700000303	No	0	Yes	No	Yes	No	N/A	Yes	Yes		Yes
risperidone	0.25 MG Tab (Risperdal)	Tab	590700700000306	No	0	Yes	No	Yes	No	N/A	Yes	Yes		Yes
risperidone	0.5 MG Tab UD (Risperdal)	Tab	590700700000306	No	0	Yes	No	Yes	No	N/A	Yes	Yes		Yes
risperidone	0.5 MG Tab (Risperdal)	Tab	590700700000306	No	0	Yes	No	Yes	No	N/A	Yes	Yes		Yes
risperidone	0.25 MG Tab UD (Risperdal)	Tab	590700700000303	No	0	Yes	No	Yes	No	N/A	Yes	Yes		Yes
Advisories:														
****NOT TO BE ROUTINELY USED AS A SLEEP AGENT****														
**MLP Requires Cosign**														
Ritonavir	(RTV) 100 MG Tablet	Tab	12104560000320	No	0	Yes	No	No	No	N/A	No	Yes		Yes
Ritonavir	(RTV) 100 MG Tab (Norvir)	Tab	12104560000320	No	0	Yes	No	No	No	N/A	Yes	Yes		Yes
Ritonavir	(RTV) 100 MG Tab UD (Norvir)	Tab	12104560000320	No	0	Yes	No	No	No	N/A	Yes	Yes		Yes
**MLP Requires Cosign**														
Ritonavir	(RTV) Capsule	Cap	12104560000120	No	0	Yes	No	No	No	N/A	No	Yes		Yes
Ritonavir	(RTV) 100 MG Cap (Norvir)	Cap	12104560000120	No	0	Yes	No	No	No	N/A	Yes	Yes		Yes
Ritonavir	(RTV) 100 MG Cap UD (Norvir)	Cap	12104560000120	No	0	Yes	No	No	No	N/A	Yes	Yes		Yes
**MLP Requires Cosign**														
Ritonavir	(RTV) Solution 80 MG/ML	Sol	12104560002020	No	0	Yes	Yes	No	No	N/A	No	Yes		Yes
Ritonavir	(RTV) 80 MG/ML solution (Norvir)	Sol	12104560002020	No	0	Yes	Yes	No	No	N/A	No	Yes		Yes
**MLP Requires Cosign**														
riTUXimab	Injection	Sol	21353060002020	No	0	No	No	Yes	No	N/A	No	Yes		Yes
riTUXimab	Intravenous Solution 100 MG/10ML (Rituxan)	Sol	21353060002020	No	0	No	No	Yes	No	N/A	No	Yes		Yes
riTUXimab	Intravenous Solution 500 MG/50ML (rituxan)	Sol	21353060002040	No	0	No	No	Yes	No	N/A	No	Yes		Yes
**Medical Referral Center (MRC) Use Only**														
Ropivacaine	HCL Injection 2 MG/ML	Sol	69100070102008	No	0	No	No	Yes	No	N/A	No	Yes		Yes
Ropivacaine	HCL INJ 2 MG/ML (Naropin)	Sol	69100070102008	No	0	No	No	Yes	No	N/A	No	Yes		Yes
**Medical Referral Center (MRC) Use Only**														
Ropivacaine	HCl Injection 5 MG/ML	Sol	69100070102020	No	0	No	No	Yes	No	N/A	No	Yes		Yes
Ropivacaine	HCl INJ 5 MG/ML (Naropin)	Sol	69100070102020	No	0	No	No	Yes	No	N/A	No	Yes		Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active Dose	Unit	Fmlry
**Medical Referral Center (MRC) Use Only**													
Salicylic Acid 40 % Patch (Mediplast)	Salicylic Acid Patch 40% 2.x3inch (Mediplast External)	Miscellaneous	90750030006370	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Salicylic Acid External Pad 40 % 2 x 3inch (Mediplast External Pad 40%)	Salicylic Acid External Pad 40 % 2 x 3inch (Mediplast External Pad 40%)	Pad	90750030004340	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.**													
Salicylic Acid External Liquid 26 %	Salicylic Acid External Liquid 26 %	Liq	90750030002010	No	0	No	No	No	No	N/A	No	Yes	Yes
Salicylic Acid Gel 6%	Salicylic Acid External Gel 6% (Keralyt)	Gel	90750030004005	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Salicylic Acid Patch 15%	Salicylic Acid Patch 15%, 12MM (Trans-Ver-Sal)	Patch	90750030005915	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Advisories:													
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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	Yes
Salicylic Acid Ext Liq 17 % 9.3 ml (compound W) (Compound W)	Salicylic Acid Ext Liq 17 % 9.3 ml (compound W) (Compound W)	Liq	90750030000932	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Salicylic Acid W Max Strength Ext Gel 17% 7ML (Compound W max strength)	Salicylic Acid W Max Strength Ext Gel 17% 7ML (Compound W max strength)	Gel	90750030004020	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Saliva Substitute	Saliva Substitute 30 ml (Caphosol) (Caphosol)	Sol	88501000002000	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Aquoral Mouth/Throat Aerosol Solution	Aquoral Mouth/Throat Aerosol Solution	Aero Sol	88501000003400	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Saliva Substitute (Mouth Kote Mouth/Throat Soln)	Saliva Substitute (Mouth Kote Mouth/Throat Soln)	Sol	88501000002000	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Saliva Substitute (Moi-Stir Mouth/Throat Soln 4oz)	Saliva Substitute (Moi-Stir Mouth/Throat Soln 4oz)	Sol	88501000002000	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Salsalate Tablet	Salsalate 500 MG Tab (Disalcid)	Tab	64100075000305	No	0	No	No	No	No	N/A	No	Yes	Yes
Salsalate 500 MG Tab UD (Disalcid)	Salsalate 500 MG Tab UD (Disalcid)	Tab	64100075000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Salsalate 750 MG Tab (Disalcid)	Salsalate 750 MG Tab (Disalcid)	Tab	64100075000310	No	0	No	No	No	No	N/A	No	Yes	Yes
Salsalate 750 MG Tab UD (Disalcid)	Salsalate 750 MG Tab UD (Disalcid)	Tab	64100075000310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Saquinavir Mesylate (SQV) 500 MG Tablet	Saquinavir Mesylate (SQV) 500 MG Tablet	Tab	12104580200320	No	0	Yes	No	No	No	N/A	No	Yes	Yes
Saquinavir Mesylate (SQV) 500 MG Tab (Invirase)	Saquinavir Mesylate (SQV) 500 MG Tab (Invirase)	Tab	12104580200320	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Sargramostim Injection	Sargramostim Inj Solution 500 MCG/ML (Leukine)	Sol	82402050002025	No	0	No	No	Yes	No	N/A	No	Yes		Yes
Scopolamine Transdermal Patch 1.5MG (72hour)	Scopolamine Transdermal Patch 72 Hour 1 MG/3DAYS	Patch 72 Hour	50200060008610	No	0	No	Yes	No	No	N/A	No	Yes		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		Yes
Selegiline Capsule/Tablet	Selegiline 5 MG Tab (Eldepryl)	Tab	73300030100320	No	0	No	No	Yes	No	N/A	No	Yes		Yes
	Selegiline 5 MG Cap UD (Eldedpryl)	Cap	73300030100120	No	0	No	No	Yes	No	N/A	Yes	Yes		Yes
	Selegiline HCl 5 MG Cap	Cap	73300030100120	No	0	No	No	Yes	No	N/A	No	Yes		Yes
Non-Formulary Use Criteria:														
**1. For narcolepsy: Documented verification of the inmate's report, to include polysomnography obtained and provided**														
**2. For narcolepsy: Patient has failed non-pharmacologic management strategies**														
**3. For narcolepsy: Functional impairment with work assignment, institution security, academic needs**														
**4. For narcolepsy: Failed treatment with modafinil and fluoxetine (for cataplexy)**														
Formulary Restrictions:														
****Not for use in Narcolepsy ( See NFR Use Criteria)****														
Selenium Sulfide Lotion 2.5%	Selenium Sulfide Lotion 2.5%, 120ML (Selsun)	Lotion	90300050004120	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.**														
Selenium Sulfide Shampoo/Lotion 1%	Selenium Sulfide Shampoo/Lotion 1%, 120ML (Selsun)	Lotion	90300050004110	No	0	No	Yes	No	No	N/A	No	Yes		Yes
	Selenium Sulfide Shampoo/Lotion 1%, 207ML (Selsun)	Lotion	90300050004110	No	0	No	Yes	No	No	N/A	No	Yes		Yes
	Selenium Sulfide Shampoo/Lotion 1% (OTC) 7 oz (Selsun)	Lotion	90300050004110	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.**														
Senna Tablet	Senna 8.6 MG Tab (Sennakot)	Tab	46200060200303	No	0	No	No	No	No	N/A	No	Yes		Yes
	Senna 8.6 MG Tab UD (Sennakot)	Tab	46200060200303	No	0	No	No	No	No	N/A	Yes	Yes		Yes
Sennosides Oral Syrup 8.8 MG/5ML	Sennosides Oral Syrup 8.8 MG/5ML	Syrup	46200060201220	No	0	No	Yes	No	No	N/A	No	Yes		Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Sertraline Oral Concentrate	Sertraline SOL 20 MG/ML, 60 ML (Zoloft)	Concentrate	58160070101320	No	0	Yes	Yes	No	No	N/A	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**** **MLP Requires Cosign**														
Sertraline Tablet	Sertraline HCl 100 MG Tab UD (Zoloft)	Tab	58160070100320	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes	Yes
	Sertraline HCl 100 MG Tab (Zoloft)	Tab	58160070100320	No	0	Yes	No	No	No	N/A	No	N/A	No	Yes
	Sertraline HCl 50 MG Tab UD (Zoloft)	Tab	58160070100310	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes	Yes
	Sertraline HCl 50 MG Tab (Zoloft)	Tab	58160070100310	No	0	Yes	No	No	No	N/A	No	N/A	No	Yes
	Sertraline HCl 25 MG Tab (Zoloft)	Tab	58160070100305	No	0	Yes	No	No	No	N/A	No	N/A	No	Yes
	Sertraline HCl 25 MG Tab UD (Zoloft)	Tab	58160070100305	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes	Yes
Advisories: ****FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE** **NON-COMPLIANT PATIENTS SHOULD BE EVALUATED FOR RETURN TO PILL LINE STATUS ON A CASE BY CASE BASIS**** **MLP Requires Cosign**														
Sevelamer Carbonate Tablet	Sevelamer Carbonate 800 MG Tab (Renvela)	Tab	52800070050340	No	0	No	No	No	No	N/A	No	N/A	No	Yes
	Sevelamer Carbonate 800 MG Tab UD	Tab	52800070050340	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
Sevoflurane Inhalation Solution	Sevoflurane Inhalation Solution (Ultane)	Sol	70200070002000	No	0	No	No	No	No	N/A	No	N/A	No	Yes
Silver & Potassium Nitrate Applicator 75-25%	Silver & Potassium Nitrate Applicator 75-25% EA (Silver Nitrate Applicators)	Miscellaneous	90509902406340	No	0	No	Yes	No	No	N/A	No	N/A	No	Yes
Silver Sulfadiazine Cream 1%	Silver Sulfadiazine Cream 1%	Cm	904500300003710	No	0	No	Yes	No	No	N/A	No	N/A	No	Yes
	Silver Sulfadiazine Cream 1%, 400 GM (Thermazene)	Cm	904500300003710	No	0	No	Yes	No	No	N/A	No	N/A	No	Yes
	Silver Sulfadiazine Cream 1%, 20 GM (Thermazene)	Cm	904500300003710	No	0	No	Yes	No	No	N/A	No	N/A	No	Yes
	Silver Sulfadiazine Cream 1%, 50 GM (Thermazene)	Cm	904500300003710	No	0	No	Yes	No	No	N/A	No	N/A	No	Yes
	Silver Sulfadiazine Cream 1%, 85 GM (Thermazene)	Cm	904500300003710	No	0	No	Yes	No	No	N/A	No	N/A	No	Yes
	Silver Sulfadiazine Cream 1%, 25 GM (Silvadene)	Cm	904500300003710	No	0	No	Yes	No	No	N/A	No	N/A	No	Yes
Simethicone Chewable Tablet	Simethicone 80 MG Chew Tab UD (Mytab)	Tab Chew	522000200000510	No	0	No	No	No	No	N/A	Yes	Yes	Yes	Yes
	Simethicone 80 MG Chew Tab (Mytab)	Tab Chew	522000200000510	No	0	No	No	No	No	N/A	No	N/A	No	Yes
	Simethicone 80 MG Chew (OTC) 100 count	Tab Chew	522000200000510	No	0	No	No	No	No	N/A	No	N/A	No	Yes
	Simethicone 80 MG Chew (OTC) 24 count	Tab Chew	522000200000510	No	0	No	No	No	No	N/A	No	N/A	No	Yes
	Simethicone 80 MG Chew (OTC) 36 count (Mylcon)	Tab Chew	522000200000510	No	0	No	No	No	No	N/A	No	N/A	No	Yes
	Simethicone 125 MG Chewable Tab	Tab Chew	522000200000530	No	0	No	No	No	No	N/A	No	N/A	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlry
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.**													
Sincalide Injection	Sincalide Inj 5 MCG (Kinevac)	Sol Recon	94200085002105	No	0	No	No	Yes	No	N/A	No	No	Yes
Sodium Acetate IV Solution	Sodium Acetate Inj 2MEQ/ML, 50 ML	Sol	79050010002005	No	0	No	Yes	Yes	No	N/A	No	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	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	No	Yes
	Sodium Bicarbonate Inj 4%, 5 ML (Neut)	Sol	79050020002005	No	0	No	Yes	Yes	No	N/A	No	No	Yes
Sodium Bicarbonate Tablet	Sodium Bicarbonate Tablet	Tab	48200010000310	No	0	No	No	No	No	N/A	No	No	Yes
	Sodium Bicarbonate 325 MG Tab (Sodium Bicarbonate Tablet)	Tab	48200010000325	No	0	No	No	No	No	N/A	No	No	Yes
	Sodium Bicarbonate 650 MG (10GR) Tab (Sodium Bicarbonate)	Tab	48200010000325	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Sodium Chloride 0.9% Nebulization Solution	Sodium Chloride 0.9% Nebulization Solution	Nebulization	43400010002520	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes
	Sodium CHLORIDE 0.9% Inhalation 3 ML UD (Sodium Chloride For Inhalation)	Nebulization	43400010002520	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes
	Sodium Chloride 2% Ophth Solution	Sol	86804030102003	No	0	No	Yes	No	No	N/A	No	No	Yes
	Sodium Chloride 3% Inhalation Nebulization Soln	Nebulization	43400010002530	No	0	No	Yes	No	No	N/A	No	No	Yes
	Sodium Chloride 3% Inhalation Nebul Soln	Sol	79750010002030	No	0	No	No	No	No	N/A	No	No	Yes
	Sodium Chloride 3% Intravenous Solution 500 ML	Nebulization	43400010002535	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes
	Sodium Chloride 7% Nebulization Solution	Sol	79750010102024	No	0	No	No	Yes	No	N/A	No	No	Yes
	Sodium Chloride 7% Inhalation PF 4 ML UD	Sol	79750010002020	No	0	No	Yes	Yes	No	N/A	No	No	Yes
Advisories: **Caution - This is a concentrated Solution.**													
Sodium Chloride Flush	Sodium Chloride Flush	Sol	79750010102024	No	0	No	No	Yes	No	N/A	No	No	Yes
	Sodium CHLORIDE 0.9% Flush Syringe, 10 ML (Flush Sodium Chloride)	Sol	79750010002020	No	0	No	Yes	Yes	No	N/A	No	No	Yes
	Sodium Chloride Flush Intravenous Soln 0.9% 10ml	Sol	79750010102024	No	0	No	No	Yes	No	N/A	No	No	Yes
	Sodium Chloride Flush Intravenous Soln 0.9% 10ml (normal saline)	Sol	79750010102024	No	0	No	No	Yes	No	N/A	No	No	Yes
Sodium Chloride Injection 0.45%	Sodium Chloride Injection 0.45%	Sol	79750010002010	No	0	No	No	Yes	No	N/A	No	No	Yes
	Sodium CHLORIDE 0.45% Inj 1000 ML (Sodium Chloride 0.45% Injection)	Sol	79750010002010	No	0	No	No	Yes	No	N/A	No	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	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlyr
Sodium Chloride Injection 0.9%	Sodium Chloride Injection 0.9%	Sol	79750010002020	No	0	No	Yes	Yes	No	N/A	No	No	Yes
	Sodium CHLORIDE 0.9% Inj 10 ML SDV (Sodium Chloride 0.9%)	Sol	79750010002020	No	0	No	Yes	Yes	No	N/A	No	No	Yes
	Sodium CHLORIDE 0.9% Inj 20 ML SDV (Sodium Chloride Injection)	Sol	79750010002020	No	0	No	No	Yes	No	N/A	No	No	Yes
	Sodium CHLORIDE 0.9% Inj 50 ML (ADD-Vant) (Sodium Chloride)	Sol	79750010002020	No	0	No	No	Yes	No	N/A	No	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	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	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	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	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	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	No	Yes
	Sodium CHLORIDE 0.9% Inj 250 ML (ADD-Vant)	Sol	79750010002021	No	0	No	Yes	Yes	No	N/A	No	No	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	No	Yes
	Sodium Chloride 0.9% Inj 50 ml (Mini Bag)	Sol	79750010002021	No	0	No	Yes	Yes	No	N/A	No	No	Yes
	Sodium Chloride Injection Soln 0.9% 2 ML	Sol	79750010002020	No	0	No	No	Yes	No	N/A	No	No	Yes
Sodium Chloride Injection 2.5 MEQ/ML	Sodium Chloride Injection 2.5 MEQ/ML	Sol	79750010002050	No	0	No	No	Yes	No	N/A	No	No	Yes
Sodium CHLORIDE Conc 2.5 MEQ/ML Inj	Sodium CHLORIDE Conc 2.5 MEQ/ML Inj	Sol	79750010002045	No	0	No	No	Yes	No	N/A	No	No	Yes
Advisories:	****Caution - this is a concentrated electrolyte****												
Sodium Chloride Injection 23.4%	Sodium Chloride Injection 23.4%	Sol	79750010002045	No	0	No	No	Yes	No	N/A	No	No	Yes
Advisories:	****Must be diluted prior to administration***												
	**Caution - this is a concentrated electrolyte****												
Sodium Chloride Injection 4 MEQ/ML	Sodium Chloride Injection 4 MEQ/ML	Sol	79750010002045	No	0	No	No	Yes	No	N/A	No	No	Yes
Sodium CHLORIDE Conc 4 MEQ/ML,30 ML Inj (Sodium Chloride 23.4%)	Sodium CHLORIDE Conc 4 MEQ/ML,30 ML Inj (Sodium Chloride 23.4%)	Sol	79750010002045	No	0	No	No	Yes	No	N/A	No	No	Yes
Advisories:	****Caution - this is a concentrated electrolyte****												
Sodium Chloride Injection Bacteriostatic	Sodium Chloride Injection Bacteriostatic	Sol	98401040102010	No	0	No	Yes	Yes	No	N/A	No	No	Yes
Sodium CHLORIDE 0.9% Inj Bacterio 30 ML MDV (Sodium Chloride Injection Bacteriostatic)	Sodium CHLORIDE 0.9% Inj Bacterio 30 ML MDV (Sodium Chloride Injection Bacteriostatic)	Sol	98401040102010	No	0	No	No	Yes	No	N/A	No	No	Yes
Sodium Chloride-Benzyl Alcohol Inj 0.9 % ( 10 ml)	Sodium Chloride-Benzyl Alcohol Inj 0.9 % ( 10 ml)	Sol	98401040102010	No	0	No	No	Yes	No	N/A	No	No	Yes
Sodium Chloride Irrigation 0.9%	Sodium Chloride Irrigation 0.9%	Sol	56700060002010	No	0	No	Yes	Yes	No	N/A	No	No	Yes
Sodium CHLORIDE 0.9% Irrigation 1000 ML	Sodium CHLORIDE 0.9% Irrigation 1000 ML	Sol	56700060002010	No	0	No	Yes	Yes	No	N/A	No	No	Yes
Sodium CHLORIDE 0.9% Irrigation Bottle 250 ml (Sodium Chloride Irrigation)	Sodium CHLORIDE 0.9% Irrigation Bottle 250 ml (Sodium Chloride Irrigation)	Sol	56700060002010	No	0	No	Yes	Yes	No	N/A	No	No	Yes
Sodium CHLORIDE 0.9% Irrigation 500 ML	Sodium CHLORIDE 0.9% Irrigation 500 ML	Sol	56700060002010	No	0	No	Yes	Yes	No	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlyr
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	No	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	No	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	No	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	No	Yes
Formulary Restrictions: ****RESTRICTED TO CHRONIC RENAL DISEASE****													
Sodium Phosphate & Biphosphate Enema	Sodium Phosphate & Biphosphate Enema 135 ml (Fleet Enema)	Enema	46109902105100	No	0	No	Yes	No	No	N/A	No	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	No	Yes
Sodium Phosphate & Biphosphate Oral Sol,(45ML) (Fleet)	Sodium Phosphate & Biphosphate Oral Sol,(45ML) (Fleet)	Sol	46109902102000	No	0	No	Yes	No	No	N/A	No	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	No	Yes
Sodium Phosphate IV Sol 3 MMOLE/ML (Sodium Phosphate)	Sodium Phosphate IV Sol 3 MMOLE/ML (Sodium Phosphate)	Sol	79600020002005	No	0	No	Yes	Yes	No	N/A	No	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	Yes
Sodium Polystyrene Sulfonate Susp 15 GM/60ML (Kayexalate)	Sodium Polystyrene Sulfonate Susp 15 GM/60ML (Kayexalate)	Susp	99450010001840	No	0	No	Yes	No	No	N/A	No	No	Yes
Sodium Thiosulfate 25%	Sodium Polystyrene Sulfate Susp 15 GM/60ML 473ml (Kionex Oral)	Susp	99450010001840	No	0	No	Yes	No	No	N/A	No	No	Yes
Sodium Thiosulfate 25% Inj 250MG/ML (50ML)	Sodium Thiosulfate 25% Inj 250MG/ML (50ML)	Sol	93000075002025	No	0	No	Yes	Yes	No	N/A	No	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	No	Yes
Sorafenib Tosylate 200 MG Tab UD (NexAVAR)	Sorafenib Tosylate 200 MG Tab UD (NexAVAR)	Tab	21533060400320	No	0	No	No	No	No	N/A	Yes	Yes	Yes





Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
	**MLP Requires Cosign**												
Stavudine (d4T) Oral Solution	Stavudine (d4T) Oral Sol 1MG/ML, 200 ML (Zerit)	Sol Recon	12108070002120	No	0	Yes	No	No	No	N/A	No	No	Yes
	**MLP Requires Cosign**												
Sterile Water for Injection	Sterile Water for Injection, 20 ML	Sol	98401010002000	No	0	No	Yes	No	No	N/A	No	No	Yes
	Sterile Water for Injection	Sol	98401010002050	No	0	No	No	No	No	N/A	No	No	Yes
	Sterile Water for Injection 10ML	Sol	98401010002000	No	0	No	No	No	No	N/A	No	No	Yes
	Sterile Water for Irrigation USP	Sol	99750005002000	No	0	No	Yes	No	No	N/A	No	No	Yes
	Sterile Water for Irrigation USP (Sterile Water for Irrigation)	Sol Recon	07000060102105	No	0	No	No	Yes	No	N/A	No	No	Yes
	Streptomycin Sulfate IM Injection	Sol Recon	21102030002105	No	0	No	No	Yes	No	N/A	No	No	Yes
	Streptomycin Sulfate IM Inj 1GM	Sol Recon	07000060102105	No	0	No	No	Yes	No	N/A	No	No	Yes
	Streptozocin IV Solution	Sol	74100010102005	No	0	No	No	Yes	No	N/A	No	No	Yes
	Streptozocin IV Sol Reconstituted 1 GM (Zanosar)	Sol	74100010102005	No	0	No	No	Yes	No	N/A	No	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	49300010001820	No	0	No	Yes	No	No	N/A	No	No	Yes
	Sucralfate Suspension 100 MG/1ML	Susp	49300010001820	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes
	Sucralfate Suspension 100 MG/ML, 10ML UD (Carafate)	Susp	49300010001820	No	0	No	Yes	No	No	N/A	No	No	Yes
	Sucralfate Suspension 100 MG/ML, 420ML (Carafate)	Susp	49300010001820	No	0	No	Yes	No	No	N/A	No	No	Yes
	Sucralfate Tablet	Tab	49300010000305	No	0	No	No	No	No	N/A	No	No	Yes
	Sucralfate Tablet 1 GM (Carafate)	Tab	49300010000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Sucralfate Tablet 1 GM UD (Carafate)	Tab	49300010000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Sulfacetamide Sod ophth Solution 10%	Sulfacetamide Sod ophth Solution 10%	Sol	86102010102010	No	0	No	Yes	No	No	N/A	No	No	Yes
	Sulfacetamide Sod ophth Sol 10% 15 ML (Sulamyd)	Sol	86102010102010	No	0	No	Yes	No	No	N/A	No	No	Yes
	Sulfacetamide Sod ophth Sol 10% 5 ML (Bleph-10)	Sol	86102010102010	No	0	No	Yes	No	No	N/A	No	No	Yes
	sulfADIAZINE Tablet	Tab	08000020000305	No	0	No	No	No	No	N/A	No	No	Yes
	sulfADIAZINE 500 MG Tab (SulfaDIAZINE)	Tab	08000020000305	No	0	No	No	No	No	N/A	No	No	Yes
	sulfADIAZINE 500 MG Tab UD	Tab	08000020000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Sulfamethoxazole/Trimeth 400-80 Mg Tablet	Sulfamethoxazole/Trimeth 400-80 Mg Tablet	Tab	16990002300310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Sulfamethoxazole/Trimeth 400mg/80mg UD (Bactrim SS)	Tab	16990002300310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Sulfamethoxazole/Trimeth 400mg/80mg tab (Bactrim SS)	Tab	16990002300310	No	0	No	No	No	No	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
Advisories:													
****PILL LINE ONLY when used in the treatment of MRSA****													
Sulfamethoxazole/Trimeth DS 800-160 Mg Tablet		Tab	16990002300320	No	0	No	No	No	No	No	N/A	No	Yes
Sulfamethoxazole/Trimeth 800mg /160mg tab (Bactrim DS)		Tab	16990002300320	No	0	No	No	No	No	No	N/A	Yes	Yes
Advisories:													
****PILL LINE ONLY when used in the treatment of MRSA****													
Sulfamethoxazole/Trimeth Injection		Sol	16990002302010	No	0	No	Yes	Yes	No	N/A	No	No	Yes
Sulfamethoxazole/Trimeth 80 mg/16 mg/ml inj (Bactrim IV)		Susp	16990002301810	No	0	No	Yes	No	No	N/A	No	No	Yes
Sulfamethoxazole/Trimeth Susp 200-40 MG/5ML													
Sulfamethox/Trimeth 200mg/40mg/5 susp. 473ML (Bactrim Suspension)													
Advisories:													
****PILL LINE ONLY when used in the treatment of MRSA****													
sulfasalazine Enteric Coated Tablet		Tab DR	52500060000610	No	0	No	No	No	No	N/A	No	No	Yes
sulfasalazine. EC Tab 500 MG (Azulfidine EC)		Tab DR	52500060000610	No	0	No	No	No	No	N/A	Yes	Yes	Yes
sulfasalazine Oral Tablet		Tab	52500060000310	No	0	No	No	No	No	N/A	No	No	Yes
sulfasalazine 500 MG Tab (Azulfidine)		Tab	52500060000305	No	0	No	No	No	No	N/A	No	No	Yes
Sulindac Tablet		Tab	66100080000305	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Sulindac 150 MG Tab (Clinoril)		Tab	66100080000310	No	0	No	No	No	No	N/A	No	No	Yes
Sulindac 200 MG Tab (Clinoril)		Tab	66100080000310	No	0	No	No	No	No	N/A	No	No	Yes
Sulindac 200 MG Tab UD (Clinoril)		Tab	66100080000310	No	0	No	No	No	No	N/A	Yes	Yes	Yes
SUMatriptan Injection		Sol	67406070102010	No	0	Yes	No	Yes	No	N/A	No	No	Yes
SUMatriptan 6 MG/0.5 ML Inj (Imitrex)		Sol Prefilled	6740607010E52	No	0	Yes	No	Yes	No	N/A	No	No	Yes
SUMatriptan 6 MG/0.5ML Subcu Prefilled Syringe (Imitrex prefilled)		Sol Auto-	6740607010D52	No	0	Yes	Yes	Yes	No	N/A	No	No	Yes
SUMatriptan Subcu Auto-injector 6 MG/0.5ML (Imitrex)													
Advisories:													
****CONCOMITANT PROPHYLACTIC REGIMEN REQUIRED****													
**MLP Requires Cosign**													
Sunitinib Malate Capsule		Cap	21533070300140	No	0	No	No	No	No	N/A	No	No	Yes
Sunitinib Malate 50 MG Cap (Sutent)		Cap	21533070300120	No	0	No	No	No	No	N/A	No	No	Yes
Sunitinib Malate 12.5 MG Cap (Sutent)		Cap	21533070300130	No	0	No	No	No	No	N/A	No	No	Yes
Sunitinib Malate 25 MG Cap (Sutent)		Cap	21533070300120	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Sunitinib Malate 12.5 MG Cap UD (Sutent)		Cap	21533070300130	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Sunitinib Malate 25 MG Cap UD (Sutent)		Cap	21533070300140	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Sunitinib Malate 50 MG Cap UD (Sutent)		Cap	21533070300135	No	0	No	No	No	No	N/A	No	No	Yes
Sunitinib Malate 37.5 MG Cap (Sutent)		Cap	21533070300135	No	0	No	No	No	No	N/A	No	No	Yes

