

FEDERAL BUREAU OF PRISONS
HEALTH SERVICES

NATIONAL FORMULARY

2004



/s/

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MEDICAL DIRECTOR, FEDERAL BUREAU OF PRISONS

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CONTROLLED SUBSTANCES AND RESTRICTED MEDICATIONS

DEA SCHEDULE II

CODEINE
FENTANYL
MEPERIDINE
METHADONE
MORPHINE SULFATE
OPIUM & BELLADONNA SUPPOSITORY
OXYCODONE ± ACETAMINOPHEN
OXYCODONE

DEA SCHEDULE III

CODEINE/ACETAMINOPHEN
NANDROLONE
THIOPENTAL SODIUM

DEA SCHEDULE IV

BUTORPHANOL
CHLORAL HYDRATE
CLONAZEPAM
LORAZEPAM
MIDAZOLAM
PHENOBARBITAL

** ALL CONTROLLED SUBSTANCES ARE RESTRICTED TO PILL LINE **
** 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-CONTROLLED SUBSTANCES
RESTRICTED TO PILL LINE**

AMITRIPTYLINE	MIRTAZAPINE
ARIPIRAZOLE	NORTRIPTYLINE
BENZTROPINE MESYLATE	NUTRITIONAL SUPPLEMENTS
CHLORHEXIDINE GLUCONATE	OLANZAPINE
CITALOPRAM	OXCARBAZEPINE (non-seizure indications)
CLOZAPINE	PAROXETINE
DESIPRAMINE	PERPHENAZINE
DIPHENHYDRAMINE ORAL (non-formulary)	PRIMIDONE
DISULFIRAM	PYRAZINAMIDE
DOXEPIN	QUETIAPINE
ETHAMBUTOL	RIBAVIRIN
ETHIONAMIDE	RIFAMPIN
FLUPHENAZINE	RISPERIDONE
FLUOXETINE	SERTRALINE
GABAPENTIN (non-formulary)	TRAZODONE
HALOPERIDOL	TRIFLUOPERAZINE
HIV MEDS IN CONJUNCTION W/ FUZEON (non-formulary)	TRIHXYLPHENIDYL
HYDROXYZINE ORAL (non-formulary)	TOPIRAMATE (non-seizure indications)
IMIPRAMINE	VENLAFAXINE
ISONIAZID	ZIPRASIDONE
LITHIUM	
LAMOTRIGINE (non-seizure indications)	
LINEZOLID (non-formulary)	
LEVETIRACETAM (non-seizure indications)	
LOXAPINE	

**** ALL ITEMS ON THIS PAGE ARE RESTRICTED TO PILL LINE ADMINISTRATION. THE PHARMACY AND THERAPEUTICS COMMITTEE AT EACH INSTITUTION SHALL DETERMINE WHICH ADDITIONAL MEDICATION ITEMS ARE TO BE PLACED ON PILL LINE. HEALTH CARE PROFESSIONALS MAY ALSO PLACE SPECIFIC PATIENT ORDERS ON PILL LINE****

****ANY MEDICATIONS USED TO TREAT TUBERCULOSIS (INCLUDING QUINOLONES AND OTHER ANTIBIOTICS NOT LISTED ABOVE) MUST BE GIVEN BY DIRECTLY OBSERVED THERAPY. IF NOT USED FOR TB (E.G. RIFAMPIN FOR MRSA) , THEY ARE NOT RESTRICTED TO PILL LINE****

**Clinical Criteria/Justification to be Met for Commonly Requested
Non-formulary Medications:**

Adlimumab (Humira) - See Immunomodulator TNF Inhibitors

Antiepileptic Medications: ethosuximide (Zarontin), felbamate (Felbatol), zonisamide (Zonegran). **[Gabapentin is discussed separately, below.]**

Approval of any non-formulary antiepileptic medications will be considered on an individual basis. When requesting approval please provide information necessary for evaluation of the request. This will include:

1. Previous medications, doses, and documented compliance; blood levels when appropriate.
2. EEG or clinical evidence of failure to achieve seizure-free state.
3. Documented adverse effects of formulary medications.
4. Results of any neurologic consultations.

Please be aware that many of the antiepileptic agents have potentially life-threatening side effects under certain conditions, or in some individuals. The prescriber should take special care:

1. To assess and follow the inmate for potential adverse side-effects.
2. Be aware of any potential drug-drug interactions.
3. Adjust dose no more quickly than recommended by the manufacturer.
4. Monitor compliance.

Antifungals - Oral for onychomycosis: [itraconazole (Sporanox), ketoconazole, griseofulvin, fluconazole, terbinafine (Lamisil)]

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.

ARB (Angiotensin Receptor Blocker): losartan (Cozaar), valsartan (Diovan), irbesartan (Avapro), candesartan (Atacand), telmisartan (Micardis), eprosartan (Trevetan), olmesartan (Benicar)

1. Documentation that patient was unable to tolerate ACE

Inhibitor due to cough even after trial of fosinopril via non-formulary request, or angioedema.

Ascorbic Acid (Vitamin C)

1. Concomitant administration with an imidazole antifungal agent to improve bioavailability by increasing stomach acidity.

Atorvastatin (Lipitor)

1. Documented failure of simvastatin at maximum dose.

Becaplermin (Regranex®)

1. Patients should have a recent glycosylated hemoglobin (hemoglobin A1c or HbA1c) less than 8. If not, aggressive control of their diabetes should be attempted.
2. Patients should be nonsmoking or enrolled in a smoking cessation plan.
3. Stage III or IV (International Association of Enterostomal Therapy for staging chronic wounds) lower extremity diabetic ulcers that extend through the dermis into the subcutaneous tissue or beyond.
4. The wound must have an adequate blood supply measured by oscillometry (at least 2 units), transcutaneous oxygen pressure (TcpO₂ >30 mm Hg) or bleeding with debridement.
5. The wound must be free from infection.
6. If present, lower extremity edema should be treated.
7. The patient must have failed standard therapy for at least 2 months (careful/frequent debridement, moist dressing changes and non-weight bearing).
8. The provider must see the patient on a weekly to biweekly basis for debridement and assessment of ulcer response.
9. The provider must recalculate a new amount of becaplermin gel to be applied at every visit.

BENZODIAZEPINES

Clonazepam long-term use

1. Control of severe agitation in psychiatric patients
2. When lack of sleep causes an exacerbation of psychiatric illness
3. Part of a prolonged taper schedule
4. Detoxification for substance abuse
5. Failure of standard modalities for seizure disorders (4th line therapy)

Lorazepam long-term use

1. Control of severe agitation in psychiatric patients
2. When lack of sleep causes an exacerbation of psychiatric illness
3. Part of a prolonged taper schedule
4. Detoxification for substance abuse
5. Failure of standard modalities for seizure disorders (4th line therapy)

Buprenorphine (Subutex, Suboxone) for detoxification

2. Will only be approved for detoxification, NOT for pain or maintenance therapy.
3. Prescribing physician MUST have buprenorphine certification and DHHS - SAMHSA waiver. These must be submitted with request.
4. Only buprenorphine/naloxone (Suboxone™) will be approved.

Bupropion (Wellbutrin™)

1. Restricted to bipolar depression and/or ADHD.
AND (one of the following)
2. Must have failed therapy on at least two other formulary agents.
OR
3. Evidence of proven efficacy through previous treatment with bupropion for bipolar depression and/or ADHD.
4. Bupropion will not be approved for smoking cessation therapy.

Carvedilol (Coreg™)

1. Documented NYHA Class III or IV Heart Failure.
2. Documented appropriate treatment with or failure of ACE inhibitors and diuretics.
3. Documented treatment failure of maximized dose of metoprolol [150 mg daily divided twice daily (e.g. 75 mg bid)] or maximum tolerable dose.
4. **NEW ADMISSIONS** - NYHA Class I or II patients who are new admits to BOP should be evaluated and converted to metoprolol.

Cholinesterase Inhibitors for Alzheimer's Disease (AD)

Donepezil (Aricept®) is the non-formulary drug of choice.

1. Request for its non-formulary use requires completion of the "[Donepezil Non-formulary Use Criteria Algorithm](#)" form.

Cilostazol (Pletal)

1. Six months of documented unsuccessful lifestyle modifications (e.g. exercise, smoking cessation).
2. Treatment of cardiovascular disease risk factors.
3. Revascularization cannot be offered or is refused by the patient.

COX-2 Inhibitors (Vioxx, Celebrex)

Documentation of

1. Prior history of a serious GI event (**hospitalization** for perforation, ulcer, or bleed) or
2. Concurrent use of warfarin (for OA, these patients must ordinarily fail acetaminophen and salsalate prior to receiving a COX-2 inhibitor).

Non-formulary Requests for Cox-II inhibitors will ordinarily not be considered for approval for:

1. Lack of response to traditional NSAIDs.
2. Dyspepsia or GI intolerance to traditional NSAIDs.
3. Patients receiving a proton pump inhibitor.
4. Patients receiving low dose aspirin for cardiovascular prophylaxis.
5. Patients with known cardiovascular disease.
6. Dysmenorrhea.

Delavirdine (Rescriptor)

1. Patients who have previously tried efavirenz and nevirapine and were changed to delavirdine because of intolerance, adverse effects, or contraindications (e.g. rash or hepatotoxicity with nevirapine; pregnancy with efavirenz) citing specific reasons as to why efavirenz and nevirapine cannot be utilized.

Conversion Recommendations for those entering BOP institution on delavirdine, with undetectable viral load:

1st Alternative: Switch patient from **delavirdine** to **efavirenz** unless there is a contraindication (e.g. pregnancy). It is recommended that delavirdine therapy be stopped and efavirenz be started at full dose (600 mg HS) the next day.

2nd Alternative: Switch patient from **delavirdine** to **nevirapine**. Recommendation to stop delavirdine and start nevirapine utilizing dose escalation (e.g. 200 mg daily x 14 days, then 200 mg bid) as if beginning a treatment naive patient. Nevirapine has a higher incidence of rash than delavirdine. There is not 100% cross-reactivity in rash and the rash seems to be

related to early blood levels, therefore dose escalation is still recommended. Viral resistance to nevirapine did not occur in clinical trials when patients were given escalating doses. Delavirdine and nevirapine share resistant mutations so conversion will not lead to increased resistance. If resistance is a concern, on a case by case basis, it may be prudent to give a protease inhibitor (PI) plus nevirapine during the 2 week escalation period. For instance, the decision may depend on viral load; if < 50 for quite some time then no PI; if patient has detectable virus or blips, one may want to cover with a PI (e.g. nelfinavir) during nevirapine escalation. Nelfinavir will add pill burden & diarrhea but no drug interactions or overlapping toxicities exist between nelfinavir and nevirapine.

Inmates entering BOP on a delavirdine-containing regimen, whose viral load is not adequately suppressed, should have their entire HAART regimen re-evaluated in consultation with a specialist.

Dietary/Herbal Supplements

These agents are not FDA approved and will not be approved.

Diphenhydramine (Benadryl) / hydroxyzine (Atarax, Vistaril) oral

1. Patients taking antipsychotic medication with extrapyramidal symptoms not responsive to benztropine and trihexylphenidyl
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

Enfuvirtide (Fuzeon™)

1. Inmate is candidate for antiretroviral therapy (ART) per USPHS Guidelines <http://www.aidsinfo.nih.gov/>
2. Infectious disease consultant recommends enfuvirtide. Consult must include complete proposed HAART regimen and must be submitted with non-formulary request.
3. Inmate has failed, is resistant to or is intolerant of at least two PI-based regimens and one NNRTI-based regimen.
4. Resistance testing must be submitted.
5. At least two other medications are also potentially effective based on resistance testing, and these two medications can be safely co-administered. (Examples of combinations which are contraindicated include TDF+ABC+3TC, TDF+ddI+3TC, AZT+d4T, d4T+ddC, d4T+ddI, and ddI+ddC.)
6. Inmate motivated to try new injectable regimen.

Additional Comments:

1. Inmate understands that medication will be discontinued if

- ineffective.
2. Inmate understands that if compliance falls below 95%, for any and all HAART medications, therapy will be discontinued.
 3. All HAART medications will be administered as **pill line only**.
 4. Enfuvirtide therapy will be restricted to MRC's only. Inmates who are determined to meet all of the above criteria should be referred for transfer to an MRC.

Entanercept (Enbrel) - See Immunomodulator TNF Inhibitors

Ezetimibe (Zetia)

1. Ezetimibe 10 mg daily can be considered on a non-formulary basis for those patients not meeting their LDL-C goal on simvastatin, lovastatin or atorvastatin 80 mg daily in combination with a bile acid sequestrant (BAS) or the maximally tolerated or recommended daily dose of a statin in combination with a bile acid sequestrant (BAS) or niacin.
2. If simvastatin, lovastatin, or atorvastatin cannot be used (e.g., due to a drug interaction - CYP 3A4 metabolism) or not tolerated, the maximally tolerated or recommended dose of pravastatin or fluvastatin (e.g. 80 mg/d), in combination with BAS or niacin, should be reached prior to considering therapy with ezetimibe.
3. Since there is no evidence to show a benefit with regard to health outcomes with ezetimibe, monotherapy with ezetimibe should be limited to those patients unable to tolerate statins, bile acid sequestrants, and niacin.

Fenofibrate (Tricor™)

1. Failure of gemfibrozil used for at least 6 months
2. Treatment of hyperglycemic patients. HbA1c should be < 8
3. Triglyceride level must be > 500 after compliance with criteria 1 and 2 above

Filgrastim/pegfilgrastim (Neupogen/Neulasta)

1. Adjunctive therapy for cancer chemotherapy.
2. Treatment for hepatitis-treatment-induced neutropenia must be done in consultation with Central Office staff.

Gabapentin (Neurontin™)

PILL LINE ONLY

1. Pain: Chronic (greater than 6 weeks and not amenable to medical or surgical interventions); **neuropathic pain only**. Must have failed at least two formulary anticonvulsants at therapeutic doses. Failure is defined as no response, or no improvement in function, or adverse side effects. Documentation requirements for initial approval include physical assessment of pain complaint, treatment plan for pain management/further assessment, appropriate laboratory

and specialty consultations when indicated, and evidence of other medication trials. Initial approval will be for no greater than 60 days. Further approval will require documentation of ongoing assessment of pain complaint, compliance with the treatment plan (not just the medication), and documentation of improvement in functional status and/or pain complaint.

2. Seizure disorder: Adjuvant anticonvulsant for partial seizure disorder with or without secondary generalization. Initial approval will require documentation of abnormal EEG (current or past), failure of single agents—valproic acid, carbamazepine, lamotrigine, topiramate, or documented response in past to gabapentin. Failure is defined as ongoing seizure activity with therapeutic blood levels or doses of medication with documented compliance, or the presence of adverse side effects.
3. Bipolar disorder: Approval will be considered only after documented failure of therapeutic trials of lithium, valproic acid, carbamazepine, and atypical antipsychotics, (alone and in combination), or documented prior response to gabapentin. Failure is defined as recurrence of mania or hypomania during active treatment with therapeutic doses/blood levels of approved medications, with documented compliance, or the presence of adverse side effects. Required documentation includes a mental health evaluation as outlined in the clinical guidelines for psychiatric evaluation, and blood levels (when appropriate) of formulary agents during episodes of recurrent illness.

Hormones to maintain secondary sexual characteristics

1. Institution Clinical Director concurrence that hormonal therapy is medically indicated and safe.
2. Confirmation of legitimate prescribing prior to incarceration.
3. Psychiatric diagnostic evaluation and treatment plan.

Hydroxyzine (Atarax, Vistaril) oral - See diphenhydramine

Immunomodulator TNF Inhibitors etanercept (Enbrel™) and adalimumab (Humira™)

1. Adalimumab is recommended agent due to better side effect profile.
2. Failure of methotrexate/prednisone, gold, or azathioprine.
3. Intolerable side effects of methotrexate where a TNF agent may allow a decrease in methotrexate dose.
4. Request must include rheumatology consult report.

Insulin glargine, Long Acting Insulin (Lantus™)

1. Unable to achieve glycemic control targets because of recurrent episodes of symptomatic hypoglycemia, especially with nocturnal hypoglycemia, despite multiple attempts with

- various insulin dosing regimens, including the use of Ultralente.
2. Non-formulary request must include the insulin regimens that have been tried & found ineffective, including times of administration.
 3. Patients receiving highly intensive insulin therapy such as q.i.d. administration, including those who would otherwise be candidates for insulin pump therapy.
 4. Improvement documented in either glucose control or hypoglycemia during the first 6 months of treatment. If no improvement is noted, insulin glargine should be discontinued and Lente or Ultralente re-started.

Insulin lispro, Rapid Acting Insulin (Novolog®, Humalog®)

NOTE: generally speaking lispro is too short acting to be used safely in most correctional environments.