Doctor Name	Item Name	Formulary Restrictions:	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
		***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***										
Tacrolimus Capsule												
	Tacrolimus 5 MG Cap UD (Prograf)		No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Tacrolimus 5 MG Cap (Prograf)		No	0	No	No	No	No	N/A	No	Yes	Yes
	Tacrolimus 0.5 MG Cap (Prograf)		No	0	No	No	No	No	N/A	No	Yes	Yes
	Tacrolimus 1 MG Cap (Prograf)		No	0	No	No	No	No	N/A	No	Yes	Yes
	Tacrolimus 1 MG Cap UD (Prograf)		No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Tacrolimus 0.5 MG Cap UD (Prograf)		No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Formulary Restrictions:											
	**** FOR ORGAN REJECTION PROPHYLAXIS****											
Tamoxifen Tablet												
	Tamoxifen 10 MG Tab (Nolvadex)		No	0	No	No	No	No	N/A	No	Yes	Yes
	Tamoxifen 20 MG Tab (Nolvadex)		No	0	No	No	No	No	N/A	No	Yes	Yes
	Tamoxifen 10 MG Tab UD (Nolvadex)		No	0	No	No	No	No	N/A	Yes	Yes	Yes
Tamsulosin Capsule												
	Tamsulosin HCl 0.4 MG Cap (Flomax)		No	0	No	No	No	No	N/A	No	Yes	Yes
	Tamsulosin HCl 0.4 MG Cap UD (Flomax)		No	0	No	No	No	No	N/A	Yes	Yes	Yes
Tbo-Filagristim Subcu prefilled Syringe												
	Tbo-Filagristim Subcu Syringe 480 MCG/0.8ML (Granix)		No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
	Tbo-Filagristim Subcu Syringe 300 MCG/0.5ML (Granix)		No	0	Yes	No	Yes	No	N/A	No	Yes	Yes