1. Unable to achieve glycemic control targets with the use of regular insulin, despite multiple attempts with various insulin dosing regimens.
2. Non-formulary request must include the insulin regimens that have been tried & found ineffective, including times of administration.
3. Self monitoring of blood glucose or immediate access to blood glucose monitoring at all times.
4. Ability to eat a meal immediately (within 15 minutes) after injecting rapid-acting insulin.
5. Patients receiving highly intensive insulin therapy such as q.i.d. administration, including those who would otherwise be candidates for insulin pump therapy.
6. Will be used at Medical Centers only - is not an acceptable transfer medication.

Isotretinoin (Accutane®)

1. Completion of [Isotretinoin \(Accutane\) Non-Formulary Use Criteria Algorithm](#)

Linezolid (Zyvox)

1. IV vancomycin should be utilized when possible.
2. Case by case basis for transition of stable patients receiving IV vancomycin in hospital setting to institution which is unable to provide IV vancomycin.
3. Documentation of culture and sensitivity data must be submitted with non-formulary request.
4. Non-formulary approval will be for pill line administration only due to concerns of expense, compliance, and potential for resistance development.

Loteprednol etabonate (Lotemax®, Alrex®)

1. After use of formulary ophthalmic steroid for greater than 28 days.

Multivitamins (Theragran, Prenatal vitamins, BC Plex, Vitamin B w/ C Complex, Diallyvite, Nephrovite)

1. Dialysis patient (BC Plex, Diallyvite, Nephrovite)
2. Pregnant patient (Prenatal Vitamins)
3. Injectable use in TPN's
4. Patient undergoing active detoxification for substance abuse
5. Malnutrition/malabsorption disorders

MUSCLE RELAXANTS

Dantrolene (Dantrium), baclofen (Lioresal), cyclobenzaprine (Flexeril)

Approval for baclofen or dantrolene will be considered for the following cases and must be administered via PILL LINE:

Observable, documented muscle spasm due to:

- a. Multiple sclerosis
- b. Spinal cord injury or intrinsic cord lesions (not herniated spinal discs, not low back pain due to muscle spasm)
- c. Stroke
- d. Cerebral palsy

Approval for baclofen may be considered for intractable pain from neurological conditions, such as trigeminal neuralgia, that has been unresponsive to formulary agents.

Compliance should be monitored at each visit. These medications are frequently diverted to other inmates due to their mood-altering effects. Abrupt discontinuation of baclofen can precipitate a drug withdrawal syndrome.

There are generally no valid indications for long-term use of cyclobenzaprine or similar "muscle relaxants" such as methocarbamol. Lorazepam is recommended for short-term use in acute muscle spasm where sedation is desired.

Salmeterol (Serevent)

1. Continued nocturnal awakenings not managed by maximum dose of steroid inhaler and/or low dose night time theophylline.
2. At least moderately severe asthma not controlled by maximum dose of inhaled corticosteroid alone.
3. Non-Formulary requests should be accompanied by a "CIPS" report showing patient refill history in order to document steroid inhaler compliance and current short acting beta-agonist use.

Synvisc® (Hylan G-F 20) or Hyalgan® (Sodium Hyaluronate)

1. Osteoarthritis of the knee(s) (American College of Rheumatology criteria) confirmed by history, exam, and x-ray.

2. Documented inadequate control of pain or intolerance to adequate trial of acetaminophen (4 grams/day), NSAIDs, and other non-narcotic or narcotic analgesics.
3. Inadequate response to intraarticular corticosteroid injections.
4. Inadequate response to bracing and use of canes or crutches.
5. Inadequate response to measures such as weight loss and physical therapy.
6. Surgery is not an option due to concurrent medical conditions that preclude the patient as candidate for surgery. These agents may also be considered as a bridging option before resorting to surgery.

Tamsulosin (Flomax)

1. Documentation of significant symptomatic hypotension, orthostatic hypotension, or syncope while receiving prazosin or doxazosin
2. Failure of doxazosin 8 mg dose

Thiazolidinediones (i.e. "glitazones") [e.g. Pioglitazone (Actos) or Rosiglitazone (Avandia)]

ACTOS is the thiazolidinedione of choice

1. Failed monotherapy with a sulfonylurea or metformin **and** failed or have a contraindication to combining with a sulfonylurea/metformin, an alpha-glucosidase inhibitor, or insulin.
2. Insulin in doses > 75 units/day **and** HbA1c > 9% or exceeds target HbA1c value by > 1% **and** failed or have contraindications to other insulin/oral hypoglycemic regimens.
3. Normal C-peptide level (see Diabetes Clinical Treatment Guidelines)

Zalcitabine (HividTM, DDC)

1. Patient is taking zalcitabine upon arrival to a BOP institution.
2. Documentation of undetectable viral load provided with the request.
3. Patient tolerance to therapy is addressed in the request.
4. Other patients should be converted to another NRTI or HIV regimen based upon USPHS HIV Guidelines, National HIV Telephone Consultation Services (Warmline) 1-800-933-3413, or a HIV Specialist Consultant.

NON-SUBSTITUTABLE PRODUCTS

<u>GENERIC DRUG NAME</u>	<u>REQUIRED BRAND PRODUCT</u>
ESTROGENS, CONJUGATED	Premarin (Wyeth-Ayerst)
PHENYTOIN SODIUM, EXTENDED RELEASE CAPSULE	Dilantin (Parke-Davis)
QUINIDINE GLUCONATE, SUSTAINED-RELEASE TABLETS	Quinaglute (Berlex)
THEOPHYLLINE, EXTENDED RELEASE TABLET	Theocron (Inwood Pharmaceuticals)
WARFARIN SODIUM	Coumadin (DuPont Pharmaceuticals)
PURIFIED PROTEIN DERIVATIVE	Tubersol
LEVOTHYROXINE SODIUM	Levothroid

DEFINITIONS

NOTE: Any comments, restrictions, etc. in the following drug monographs will only be listed under the generic name of the medication.

DIRECTLY OBSERVED THERAPY

A single dose of medication is administered at Pill Line by a qualified employee, and that dose is consumed in the presence of the employee.

MAY BE DISPENSED WITH OTC LABELING

A medication with this restriction may be distributed to an inmate without affixing a prescription label as long as the medication contains proper OTC labeling that contains the drug name and strength, units contained in the package, expiration date, lot number, manufacturer, and common instructions for use.

PILL LINE ONLY

A restriction placed on controlled substances, psychotropics, TB medications, and some other drugs, requiring that a single dose of the drug be administered to an inmate by a qualified employee at a designated time and place. The administration of that dose must be recorded on a Medication Administration Record (MAR) by the employee.

PHYSICIAN INITIATION ONLY

A restriction placed on some medications requiring that a physician be the originator of that drug therapy. This restriction implies that a Mid-Level Provider may continue this medication for the inmate at a later date without obtaining the physician's written or oral approval.

PHYSICIAN USE ONLY

A restriction placed on some medications requiring that a physician sign the medical record each time this drug is prescribed. Subsequent medication orders for this drug must also include the signature of a physician.

MEDICAL CENTER ONLY

A restriction placed on some medication requiring that the use of this drug only be within a Federal Medical Center.

HIV ANTIRETROVIRAL MEDICATION DISTRIBUTION RESTRICTION

A staged administration of antiretroviral medications is recommended for most inmates. Complete adherence to antiretroviral medications is critical for treatment effectiveness. The following medication administration should be considered for inmates initiated on antiretroviral therapy:

Weeks 1 and 2:	Directly Observed Therapy (DOT), to monitor compliance and ability of inmate to tolerate
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medication.

Week 2 through 12: If compliance is 100% with above with manageable side effects; issue one week supply.

Week 12 thru 6 mo: If compliance is 100% with one week supply administration and side effects are manageable, inmate is not due to be transferred, and does not have history of going in/out of SHU; issue 2 week supply.

After 6 months: If above criteria are met at 6 months and inmate's viral load and CD4 counts are indicative of successful therapy; issue 4 week supply. Ensuring successful therapy prior to increasing days' supply to inmate will avoid wasted medications from therapy changes.

NOTE: Physicians and nurses incorrectly predicted adherence to antiretrovirals 30-40% of the time in one study. Adherence should be assessed using objective measures.

Prescribers and pharmacists should have low threshold for resuming DOT if nonadherence is suspected clinically or virologically.

MEDICATION RESTRICTIONS

Prescribing restrictions placed on certain medications. Variance from restrictions requires non-formulary authorization.

DRUG MONOGRAPHS

NOTE: Any comments, restrictions, etc. in the following drug monographs will only be listed under the generic name of the medication.

8-MOP	--SEE-- METHOXSALEN
A AND D	--SEE-- VITAMIN A AND D
ABACAVIR	(e.g. ZIAGEN) AHFS 8:18 ANTIVIRALS ** PHYSICIAN INITIATION ONLY ** ** HIV MEDICATION DISTRIBUTION RESTRICTION **
ABBOCATH	-SEE-- UROKINASE
ABILIFY	--SEE-- ARIPIPRAZOLE
ABSORBABLE GELATIN SPONGE	(e.g. GELFOAM) AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
ACETAMINOPHEN	(e.g. TYLENOL) AHFS 28:08.92 MISC. ANALGESICS AND ANTIPYRETICS ** NOTE: MAY BE DISPENSED WITH OTC LABELING **
ACETAZOLAMIDE	(e.g. DIAMOX, DIAMOX SEQUELS) AHFS 52:10 CARBONIC ANHYDRASE INHIBITORS
ACETIC ACID FOR IRRIGATION	(AHFS 84:36 MISC. SKIN & MUCOUS MEMBRANE AGENTS)
ACETIC ACID/ALUMINUM ACETATE	(e.g. DOMEBORO) AHFS 52:04.12 MISC. EENT ANTI-INFECTIVES
ACETYLCHOLINE CHLORIDE	(e.g. MIOCHOL) AHFS 52:20 MIOTICS ** MEDICAL CENTER ONLY ** ** FOR ANESTHESIA/SURGERY USE ONLY **
ACETYLCYSTEINE	(e.g. MUCOMYST) AHFS 48:24 MUCOLYTIC AGENTS
ACHROMYCIN V	--SEE-- TETRACYCLINE
ACIPHEX	--SEE-- RABEPRAZOLE
ACTH	--SEE-- CORTICOTROPIN
ACTINOMYCIN-D	--SEE-- DACTINOMYCIN
ACTIVASE	-SEE-- ALTEPLASE, RECOMBINANT
ACYCLOVIR	(e.g. ZOVIRAX) AHFS 8:18 ANTIVIRALS ** OINTMENT NOT APPROVED **

ADALAT CC	--SEE-- NIFEDIPINE
ADENOCARD	-SEE-- ADENOSINE
ADENOSINE PHOSPHATE	(ADENOCARD) AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
ADRENALIN	--SEE-- EPINEPHRINE
ADRIAMYCIN	--SEE-- DOXORUBICIN
ADRUCIL	--SEE-- FLUOROURACIL
AGENERASE	--SEE-- AMPRENAVIR
ALBUMIN HUMAN	(e.g. ALBUMINAR, BUMINATE) AHFS 16:00 BLOOD DERIVATIVES
ALBUTEROL	(e.g. PROVENTIL, VENTOLIN) AHFS 12:12 SYMPATHOMIMETIC (ADRENERGIC) AGENTS ** EXTENDED-RELEASE TABLETS NOT APPROVED **
ALCOHOL, ISOPROPYL	AHFS 96:00 PHARMACEUTICAL AIDS
ALDACTONE	-SEE-- SPIRONOLACTONE
ALDOMET	--SEE-- METHYLDOPA
ALENDRONATE	(e.g. FOSAMAX) AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
ALKERAN	-SEE-- MELPHALAN
ALLOPURINOL	(e.g. ZYLOPRIM) AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
ALPHAGAN	-SEE-- BRIMONIDINE
ALTEPLASE, RECOMBINANT	(e.g. ACTIVASE, tPA) AHFS 20:40 THROMBOLYTIC AGENTS
ALU-TAB	--SEE-- ALUMINUM HYDROXIDE
ALUMINUM HYDROXIDE & MAGNESIUM HYDROXIDE & SIMETHICONE	(e.g. MAALOX, MYLANTA) AHFS 56:04 ANTACIDS AND ADSORBENTS ** NOTE: MAY BE DISPENSED WITH OTC LABELING **
ALUMINUM HYDROXIDE & MAGNESIUM TRISILICATE & SODIUM BICARBONATE & ALGINIC ACID	(e.g. GAVISCON) AHFS 56:04 ANTACIDS AND ADSORBENTS

ALUMINUM ACETATE	(e.g. DOMEBORO, ACID MANTLE) AHFS 84:36 MISC. SKIN AND MUCOUS MEMBRANE AGENTS AHFS 96:00 PHARMACEUTICAL AIDS
ALUMINUM HYDROXIDE	(e.g. ALU-TAB, AMPHOJEL) AHFS 56:04 ANTACIDS AND ADSORBENTS
ALUMINUM ACETATE COMPOUND	(e.g. DOMEBORO) AHFS 84:36 MISC. SKIN AND MUCOUS MEMBRANE AGENTS
ALUPENT	--SEE-- METAPROTERENOL
AMANTADINE HCL	(e.g. SYMMETREL) AHFS 8:18 ANTIVIRALS AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
AMICAR	--SEE-- AMINOCAPROIC ACID
AMINO ACID & UREA CREAM	(e.g. AMINO-CERV CERVICAL CREAM) AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS ** APPROVED FOR GYNECOLOGICAL PROCEDURES ONLY **
AMINO-CERV CERVICAL CREAM	--SEE-- AMINO ACID & UREA CREAM
AMINOCAPROIC ACID	(e.g. AMICAR) AHFS 20:12.16 HEMOSTATICS
AMINOPHYLLINE	AHFS 86:16 RESPIRATORY SMOOTH MUSCLE RELAXANTS
AMIODARONE	(e.g. CORDARONE) AHFS 24:04 CARDIAC DRUGS ** CARDIOLOGIST-INITIATED THERAPY ONLY IN NON-EMERGENCY USE **
AMITRIPTYLINE HCL	(e.g. ELAVIL) AHFS 28:16.04 ANTIDEPRESSANTS ** PHYSICIANS USE ONLY ** ** PILL LINE ONLY ** ** 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 **
AMLODIPINE	(e.g. NORVASC) AHFS 24:04 CARDIAC DRUGS ** BID DOSING NOT APPROVED ** ** INITIATE DIHYDROPYRIDINE THERAPY WITH NISOLDIPINE (SULAR®) **
AMMONIA SPIRIT, AROMATIC	(AROMATIC AMMONIA) AHFS 28:20 RESPIRATORY AND CEREBRAL STIMULANTS

AMOXICILLIN AND CLAVULANIC ACID	(e.g. AUGMENTIN) AHFS 8:12.16 PENICILLINS ** LIMITED TO PHYSICIANS/DENTISTS ** ** FIRST LINE AGENT ONLY WITH C & S DATA ** ** SECOND LINE THERAPY FOR SINUSITIS, URI, SKIN AND SKIN STRUCTURE INFECTIONS AND OTHERS ** ** APPROVED FOR HUMAN BITES **
AMOXICILLIN TRIHYDRATE	(e.g. AMOXIL, POLYMOX) AHFS 8:12.16 PENICILLINS
AMOXIL	-SEE-- AMOXICILLIN TRIHYDRATE
AMPHOJEL	-SEE-- ALUMINUM HYDROXIDE
AMPHOTERICIN B	(e.g. FUNGIZONE) AHFS 8:12.04 ANTIFUNGAL ANTIBIOTICS AHFS 84:04:08 ANTIFUNGALS
AMPICILLIN SODIUM	(e.g. OMNIPEN, POLYCILLIN, TOTACILLIN) AHFS 8:12.16 PENICILLINS ** CAPSULES NOT APPROVED **
AMPICILLIN SODIUM AND SULBACTAM SODIUM	(e.g. UNASYN) AHFS 8:12.16 PENICILLINS
AMPRENAVIR	(e.g. AGENERASE) AHFS 8:18 ANTIVIRALS ** PHYSICIAN INITIATION ONLY ** <u>** HIV MEDICATION DISTRIBUTION RESTRICTION **</u>
AMVISC	-SEE-- SODIUM HYALURONATE
ANAPROX	-SEE-- NAPROXEN SODIUM
ANCEF	-SEE-- CEFAZOLIN SODIUM
ANECTINE	-SEE-- SUCCINYLCHOLINE
ANTICOAGULANT SODIUM CITRATE CONCENTRATE	(e.g. TRICITRASOL) AHFS 20:12 (ANTICOAGULANTS)
ANTIHEMOPHILIC FACTOR HUMAN	(e.g. FACTOR VIII, HUMATE-P) AHFS 20:12.16 HEMOSTATICS
ANTILIRIUM	-SEE-- PHYSOSTIGMINE SALICYLATE
ANTIVERT	-SEE-- MECLIZINE
ANUSOL-HC SUPPOSITORIES	--SEE-- HYDROCORTISONE