Advisories:

\*\*\*Oncologist/Hematologist Use Only\*\*\*  
 Non-Formulary Use Criteria:

- \*\*\*1. Adjuvant therapy for cancer chemotherapy.
- a. Chemotherapy primary prophylaxis for "dose dense" treatment regimen.
- b. Chemotherapy primary prophylaxis for treatment regimen with 20% or higher risk of febrile neutropenia.
- c. Chemotherapy primary prophylaxis for patient older than 65, poor performance status, combined chemoradiotherapy, poor nutritional status, advanced cancer, or other serious comorbidities.
- d. Chemotherapy secondary prophylaxis for patient with history of prior neutropenic complications.\*\*

\*\*2. All of the following must be true for patient to be eligible for tbo-filagristim treatment of hepatitis C treatment-related neutropenia:

- a. Patient receiving hepatitis C therapy ; AND
- b. Patient develops neutropenia defined as either
  - i. ANC < 250/mm3; or
  - ii. ANC < 500mm3 with one of the following risk factors for developing infection;
- a. Cirrhosis, biopsy proven or clinically evident;
- b. Pre- or post-liver transplant;
- c. HIV/HCV co-infection
- d. Receiving HCV triple therapy;

AND

c. Patient has failed to respond (i.e. neutropenia persists) despite at least two weeks of peginterferon dose reduction.\*\*

\*\*Medical Referral Center (MRC) Use Only\*\*

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
	**MLP Requires Cosign**													
Tears, Artificial Ophth Soln 1.4%(polyvinyl)		Sol	86200050002030	No	0	No	Yes	No	No	N/A	No	No	Yes	
Tears, Artificial (Polyvinyl Alcohol 1.4 %) 15ML (Teartgen)														
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)		Sol	86209902502020	No	0	No	Yes	No	No	N/A	Yes	Yes		
Tears, Artificial (Polyvinyl/povidone 1.4/0.6%UD (Refresh Classic))		Sol	86209902502020	No	0	No	Yes	No	No	N/A	No	No	Yes	
Tears, Ophth Sol, 30 ml (Refresh Classic) UD (Refresh Classic Solution)														
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 %		Oint	86209902904220	No	0	No	Yes	No	No	N/A	No	No	Yes	
Tears, Ophth Oint 3.5 GM (petro/min oil) 83-15% (Artificial tears oint)														
Tears, Lubricant - Petrolatum, White Ophth Oint														
Petrolatum, White Ophth Ointment 3.5 GM (Puralube Ophth Ointment)		Oint	86202000004200	No	0	No	Yes	No	No	N/A	No	No	Yes	
Mineral Oil/White Petrola Oph 42.5%/57.3% OINT (Refresh P.M.)		Oint	86202000004200	No	0	No	Yes	No	No	N/A	No	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	N/A	No	No	Yes	
Tears, Ophth Oint 3.5 GM 2-15-83 % (AKWA reform)		Oint	86202000004200	No	0	No	Yes	No	No	N/A	No	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		Cap	21104070000120	No	0	No	No	No	No	N/A	No	No	Yes	
Temozolomide 20 MG Cap (Temodar)		Cap	21104070000140	No	0	No	No	No	No	N/A	No	No	Yes	
Temozolomide 100 MG Cap (Temodar)		Cap	21104070000150	No	0	No	No	No	No	N/A	No	No	Yes	
Temozolomide 250 MG Cap (Temodar)		Cap	21104070000110	No	0	No	No	No	No	N/A	No	No	Yes	
Temozolomide 5 MG Cap (Temodar)		Cap	21104070000140	No	0	No	No	No	No	N/A	Yes	Yes		
Temozolomide 100 MG Cap UD (Temodar)		Cap	21104070000120	No	0	No	No	No	No	N/A	Yes	Yes		
Temozolomide 20 MG Cap UD (Temodar)		Cap	21104070000110	No	0	No	No	No	No	N/A	Yes	Yes		
Temozolomide 5 MG Cap UD (Temodar)		Cap	21104070000143	No	0	No	No	No	No	N/A	No	No	Yes	
Temozolomide 140 MG Capsule (Temodar)		Cap	21104070000147	No	0	No	No	No	No	N/A	No	No	Yes	
Temozolomide 180 MG Cap (Temodar)		Cap												
Formulary Restrictions:														
**Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***														
**Medical Referral Center (MRC) Use Only**														
Tenofovir ( TDF) Tablet		Tab	12108570100320	No	0	Yes	No	No	No	N/A	No	No	Yes	
Tenofovir (TDF) 300 MG Tab (Viread)		Tab	12108570100320	No	0	Yes	No	No	No	N/A	Yes	Yes		
Tenofovir (TDF) 300 MG Tab UD (Viread)		Tab	12108570100305	No	0	Yes	No	No	No	N/A	No	No	Yes	
Tenofovir (TDF) 150 MG Tab (Viread)														