APRACLONIDINE	(e.g. IOPIDINE) AHFS 52:36 MISC. EENT DRUGS ** OPHTHALMOLOGIST USE ONLY **
APRESOLINE	-SEE-- HYDRALAZINE
AQUA-MEPHYTON	-SEE-- PHYTONADIONE
ARA-C	--SEE-- CYTARABINE
ARANESP	--SEE-- DARBEPOETIN
ARDEPARIN	(e.g. NORMIFLO) AHFS 20:12.04 ANTICOAGULANTS
AREDIA	-SEE- PAMIDRONATE
ARGININE HCL	(R-GENE 10) AHFS 36:66 PITUITARY FUNCTIONS (DIAGNOSTIC AGENT)
ARIPIRAZOLE	(e.g. ABILIFY) AHFS 28:16.08 TRANQUILIZERS **PHYSICIAN USE ONLY** **PILL LINE ONLY**
ARISTOCORT	-SEE- TRIAMCINOLONE
AROMATIC AMMONIA	
ARTANE	-SEE- TRIHEXYLPHENIDYL
ARTIFICIAL TEARS	--SEE-- TEARS, NATURAL
ASACOL	-SEE-- MESALAMINE
ASPARIGINASE	(e.g. COLASPASE, ELSPAR, KIDROLASE) AHFS 10:00 ANTINEOPLASTIC AGENTS
ASPIRIN	(e.g. ECOTRIN, CHILDREN'S ASPIRIN, ASA) AHFS 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS ** NOTE: MAY BE DISPENSED WITH OTC LABELING **
ATARAX	--SEE-- HYDROXYZINE
ATAZANAVIR	(e.g. REYATAZ) AHFS 8:18 ANTIVIRALS ** PHYSICIAN INITIATION ONLY ** ** HIV MEDICATION DISTRIBUTION RESTRICTION **
ATENOLOL	(e.g. TENORMIN) AHFS 24:04 CARDIAC DRUGS
ATIVAN	--SEE-- LORAZEPAM

ATROPINE SULFATE	(e.g. ATROPISOL, ISOPTO-ATROPINE) AHFS 12:08.08 ANTIMUSCARINICS/ANTISPASMODICS AHFS 52:24 MYDRIATICS
ATROVENT	-SEE-- IPRATROPIUM
AUGMENTIN	-SEE- AMOXICILLIN & CLAVULANIC ACID
AURALGAN	-SEE-- BENZOCAINE, ANTIPYRINE & /GLYCERIN
AVEENO	-SEE- OATMEAL, COLLOIDAL
AVENTYL	-SEE- NORTRIPTYLINE HCL
AYGESTIN	-SEE- NORETHINDRONE ACETATE
AZATHIOPRINE	(e.g. IMURAN) AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
AZITHROMYCIN	(e.g. ZITHROMAX) AHFS 8:12.12 ERYTHROMYCINS ** PHYSICIAN USE ONLY **
AZMACORT	-SEE-- TRIAMCINOLONE
AZULFIDINE	-SEE-- SULFASALAZINE
B & O SUPPOSITORIES	--SEE-- OPIUM AND BELLADONNA
BACILLUS CALMETTE-GUERIN	(e.g. BCG, TICE, "TB VACCINE") AHFS 80:12 VACCINES ** FOR ONCOLOGY USE AT MEDICAL CENTER ONLY **
BACITRACIN & POLYMYXIN B	AHFS 84:04.04 TOPICAL ANTI-INFECTIVES
BACTRIM DS	--SEE-- TRIMETHOPRIM & SULFAMETHOXAZOLE
BACTROBAN	-SEE-- MUPIROCIN
BALANCED SALT SOLUTION	--SEE-- IRRIGATING SOLUTION, OPHTHALMIC
BCG	--SEE-- BACILLUS CALMETTE-GUERIN
BCNU	--SEE-- CARMUSTINE
BECLOMETHASONE DIPROPIONATE	(e.g. BECLOVENT, VANCERIL, AHFS 52:08 EENT ANTI-INFLAMMATORY AGENTS AHFS 68:04 ADRENALS ** NASAL INHALERS NOT APPROVED **
BECLOVENT	-SEE-- BECLOMETHASONE DIPROPIONATE
BENADRYL	--SEE-- DIPHENHYDRAMINE
BENEMID	-SEE-- PROBENECID

BENTYL	--SEE-- DICYCLOMINE
BENZOCAINE & ANTIPYRINE & GLYCERIN	(e.g. AURALGAN) AHFS 52:16 EENT LOCAL ANESTHETICS
BENZOCAINE & BUTAMBEN & TETRACAINE	(e.g. CETACAINE) AHFS 52:16 EENT LOCAL ANESTHETICS
BENZOIN COMPOUND	AHFS 84:24 EMOLLIENTS, DEMULCENTS, AND PROTECTANTS
BENZONATATE	(e.g. TESSALON PERLES) AHFS 48:08 ANTITUSSIVES ** LIMITED TO FIVE DAY THERAPY ** ** PHYSICIAN USE ONLY **
BENZTROPINE MESYLATE	(e.g. COGENTIN) AHFS 12:08.04 ANTIPARKINSONIAN AGENTS ** PHYSICIAN USE ONLY ** ** PILL LINE ONLY **
BETADINE	--SEE-- POVIDONE IODINE
BETAMETHASONE DIPROPIONATE	(e.g. DIPROSONE) AHFS 84:06 TOPICAL ANTI-INFLAMMATORY AGENTS ** AUGMENTED BASE CREAM/OINTMENT NOT APPROVED **
BETAMETHASONE VALERATE	(e.g. VALISONE) AHFS 84:06 TOPICAL ANTI-INFLAMMATORY AGENTS
BETAPACE	--SEE-- SOTALOL
BETAXOLOL HCL	(e.g. BETOPTIC, BETOPTIC-S) AHFS 52:36 MISC EENT DRUGS
BETHANECHOL CHLORIDE	(e.g. URECHOLINE) AHFS 12:04 PARASYMPATHOMIMETIC CHOLINERGIC AGENTS
BETOPTIC	--SEE-- BETAXOLOL
BIAXIN	--SEE-- CLARITHROMYCIN
BICALUTAMIDE	(e.g. CASODEX) AHFS 10:00 ANTINEOPLASTIC AGENTS
BICILLIN LA	--SEE-- PENICILLIN G, BENZATHINE
BICITRA	--SEE-- SODIUM CITRATE AND CITRIC ACID
BiCNU	--SEE-- CARMUSTINE
BILOPAQUE	--SEE-- TYROPANOATE SODIUM

BIODEL	--SEE-- CARMUSTINE
BISACODYL	(e.g. DULCOLAX) AHFS 56:12 CATHARTICS AND LAXATIVES
BISMUTH SUBSALICYLATE	(e.g. PEPTO-BISMOL) AHFS 56:08 ANTI-DIARRHEA AGENTS ** MAY BE DISPENSED WITH OTC LABELING **
BLENOXANE	--SEE-- BLEOMYCIN SULFATE
BLEOMYCIN SULFATE	(e.g. BLENOXANE) AHFS 10:00 ANTINEOPLASTIC AGENTS
BORIC ACID TOPICAL	AHFS 84:36 MISC. SKIN & MUCOUS MEMBRANE AGENTS
BRETHINE	--SEE-- TERBUTALINE
BREVIBLOC	--SEE-- ESMOLOL
BRIMONIDINE	(e.g. ALPHAGAN) AHFS 52:36 MISC EENT AGENTS
BROMOCRIPTINE MESYLATE	(e.g. PARLODEL) AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
BSS	-SEE-- IRRIGATING SOLUTION, INTRAOCULAR
BUMINATE	-SEE-- ALBUMIN HUMAN
BUPIVACAINE HCL	(e.g. MARCAINE, SENSORCAINE) AHFS 72:00 LOCAL ANESTHETICS
BUPRENEX	--SEE-- BUPRENORPHINE
BUPRENORPHINE	(e.g. BUPRENEX) CONTROLLED SUBSTANCE (C-V) AHFS 28:08.12 OPIATE PARTIAL AGONIST ** FOR ANESTHESIA/SURGERY USE 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 **
BUSPAR	--SEE-- BUSPIRONE
BUSPIRONE HCL	(e.g. BUSPAR) AHFS 28:24.92 MISC ANXIOLYTICS, SEDATIVES, & HYPNOTICS
BUSULFAN	(e.g. MYLERAN) AHFS 10:00 ANTINEOPLASTIC AGENTS

BUTORPHANOL TARTRATE	(e.g. STADOL) CONTROLLED SUBSTANCE C-IV AHFS 28:08.12 OPIATE PARTIAL AGONISTS ** NASAL SPRAY NOT APPROVED ** ** PHYSICIAN/DENTIST USE ONLY ** ** LIMITED TO 5 DAYS THERAPY ** ** LIMITED TO PRE AND POST-OP THERAPY 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 **
CAFERGOT	--SEE-- ERGOTAMINE TARTRATE/CAFFEINE
CALAMINE LOTION	AHFS 84:36 MISC. SKIN AND MUCOUS MEMBRANE AGENTS
CALAN	--SEE-- VERAPAMIL
CALCIJEX	--SEE-- CALCITRIOL
CALCIPOTRIENE	(e.g. DOVONEX) AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS ** PHYSICIAN USE ONLY ** ** USE AFTER FAILURE TO "VERY HIGH POTENCY" STEROIDS **
CALCITONIN - SALMON, SYNTHETIC	(e.g. CALCIMAR) AHFS 68:24 PARATHYROID
CALCITRIOL	(e.g. ROCALTROL, CALCIJEX) AHFS 88:16 VITAMIN D ** ORAL ROUTE PREFERRED **
CALCIUM CITRATE	(e.g. CITRACAL) AHFS 40:12 REPLACEMENT PREPARATIONS
CALCIUM LACTATE	AHFS 40:12 REPLACEMENT PREPARATIONS
CALCIUM ACETATE	(e.g. PHOS-EX, PHOSLO) AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
CALCIUM CHLORIDE	AHFS 40:12 REPLACEMENT PREPARATIONS
CALCIUM GLUCONATE	AHFS 40:12 REPLACEMENT PREPARATIONS
CALCIUM CARBONATE & VITAMIN D	(e.g. OS-CAL 250+D) AHFS 40:12 REPLACEMENT PREPARATIONS
CAMPTOSAR	--SEE-- IRINOTECAN

CAPECITABINE	(e.g. XELODA) AHFS 10:00 ANTINEOPLASTIC AGENTS
CAPOTEN	--SEE-- CAPTOPRIL
CAPSAICIN	(e.g. ZOSTRIX) AHFS 84:36 MISC. TOPICAL AGENTS
CAPTOPRIL	(e.g. CAPOTEN) AHFS 24:04 CARDIAC DRUGS
CARAFATE	--SEE-- SUCRALFATE
CARBAMAZEPINE	(e.g. TEGRETOL) AHFS 28:12.92 MISC. ANTICONVULSANTS ** PILL LINE ITEM WHEN USED AS PSYCHOTROPIC **
CARBAMIDE PEROXIDE	(e.g. DEBROX) AHFS 52:04.12 MISC. ENT. ANTI-INFECTIVES
CARBOCAINE	--SEE-- MEPIVACAINE HCL
CARBOPLATIN	(e.g. PARAPLATIN) AHFS 10:00 ANTINEOPLASTIC AGENTS
CARDIZEM	--SEE-- DILTIAZEM
CARDURA	--SEE-- DOXAZOSIN
CARMUSTINE	(e.g. BCNU, BiCNU, BIODOL) AHFS 10:00 ANTINEOPLASTIC AGENTS
CASCARA & MILK OF MAGNESIA	AHFS 56:12 CATHARTICS AND LAXATIVES
CASODEX	--SEE-- BICALUTAMIDE
CASTOR OIL	AHFS 56:12 CATHARTICS AND LAXATIVES
CATAPRES	--SEE-- CLONIDINE
CCNU	--SEE-- LOMUSTINE
CEENU	--SEE-- LOMUSTINE
CEFAZOLIN SODIUM	(e.g. KEFZOL, ANCEF) AHFS 8:12.06 CEPHALOSPORINS
CEFIXIME	(e.g. SUPRAX) **FOR QUINOLONE-RESISTANT GONOCOCCUS INFECTIONS IN DETENTION FACILITIES**
CEFTAZIDIME	(e.g. CEPTAZ, FORTAZ, TAZIDIME, TAZICEF) AHFS 8:12.06 CEPHALOSPORINS

CEFTRIAXONE SODIUM	(e.g. ROCEPHIN) AHFS 8:12.06 CEPHALOSPORINS
CELEXA	--SEE-- CITALOPRAM
CELLCEPT	--SEE-- MYCOPHENOLATE
CEPHALEXIN	(e.g. KEFLEX) AHFS 8:12.06 CEPHALOSPORINS
CEPHULAC	--SEE-- LACTULOSE
CEPTAZ	--SEE-- CEFTAZIDIME
CERUBIDINE	--SEE-- DAUNORUBICIN
CETACAINE	--SEE-- BENZOCAINE/BUTAMBEN/TETRACAINE
CHARCOAL, ACTIVATED	(UNIVERSAL ANTIDOTE) AHFS 56:04 ANTACIDS AND ADSORBENTS
CHLORAL HYDRATE	(e.g. CHLORAL, NOCTEC) <u>CONTROLLED SUBSTANCE (C-IV)</u> AHFS 28:24.92 MISC ANXIOLYTICS, SEDATIVES, AND HYPNOTICS ** PILL LINE ONLY ** ** PHYSICIANS/DENTISTS USE ONLY ** ** RESTRICTED TO EEG STUDIES 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 **
CHLORAMBUCIL	(e.g. LEUKERAN) AHFS 10:00 ANTINEOPLASTIC AGENTS
CHLORHEXIDINE GLUCONATE	(e.g. PERIDEX, HIBICLENS, HIBISTAT) AHFS 52:04.12 MISC EENT ANTI-INFECTIVES 84:04.16 MISC. LOCAL ANTI-INFECTIVES ** TOPICAL SOLUTION/SCRUB - MEDICAL CENTER RESTRICTED, FOR PRE-OP USE ONLY ** ** ORAL PREPARATION - DENTAL USE ONLY **
CHLOROETHANE	--SEE-- ETHYL CHLORIDE
CHLOROTRIANISENE	(e.g. TACE) AHFS 68:16 ESTROGENS
CHRONULAC	--SEE-- LACTULOSE
CILOXAN	--SEE-- CIPROFLOXACIN

CIMETIDINE	(e.g. TAGAMET) AHFS 56:40 MISC GI DRUGS
CIPRO	-SEE-- CIPROFLOXACIN
CIPROFLOXACIN HCL	(e.g. CIPRO, CILOXAN) AHFS 8:22 QUINOLONES AHFS 52:04.04 EENT ANTIBIOTICS ** OPHTHALMIC SOLUTION LIMITED TO PSEUDOMONAS INFECTIONS OF THE EYE ** ** PHYSICIAN/DENTIST USE ONLY **
CISPLATIN	(e.g. PLATINOL) AHFS 10:00 ANTINEOPLASTIC AGENTS
CITALOPRAM	(e.g. CELEXA) AHFS 28:16.04 ANTIDEPRESSANTS ** PHYSICIAN INITIATION ONLY ** ** PILL LINE ONLY **
CITRACAL	-SEE-- CALCIUM CITRATE
CITRATE OF MAGNESIA	--SEE-- MAGNESIUM CITRATE
CITROVORUM FACTOR	--SEE-- LEUCOVORIN CALCIUM
CLARITHROMYCIN	(e.g. BIAXIN) AHFS 8:12.12 ERYTHROMYCINS ** PHYSICIAN USE ONLY ** ** SECOND LINE THERAPY FOR MOST INDICATIONS **
CLEOCIN	-SEE-- CLINDAMYCIN
CLINDAMYCIN	(e.g. CLEOCIN) AHFS 8:12.28 MISC ANTIBIOTICS ** TOPICAL FORMULATIONS NOT APPROVED **
CLINORIL	-SEE-- SULINDAC
CLOBETASOL	(e.g. TEMOVATE) AHFS 84:06 TOPICAL ANTI-INFLAMMATORY AGENTS

CLONAZEPAM

(e.g. KLONOPIN)

CONTROLLED SUBSTANCE (C-IV)

AHFS 28:12.08 ANTICONVULSANTS: BENZODIAZEPINES

** PHYSICIAN USE ONLY **

** ORDERS MAY NOT EXCEED 30 DAYS, AND ARE NON-RENEWABLE, EXCEPT FOR INPATIENTS IN MRC'S, NOT TO INCLUDE MRC WORK CADRE OR OUTPATIENTS**