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
	**MLP Requires Cosign**												
	Terazosin Capsule												
	Terazosin HCl 1 MG Cap (Hytrin)	Cap	36202040100105	No	0	No	No	No	No	N/A	No	N/A	Yes
	Terazosin HCl 2 MG Cap (Hytrin)	Cap	36202040100110	No	0	No	No	No	No	N/A	No	N/A	Yes
	Terazosin HCl 10 MG Cap (Hytrin)	Cap	36202040100120	No	0	No	No	No	No	N/A	No	N/A	Yes
	Terazosin HCl 5 MG Cap (Hytrin)	Cap	36202040100115	No	0	No	No	No	No	N/A	No	N/A	Yes
	Terazosin HCl 5 MG Cap UD (Hytrin)	Cap	36202040100115	No	0	No	No	No	No	N/A	Yes	N/A	Yes
	Terazosin HCl 1 MG Cap UD (Hytrin)	Cap	36202040100105	No	0	No	No	No	No	N/A	Yes	N/A	Yes
	Terazosin HCl 10 MG Cap UD (Hytrin)	Cap	36202040100120	No	0	No	No	No	No	N/A	Yes	N/A	Yes
	Terazosin HCl 2 MG Cap UD (Hytrin)	Cap	36202040100110	No	0	No	No	No	No	N/A	Yes	N/A	Yes
	Terbutaline Inj												
	Terbutaline 1 MG/ML, 1 ML Inj (Brethine Inj)	Sol	44201060202005	No	0	No	No	Yes	No	N/A	No	N/A	Yes
	Terbutaline Tablet												
	Terbutaline 2.5 MG Tab (Brethine)	Tab	44201060200305	No	0	No	No	No	No	N/A	No	N/A	Yes
	Terbutaline 5 MG Tab (Brethine)	Tab	44201060200310	No	0	No	No	No	No	N/A	No	N/A	Yes
	Terbutaline 5 MG Tab UD (Brethine)	Tab	44201060200310	No	0	No	No	No	No	N/A	Yes	N/A	Yes
	Terconazole Vaginal Cream 0.4%												
	Terconazole Vaginal Cream 0.4% (45 GM) GM (Terazol 7 Vaginal Cream)	Cm	551040700003710	No	0	No	Yes	No	No	N/A	No	N/A	Yes
	Terconazole Vaginal Cream 0.8%												
	Terconazole Vaginal Cream 0.8% (20 GM) GM (Terazol 3 Vaginal Cream)	Cm	551040700003720	No	0	No	Yes	No	No	N/A	No	N/A	Yes
	Terconazole Vaginal Suppository 80 MG												
	Terconazole Vaginal Suppository (3) 80 MG (Terazol 3)	Supp	551040700005210	No	0	No	Yes	No	No	N/A	No	N/A	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	N/A	No	N/A	Yes
	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	N/A	Yes
	Tetanus-Diphtheria Toxoids 5 ML MDV Inj (Tetanus & Diphtheria Toxoids)	Injectable	18990002202210	No	0	No	Yes	Yes	No	N/A	No	N/A	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	N/A	Yes
	Tetanus-Diphtheria Toxoids IM 5-2 LFU 0.5ml vial (Tenivac)	Injectable	18990002202210	No	0	No	No	Yes	No	N/A	No	N/A	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	N/A	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	N/A	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	N/A	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlry
Tetracaine HCl Injection		Sol	69200080102015	No	0	No	No	Yes	No	N/A	No	No	Yes
Tetracaine HCl Injection Solution 1 % (Pontocaine)		Sol	86750030102005	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes
Tetracaine HCl Ophth solution 0.5%		Sol	86750030102005	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Tetracaine HCL Ophth Soln 0.5%, 1 ML UD (Pontocaine)													
Tetracaine HCL Ophth Soln 0.5%, 15 ML (Pontocaine HCL)													
Tetracycline HCL Capsule		Cap	04000060100105	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Tetracycline 250 MG Cap UD (Tetracycline HCL)		Cap	04000060100105	No	0	No	No	No	No	N/A	No	Yes	Yes
Tetracycline 250 MG Cap (Achromycin V)		Cap	04000060100110	No	0	No	No	No	No	N/A	No	Yes	Yes
Tetracycline 500 MG Cap (Sumycin)		Cap	04000060100110	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Tetracycline 500 MG Cap UD (Tetracycline HCL)		Cap	04000060100110	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Advisories:													
	**This item is temporarily unavailable commercially on the National level until late 2013 !!**												
Thalidomide Capsule		Cap	99392070000130	No	0	No	No	Yes	No	N/A	No	No	Yes
Thalidomide Cap 100 MG (Thalomid)		Cap	99392070000140	No	0	No	No	Yes	No	N/A	No	No	Yes
Thalidomide Cap 200 MG (Thalomid)		Cap	99392070000120	No	0	No	No	Yes	No	N/A	No	No	Yes
Thalidomide Cap 50 MG (Thalomid)		Cap	99392070000135	No	0	No	No	Yes	No	N/A	No	No	Yes
Thalidomide Cap 150 MG (Thalomid)		Cap											
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		Cap ER 24	44300040007030	No	0	No	No	No	No	N/A	No	No	Yes
Theophylline 24 Hour ER 200 MG Cap		Cap ER 24	44300040007050	No	0	No	No	No	No	N/A	No	No	Yes
Theophylline 24 Hour ER 400 MG Cap (Theo-24 Oral Capsule ER)		Cap ER 24	44300040007040	No	0	No	No	No	No	N/A	No	No	Yes
Theophylline 24 Hour ER 300 MG Cap (Theo-24 capsule)		Cap ER 24	44300040007020	No	0	No	No	No	No	N/A	No	No	Yes
Theo-24 Oral Caps ER 24 Hour 100 MG		Cap ER 24											
Advisories:													
	*****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***												
Theophylline 24 Hour ER Tablet		Tab ER 24	44300040007540	No	0	No	No	No	No	N/A	No	No	Yes
Theophylline 24 Hour ER 400 MG Tab		Tab ER 24	44300040007560	No	0	No	No	No	No	N/A	No	No	Yes
Theophylline 24 Hour ER 600 MG Tab		Tab ER 24	44300040007560	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Theophylline 24 Hour ER 600 MG Tab UD (repack)		Tab ER 24	44300040007540	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Theophylline 24 Hour ER 400 MG Tab UD		Tab ER 24											
Advisories:													
	*****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***												