** BENZODIAZEPINES HYPNOTIC USE IS LIMITED TO 7 DAYS WHEN NON-BENZODIAZEPINES HAVE BEEN INEFFECTIVE **

** EXCEPTION FOR LONG-TERM USE FOR TERMINALLY ILL PATIENTS FOR PALLIATIVE CARE (HOSPICE PATIENTS) **

** ALL LONG TERM ORDERS, EXCEPT FOR END-OF-LIFE USE MUST BE ORDERED AND FOLLOWED BY A PSYCHIATRIST **

** EXCEPTION FOR SECOND LINE THERAPY FOR ANTI-MANIA **

** EXCEPTION FOR ADJUNCT TO NEUROLEPTIC THERAPY TO STABILIZE PSYCHOSIS**

** 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 **

CLONIDINE

(e.g. CATAPRES, CATAPRES-TTS)

AHFS 24:08 HYPOTENSIVE AGENTS

CLOPIDOGREL

(e.g. PLAVIX)

AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

** PHYSICIAN USE ONLY **

** USE IN ASPIRIN INTOLERANCE OR FAILURE AS ANTIPLATELET ALTERNATIVE **

CLOTRIMAZOLE

(e.g. MYCELEX, GYNE-LOTTRIMIN)

AHFS 8:12.04 ANTIFUNGAL AGENTS

AHFS 84:04.08 TOPICAL ANTIFUNGALS

CLOZAPINE

(e.g. CLOZARIL)

AHFS 28:16.08 TRANQUILIZERS

** PSYCHIATRIST USE ONLY **

** PILL LINE ONLY **

** FAILURE OF AT LEAST 2 OTHER ATYPICAL AGENTS **

** INITIATE IN MEDICAL REFERRAL CENTERS **

CLOZARIL

-SEE-- **CLOZAPINE**

COAL TAR

AHFS 84:32 KERATOPLASTIC AGENTS

** RESTRICTED TO SEBORRHEA AND PSORIASIS **

**COAL TAR/SALICYLIC
ACID/SULFUR**

AHFS 84:32 KERATOPLASTIC AGENTS
** RESTRICTED TO SEBORRHEA AND PSORIASIS **

CODEINE

CONTROLLED SUBSTANCE (C-II)
AHFS 28:08.08 OPIATE AGONISTS
AHFS 48:08 ANTITUSSIVES
** PHYSICIANS/DENTISTS USE ONLY **
** ORDER MAY NOT EXCEED 3 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 **

**CODEINE PHOSPHATE &
ACETAMINOPHEN**

(e.g. TYLENOL CODEINE #3)
CONTROLLED SUBSTANCE (C-III)
AHFS 28:08.08 OPIATE AGONISTS
** PHYSICIAN/DENTIST USE ONLY **
** 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 **

COGENTIN

-SEE-- **BENZTROPINE MESYLATE**

COLACE

-SEE-- **DOCUSATE SODIUM**

COLASPASE

-SEE- **ASPARIGINASE**

COLCHICINE

AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

COLESTID

-SEE-- **COLESTIPOL**

COLESTIPOL

(e.g. COLESTID)
AHFS 24:06 ANTILIPEMIC DRUGS

COLLAGENASE

(e.g. SANTYL)
AHFS 84:36 MISC. SKIN & MUCOUS MEMBRANE
AGENTS

COMBIVENT

-SEE-- **IPRATROPIUM/ALBUTEROL**

COMBIVIR

--SEE-- **ZIDOVUDINE/LAMIVUDINE**

COMPOUNDING CREAM

--SEE-- **HYDROPHILIC CREAM**

CONDYLOX

--SEE-- **PODOFILOX**

CONRAY

-SEE- **IOTHALAMATE MEGLUMINE**

CONTACT CARE ITEMS

(ALL ITEMS)

AHFS 92:06 UNCLASSIFIED THERAPEUTIC AGENTS

**** FOR MEDICALLY NECESSARY CONTACTS-SEE
CURRENT POLICY ****COPEGUS --SEE-- **RIBAVIRIN**CORDARONE -SEE-- **AMIODARONE**CORGARD -SEE-- **NADOLOL**CORTEF -SEE-- **HYDROCORTISONE**CORTENEMA -SEE-- **HYDROCORTISONE****CORTICOTROPIN**

(e.g. ACTH, ACTHAR GEL)

AHFS 36:04 ADRENOCORTICAL INSUFFICIENCY-
DIAGNOSTIC

AHFS 68:28 PITUITARY

CORTISPORIN -SEE-- **NEOSPORIN/POLYMYXIN B/HYDROCORTISONE**CORTRIL -SEE-- **HYDROCORTISONE**CORTROSYN -SEE-- **COSYNTROPIN**COSMEGEN -SEE-- **DACTINOMYCIN****COSYNTROPIN**

(e.g. CORTROSYN)

AHFS 36:04 ADRENOCORTICAL INSUFFICIENCY-
DIAGNOSTICCOUMADIN -SEE-- **WARFARIN SODIUM**CRIXIVAN --SEE-- **INDINAVIR****CROMOLYN SODIUM**

(e.g. INTAL; OPTICROM)

AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

CRYSTICILLIN -SEE-- **PENICILLIN G, PROCAINE**CUPRIMINE -SEE-- **PENICILLAMINE****CYANOCOBALAMIN**

(VITAMIN B-12)

AHFS 88:08 VITAMIN B COMPLEX

CYCLOGYL -SEE-- **CYCLOPENTOLATE****CYCLOPENTOLATE HCL**

(e.g. CYCLOGYL)

AHFS 52:24 MYDRIATICS

CYCLOPHOSPHAMIDE

(e.g. CYTOXAN)

AHFS 10:00 ANTINEOPLASTIC AGENTS

CYCLOSPORINE	(e.g. NEORAL, SANDIMMUNE) AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
CYCRIN	-SEE-- MEDROXYPROGESTERONE
CYPROHEPTADINE HCL	(e.g. PERIACTIN) AHFS 4:00 ANTIHISTAMINE DRUGS
CYTARABINE	(e.g. CYTOSINE ARABINOSIDE, ARA-C, CYTOSAR) AHFS 10:00 ANTINEOPLASTIC AGENTS
CYTOMEL	-SEE-- LIOTHYRONINE
CYTOSAR	-SEE-- CYTARABINE
CYTOSAR-U	--SEE-- CYTARABINE
CYTOSINE ARABINOSIDE	-SEE-- CYTARABINE
CYTOTEC	-SEE-- MISOPROSTOL
CYTOVENE	--SEE-- GANCICLOVIR
CYTOXAN	-SEE-- CYCLOPHOSPHAMIDE
D-XYLOSE	--SEE-- XYLOSE
DACARBAZINE CITRATE	(e.g. DIC, DTIC) AHFS 10:00 ANTINEOPLASTIC AGENTS
DACRIOSE	-SEE-- IRRIGATING SOLUTION, EXTRAOCULAR
DACTINOMYCIN	(e.g. ACTINOMYCIN-D, COSMEGEN) AHFS 10:00 ANTINEOPLASTIC AGENTS
DALTEPARIN	(e.g. FRAGMIN) AHFS 20:12.04 ANTICOAGULANTS
DANAZOL	(e.g. DANOCRINE) AHFS 68:08 ANDROGENS
DANOCRINE	-SEE-- DANAZOL
DAPSONE	(e.g. DDS) AHFS 8:26 SULFONES
DARAPRIM	-SEE-- PYRIMETHAMINE

DARBEOETIN ALFA

(e.g. ARANESP)
 AHFS 20:16 HEMATOPOIETIC AGENT
 ** RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS PATIENTS**
 RESTRICTED TO MEDICAL REFERRAL CENTERS
 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

DAUNORUBICIN

(e.g. CERUBIDINE)
 AHFS 10:00 ANTINEOPLASTIC AGENTS

DDAVP -SEE-- **DESMOPRESSIN**

DDS --SEE-- **DAPSONE**

DEBROX -SEE-- **CARBAMIDE PEROXIDE**

DECA-DURABOLIN -SEE-- **NANDROLONE**

DECADRON -SEE-- **DEXAMETHASONE**

DECLOMYCIN -SEE-- **DEMECLOCYCLINE**

DEFEROXAMINE MESYLATE

(e.g. DESFERAL)
 AHFS 64:00 HEAVY METAL ANTAGONISTS

DELESTROGEN -SEE-- **ESTRADIOL**

DELTASONE -SEE-- **PREDNISONE**

DEMECLOCYCLINE

(e.g. DECLOMYCIN)
 AHFS 8:12.24 TETRACYCLINES

DEMEROL --SEE-- **MEPERIDINE**

DEPAKENE --SEE-- **VALPROIC ACID**

DEPO-MEDROL -SEE-- **METHYLPREDNISOLONE**

DEPRENYL -SEE-- **SELEGILINE**

DESFERAL -SEE-- **DEFEROXAMINE**

DESFLURANE

(e.g. SUPRANE)
 AHFS 28:04 GENERAL ANESTHETICS

DESIPRAMINE HCL	(e.g. NORPRAMIN) AHFS 28:16.04 ANTIDEPRESSANTS ** PHYSICIAN USE ONLY ** ** PILL LINE ONLY ** ** 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 **
DESMOPRESSIN ACETATE	(e.g. DDAVP) AHFS 68:28 PITUITARY
DESYREL	-SEE-- TRAZODONE
DEXAMETHASONE	(e.g. DECADRON) AHFS 68:04 ADRENALS **ORAL PREPARATION: PHYSICIAN/DENTIST USE ONLY** ** OPHTHALMIC PREPARATION: OPTOMETRIST OR PHYSICIAN USE ONLY ** ** COMBINATION TOBRAMYCIN/DEXAMETHASONE OPHTHALMIC PREPARATION (TOBRADEX®) NOT APPROVED **
DEXTROSE 5% IN LACTATED RINGERS	AHFS 40:12 REPLACEMENT PREPARATIONS AHFS 40:20 CALORIC AGENTS
DEXTROSE	AHFS 40:20.00 CALORIC AGENTS
DEXTROSE 5% IN SODIUM CHLORIDE	AHFS 40:12 REPLACEMENT PREPARATIONS AHFS 40:20 CALORIC AGENTS
DIAMOX	--SEE-- ACETAZOLAMIDE
DIATRIZOATE MEGLUMINE & DIATRIZOATE SODIUM	(e.g. HYPAQUE-M, HYPAQUE-76) AHFS 36:68 ROENTGENOGRAPHY
DIATRIZOATE MEGLUMINE	(e.g. HYPAQUE, RENO-M) AHFS 36:68 ROENTGENOGRAPHY
DIATRIZOATE SODIUM	(e.g. HYPAQUE, UROVIST) AHFS 36:68 ROENTGENOGRAPHY
DIAZOXIDE	(e.g. HYPERSTAT) AHFS 24:08 HYPOTENSIVE AGENTS
DIBENZYLINE	-SEE-- PHENOXYBENZAMINE
DIBUCAINE	(e.g. NUPERCAINAL) AHFS 84:08 ANTIPRURITICS AND LOCAL ANESTHETICS
DIC	-SEE-- DACARBAZINE

DICLOFENAC	(e.g. VOLTAREN) AHFS 52:08 ANTI-INFLAMMATORY AGENTS ** OPHTHALMIC FORMULATION APPROVED ONLY**
DICLOXACILLIN SODIUM	(e.g. DYNAPEN) AHFS 8:12.16 PENICILLINS
DICYCLOMINE HCL	(e.g. BENTYL) AHFS 12:08.08 ANTIMUSCARINICS/ANTISPASMODICS
DIDANOSINE	(e.g. ddI, VIDEX) AHFS 8:18 ANTIVIRALS ** PHYSICIAN INITIATION ONLY ** ** HIV MEDICATION DISTRIBUTION RESTRICTION **
DIDRONEL	-SEE-- ETIDRONATE
DIETHYLSTILBESTROL	(e.g. DES) AHFS 68:16 ESTROGENS
DIFLUCAN	--SEE-- FLUCONAZOLE
DIGITEK	--SEE-- DIGOXIN
DIGOXIN	(e.g. LANOXIN, DIGITEK) AHFS 24:04 CARDIAC DRUGS
DILANTIN	--SEE-- PHENYTOIN
DILTIAZEM HCL	(e.g. CARDIZEM, CARDIZEM CD) AHFS 24:04 CARDIAC DRUGS ** CARDIZEM SR NOT APPROVED **
DIPHENHYDRAMINE HCL	(e.g. BENADRYL) AHFS 4:00 ANTIHISTAMINE DRUGS **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**
DIPHENYLHYDANTOIN	-SEE-- PHENYTOIN
DIPIVEFRIN HCL	(e.g. PROPINE) AHFS 52:24 MYDRIATICS
DIPRIVAN	-SEE-- PROPOFOL
DIPROSONE	-SEE-- BETAMETHASONE DIPROPIONATE
DIPYRIDAMOLE	(e.g. PERSANTINE) AHFS 24:12 VASODILATING AGENTS
DISALCID	-SEE-- SALSALATE

DISOPYRAMIDE PHOSPHATE	(e.g. NORPACE) AHFS 24:04 CARDIAC DRUGS
DITROPAN	--SEE-- OXYBUTININ
DIULO	--SEE-- METOLAZONE
DOBUTAMINE HCL	(e.g. DOBUTREX) AHFS 12:12 SYMPATHOMIMETIC AGENTS
DOBUTREX	--SEE-- DOBUTAMINE HCL
DOCETAXEL	(e.g. TAXOTERE) AHFS 10:00 ANTINEOPLASTIC AGENTS ** RESTRICTED TO MEDICAL REFERRAL CENTERS **
DOCUSATE SODIUM	(e.g. COLACE, DOSS, DSS) AHFS 56:12 CATHARTICS AND LAXATIVES
DOMEBORO	--SEE-- ALUMINUM ACETATE COMPOUND
DOMEBORO OTIC	--SEE-- ACETIC ACID & ALUMINUM ACETATE
DOPAMINE HCL	(e.g. INTROPIN) AHFS 12:12 SYMPATHOMIMETIC AGENTS
DOPRAM	--SEE-- DOXAPRAM
DORZOLAMIDE	(e.g. TRUSOPT) AHFS 52:36 MISC. EENT AGENTS ** OPHTHALMOLOGIST INITIATION ONLY **
DOSS	--SEE-- DOCUSATE SODIUM
DOVONEX	--SEE-- CALCIPOTRIENE
DOXAPRAM HCL	(e.g. DOPRAM) AHFS 28:20 RESPIRATORY & CEREBRAL STIMULANTS
DOXAZOSIN	(e.g. CARDURA) AHFS 24:08 HYPOTENSIVE AGENTS ** PHYSICIAN USE ONLY **
DOXEPIH HCL	(e.g. ADAPIN, SINEQUAN) AHFS 28:16.04 ANTIDEPRESSANTS ** PHYSICIAN USE ONLY ** ** PILL LINE ONLY ** ** 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 **
DOXERCALCIFEROL	(e.g. (1 α -hydroxyvitamin D2 [1 α D2]) (Hectorol)) AHFS 88:16 VITAMIN D ** ORAL ROUTE PREFERRED **

DOXORUBICIN HCL	(e.g. ADRIAMYCIN) AHFS 10:00 ANTINEOPLASTIC AGENTS
DOXYCYCLINE	(e.g. VIBRAMYCIN, VIBRA-TABS) AHFS 8:12.24 TETRACYCLINES
DROPERIDOL	(e.g. INAPSINE) AHFS 28:16.08 TRANQUILIZERS
DTIC	-SEE-- DACARBAZINE
DULCOLAX	-SEE-- BISACODYL
DUODERM	-SEE-- FLEXIBLE HYDROACTIVE DRESSING/GRANULES
DURAGEN	-SEE-- ESTRADIOL VALERATE
DURAMORPH	-SEE-- MORPHINE SULFATE
DYAZIDE	--SEE-- TRIAMTERENE & HYDROCHLOROTHIAZIDE
DYNAPEN	--SEE-- DICLOXACILLIN
DYRENIUM	--SEE-- TRIAMTERENE
ECHOTHIOPHATE IODIDE	(e.g. PHOSPHOLINE IODIDE) AHFS 52:20 MIOTICS
ECOTRIN	-SEE-- ASPIRIN
EDROPHONIUM CHLORIDE	(e.g. ENLON, TENSILON) AHFS 36:56 MYASTHENIA GRAVIS (DIAGNOSTIC TEST)
EES	-SEE-- ERYTHROMYCIN
EFAVIRENZ	(e.g. SUSTIVA) AHFS 8:18 ANTIVIRALS ** PHYSICIAN INITIATION ONLY ** ** HIV MEDICATION DISTRIBUTION RESTRICTION **
EFFEXOR	-SEE-- VENLAFAXINE
EFFEXOR-ER	--SEE-- VENLAFAXINE
EFUDEX	-SEE-- FLUOROURACIL
ELASE	-SEE-- FIBRINOLYSIN & DESOXYRIBONUCLEASE
ELAVIL	-SEE-- AMITRIPTYLINE HCL
ELDEPRYL	-SEE-- SELEGILINE HCL
ELIMITE	-SEE-- PERMETHRIN
ELIXOPHYLLIN	-SEE-- THEOPHYLLINE ANHYDROUS
ELLEENCE	-SEE-- EPIRUBICIN

ELSPAR	-SEE-- ASPARIGINASE
EMYCIN	-SEE-- ERYTHROMYCIN
ENEMA SOLUTION, DISPOSABLE	--SEE-- SODIUM PHOSPHATE/BIPHOSPHATE
ENGRIX-B	--SEE-- HEPATITIS B VIRUS VACCINE INACTIVATED
ENLON	-SEE-- EDROPHONIUM
ENOXAPARIN	(e.g. LOVENOX) AHFS 20:12.04 ANTICOAGULANTS
ENUCLENE	-SEE-- TYLOXAPOL
EPIFRIN	-SEE-- EPINEPHRINE
EPINEPHRINE	(e.g. ADRENALIN, SUS-PHRINE, EPIFRIN, VAPONEFRIN) AHFS 12:12 SYMPATHOMIMETIC AGENTS AHFS 52:24 EENT MYDRIATICS AHFS 52:32 EENT VASOCONSTRICTORS
EPIRUBICIN	(e.g. ELLENCE) AHFS 10:00 ANTINEOPLASTIC AGENTS ** RESTRICTED TO MEDICAL REFERRAL CENTERS **
EPIVIR	--SEE-- LAMIVUDINE
EPOETIN ALFA	(e.g. EPO, EPOGEN, ERYTHROPOIETIN, PROCRIT) AHFS 20:04 ANTIANEMIA DRUGS ** DARBEPOETIN RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS PATIENTS** **RESTRICTED TO MEDICAL REFERRAL CENTERS** **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**
EPOGEN	--SEE-- EPOETIN ALFA
ERGAMISOLE	-SEE-- LEVAMISOLE
ERGONOVINE MALEATE	(e.g. ERGOTRATE) AHFS 76:00 OXYTOCICS
ERGOTAMINE TARTRATE & CAFFEINE	(e.g. CAFERGOT) AHFS 12:16 SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS
ERGOTAMINE	(e.g. ERGOSTAT) AHFS 12:16 SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS
ERGOTRATE	--SEE-- ERGONOVINE

ERYTAB	--SEE-- ERYTHROMYCIN
ERYTHROMYCIN	(e.g. EES, E-MYCIN, ERYTAB, ERYTHROCIN, ILOTYCIN) AHFS 8:12.12 ERYTHROMYCINS ** TOPICAL FORMULATIONS NOT APPROVED **
ERYTHROPOIETIN	--SEE-- EPOETIN ALFA
ESIDREX	--SEE-- HYDROCHLOROTHIAZIDE
ESKALITH	--SEE-- LITHIUM CARBONATE
ESMOLOL HCL	(e.g. BREVIBLOC) AHFS 24:04 CARDIAC DRUGS
ESTERIFIED ESTROGENS	(e.g. ESTRONE, ESTROPIPATE, ESTRATAB) AHFS 68:16 ESTROGENS
ESTINYL	--SEE-- ETHINYL ESTRADIOL
ESTRADERM	--SEE-- ESTRADIOL
ESTRADIOL	(e.g. DELESTROGEN) AHFS 68:16 ESTROGENS
ESTRATAB	--SEE-- ESTERIFIED ESTROGENS
ESTRAVAL	--SEE-- ESTRADIOL VALERATE
ESTROGENS, CONJUGATED	(e.g. PREMARIN)AHFS 68:16 ESTROGENS ** NON-SUBSTITUTABLE -- USE PREMARIN ONLY ** ** 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 MEDICAL DIRECTOR ** ** ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HORMONAL THERAPY TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE <u>PRE-APPROVED</u> BY MEDICAL DIRECTOR **
ESTRONE	--SEE-- ESTERIFIED ESTROGENS
ESTROPIPATE	--SEE-- ESTERIFIED ESTROGENS
ETHAMBUTOL HCL	(e.g. MYAMBUTOL) AHFS 8:16 ANTITUBERCULOSIS AGENTS ** PILL LINE ONLY **
ETHINYL ESTRADIOL	(e.g. ESTINYL) AHFS 68:16 ESTROGENS
ETHYL CHLORIDE	AHFS 84:08 LOCAL ANESTHETIC
ETOPOSIDE	(e.g. VP-16, VePESID) AHFS 10:00 ANTINEOPLASTIC AGENTS

EUCERIN	--SEE-- HYDROPHILIC CREAM
EULEXIN	--SEE-- FLUTAMIDE
EXSEL	--SEE-- SELENIUM SULFIDE
FACTOR VIII	--SEE-- ANTIHEMOPHILIC FACTOR (HUMAN)
FELDENE	--SEE-- PIROXICAM
FENTANYL CITRATE	(e.g. SUBLIMAZE, DURAGESIC) <u>CONTROLLED SUBSTANCE (C-II)</u> AHFS 28:08.08 OPIATE AGONISTS ** PHYSICIAN/DENTIST USE ONLY ** ** ORDER MAY NOT EXCEED 3 DAYS ** ** PILL LINE ONLY ** ** MEDICAL CENTER ONLY ** ** PATCH MUST BE DISPOSED OF IN SHARPS CONTAINER WITH ACCOUNTABILITY FOR RETURN ** ** 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 **
FERRIC GLUCONATE SODIUM COMPLEX	(e.g. FERRLECIT) AHFS 20:04 ANTIANEMIA DRUGS
FERRLECIT	--SEE-- FERRIC GLUCONATE SODIUM COMPLEX
FERROUS GLUCONATE	(e.g. FERGON) AHFS 20:04 ANTIANEMIA DRUGS
FIBER TABLETS	(e.g. KONSYL FIBER, FIBER-LAX, FIBERCON, FIBERTAB, FP FIBER LAXATIVE, etc.) AHFS 56:12 CATHARTICS AND LAXATIVES
FIBER-LAX	--SEE-- FIBER TABLETS
FIBERCON	--SEE-- FIBER TABLETS
FIBERTAB	--SEE-- FIBER TABLETS
FIBRINOLYSIN & DESOXYRIBONUCLEASE	(e.g. ELASE) AHFS 84:36 MISC. SKIN AND MUCOUS MEMBRANE AGENTS
FINASTERIDE	(e.g. PROSCAR) AHFS 5-ALPHA REDUCTASE INHIBITOR ** THERAPY INITIATED BY UROLOGIST ONLY **
FLAGYL	--SEE-- METRONIDAZOLE
FLEETS ENEMA	--SEE-- SODIUM PHOSPHATE & SODIUM BIPHOSPHATE
FLEXIBLE HYDROACTIVE DRESSING/GRANULES	(e.g. DUODERM) AHFS 84:36 MISC. SKIN & MUCOUS MEMBRANE AGENTS

FLORINEF	--SEE-- FLUDROCORTISONE
FLOVENT	--SEE-- FLUTICASONE
FLUCONAZOLE	(e.g. DIFLUCAN) AHFS 8:12.04 ANTIFUNGAL ANTIBIOTICS ** NOT APPROVED FOR ONYCHOMYCOSIS **
FLUDARA	--SEE-- FLUDARABINE
FLUDARABINE PHOSPHATE	(e.g. FLUDARA) AHFS 10:00 ANTINEOPLASTIC AGENTS
FLUDROCORTISONE ACETATE	(e.g. FLORINEF) AHFS 68:04 ADRENALS
FLUMAZENIL	(e.g. ROMAZICON) AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
FLUNISOLIDE	(e.g. NASALIDE, NASAREL) AHFS 68:04 ADRENALS ** NASAL FORMULATION ONLY APPROVED **
FLUOCINONIDE	(e.g. LIDEX) AHFS 84:06 TOPICAL ANTI-INFLAMMATORY AGENTS
FLUOGEN	--SEE-- INFLUENZA VIRUS VACCINE
FLUOR-OP	--SEE-- FLUOROMETHOLONE
FLUORESC EIN	AHFS 52:36 MISC. EENT AGENTS
FLUORIDE, TOPICAL	(e.g. (PREVIDENT 5000 PLUS)) AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS ** RESTRICTED TO CREAM FORMULATION ONLY **
FLUOROMETHOLONE	(e.g. FML, FLUOR-OP) AHFS 52:08 EENT ANTI-INFLAMMATORY AGENTS ** LIMITED TO OPTOMETRIST OR OPHTHALMOLOGIST**
FLUOROURACIL	(e.g. 5-FU, 5-FLUOROURACIL, EFUDEX, ADRUCIL) AHFS 10:00 ANTINEOPLASTICS AHFS 84:36 MISC. SKIN AND MUCOUS MEMBRANE AGENTS
FLUOXETINE HCL	(e.g. PROZAC) AHFS 28:16.04 ANTIDEPRESSANTS ** PHYSICIAN INITIATION ONLY ** ** PILL LINE ONLY **
FLUPHENAZINE	(e.g. PROLIXIN) AHFS 28:16.08 TRANQUILIZERS ** PHYSICIAN USE ONLY ** ** PILL LINE ONLY **
FLUTAMIDE	(e.g. EULEXIN) AHFS 10:00 ANTINEOPLASTIC AGENTS

FLUTICASONE	(e.g. FLOVENT) AHFS 52:08 EENT ANTI-INFLAMMATORY AGENTS ** AEROSOL POWDER NOT APPROVED ** ** NASAL SPRAY NOT APPROVED ** ** SECOND LINE AGENT **
FLUVASTATIN	(e.g. LESCOL) AHFS 24:06 ANTILIPEMIC DRUGS ** RESTRICTED TO PATIENTS TAKING PROTEASE INHIBITORS ** ** NOT APPROVED FOR BID DOSING **
FLUZONE	--SEE-- INFLUENZA VIRUS VACCINE
FML	--SEE-- FLUOROMETHOLONE
FOLIC ACID	(e.g. FOLVITE) AHFS 88:08 VITAMIN B COMPLEX
FOLVITE	--SEE-- FOLIC ACID
FORANE	--SEE-- ISOFLURANE
FORTAZ	--SEE-- CEFTAZIDIME
FOSAMAX	--SEE-- ALENDRONATE
FOSAMPRENAVIR	(e.g. LEXIVA) AHFS 8:18 ANTIVIRALS ** PHYSICIAN INITIATION ONLY ** <u>** HIV MEDICATION DISTRIBUTION RESTRICTION **</u>
FOSCARNET	(e.g. FOSCAVIR) AHFS 8:18 ANTIVIRALS
FOSCAVIR	--SEE-- FOSCARNET
FP FIBER LAXATIVE	--SEE-- FIBER TABLETS
FRAGMIN	--SEE-- DALTEPARIN
FUNGIZONE	--SEE-- AMPHOTERICIN B
FUROSEMIDE	(e.g. LASIX) AHFS 40:28 DIURETICS
GADOPENTETATE	(e.g. MAGNEVIST) AHFS 36:68 ROENTGENOGRAPHY
GAMMA BENZENE HEXACHLORIDE	--SEE-- LINDANE
GANCICLOVIR	(e.g. CYTOVENE) AHFS 8:18 ANTIVIRALS
GARAMYCIN	--SEE-- GENTAMYCIN SULFATE

GATIFLOXACIN	(e.g. TEQUIN) AHFS 8:22 QUINOLONES ** PHYSICIAN USE ONLY **
GAVICON	--SEE-- ALUMINUM HYDROXIDE & MAGNESIUM TRISILICATE
GELATIN & PECTIN & SODIUM CARBOXYMETHYLCELLULOSE	(e.g. ORABASE) AHFS 84:36 MISC TOPICAL AGENTS
GELFOAM	--SEE-- ABSORBABLE GELATIN SPONGE
GEMCITABINE	(e.g. GEMZAR) AHFS 10:00 ANTINEOPLASTIC AGENTS ** RESTRICTED TO MEDICAL REFERRAL CENTERS **
GEMFIBROZIL	(e.g. LOPID) AHFS 24:06 ANTILIPEMIC AGENTS
GEMZAR	--SEE-- GEMCITABINE
GENTAMICIN SULFATE	(e.g. GARAMYCIN) AHFS 8:12.02 AMINOGLYCOSIDES AHFS 52:04.04 EENT ANTIBIOTICS AHFS 84:04.04 TOPICAL ANTIBIOTICS
GEODON	--SEE-- ZIPRASIDONE
GESTEROL	--SEE-- PROGESTERONE
GLUCAGON	AHFS 68:20.92 MISC. ANTI-DIABETIC AGENTS
GLUCOPHAGE	--SEE-- METFORMIN
GLUCOSE	AHFS 40:20 CALORIC AGENTS
GLYBURIDE	(e.g. MICRONASE) AHFS 68:20.20 SULFONYLUREAS
GLYCERIN	(e.g. GLYCEROL) AHFS 56:12 CATHARTICS AND LAXATIVES AHFS 52:36 MISC. EENT DRUGS AHFS 96:00 PHARMACEUTICAL AIDS
GLYCOPYRROLATE	(e.g. ROBINUL) AHFS 12:08.08 ANTIMUSCARINICS/ANTISPASMODICS
GM-CSF	--SEE-- SARGRAMOSTIM
GOLD SODIUM THIOMALATE	(e.g. MYOCHRYSSINE) AHFS 60:00 GOLD COMPOUNDS
GOLYTELY	--SEE-- POLYETHYLENE GLYCOL/ELECTROLYTE SOLUTION

GRANISETRON	(e.g. KYTRIL) AHFS 56:22 ANTIEMETICS ** RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY ** ** RESTRICTED TO MEDICAL REFERRAL CENTERS**
GRANULEX	--SEE-- TRYPSIN/BALSAM PERU/CASTOR OIL
GYNE-LOTRIMIN	--SEE-- CLOTRIMAZOLE
GYNOGEN L.A.	--SEE-- ESTRADIOL VALERATE
HALDOL	--SEE-- HALOPERIDOL
HALOPERIDOL	(e.g. HALDOL) AHFS 28:16.08 TRANQUILIZERS ** PHYSICIAN USE ONLY ** ** PILL LINE ONLY **
HAVRIX	-SEE- HEPATITIS A VIRUS VACCINE
HEALON	--SEE-- SODIUM HYALURONATE
HEAVY MINERAL OIL	--SEE-- MINERAL OIL
HECTOROL	--SEE-- DOXERCALCIFEROL
HEPARIN SODIUM	AHFS 20:12.04 ANTICOAGULANTS
HEPATITIS A VIRUS VACCINE	(e.g. HAVRIX, TWINRIX) AHFS 80:12 VACCINES ** PHYSICIAN USE ONLY ** ** RESTRICTED TO INMATES WITH CLOTTING FACTOR DISORDERS WHO ARE ADMINISTERED CLOTTING FACTOR CONCENTRATES, AND INMATES WITH CHRONIC LIVER DISEASE OR CIRRHOSIS, INCLUDING HCV INFECTION WITH UNDERLYING LIVER DISEASE **
HEPATITIS B IMMUNE GLOBULIN	(e.g. HBIG, HEP-B-GAMMAGEE, HYPERHEP) AHFS 80:04 SERUMS
HEPATITIS B VIRUS VACCINE INACTIVATED-RECOMBINANT	(e.g. ENGERIX-B, RECOMBIVAX-HB, HEPTAVAX, TWINRIX) AHFS 80:12 VACCINES
HEPTAVAX	-SEE-- HEPATITIS B VIRUS VACCINE
HERCEPTIN	-SEE-- TRASTUZUMAB
HESPAN	-SEE-- HETASTARCH
HETASTARCH	(e.g. HESPAN) AHFS 40:12 REPLACEMENT PREPARATIONS
HEXAMETHYLMELAMINE	-SEE-- ALTRETAMINE
HIBICLENS	-SEE-- CHLORHEXIDENE GLUCONATE