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active Dose	Unit	Fmlry
Theophylline	ER 12 Hour Tablet	Tab ER 12	44300040007430	No	0	No	No	No	No	N/A	No	N/A	Yes
Theophylline	12 Hour ER 200 MG Tab (Theochron)	Tab ER 12	44300040007430	No	0	No	No	No	No	N/A	No	N/A	Yes
Theophylline	12 Hour ER 300 MG Tab (Theochron)	Tab ER 12	44300040007440	No	0	No	No	No	No	N/A	No	N/A	Yes
Theophylline	12 Hour ER 100 MG Tab (Theochron)	Tab ER 12	44300040007420	No	0	No	No	No	No	N/A	No	N/A	Yes
Theophylline	12 Hour ER 300 MG Tab UD (Theochron)	Tab ER 12	44300040007440	No	0	No	No	No	No	N/A	Yes	N/A	Yes
Theophylline	12 Hour ER 450 MG Tab (Theochron)	Tab ER 12	44300040007455	No	0	No	No	No	No	N/A	No	N/A	Yes
Advisories: ****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring.***													
Thiamine	HCL Tablet	Tab	77101010100330	No	0	No	No	No	No	N/A	No	N/A	Yes
Thiamine	HCL 100 MG Tab (Vitamin B-1)	Tab	77101010100330	No	0	No	No	No	No	N/A	Yes	N/A	Yes
Thiamine	HCL 50 MG Tab UD (Vitamin B-1 Oral Tablet)	Tab	77101010100320	No	0	No	No	No	No	N/A	Yes	N/A	Yes
Thiamine	HCL 50 MG Tab (Vitamin B-1 Tablet)	Tab	77101010100320	No	0	No	No	No	No	N/A	No	N/A	Yes
Thiamine	HCL100 Mg/ML Inj	Sol	77101010102005	No	0	No	No	Yes	No	N/A	No	N/A	Yes
Thioguanine	Tablet	Tab	21300060000305	No	0	No	No	No	No	N/A	No	N/A	Yes
Thioguanine	40 MG Tab (Tablet)	Tab	21300060000305	No	0	No	No	No	No	N/A	No	N/A	Yes
Formulary Restrictions: ***Limit to 14 days dispensing if cost is > \$25 per tablet/capsule***													
Thiopental	Sodium IV Soln	Sol Recon	70100030102108	No	3	Yes	No	Yes	No	N/A	No	N/A	Yes
Thiopental	Sodium IV Soln Reconstituted 400 MG	Sol Recon	70100030102108	No	3	Yes	No	Yes	No	N/A	No	N/A	Yes
Formulary Restrictions: ****For Surgery/ Anesthesia use only**** **MLP Requires Cosign**													
Thiotepa	Injection	Sol Recon	21100040002105	No	0	No	No	Yes	No	N/A	No	N/A	Yes
Thiotepa	Inj 15 MG (Thiotepa)	Sol Recon	21100040002105	No	0	No	No	Yes	No	N/A	No	N/A	Yes
Thrombin	2000 Unit External Kit	Kit	84200050006420	No	0	No	No	Yes	No	N/A	No	N/A	Yes
Thrombin	External Kit 20000 Unit	Kit	84200050006420	No	0	No	No	Yes	No	N/A	No	N/A	Yes
Thrombin	5000 Unit External Solution	Sol Recon	84200050002110	No	0	No	No	Yes	No	N/A	No	N/A	Yes
Thrombin	5000 Unit External Soln (Thrombin- JMI)	Sol Recon	84200050002110	No	0	No	No	Yes	No	N/A	No	N/A	Yes
Thyrotropin	Alfa	Sol Recon	94200090102120	No	0	No	No	Yes	No	N/A	No	N/A	Yes
Thyrotropin	Alfa IM Sol 1.1 MG (Thyrogen)	Sol Recon	94200090102120	No	0	No	No	Yes	No	N/A	No	N/A	Yes
Timolol	Maleate Ophth GFS 0.5%	Gel Forming	86250030107630	No	0	No	Yes	No	No	N/A	No	N/A	Yes
Timolol	Mal.(XE) Gel Forming Soln 0.5%(2.5ml) (Timoptic-XE)	Gel Forming	86250030107630	No	0	No	Yes	No	No	N/A	No	N/A	Yes
Timolol	Maleate GFS 0.5% (5ML) (Timoptic GFS)	Gel Forming	86250030107630	No	0	No	Yes	No	No	N/A	No	N/A	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
Timolol Maleate	Ophth GFS 0.25%	Gel Forming	86250030107620	No	0	No	Yes	No	No	N/A	No	No	Yes
Timolol Maleate	Ophth GFS 0.25 % 5ml												
Timolol Maleate	Ophth Solution 0.25%	Sol	86250030102005	No	0	No	Yes	No	No	N/A	No	No	Yes
Timolol Maleate	Ophth Soln 0.25% (5 ML) (Timoptic Ophth Soln)	Sol	86250030102005	No	0	No	Yes	No	No	N/A	No	No	Yes
Timolol Maleate	Ophth Soln 0.25% (10 ML) (Timoptic)	Sol	86250030102005	No	0	No	Yes	No	No	N/A	No	No	Yes
Timolol Maleate	Ophth Soln 0.25% (15 ML) (timoptic)	Sol	86250030102005	No	0	No	Yes	No	No	N/A	No	No	Yes
Timolol Maleate	Ophth Solution 0.5%	Sol	86250030102010	No	0	No	Yes	No	No	N/A	No	No	Yes
Timolol Maleate	Ophth Soln 0.5% (15 ML) (Timoptic 0.5% soln)	Sol	86250030102010	No	0	No	Yes	No	No	N/A	No	No	Yes
Timolol Maleate	Ophth Soln 0.5% (10 ML) (Timoptic)	Sol	86250030102010	No	0	No	Yes	No	No	N/A	No	No	Yes
Timolol Maleate	Ophth Soln 0.5% (5 ML) (Timoptic)	Sol	86250030102010	No	0	No	Yes	No	No	N/A	No	No	Yes
Tiotropium Bromide	Inhalation Cap	Cap	44100080100120	No	0	No	Yes	No	No	N/A	No	No	Yes
Tiotropium Bromide	HandiHaler 30 Cap 18 MCG Inh (Spiriva HandiHaler Inhalation Capsule)	Cap	44100080100120	No	0	No	Yes	No	No	N/A	No	No	Yes
Tiotropium Bromide	HandiHaler 90 Cap 18 MCG Inh (Spiriva)	Cap	44100080100120	No	0	No	Yes	No	No	N/A	No	No	Yes
Tobramy/Dexameth	Ophth Susp 0.3-0.1%	Susp	86309902801820	No	0	Yes	Yes	No	No	N/A	No	No	Yes
Tobramycin/Dexameth	Oph Susp 5 ML 0.3%/0.1% (Tobradex)	Susp	86309902801820	No	0	Yes	Yes	No	No	N/A	No	No	Yes
Tobramycin-Dexameth	Ophth Susp 2.5 ml 0.3-0.1% (Tobradex)	Susp	86309902801820	No	0	Yes	Yes	No	No	N/A	No	No	Yes
Formulary Restrictions:													
****RESTRICTED TO OPTOMETRIST/PHYSICIAN USE ONLY****													
**MLP Requires Cosign**													
Tobramycin	Inhalation Sol 300 MG/5ML	Nebulization	07000070002520	No	0	No	Yes	No	No	N/A	No	No	Yes
Tobramycin	Inhalation Sol 300 MG/5 ML Amp (Tobi)												
Tobramycin	Sulfate Inj	Sol	07000070102034	No	0	No	No	Yes	No	N/A	No	No	Yes
Tobramycin	Sulfate Injection Solution 80 MG/2ML	Sol Recon	07000070102105	No	0	No	No	Yes	No	N/A	No	No	Yes
Tobramycin	Sulfate Inj Solution 1.2 GM												
Formulary Restrictions:													
****USE ONLY AFTER DEMONSTRATED GENTAMICIN FAILURE OR RESISTANCE****													
Tobramycin	Sulfate Ophth Oint 0.3%	Oint	86101070004205	No	0	No	Yes	No	No	N/A	No	No	Yes
Tobramycin	Sulfate Ophth 0.3%, 3.5 GM Oint (Tobrex)												
Tobramycin	Sulfate Ophth Solution 0.3%	Sol	86101070002005	No	0	No	Yes	No	No	N/A	No	No	Yes
Tobramycin	Sulfate Ophth 0.3%, 5 ML Soln (Tobrex)												
Topotecan	Inj	Sol Recon	21550080102120	No	0	No	No	Yes	No	N/A	No	No	Yes
Topotecan	1 MG/ML (Hycamtin)	Sol	21550080102020	No	0	No	No	Yes	No	N/A	No	No	Yes
Topotecan	HCl Intravenous Solution 4 MG/4ML (Hycamtin)												



Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
**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	No	Yes	Yes
Trace Elements Inj	Trace Elements 4-400-100-1000 MCG/ML (Multitrace)	Sol	79909904102025	No	0	No	No	Yes	No	N/A	No	No	Yes	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	No	Yes	Yes
**Medical Referral Center (MRC) Use Only**														
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	No	Yes	Yes
**Medical Referral Center (MRC) Use Only**														
Trastuzumab Intravenous	Trastuzumab 440 MG Inj (Herceptin)	Sol Recon	21353070002120	No	0	No	No	Yes	No	N/A	No	No	Yes	Yes
**Medical Referral Center (MRC) Use Only**														
traZODone Tablet	traZODone 100 MG Tab UD (Desyrel)	Tab	58120080100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes
	traZODone 100 MG Tab (Desyrel)	Tab	58120080100310	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes
	traZODone 150 MG Tab (Desyrel)	Tab	58120080100315	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes
	traZODone 50 MG Tab (Desyrel)	Tab	58120080100305	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes	Yes
	traZODone 50 MG Tab UD (Desyrel)	Tab	58120080100305	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes
	traZODone 150 MG Tab UD (Desyrel)	Tab	58120080100315	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes
	traZODone 75 MG Tab ( 1/2 tab) (Desyrel)	Tab	58120080100315	No	0	Yes	No	Yes	No	N/A	No	Yes	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**														
Triamcinolone 0.1% Cream	Triamcinolone 0.1% 30 GM Cream (Aristocort / Kenalog)	Cm	90550085103710	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
	Triamcinolone 0.1% 454 GM Cream (Kenalog)	Cm	90550085103710	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
	Triamcinolone 0.1% 80 GM Cream (Kenalog/ Aristocort)	Cm	90550085103710	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
	Triamcinolone 0.1% 15 GM Cream	Cm	90550085103710	No	0	No	Yes	No	No	N/A	No	Yes	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	No	Yes
	Triamcinolone 0.1% 80 GM Ointment (Kenalog / Aristocort)	Oint	90550085104210	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
	Triamcinolone 0.1% 454 GM Ointment (Kenalog / Aristocort)	Oint	90550085104210	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
Triamcinolone Acetonide Inj													
	Triamcinolone Acetonide 10 MG/ML Inj (Kenalog-10 5ML)	Susp	22100050101805	No	0	No	No	Yes	No	N/A	No	Yes	Yes
	Triamcinolone Acetonide 40 MG/ML Inj (Kenalog-40)	Susp	22100050101810	No	0	No	Yes	Yes	No	N/A	No	Yes	Yes
	Triamcinolone Acetonide 40 MG/ML, 5ML	Susp	22100050101810	No	0	No	No	Yes	No	N/A	No	Yes	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	Yes
Triamterene Capsule													
	Triamterene 100 MG Cap (Dyrenium)	Cap	37500030000110	No	0	No	No	No	No	N/A	No	Yes	Yes
	Triamterene 50 MG Cap (Dyrenium)	Cap	37500030000105	No	0	No	No	No	No	N/A	No	Yes	Yes
Triamterene/ HCTZ Capsule													
	Triamterene/ HCTZ 50 MG/25 MG Cap (Maxzide)	Cap	37990002300110	No	0	No	No	No	No	N/A	No	Yes	Yes
	Triamterene/ HCTZ 37.5 MG/25 MG Cap (Dyazide)	Cap	37990002300105	No	0	No	No	No	No	N/A	No	Yes	Yes
	Triamterene/ HCTZ 37.5 MG/25 MG Cap UD (Dyazide)	Cap	37990002300105	No	0	No	No	No	No	N/A	Yes	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	Yes
	Triamterene/ HCTZ 37.5 MG/25 MG Tab (Maxzide)	Tab	37990002300315	No	0	No	No	No	No	N/A	No	Yes	Yes
	Triamterene/ HCTZ 75 MG/50 MG Tab (Maxzide)	Tab	37990002300330	No	0	No	No	No	No	N/A	No	Yes	Yes
	Triamterene/ HCTZ 75 MG/50 MG Tab UD (Maxzide)	Tab	37990002300330	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Trichloroacetic Acid External Liquid													
	Trichloroacetic Acid 80% (Tri-Chlor Liquid)	Liq	905000500000980	No	0	No	Yes	No	No	N/A	No	Yes	Yes
Trifluoperazine HCL Tablet													
	Trifluoperazine HCL 1 MG Tab (Stelazine)	Tab	59200085100305	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
	Trifluoperazine HCL 1 MG Tab UD (Stelazine)	Tab	59200085100305	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes
	Trifluoperazine HCL 10 MG Tab (Stelazine)	Tab	59200085100320	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
	Trifluoperazine HCL 10 MG Tab UD (Stelazine)	Tab	59200085100320	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes
	Trifluoperazine HCL 2 MG Tab (Stelazine)	Tab	59200085100310	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes
	Trifluoperazine HCL 2 MG Tab UD (Stelazine)	Tab	59200085100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes
	Trifluoperazine HCL 5 MG Tab UD (Stelazine)	Tab	59200085100315	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes
	Trifluoperazine HCL 5 MG Tab (Stelazine)	Tab	59200085100315	No	0	Yes	No	Yes	No	N/A	No	Yes	Yes