HIBISTAT	--SEE-- CHLORHEXIDENE GLUCONATE
HISTAMINE PHOSPHATE	AHFS 36:36 GASTRIC FUNCTION (DIAGNOSTIC AGENT) AHFS 36:64 PHEOCHROMOCYTOMA (DIAGNOSTIC AGENT)
HISTOPLASMIN SKIN TEST	AHFS 36:32 FUNGI (DIAGNOSTIC TEST)
HOMATROPINE HYDROBROMIDE	(e.g. ISOPTO-HOMATROPINE) AHFS 52:24 EENT MYDRIATICS
HUMATE-P	--SEE-- ANTIHEMOPHILIC FACTOR (HUMAN)
HUMULIN	--SEE-- INSULIN, HUMAN
HYALURONIDASE	AHFS 44:00 ENZYMES
HYCANTIN	--SEE-- TOPOTECAN
HYDRALAZINE HCL	(e.g. APRESOLINE) AHFS 24:08 HYPOTENSIVE AGENTS
HYDREA	--SEE-- HYDROXYUREA
HYDROCHLOROTHIAZIDE	(e.g. ESIDREX, HYDRODIURIL, ORETIC) AHFS 40:28 DIURETICS
HYDROCORTISONE & ACETIC ACID	(e.g. VOSOL-HC) AHFS 52:04.12 MISC EENT ANTI-INFECTIVES AHFS 52:08 EENT ANTI-INFLAMMATORY AGENTS
HYDROCORTISONE	(e.g. CORTRIL, HYTONE, SOLU-CORTEF, ANUSOL-HC, CORTENEMA) AHFS 68:04 ADRENALS AHFS 84:06 TOPICAL ANTI-INFLAMMATORY AGENTS
HYDRODIURIL	-SEE-- HYDROCHLOROTHIAZIDE
HYDROGEN PEROXIDE	AHFS 52:28 MOUTH WASHES AND GARGLES
HYDROPHILIC CREAM	(e.g. EUCERIN, OTHERS) AHFS 84:24 EMOLLIENTS, DEMULCENTS, AND PROTECTANTS ** RESTRICTED AS COMPOUNDING AGENT ONLY **
HYDROXYCHLOROQUINE SULFATE	(e.g. PLAQUENIL) AHFS 8:20 ANTIMALARIAL AGENTS ** OPHTHALMIC EXAMS REQUIRED (SEE PDR) **
HYDROXYPROGESTERONE CAPROATE	AHFS 68:32 PROGESTINS
HYDROXYUREA	(e.g. HYDREA) AHFS 10:00 ANTINEOPLASTIC AGENTS

HYDROXYZINE

(e.g. ATARAX, VISTARIL)
 AHFS 28:24.92 MISC ANXIOLYTICS, SEDATIVES, &
 HYPNOTICS

****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****

HYPAQUE

-SEE-- **DIATRIZOATE**

HYPERHEP

-SEE-- **HEPATITIS B IMMUNE GLOBULIN**

HYPERSTAT

-SEE-- **DIAZOXIDE**

HYTONE

-SEE-- **HYDROCORTISONE****IBUPROFEN**

(e.g. IBU, MOTRIN, RUFEN)
 AHFS 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY
 AGENTS

IFEX

-SEE-- **IFOSFAMIDE****IFOSFAMIDE**

(e.g. IFEX)
 AHFS 10:00 ANTINEOPLASTIC AGENTS
**** ADMINISTERED WITH MESNA TO REDUCE
 HEMORRHAGIC CYSTITIS ****

ILOTYCIN

-SEE-- **ERYTHROMYCIN****IMIPRAMINE HCL**

(e.g. TOFRANIL)
 AHFS 28:16.04 ANTIDEPRESSANTS
**** PHYSICIAN USE ONLY ****
**** PILL LINE ONLY ****
**** 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 ****

IMITREX

-SEE-- **SUMATRIPTAN****IMMUNE GLOBULIN, HUMAN**

(e.g. VENOGLOBULIN, GAMMA GLOBULIN)
 AHFS 80:04 SERUMS

IMODIUM

-SEE-- **LOPERAMIDE**

IMURAN

-SEE-- **AZATHIOPRINE****INAMRINONE**

(e.g. INOCOR)
 AHFS 24:04 CARDIAC DRUGS

INAPSINE

-SEE-- **DROPERIDOL**

INDERAL

-SEE-- **PROPRANOLOL**

INDINAVIR	(e.g. CRIXIVAN) AHFS 8:18 ANTIVIRALS ** PHYSICIAN INITIATION ONLY ** <u>** HIV MEDICATION DISTRIBUTION RESTRICTION **</u>
INDOCIN	-SEE-- INDOMETHACIN
INDOMETHACIN	(e.g. INDOCIN) AHFS 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
INFLUENZA VIRUS VACCINE	(e.g. FLUOGEN, FLUZONE) AHFS 80:12 VACCINES
INH	--SEE-- ISONIAZID
INOCOR	--SEE-- INAMRINONE
INSULIN, NPH HUMAN	--SEE-- INSULIN, HUMAN
INSULIN, LENTE HUMAN	--SEE-- INSULIN, HUMAN
INSULIN, ULTRA-LENTE HUMAN	--SEE-- INSULIN, HUMAN
INSULIN, 70/30 HUMAN	--SEE-- INSULIN, HUMAN
INSULIN, REGULAR HUMAN	--SEE-- INSULIN, HUMAN
INSULIN, HUMAN	(e.g. HUMULIN, NOVOLIN) AHFS 68:20.08 INSULINS ** INSULIN GLARGINE NOT APPROVED ** ** INSULIN LISPRO NOT APPROVED ** ** INSULIN ASPART NOT APPROVED **
INTERFERON, ALFA-2A	(e.g. ROFERON-A) AHFS 10:00 ANTINEOPLASTIC AGENTS ** MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT **
INTERFERON ALFA 2B	(e.g. INTRON A) AHFS 10:00 ANTINEOPLASTIC AGENTS ** MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT **
INTERFERON ALFA 2B/RIBAVIRIN	(e.g. REBETRON) AHFS 10:00 ANTINEOPLASTIC AGENTS AHFS 8:18 ANTIVIRALS ** MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT **

INTERFERONS, PEGYLATED	(e.g. (branched 40-kD) peginterferon alfa-2a (PEGASYS) (linear 12-kD) peginterferon alfa-2b (PEG-Intron)) AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS ** HEPATITIS TREATMENT APPROVAL ALGORITHM ALSO REQUIRED AS WITH RIBAVIRIN/INTERFERON **
INTRON A	--SEE-- INTERFERON ALPHA 2B
INTROPIN	--SEE-- DOPAMINE
INVIRASE	--SEE-- SAQUINAVIR
IOHEXOL	AHFS 36:68 ROENTGENOGRAPHY
IOPANOIC ACID	(e.g. TELEPAQUE) AHFS 36:68 ROENTGENOGRAPHY
IOPIDINE	--SEE-- APRACLONIDINE
IOTHALAMATE MEGLUMINE	(e.g. CONRAY) AHFS 36:68 ROENTGENOGRAPHY
IOVERSOL	AHFS 36:68 ROENTGENOGRAPHY
IPECAC SYRUP	AHFS 56:20 EMETICS
IPRATROPIUM/ALBUTEROL	(e.g. COMBIVENT) AHFS 12:08.08 ANTIMUSCARINIC/ANTISPASMODIC AHFS 12:12 SYMPATHOMIMETIC (ADRENERGIC) AGENTS
IPRATROPIUM	(e.g. ATROVENT) AHFS 12:08.08 ANTIMUSCARINICS/ANTISPASMODICS
IRINOTECAN	(e.g. CAMPTOSAR) AHFS 10:00 ANTINEOPLASTIC AGENTS ** RESTRICTED TO MEDICAL REFERRAL CENTERS **
IRON DEXTRAN	(e.g. IMFERON) AHFS 20:04:04 IRON PREPARATIONS
IRRIGATING SOLUTION, EXTRAOCULAR	(e.g. DACRIOSE) AHFS 52:36 MISC. EENT DRUGS
IRRIGATING SOLUTION, INTRAOCULAR	(e.g. BSS) AHFS 52:36 MISC. EENT DRUGS
ISOFLURANE	(e.g. FORANE) AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS **MRC USE ONLY**
ISONIAZID	(e.g. INH) AHFS 8:16 ANTITUBERCULOSIS AGENTS ** PILL LINE ONLY **

ISOPROTERENOL HCL	(e.g. ISUPREL) AHFS 12:12 SYMPATHOMIMETIC AGENTS
ISOPTO-ATROPINE	--SEE-- ATROPINE
ISOPTO-CARPINE	-SEE-- PILOCARPINE
ISORDIL	-SEE-- ISOSORBIDE DINITRATE
ISOSORBIDE DINITRATE	(e.g. ISORDIL, SORBITRATE) AHFS 24:12 VASODILATING AGENTS
ISUPREL	-SEE-- ISOPROTERENOL
ITRACONAZOLE	(e.g. SPORANOX) AHFS 8:12.04 ANTIFUNGAL ANTIBIOTICS ** RESTRICTED TO HISTOPLASMOSIS, BLASTOMYCOSIS, ASPERGILLOSIS, AND SYSTEMIC MYCOSIS** ** NOT APPROVED FOR ONYCHOMYCOSIS **
KALETRA	--SEE-- LOPINAVIR/RITONAVIR
KAOLIN AND PECTIN	(e.g. KAOPECTATE) AHFS 56:08 ANTI-DIARRHEA AGENTS ** <u>NOTE</u> : MAY BE DISPENSED WITH OTC LABELING **
KAOPECTATE	-SEE-- KAOLIN AND PECTIN
KAYEXALATE	-SEE-- SODIUM POLYSTYRENE SULFONATE
KEFLEX	-SEE-- CEPHALEXIN
KEFZOL	-SEE-- CEFAZOLIN SODIUM
KEPPRA	--SEE-- LEVETIRACETAM
KERALYT	-SEE-- SALICYLIC ACID
KETALAR	-SEE-- KETAMINE
KETAMINE	(e.g. KETALAR) AHFS 28:04 ANESTHETIC **MRC USE ONLY**
KETOCONAZOLE	(e.g. NIZORAL) AHFS 8:12.04 ANTIFUNGAL ANTIBIOTICS AHFS 84:04.08 TOPICAL ANTIFUNGALS ** NOT APPROVED FOR ONYCHOMYCOSIS **
KETOROLAC	(e.g. TORADOL) AHFS 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS ** PHYSICIAN/DENTIST USE ONLY ** ** LIMITED TO 5 DAYS ONLY - NON RENEWABLE ** ** ORAL FORMULATION NOT APPROVED ** ** OPHTHALMIC FORMULATION NOT APPROVED **

KIDROLASE	-SEE-- ASPARIGINASE
KLONOPIN	--SEE-- CLONAZEPAM
KONSYL FIBER	--SEE-- FIBER TABLETS
KWELL	-SEE-- LINDANE
KYTRIL	--SEE-- GRANISETRON
LABETALOL HCL	(e.g. NORMODYNE, TRANDATE) AHFS 24:08 HYPOTENSIVE AGENTS
LACRI-LUBE	--SEE-- LUBRICANT, OCULAR
LACTAID	--SEE-- LACTASE ENZYME
LACTASE ENZYME	(e.g. LACTAID) AHFS 44:00 ENZYMES
LACTULOSE	(e.g. CEPHULAC, CHRONULAC) AHFS 40:10 AMMONIA DETOXICANTS
LAMICTAL	--SEE-- LAMOTRIGINE
LAMIVUDINE	(e.g. EPIVIR, 3TC) AHFS 8:18 ANTIVIRALS ** PHYSICIAN USE ONLY ** <u>** HIV MEDICATION DISTRIBUTION RESTRICTION **</u>
LAMOTRIGINE	(e.g. LAMICTAL) AHFS 28:12.92 MISCELLANEOUS ANTICONVULSANTS **RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS** **PILL LINE ONLY FOR USE IN NON-SEIZURE DISORDERS**
LANOXIN	--SEE-- DIGOXIN
LARYNGOTRACHEAL ANAESTHESIA KIT	(e.g. LTA KIT) AHFS 28:04 ANAESTHETICS
LASIX	--SEE-- FUROSEMIDE
LATANOPROST	(e.g. XALATAN) AHFS 52:36 MISC EENT AGENTS ** OPHTHALMOLOGIST/OPTOMETRIST INITIATED THERAPY ONLY **
LESCOL	--SEE-- FLUVASTATIN
LEUCOVORIN CALCIUM	(e.g. CITROVORUM FACTOR, WELLCOVORIN) AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
LEUKERAN	--SEE-- CHLORAMBUCIL
LEUKINE	--SEE-- SARGRAMOSTIM

LEUPROLIDE ACETATE	(e.g. LUPRON, LUPRON DEPOT) AHFS 10:00 ANTINEOPLASTIC AGENTS
LEVAMISOLE	(e.g. ERGAMISOLE) AHFS 10:00 ANTINEOPLASTIC AGENTS
LEVETIRACETAM	(e.g. KEPPRA) AHFS 28:12.92 MISCELLANEOUS ANTICONVULSANTS **RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS** **PILL LINE ONLY FOR USE IN NON-SEIZURE DISORDERS**
LEVLEN	--SEE-- LEVONORGESTREL/ETHINYL ESTRADIOL
LEVODOPA & CARBIDOPA	(e.g. SINEMET) AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
LEVONORGESTREL/ETHINYL ESTRADIOL	(e.g. LEVLEN, NORDETTE, TRI-LEVLEN) AHFS 68:12 CONTRACEPTIVES
LEVOPHED	--SEE-- NOREPINEPHRINE
LEVOTHYROXINE SODIUM	(e.g. LEVOTHROID) AHFS 68:36.04 THYROID AGENTS ** NON-SUBSTITUTABLE--USE LEVOTHROID® ONLY **
LEXIVA	--SEE-- FOSAMPRENAVIR
LIDEX	--SEE-- FLUOCINONIDE
LIDOCAINE HCL	(e.g. XYLOCAINE) AHFS 24:04 CARDIAC DRUGS AHFS 72:00 LOCAL ANESTHETICS
LINDANE	(e.g. GAMMA BENZENE HEXACHLORIDE, KILDANE, KWELL) AHFS 84:04.12 SCABICIDES AND PEDICULOCIDES ** SHAMPOO NOT APPROVED ** ** DO NOT USE IN PATIENTS WITH SEIZURE DISORDERS, OPEN WOUNDS, CHRONIC ACTIVE LIVER DISEASE, OR IN PREGNANT FEMALES **
LIOTHYRONINE SODIUM	(e.g. CYTOMEL) AHFS 68:36.04 THYROID AGENTS
LISINOPRIL	(e.g. PRINIVIL, ZESTRIL) AHFS 24:04 CARDIAC DRUGS ** NOT APPROVED FOR BID DOSING **
LITHANE	--SEE-- LITHIUM CARBONATE
LITHIUM CITRATE	(e.g. CIBALITH-S) AHFS 28:28 ANTIMANIC AGENTS ** PHYSICIAN USE ONLY ** ** PILL LINE ONLY **

LITHIUM CARBONATE	(e.g. LITHANE, ESKALITH, LITHOBID) AHFS 28:28 ANTIMANIC AGENTS ** PHYSICIAN USE ONLY ** ** PILL LINE ONLY **
LOMUSTINE	(e.g. CCNU, CEENU) AHFS 10:00 ANTINEOPLASTIC AGENTS
LONITEN	--SEE-- MINOXIDIL
LOPERAMIDE HCL	(e.g. IMODIUM) AHFS 56:08 ANTIDIARRHEA AGENTS
LOPID	--SEE-- GEMFIBROZIL
LOPINAVIR/RITONAVIR	(e.g. KALETRA) AHFS 8:18 ANTIVIRALS ** PHYSICIAN INITIATION ONLY ** <u>** HIV MEDICATION DISTRIBUTION RESTRICTION **</u>
LOPRESSOR	--SEE-- METOPROLOL
LORAZEPAM	(e.g. ATIVAN) <u>CONTROLLED SUBSTANCE (C-IV)</u> AHFS 28:24.08 BENZODIAZEPINES ** PHYSICIAN USE ONLY ** ** ORDERS MAY NOT EXCEED 30 DAYS, AND ARE NON-RENEWABLE, EXCEPT FOR INPATIENTS IN MRC'S, NOT TO INCLUDE MRC WORK CADRE OR OUTPATIENTS** ** BENZODIAZEPINES FOR HYPNOTIC USE IS LIMITED TO 7 DAYS WHEN NON-BENZODIAZEPINES HAVE BEEN INEFFECTIVE ** ** EXCEPTION FOR LONG-TERM USE FOR TERMINALLY ILL PATIENTS FOR PALLIATIVE CARE (HOSPICE PATIENTS)** ** ALL LONG TERM ORDERS, EXCEPT FOR END-OF-LIFE USE MUST BE ORDERED AND FOLLOWED BY A PSYCHIATRIST ** ** 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 **
LOTRIMIN	-SEE-- CLOTRIMAZOLE
LOVASTATIN	(e.g. MEVACOR) AHFS 24:06 ANTILIPEMIC DRUGS ** NOT APPROVED FOR BID DOSING ** ** LONG ACTING FORMULATION NOT APPROVED **
LOVENOX	-SEE-- ENOXAPARIN