Advisories:

\*\*\*\*NOT TO BE ROUTINELY USED AS A SLEEP AGENT\*\*\*\*

\*\*MLP Requires Cosign\*\*

Trifluridine Ophth Soln 1% , 7.5 ML (Viroptic 1 % Ophthalmic Solution)

Sol 86103020002005 No 0 Yes Yes No No N/A No Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Unit Dose	Fmlry
Trihexyphenidyl Elixir	Trihexyphenidyl 2 MG/5 ML Elixir, 473 ML (Artane)	Elixir	73100070101005	No	0	Yes	No	Yes	No	N/A	No	No	Yes
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**												
Trihexyphenidyl HCl Tablet	Trihexyphenidyl 2 MG Tab (Artane)	Tab	73100070100310	No	0	Yes	No	Yes	No	N/A	No	No	Yes
	Trihexyphenidyl 5 MG Tab (Artane)	Tab	73100070100320	No	0	Yes	No	Yes	No	N/A	No	No	Yes
	Trihexyphenidyl 2 MG Tab UD (Artane)	Tab	73100070100310	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes
	Trihexyphenidyl 5 MG Tab UD (Artane)	Tab	73100070100320	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes
	Advisories: ****NOT TO BE ROUTINELY USED AS A SLEEP AGENT**** **MLP Requires Cosign**												
Trimethobenzamide Capsule	Trimethobenzamide 300 MG Cap (Tigan)	Cap	50200070100120	No	0	No	No	No	No	N/A	No	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	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	No	Yes
Tropicamide Opth Solution 0.5%	Tropicamide Opth Solution 0.5%, 15 ML - Mydracyl (Mydracyl 0.5% Ophth Soln)	Sol	86350050002005	No	0	No	Yes	No	No	N/A	No	No	Yes
Tropicamide Opth Solution 1%	Tropicamide Opth Soln 1%, 15 ML (Mydracyl)	Sol	86350050002010	No	0	No	Yes	No	No	N/A	No	No	Yes
	Tropicamide Opth Soln 1%, 3 ML (Mydracyl 1 %, 3 ML Ophth Soln)	Sol	86350050002010	No	0	No	Yes	No	No	N/A	No	No	Yes
	Tropicamide Opthalmic Soln 1%, 2ml	Sol	86350050002010	No	0	No	No	No	No	N/A	No	No	Yes
Tyloxapol Opth Solution 0.25%	Tyloxapol Opth Solution 0.25%, 15 ML (Enuclene Ophth Solution)	Sol	86807035002010	No	0	No	Yes	No	No	N/A	No	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	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	725000300000105	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Valproic Acid 250 MG Cap (Depakene)	Cap	725000300000105	No	0	No	No	No	No	N/A	No	No	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
<b>Advisories:</b> ****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	Yes	Yes
<b>Advisories:</b> ****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	No	Yes
	Valproic Acid Syrup 250 MG/5ML UD 10 ML	Syrup	72500020101205	No	0	No	Yes	No	No	N/A	No	Yes	No	Yes
<b>Advisories:</b> ****PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G.BIPOLAR)****Warning, designated high risk Medication! Ensure appropriate medication, dose, frequency, indication and monitoring. ***														
	Vancocin HCl Injection													
	Vancocin HCl 1 GM/20 ML Inj (Vancocin)	Sol Recon	16000060102108	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	Vancocin HCl Inj Advantage 1 GM (Vancocin)	Sol Recon	16000060102108	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	Vancocin HCl 500 MG Inj (Vancocin)	Sol Recon	16000060102105	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	Vancocin HCl Inj Advantage 500 MG (Vancocin)	Sol Recon	16000060102105	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	Vancocin HCl 5 GM Inj (Vancocin)	Sol Recon	16000060102109	No	0	No	Yes	Yes	No	N/A	No	Yes	No	Yes
	Vancocin HCl 750 MG Inj (Vancocin)	Sol Recon	16000060102107	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	Vancocin HCl Inj Advantage 750 MG (vanc)	Sol Recon	16000060102107	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	Vancocin HCL Injection Premix													
	Vancocin Premix 500 MG/100 ML Inj (Vancocin)	Sol	16000060112020	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	Vancocin Premix 1 G/200 ML Inj (Vancocin)	Sol	16000060112040	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	Vasopressin Injection													
	Vasopressin 20 Units/ML Inj (Pitressin)	Sol	30201030002010	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
	Vasopressin Intravenous Soln 20 UNIT/ML (Vasostriect)	Sol	30201030002015	No	0	No	No	Yes	No	N/A	No	Yes	No	Yes
<b>**Medical Referral Center (MRC) Use Only**</b>														
	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	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	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	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	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	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	No	Yes



Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlyr
	Vials 20 dram (box)			No	0	No	No	No	No	N/A	No	No	Yes
	Vials 20 dram (vials)			No	0	No	No	No	No	N/A	No	No	Yes
	Vials 30 dram ( 140/box)			No	0	No	No	No	No	N/A	No	No	Yes
	Vials 30 dram ( 140/box)			No	0	No	No	No	No	N/A	No	No	Yes
	Vials 40 dram ( 110 /box)			No	0	No	No	No	No	N/A	No	No	Yes
	Vials 40 dram ( 110 /box)			No	0	No	No	No	No	N/A	No	No	Yes
	Vials 60 dram ( 70/box)			No	0	No	No	No	No	N/A	No	No	Yes
	Vials 60 dram ( 70/box)			No	0	No	No	No	No	N/A	No	No	Yes
	Vials 9 dram box			No	0	No	Yes	No	No	N/A	No	No	Yes
	Vials child proof caps 9dram (250/bag)			No	0	No	Yes	No	No	N/A	No	No	Yes
	Vials 9 dram Caps			No	0	No	No	No	No	N/A	No	No	Yes
	Vial EZ-open Caps 9 dram (300/bag) (caps)			No	0	No	No	No	No	N/A	No	No	Yes
	Vials EZ-open 13/16 dram (200/bag)			No	0	No	No	No	No	N/A	No	No	Yes
	Vials EZ-open cap 13/16 dram (200/bag) (caps)			No	0	No	No	No	No	N/A	No	No	Yes
	vials Non safety cap 30/40/60 (100/bag)			No	0	No	No	No	No	N/A	No	No	Yes
	Vials Non safety cap 30/40/60 (100/bag) (Non-safety)			No	0	No	Yes	No	No	N/A	No	No	Yes
	vinBLAStine Sulfate Inj			No	0	No	No	Yes	No	N/A	No	No	Yes
	vinBLAStine Sulfate 10 MG Inj (Velban)	Sol Recon	21500030102105	No	0	No	No	Yes	No	N/A	No	No	Yes
	vinCRIStine Sulfate Inj			No	0	No	No	Yes	No	N/A	No	No	Yes
	vinCRIStine Sulfate 1 MG/ML, 1ML Inj (Oncovin)	Sol	21500020102005	No	0	No	No	Yes	No	N/A	No	No	Yes
	vinCRIStine Sulfate 1 MG/ML, 2ML Inj (Oncovin)	Sol	21500020102005	No	0	No	No	Yes	No	N/A	No	No	Yes
	Vinorelbine Tartrate			No	0	No	No	Yes	No	N/A	No	No	Yes
	Vinorelbine Tartrate 10 MG/ML Inj (Navelbine)	Sol	21500050802020	No	0	No	No	Yes	No	N/A	No	No	Yes
	**Medical Referral Center (MRC) Use Only**												
	Vitamin A & D Ointment			No	0	No	Yes	No	No	N/A	Yes	Yes	Yes
	Vitamin A & D Ointment 5 GM Packets (Vit A&D Ointment Packet)	Oint	90650040004200	No	0	No	Yes	No	No	N/A	Yes	Yes	Yes
	Vitamin A & D Ointment 60 GM (Vitamin A & D Ointment)	Oint	90650040004200	No	0	No	Yes	No	No	N/A	No	No	Yes
	Vitamin A & D Ointment 454 GM (Vitamin A & D Ointment)	Oint	90650040004200	No	0	No	Yes	No	No	N/A	No	No	Yes
	Vitamin A & D Ointment 113 GM	Oint	90650040004200	No	0	No	Yes	No	No	N/A	No	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	N/A	No	No	Yes
	Vitamin B with C Tab (Nephro-vite) (Nephro-Vite)	Tab	78133000000325	No	0	No	No	No	No	N/A	No	No	Yes
	Vitamin B with C 300 MG Tab (Total B with C)	Tab	78133000000300	No	0	No	No	No	No	N/A	No	No	Yes
	Vitamin B with C Tab UD (Nephro-Vite) (Nephro-Vite)	Tab	78133000000330	No	0	No	No	No	No	N/A	Yes	Yes	Yes
	Vitamin B complex (Dialyvit) Tab (Dialyvit)	Tab	78133000000330	No	0	No	No	No	No	N/A	No	No	Yes
	Vitamin B complex (Dialyvit) Tab UD (Dialyvit)	Tab	78133000000330	No	0	No	No	No	No	N/A	Yes	Yes	Yes