LOXAPINE	(e.g. LOXITANE) AHFS 28:16.08 TRANQUILIZERS ** PHYSICIAN USE ONLY ** ** PILL LINE ONLY **
LOXITANE	-SEE-- LOXAPINE
LTA KIT	--SEE-- LARYNGOTRACHEAL ANAESTHESIA KIT
LUBRICANT, SURGICAL	AHFS 84:36 MISC. SKIN AND MUCOUS MEMBRANE AGENTS
LUBRICANT, OCULAR	(e.g. LACRI-LUBE) AHFS 52:36 MISC. EENT DRUGS
LUPRON	-SEE-- LEUPROLIDE ACETATE
LYSODREN	-SEE-- MITOTANE
MAALOX	--SEE-- ALUMINUM HYDROXIDE/MAGNESIUM HYDROXIDE/SIMETHICONE
MACRODANTIN	-SEE-- NITROFURANTOIN
MAG-OX	--SEE-- MAGNESIUM OXIDE
MAGNESIUM CITRATE	(CITRATE OF MAGNESIA) AHFS 56:12 CATHARTICS AND LAXATIVES
MAGNESIUM SULFATE	AHFS 28:12.92 MISC. ANTICONVULSANTS ** EPSOM SALTS NOT APPROVED **
MAGNESIUM OXIDE	(e.g. MAG-OX) AHFS 56:04 ANTACIDS AND ADSORBENTS
MAGNESIUM HYDROXIDE	(MILK OF MAGNESIA) AHFS 56:04 ANTACIDS AND ADSORBENTS ** <u>NOTE</u> : MAY BE DISPENSED WITH OTC LABELING **
MAGNEVIST	-SEE-- GADOPENTETATE DIMEGLUMINE
MANDELAMINE	-SEE-- METHENAMINE MANDELATE
MANNITOL	AHFS 36:40 KIDNEY FUNCTION (DIAGNOSTIC TEST)
MARCAINE	-SEE-- BUPIVACAINE
MATULANE	-SEE-- PROCARBAZINE
MAXITROL	-SEE-- NEOMYCIN & POLYMYXIN B & DEXAMETHASONE
MAXZIDE	-SEE-- TRIAMTERENE & HYDROCHLOROTHIAZIDE
MEASLES, MUMPS, RUBELLA VACCINE	(e.g. MMR II) AHFS 80:12 VACCINES

MEBENDAZOLE	(e.g. VERMOX) AHFS 8:08 ANTHELMINTICS
MECHLORETHAMINE HCL	(e.g. MUSTARGEN, NITROGEN MUSTARD, MUSTINE) AHFS 10:00 ANTINEOPLASTIC AGENTS
MECLIZINE HCL	(e.g. ANTIVERT) AHFS 56:22 ANTI-EMETICS
MEDIPLAST	--SEE-- SALICYLIC ACID
MEDROXYPROGESTERONE ACETATE	(e.g. CYCRIN) AHFS 68:32 PROGESTINS ** 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 MEDICAL DIRECTOR ** ** ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HORMONAL THERAPY TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE <u>PRE-APPROVED</u> BY MEDICAL DIRECTOR **
MEGACE	--SEE-- MEGESTROL ACETATE
MEGESTROL ACETATE	(e.g. MEGACE) AHFS 10:00 ANTINEOPLASTIC AGENTS
MELPHALAN	(e.g. ALKERAN) AHFS 10:00 ANTINEOPLASTIC AGENTS
MEPERIDINE HCL	(e.g. DEMEROL) <u>CONTROLLED SUBSTANCE (C-II)</u> AHFS 28:08.08 OPIATE AGONISTS ** PHYSICIAN/DENTIST USE ONLY ** ** ORDER MAY NOT EXCEED 3 DAYS** ** ORAL FORM NOT APPROVED** ** 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 **
MEPIVACAINE HCL	(e.g. CARBOCAINE, POLOCAINE) AHFS 72:00 LOCAL ANESTHETICS
MERCAPTOPURINE	(e.g. 6-MP, PURINETHOL) AHFS 10:00 ANTINEOPLASTIC AGENTS
MESALAMINE	(e.g. ASACOL, ROWASA) AHFS 56:40 MISCELLANEOUS GI DRUGS ** USE IN SULFASALAZINE FAILURE OR ALLERGY **
MESNA	(e.g. MESNEX, UROMITEXAN) AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
MESNEX	--SEE-- MESNA

MESTINON	--SEE-- PYRIDOSTIGMINE BROMIDE
METAPROTERENOL SULFATE	(e.g. ALUPENT) AHFS 12:12 SYMPATHOMIMETIC AGENTS ** ORAL TABLETS NOT APPROVED **
METFORMIN	(e.g. GLUCOPHAGE) AHFS 68:20.92 ANTIDIABETIC AGENTS ** PHYSICIAN INITIATION ONLY ** ** LONG ACTING FORMULATION NOT APPROVED **
METHADONE HCL	<u>CONTROLLED SUBSTANCE (C-II)</u> AHFS 28:08.08 OPIATE AGONISTS ** PHYSICIAN USE ONLY ** ** ORDER MAY NOT EXCEED 3 DAYS ** ** TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF ADMINISTRATION ** ** 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 **
METHENAMINE MANDELATE	(e.g. MANDELAMINE) AHFS 8:36 URINARY ANTI-INFECTIVES
METHERGINE	--SEE-- METHYLERGONOVINE
METHIMAZOLE	(e.g. TAPAZOLE) AHFS 68:36.08 ANTITHYROID AGENTS
METHOTREXATE SODIUM	(e.g. MTX) AHFS 10:00 ANTINEOPLASTIC DRUGS
METHOXSALEN	(e.g. 8-MOP, OXSORALEN) AHFS 84:50 PIGMENTING AGENTS
METHYLDOPA	(e.g. ALDOMET) AHFS 24:08 HYPOTENSIVE AGENTS **PREFERRED AGENT FOR HYPERTENSION OF PREGNANCY, PRE-ECLAMPSIA, ECLAMPSIA**
METHYLENE BLUE	AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
METHYLERGONOVINE MALEATE	(e.g. METHERGINE) AHFS 76:00 OXYTOCICS
METHYLPREDNISOLONE	(e.g. DEPO-MEDROL, SOLU-MEDROL) AHFS 68:04 ADRENALS
METOCLOPRAMIDE HCL	(e.g. REGLAN) AHFS 56:40 MISC. GI DRUGS
METOLAZONE	(e.g. DIULO, ZAROXOLYN) AHFS 40:28 DIURETICS

METOPROLOL TARTRATE	(e.g. LOPRESSOR) AHFS 24:04 CARDIAC DRUGS ** METOPROLOL XL (SUCCINATE) NOT APPROVED **
METROGEL	--SEE-- METRONIDAZOLE
METRONIDAZOLE	(e.g. FLAGYL, METROGEL, PROTOSTAT) AHFS 8:40 MISC. ANTI-INFECTIVES AHFS 84:04.16 MISC. LOCAL ANTI-INFECTIVES ** INJECTION LIMITED TO PATIENTS THAT ARE NPO **
MEVACOR	--SEE-- LOVASTATIN
MEXILETINE	(e.g. MEXITIL) AHFS 24:04 CARDIAC DRUGS ** CARDIOLOGIST INITIATED THERAPY ONLY **
MEXITIL	--SEE-- MEXILETINE
MICONAZOLE NITRATE	(e.g. MONISTAT-7) AHFS 84:04.08 TOPICAL ANTIFUNGALS
MICRONASE	--SEE-- GLYBURIDE
MIDAZOLAM HCL	(e.g. VERSED) <u>CONTROLLED SUBSTANCE (C-IV)</u> AHFS 28:24.08 BENZODIAZEPINES ** PHYSICIAN USE ONLY ** ** MEDICAL CENTER USE ONLY ** ** FOR ANESTHESIA/SURGERY USE 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 **
MILK OF MAGNESIA	--SEE-- MAGNESIUM HYDROXIDE
MINERAL OIL	(HEAVY MINERAL OIL) AHFS 56:12 CATHARTICS AND LAXATIVES ** TOPICAL USE IS RESTRICTED TO DIABETICS, DIALYSIS, AND INPATIENTS ONLY **
MINIPRESS	--SEE-- PRAZOSIN
MINOXIDIL	(e.g. LONITEN) AHFS 24:08 HYPOTENSIVE AGENTS
MIOCHOL	--SEE -ACETYLCHOLINE CHLORIDE
MIRTAZAPINE	(e.g. REMERON) AHFS 28:16.04 ANTIDEPRESSANTS ** PHYSICIAN USE ONLY ** ** PILL LINE ONLY **

MISOPROSTOL	(e.g. CYTOTEC) AHFS 56:40 MISC GI DRUGS
MITHRACIN	--SEE-- PLICAMYCIN
MITHRAMYCIN	--SEE-- PLICAMYCIN
MITOMYCIN	(e.g. MUTAMYCIN) AHFS 10:00 ANTINEOPLASTIC AGENTS
MITOTANE	(e.g. LYSODREN) AHFS 10:00 ANTINEOPLASTIC AGENTS
MITOXANTRONE	(e.g. NOVANTRONE) AHFS 10:00 ANTINEOPLASTIC AGENTS ** RESTRICTED TO MEDICAL REFERRAL CENTERS **
MIVACRON	--SEE-- MIVACURIUM
MIVACURIUM CHLORIDE	(e.g. MIVACRON) AHFS 12:20 SKELETAL MUSCLE RELAXANTS
MONISTAT-7	--SEE-- MICONAZOLE NITRATE
MONTELUKAST	(e.g. SINGULAIR) AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS ** THIRD LINE AGENT FOR ASTHMA **
MORPHINE SULFATE	(e.g. DURAMORPH) <u>CONTROLLED SUBSTANCE (C-II)</u> AHFS 28:08.08 OPIATE AGONISTS ** PHYSICIAN USE ONLY ** ** ORDER MAY NOT EXCEED 3 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 **
MOTRIN	--SEE-- IBUPROFEN
MS CONTIN	--SEE-- MORPHINE SULFATE
MUCOMYST	--SEE-- ACETYL CYSTEINE
MUMPS VIRUS VACCINE	(e.g. MUMPSVAX) AHFS 80:12 VACCINES
MUPIROCIN	(e.g. BACTROBAN) AHFS 84:04.04 TOPICAL ANTIBIOTICS ** PHYSICIAN USE ONLY **
MUSTARGEN	--SEE-- MECHLORETHAMINE
MUTAMYCIN	--SEE-- MITOMYCIN

MYAMBUTOL	-SEE-- ETHAMBUTOL
MYCELEX	--SEE-- CLOTRIMAZOLE
MYCOPHENOLATE MOFETIL	(e.g. CELLCEPT) AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
MYDRIACYL	-SEE-- TROPICAMIDE
MYLANTA	--SEE-- ALUMINUM HYDROXIDE/MAGNESIUM HYDROXIDE/SIMETHICONE
MYLERAN	-SEE-- BUSULFAN
MYLICON	-SEE-- SIMETHICONE
MYOCHRSINE	-SEE-- GOLD SODIUM THIOMALATE
MYSOLINE	--SEE-- PRIMIDONE
NADOLOL	(e.g. CORGARD) AHFS 24:04 CARDIAC DRUGS
NAFCIL	-SEE-- NAFCILLIN
NAFCILLIN SODIUM	(e.g. NAFCIL, UNIPEN) AHFS 8:12.16 PENICILLINS
NALBUPHINE HCL	(e.g. NUBAIN) AHFS 28:08.12 OPIATE PARTIAL AGONISTS ** PHYSICIAN/DENTIST USE ONLY ** ** LIMITED TO 5 DAYS THERAPY ** ** PRE AND POST-OP THERAPY ONLY **
NALOXONE HCL	(e.g. NARCAN) AHFS 28:10 OPIATE ANTAGONISTS
NANDROLONE	(e.g. DECA-DURABOLIN) AHFS 10:00 ANTINEOPLASTIC AGENTS ** MEDICAL CENTER ONLY ** ** FOR ONCOLOGY USE AND HIV WASTING SYNDROME ONLY **
NAPHAZOLINE & ANTAZOLINE	(e.g. VASOCON-A) AHFS 52:32 EENT VASOCONSTRICTORS
NAPROXEN SODIUM	(e.g. ANAPROX) AHFS 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
NARCAN	-SEE-- NALOXONE
NASALIDE	--SEE-- FLUNISOLIDE
NASAREL	--SEE-- FLUNISOLIDE
NAVELBINE	--SEE-- VINORELBINE

NEBCIN	--SEE-- TOBRAMYCIN
NEBUPENT	--SEE-- PENTAMIDINE ISETHIONATE
NEDOCROMIL SODIUM	(e.g. TILADE) AHFS 92:00 MISCELLANEOUS THERAPEUTIC AGENTS
NELFINAVIR	(e.g. VIRACEPT) AHFS 8:18 ANTIVIRALS ** PHYSICIAN INITIATION ONLY ** ** HIV MEDICATION DISTRIBUTION RESTRICTION **
NEO-DECADRON	--SEE-- NEOMYCIN & DEXAMETHASONE
NEO-SYNEPHRINE	--SEE-- PHENYLEPHRINE
NEOMYCIN SULFATE	AHFS 8:12.02 AMINOGLYCOSIDES
NEOMYCIN & POLYMYXIN B & GRAMICIDIN	(e.g. NEOSPORIN OPTH) AHFS 52:04.04 EENT ANTIBIOTICS ** OPHTHALMIC SOLUTION ONLY **
NEOMYCIN & POLYMYXIN B IRRIGANT	(e.g. NEOSPORIN GU IRRIGANT) AHFS 84:04.04 TOPICAL ANTIBIOTICS
NEOMYCIN & POLYMYXIN B & HYDROCORTISONE	(e.g. CORTISPORIN) AHFS 52:04.04 EENT ANTIBIOTICS AHFS 52:08 TOPICAL ANTI-INFLAMMATORY AGENTS ** OPHTHALMIC SUSPENSION ON ORDER OF OPTOMETRIST OR PHYSICIAN ONLY **
NEOMYCIN & DEXAMETHASONE	(e.g. NEO-DECADRON) AHFS 52:04.04 EENT ANTIBIOTICS AHFS 52:08 EENT ANTI-INFLAMMATORY AGENTS ** ON ORDER OF OPTOMETRIST OR PHYSICIAN ONLY**
NEOMYCIN & POLYMYXIN B & DEXAMETHASONE	(e.g. MAXITROL) AHFS 52:04.04 EENT ANTIBIOTICS AHFS 52:08 EENT ANTI-INFLAMMATORY AGENTS ** ON ORDER OF PHYSICIAN OR OPTOMETRIST ONLY**
NEORAL	--SEE-- CYCLOSPORINE
NEOSPORIN GU IRRIGANT	--SEE-- NEOMYCIN & POLYMYXIN B
NEOSTIGMINE METHYLSULFATE	(e.g. PROSTIGMIN) AHFS 12:04 PARASYMPATHOMIMETIC AGENTS
NEUTRA-PHOS	--SEE-- PHOSPHORUS
NEVIRAPINE	(e.g. VIRAMUNE) AHFS 8:18 ANTIVIRALS ** PHYSICIAN INITIATION ONLY ** ** HIV MEDICATION DISTRIBUTION RESTRICTION **

NIACIN	(e.g. NICOTINIC ACID) AHFS 24:06 ANTILIPEMIC AGENTS AHFS 88:08 VITAMIN B COMPLEX ** SLOW-RELEASE DOSAGE FORMS NOT APPROVED **
NICOTINIC ACID	--SEE-- NIACIN
NIFEDIPINE	(e.g. ADALAT CC) AHFS 24:04 CARDIAC DRUGS ** ADALAT CC ONLY ** ** BID DOSING NOT APPROVED ** ** INITIATE DIHYDROPYRIDINE THERAPY WITH NISOLDIPINE (SULAR®) **
NIFEREX	--SEE-- POLYSACCHARIDE-IRON COMPLEX
NILSTAT	--SEE-- MYCOSTATIN
NIPRIDE	--SEE-- SODIUM NITROPRUSSIDE
NISOLDIPINE	(e.g. SULAR) AHFS 24:04 CARDIAC DRUGS ** BID DOSING NOT APPROVED ** ** INITIATE DIHYDROPYRIDINE THERAPY WITH NISOLDIPINE (SULAR®) **
NITRO-BID	--SEE-- NITROGLYCERIN
NITRODISC	--SEE-- NITROGLYCERIN
NITROFURANTOIN	(e.g. MACRODANTIN) AHFS 8:36 URINARY ANTI-INFECTIVES
NITROGEN MUSTARD	--SEE-- MECHLORETHAMINE HCL
NITROGLYCERIN	(e.g. NTG, NITROL, NITROSTAT) AHFS 24:12 VASODILATING AGENTS
NITROL	--SEE-- NITROGLYCERIN
NITROPRESS	--SEE-- SODIUM NITROPRUSSIDE
NITROSTAT	--SEE-- NITROGLYCERIN
NIX	--SEE-- PERMETHRIN
NIZORAL	--SEE-- KETOCONAZOLE
NOCTEC	--SEE-- CHLORAL HYDRATE
NOLVADEX	--SEE-- TAMOXIFEN CITRATE
NORCURON	--SEE-- VERCURONIUM
NOREPINEPHRINE BITARTRATE	(e.g. LEVOPHED) AHFS 12:12 SYMPATHOMIMETIC AGENTS