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlry
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**													
Vitamin D ( Cholecalciferol )	Tab/Cap												
Vitamin D (Cholecalciferol)	400 Units Tab (Cholecalciferol)	Tab	77202032000320	No	0	No	No	No	No	N/A	No	Yes	Yes
Vitamin D (Cholecalciferol)	400 UNIT Cap (Vitamin D)	Cap	77202032000105	No	0	No	No	No	No	N/A	No	Yes	Yes
Vitamin D (Cholecalciferol)	5000 UNIT Cap (vitamin D)	Cap	77202032000140	No	0	No	No	No	No	N/A	No	Yes	Yes
Vitamin D (Cholecalciferol)	1000 UNIT Cap (vitamin D)	Cap	77202032000110	No	0	No	No	No	No	N/A	No	Yes	Yes
Vitamin D (Cholecalciferol)	400 Unit Tab UD (Vitamin D)	Tab	77202032000320	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Vitamin D (Cholecalciferol)	1000 UNIT Tab	Tab	77202032000330	No	0	No	No	No	No	N/A	No	Yes	Yes
Vitamin D3 (Cholecalciferol)	2000 UNIT Tablet (vitamin d)	Tab	77202032000340	No	0	No	No	No	No	N/A	No	Yes	Yes
Vitamin D (Cholecalciferol)	50,000 UNIT Cap (vitamin D)	Cap	77202032000180	No	0	No	No	No	No	N/A	No	Yes	Yes
Vitamin D (Cholecalci)	1000 UNIT Cap UD(re-pack) (Vit D3)	Cap	77202032000110	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Vitamin D (Cholecalciferol)	1000 UNIT Tab UD (cholecalciferol)	Tab	77202032000330	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Vitamin D3 (Cholecalciferol)	5000 Unit Cap UD (Vitamin d)	Cap	77202032000140	No	0	No	No	No	No	N/A	Yes	Yes	Yes
Voriconazole inj		Sol Recon	11407080002120	No	0	No	No	Yes	No	N/A	No	Yes	Yes
Voriconazole 200 MG Inj (Vfend IV)													
**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

Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Schd.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Fmlry
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	N/A	Yes
Water For Irrigation, Sterile	Water For Irrigation, Sterile 500 ML (Sterile Water for Irrigation)	Sol	99750005002000	No	0	No	Yes	No	No	N/A	No	N/A	Yes
Water For Irrigation, Sterile	Water For Irrigation, Sterile 250 ML (Water For Irrigation, Sterile)	Sol	99750005002000	No	0	No	Yes	No	No	N/A	No	N/A	Yes
Water, Sterile Injection	Water, Sterile Injection 50 ML Vial (Water For Injection, Sterile)	Sol	98401010002000	No	0	No	Yes	Yes	No	N/A	No	N/A	Yes
Water, Sterile Injection	Water, Sterile Injection 20 ML Vial (Water For Injection, Sterile)	Sol	98401010002000	No	0	No	No	Yes	No	N/A	No	N/A	Yes
Witch Hazel & Glycerin (Tucks)	Witch Hazel & Glycerin (Tucks)	Pad	90971040004300	No	0	No	Yes	No	No	N/A	No	N/A	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	N/A	Yes
Witch Hazel & Glycerin 50%/10% (100 Pads) (Tucks)	Witch Hazel & Glycerin 50%/10% (100 Pads) (Tucks)	Pad	90970035004300	No	0	No	Yes	No	No	N/A	No	N/A	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	N/A	Yes
Zidovudine (ZDV) Capsule	Zidovudine (ZDV) 100 MG Cap (Retrovir)	Cap	12108085000110	No	0	Yes	No	No	No	N/A	No	N/A	Yes
Zidovudine (ZDV) 100 MG Cap UD (Retrovir)	Zidovudine (ZDV) 100 MG Cap UD (Retrovir)	Cap	12108085000110	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes
**MLP Requires Cosign**													
Zidovudine (ZDV) Oral Syrup 10 MG/ML	Zidovudine (ZDV) Oral Syrup 10 MG/ML, 240ML (Retrovir)	Syrup	12108085001210	No	0	Yes	Yes	No	No	N/A	No	N/A	Yes
**MLP Requires Cosign**													
Zidovudine (ZDV) Tablet	Zidovudine (ZDV) 300 MG Tab (Retrovir)	Tab	12108085000330	No	0	Yes	No	No	No	N/A	No	N/A	Yes
Zidovudine (ZDV) 300 MG Tab UD (Retrovir)	Zidovudine (ZDV) 300 MG Tab UD (Retrovir)	Tab	12108085000330	No	0	Yes	No	No	No	N/A	Yes	Yes	Yes
**MLP Requires Cosign**													
Zinc Oxide Ointment 20%	Zinc Oxide Ointment 20%, 454 GM (Dr Talbots)	Oint	90971020004210	No	0	No	Yes	No	No	N/A	No	N/A	Yes
Zinc Oxide Ointment 20%, 30 GM (Zinc Oxide Ointment)	Zinc Oxide Ointment 20%, 30 GM (Zinc Oxide Ointment)	Oint	90971020004210	No	0	No	Yes	No	No	N/A	No	N/A	Yes
Zinc Oxide Ointment 20%, 60 GM	Zinc Oxide Ointment 20%, 60 GM	Oint	90971020004210	No	0	No	Yes	No	No	N/A	No	N/A	Yes



Doctor Name	Item Name	Dosage Form	GPI Code	Non Sub.	DEA Sched.	MLP Cosign	Bulk	Pill Ln Only	Crush.	Req. Loc.	Active	Dose	Unit	Fmlry
Zinc Oxide Ointment 40%	Zinc Oxide Ointment 40% 4 oz (Zinc Oxide)	Oint	90971020004240	No	0	No	Yes	No	No	N/A	No	No	No	Yes
Zinc Sulfate injec	Zinc Sulfate Intravenous Soln 1 MG/ML	Sol	79800010002005	No	0	No	No	No	No	N/A	No	No	No	Yes
	Zinc Sulfate Intravenous Solution 5 MG/ML	Sol	79800010002015	No	0	No	No	No	No	N/A	No	No	No	Yes
Ziprasidone Oral Capsule	Ziprasidone 40 MG Cap (Geodon)	Cap	59400085100130	No	0	Yes	No	Yes	No	N/A	No	No	No	Yes
	Ziprasidone 60 MG Cap (Geodon)	Cap	59400085100140	No	0	Yes	No	Yes	No	N/A	No	No	No	Yes
	Ziprasidone 80 MG Cap (Geodon)	Cap	59400085100150	No	0	Yes	No	Yes	No	N/A	No	No	No	Yes
	Ziprasidone 20 MG Cap (Geodon)	Cap	59400085100120	No	0	Yes	No	Yes	No	N/A	No	No	No	Yes
	Ziprasidone 20 MG Cap UD (Geodon)	Cap	59400085100120	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes
	Ziprasidone 40 MG Cap UD (Geodon)	Cap	59400085100130	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes
	Ziprasidone 60 MG Cap UD (Geodon)	Cap	59400085100140	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes
	Ziprasidone 80 MG Cap UD (Geodon)	Cap	59400085100150	No	0	Yes	No	Yes	No	N/A	Yes	Yes	Yes	Yes

Advisories:  
 \*\*\*\*\*NOT TO BE ROUTINELY USED AS A SLEEP AGENT\*\*\*\*\*  
 \*\*MLP Requires Cosign\*\*