NORETHINDRONE & MESTRANOL	(e.g. NORINYL 1+50, ORTHO NOVUM 1/50) AHFS 68:12 CONTRACEPTIVES
NORETHINDRONE & ETHINYL ESTRADIOL	(e.g. NORINYL 1+35, ORTHO NOVUM 1/35) AHFS 68:12 CONTRACEPTIVES
NORETHINDRONE ACETATE	(e.g. AYGESTIN, NORLUTATE) AHFS 68:32 PROGESTINS
NORETHINDRONE & ETHINYL ESTRADIOL	(e.g. ORTHO NOVUM 7/7/7) AHFS 68:12 CONTRACEPTIVES
NORINYL 1+35	--SEE-- NORETHINDRONE & ETHINYL ESTRADIOL
NORINYL 1+50	--SEE-- NORETHINDRONE & MESTRANOL
NORLUTATE	--SEE-- NORETHINDRONE ACETATE
NORMIFLO	--SEE-- ALDEPARIN
NORMODYNE	--SEE-- LABETALOL
NORPACE	--SEE-- DISOPYRAMIDE
NORPRAMIN	--SEE-- DESIPRAMINE
NORTRIPTYLINE HCL	(e.g. AVENTYL, PAMELOR) AHFS 28:16.04 ANTIDEPRESSANTS ** PHYSICIAN USE ONLY ** ** PILL LINE ONLY ** ** 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 **
NORVASC	--SEE-- AMLODIPINE
NORVIR	--SEE-- RITONAVIR
NOVANTRONE	--SEE-- MITOXANTRONE
NOVOLIN	-SEE-- INSULIN
NUBAIN	-SEE-- NALBUPHINE
NUPERCAINAL	-SEE-- DIBUCAINE

NUTRITIONAL SUPPLEMENTS

AHFS 40:20 CALORIC AGENTS
READY-TO-FEED LIQUID

**** PHYSICIAN/DENTIST/DIETICIAN USE ONLY ****
**** RESTRICTED TO BROKEN JAW, HUNGER STRIKE, TEMPORARY DENTAL PROCEDURES, THOSE UNABLE TO EAT SOLID FOOD AS RESULT OF A MEDICAL OR PSYCHIATRIC CONDITION/PROCEDURE OR OTHER MEDICAL CONDITION WHEN SPECIFICALLY INDICATED ****
**** MUST CONSUME PRESCRIBED DOSE AT PILL LINE ****
**** PILL LINE ONLY ****

NYSTATIN

(e.g. MYCOSTATIN, NILSTAT)
AHFS 84:04.08 TOPICAL ANTIFUNGALS
AHFS 8:12.04 ANTIFUNGALS

OATMEAL, COLLOIDAL

(e.g. AVEENO OILATED BATH)
AHFS 84:36 MISC TOPICAL AGENTS
**** INPATIENT USE ONLY ****

OCEAN NASAL SPRAY

--SEE-- **SODIUM CHLORIDE**

OCTREOTIDE ACETATE

(e.g. SANDOSTATIN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

OLANZAPINE

(e.g. ZYPREXA)
AHFS 28:16.08 TRANQUILIZERS
****ORAL DISINTEGRATING TABLETS NOT APPROVED****
**** PHYSICIAN USE ONLY ****
**** PILL LINE ONLY ****

OMNIPEN

--SEE-- **AMPICILLIN SODIUM**

ONCOVIN

--SEE-- **VINCRIStINE**

ONDANSETRON HCL

(e.g. ZOFran)
AHFS 56:22 ANTIEMETICS
**** RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY ****
**** RESTRICTED TO MEDICAL REFERRAL CENTERS****

OPHTHAINE

--SEE-- **PROPARACAINE**

OPIUM AND BELLADONNA SUPPOSITORIES

(e.g. B & O)
CONTROLLED SUBSTANCE (C-II)
AHFS 28:08.08 OPIATE AGONISTS
**** PHYSICIAN USE ONLY ****
**** ORDER MAY NOT EXCEED 3 DAYS ****
**** FOR INPATIENT USE ONLY ****

OPTICROM

--SEE-- **CROMOLYN**

ORABASE

--SEE-- **GELATIN/PECTIN/SODIUM CARBOXYMETHYLCELLULOSE GEL**

ORTHO NOVUM 1/35

--SEE-- **NORETHINDRONE & ETHINYL ESTRADIOL**

ORTHO NOVUM 7/7/7	--SEE-- NORETHINDRONE & ETHINYL ESTRADIOL
ORTHO NOVUM 1/50	--SEE-- NORETHINDRONE & MESTRANOL
OS-CAL 250+D	--SEE-- CALCIUM CARBONATE WITH VITAMIN D
OXCARBAZEPINE	(e.g. TRILEPTAL) AHFS 28:12.92 MISCELLANEOUS ANTICONVULSANTS **RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS** **PILL LINE ONLY FOR USE IN NON-SEIZURE DISORDERS**
OXIDIZED CELLULOSE	(e.g. SURGICEL, OXYCEL) 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
OXSORALEN	--SEE-- METHOXSALEN
OXYBUTYNIN CHLORIDE	(e.g. DITROPAN) AHFS 86:12 GENITOURINARY SMOOTH MUSCLE RELAXANTS
OXYCEL	--SEE-- OXIDIZED CELLULOSE
OXYCODONE & ACETAMINOPHEN	(e.g. PERCOCET, ROXICET) <u>CONTROLLED SUBSTANCE (C-II)</u> AHFS 28:08.08 OPIATE AGONISTS ** PHYSICIAN/DENTIST USE ONLY ** ** ORDER MAY NOT EXCEED 3 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 **
OXYCODONE	(e.g. OXYCONTIN, ROXICODONE) <u>CONTROLLED SUBSTANCE (C-II)</u> AHFS 28:08.08 OPIATE AGONISTS ** PHYSICIAN/DENTIST USE ONLY ** ** ORDER MAY NOT EXCEED 3 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 **
OXYCONTIN	--SEE-- OXYCODONE
OXYTOCIN	(e.g. PITOCIN) AHFS 76:00 OXYTOCICS
PACLITAXEL	(e.g. TAXOL) AHFS 10:00 ANTINEOPLASTIC AGENTS
PAMELOR	--SEE-- NORTRIPTYLINE

PAMIDRONATE DISODIUM	(e.g. ARELIA) AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
PANCRELIPASE	(e.g. VIOKASE) AHFS 56:16 DIGESTANTS
PANCURONIUM	(e.g. PAVULON) AHFS 12:20 SKELETAL MUSCLE RELAXANTS
PARAPLATIN	--SEE-- CARBOPLATIN
PARENTERAL NUTRITION	AHFS: 40:00 ELECTROLYTIC, CALORIC, AND WATER BALANCE
PARLODEL	--SEE-- BROMOCRIPTINE
PAROXETINE	(e.g. PAXIL) AHFS 28:16.04 ANTIDEPRESSANTS ** PHYSICIAN INITIATION ONLY ** ** PILL LINE ONLY ** ** CR FORMULATION NOT APPROVED **
PAVULON	--SEE-- PANCURONIUM
PAXIL	--SEE-- PAROXETINE
PEAK FLOW METER	(e.g. ASSESS)
PEG-INTRON	--SEE-- INTERFERONS, PEGYLATED
PEGASYS	--SEE-- INTERFERONS, PEGYLATED
PEGINTERFERON ALFA-2B	--SEE-- INTERFERONS, PEGYLATED
PEGINTERFERON ALFA-2A	--SEE-- INTERFERONS, PEGYLATED
PENICILLAMINE	(e.g. CUPRIMINE) AHFS 64:00 HEAVY METAL ANTAGONISTS
PENICILLIN G, BENZATHINE	(e.g. BICILLIN L-A) AHFS 8:12.16 PENICILLINS
PENICILLIN G, PROCAINE	(e.g. CRYSTICILLIN, WYCILLIN) AHFS 8:12.16 PENICILLINS
PENICILLIN G, POTASSIUM	AHFS 8:12.16 PENICILLINS
PENICILLIN V POTASSIUM	(e.g. PEN VK) AHFS 8:12.16 PENICILLINS
PENTAGASTRIN	(e.g. PEPTAVLON) AHFS 36:36 GASTRIC FUNCTION (DIAGNOSTIC TEST)
PENTAMIDINE ISETHIONATE	(e.g. NEBUPENT, PENTAM) AHFS 8:40 MISC. ANTI-INFECTIVES
PENTOTHAL	--SEE-- THIOPENTAL SODIUM

PEPTAVLON	--SEE-- PENTAGASTRIN
PEPTO-BISMOL	--SEE-- BISMUTH SUBSALICYLATE
PERCOCET	--SEE-- OXYCODONE/ACETAMINOPHEN
PERIACTIN	--SEE-- CYPROHEPTADINE HCL
PERIDEX	--SEE-- CHLORHEXIDINE GLUCONATE
PERIOSTAT	--SEE-- DOXYCYCLINE
PERMETHRIN	(e.g. NIX, ELIMITE) AHFS 84:04.12 SCABICIDES AND PEDICULICIDES ** THIS PRODUCT NOT APPROVED FOR PROPHYLAXIS **
PERPHENAZINE	(e.g. TRILAFON) AHFS 28:16.08 TRANQUILIZERS ** PHYSICIAN USE ONLY ** ** PILL LINE ONLY **
PERSANTINE	--SEE-- DIPYRIDAMOLE
PETROLATUM	AHFS 96:00 PHARMACEUTICAL AIDS ** RESTRICTED TO DIABETICS, DIALYSIS, INPATIENTS ONLY **
PHENAZOPYRIDINE HCL	(e.g. PYRIDIUM) AHFS 84:08 ANTIPRURITICS AND LOCAL ANESTHETICS
PHENERGAN	--SEE-- PROMETHAZINE
PHENOBARBITAL	<u>CONTROLLED SUBSTANCE (C-IV)</u> AHFS 28:12.04 ANTICONVULSANTS: BARBITURATES AHFS 28:24.04 BARBITURATES ** PHYSICIAN USE ONLY ** ** 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 **
PHENOXYBENZAMINE HCL	(e.g. DIBENZYLINE) AHFS 12:16 SYMPATHOLYTIC AGENTS
PHENTOLAMINE MESYLATE	(e.g. REGITINE) AHFS 12:16 SYMPATHOLYTIC AGENTS
PHENYLEPHRINE HCL	(e.g. NEO-SYNEPHRINE) AHFS 12:12 SYMPATHOMIMETIC AGENTS AHFS 52:24 EENT MYDRIATICS AHFS 52:32 EENT VASOCONSTRICTOR ** NASAL PREPARATIONS NOT APPROVED **

PHENYTOIN	(e.g. DILANTIN) AHFS 28:12.12 ANTICONVULSANTS: HYDANTOINS ** NON-SUBSTITUTABLE -- USE DILANTIN ONLY IN ORAL FORMULATION ** ** USE SUSPENSION WITH CAUTION **
PHOS-EX	--SEE-- CALCIUM ACETATE
PHOSLO	--SEE-- CALCIUM ACETATE
PHOSPHOLINE IODIDE	--SEE-- ECHOTHIOPHATE
PHOSPHORUS	(e.g. NEUTRA-PHOS) AHFS 40:12 REPLACEMENT PREPARATIONS
PHYSOSTIGMINE SALICYLATE	(e.g. ANTILIRIUM) AHFS 12:04 PARASYMPATHOMIMETIC AGENTS
PHYTONADIONE	(e.g. VITAMIN K-1, MEPHYTON, AQUA-MEPHYTON) AHFS 88:24 VITAMIN K ACTIVITY
PILOCAR	--SEE-- PILOCARPINE
PILOCARPINE	(e.g. ISOPTO-CARPINE, PILOCAR) AHFS 52:20 EENT MIOTICS ** ONLY OPHTHALMIC PREPARATION APPROVED, TABLETS NOT APPROVED **
PINDOLOL	(e.g. VISKEN) AHFS 24:08 HYPOTENSIVE AGENTS
PIPERACILLIN/TAZOBACTAM	(e.g. ZOSYN) AHFS 8:12.07 MISC B-LACTAM ANTIBIOTICS ** MEDICAL CENTER ONLY **
PIROXICAM	(e.g. FELDENE) AHFS 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
PITOCIN	--SEE-- OXYTOCIN
PITRESSIN	--SEE-- VASOPRESSIN
PLAQUENIL	--SEE-- HYDROXYCHLOROQUINE
PLASMA PROTEIN FRACTION	(e.g. PLASMANATE, PPF) AHFS 16:00 BLOOD DERIVATIVES
PLASMANATE	--SEE-- PLASMA PROTEIN FRACTION
PLATINOL	--SEE-- CISPLATIN
PLAVIX	--SEE-- CLOPIDOGREL
PLICAMYCIN	(e.g. MITHRACIN, MITHRAMYCIN) AHFS 10:00 ANTINEOPLASTIC AGENTS

PNEUMOCOCCAL VACCINE, POLYVALENT	(e.g. PNEUMOVAX, PNU-IMMUNE) AHFS 80:12 VACCINES
PNEUMOVAX	--SEE-- PNEUMOCOCCAL VACCINE
PNU-IMMUNE	--SEE-- PNEUMOCOCCAL VACCINE, POLYVALENT
PODOPHYLLUM	(e.g. CONDYLOX) AHFS 84:28 KERATOLYTIC AGENTS
POLOCAINE	--SEE-- MEPIVACAINE
POLYCITRA K	--SEE-- POTASSIUM CITRATE/CITRIC ACID
POLYETHYLENE GLYCOL-ELECTROLYTE SOLUTION	(e.g. GOLYTELY) AHFS 56:12 CATHARTICS AND LAXATIVES
POLYMOX	--SEE-- AMOXICILLIN TRIHYDRATE
POLYMYXIN B AND BACITRACIN	(e.g. POLYSPORIN) AHFS 52:04.04 EENT ANTIBIOTICS AHFS 84:04.04 TOPICAL ANTIBIOTICS
POLYSACCHARIDE-IRON COMPLEX	(e.g. NIFEREX) AHFS 20:04:04 IRON PREPARATIONS ** RESTRICTED TO DIALYSIS PATIENTS **
PONTOCAINE	--SEE-- TETRACAINE
POTASSIUM CHLORIDE	(e.g. KCL) AHFS 40:12 REPLACEMENT PREPARATIONS
POTASSIUM IODIDE/IODINE	(e.g. LUGOL'S SOLUTION, STRONG IODINE) AHFS 84:04.16 MISC. LOCAL ANTI-INFECTIVES
POTASSIUM CITRATE	(e.g. UROCIT K) AHFS 40:12 REPLACEMENT PREPS
POVIDONE IODINE	(e.g. BETADINE) AHFS 84:04.16 MISC. LOCAL ANTI-INFECTIVES
PPD	--SEE-- TUBERCULIN, PURIFIED PROTEIN DERIVATIVE
PPF	--SEE-- PLASMA PROTEIN FRACTION
PRAZOSIN HCL	(e.g. MINIPRESS) AHFS 24:08 HYPOTENSIVE AGENTS
PRED FORTE	--SEE-- PREDNISOLONE ACETATE
PRED MILD	--SEE-- PREDNISOLONE ACETATE

PREDNISOLONE ACETATE	(e.g. PRED MILD, PRED FORTE) AHFS 52:08 EENT ANTI-INFLAMMATORY AGENTS ** OPTOMETRIST OR PHYSICIAN USE ONLY ** ** COMBINATION SULFACETAMIDE/PREDNISOLONE OPHTHALMIC PREPARATION (BLEPHAMIDE®) NOT APPROVED **
PREDNISONE	(e.g. DELTASONE, ORASONE) AHFS 68:04 ADRENALS
PREMARIN	--SEE-- ESTROGENS, CONJUGATED
PREVIDENT 5000 PLUS	--SEE-- FLUORIDE, TOPICAL
PRIMIDONE	(e.g. MYSOLINE) AHFS 28:12.04 ANTICONVULSANTS: BARBITURATES ** PILL LINE ONLY **
PRINIVIL	--SEE-- LISINOPRIL
PROBENECID	(e.g. BENEMID) AHFS 40:40 URICOSURIC AGENTS
PROCAINAMIDE HCL	(e.g. PRONESTYL, PROCAN SR) AHFS 24:04 CARDIAC DRUGS
PROCAN-SR	--SEE-- PROCAINAMIDE
PROCARBAZINE HCL	(e.g. MATULANE) AHFS 10:00 ANTINEOPLASTIC AGENTS
PROCHLORPERAZINE	(e.g. COMPAZINE) AHFS 28:16.08 TRANQUILIZERS AHFS 56:22 ANTI-EMETICS ** RECTAL SUPPOSITORY FOR INPATIENT USE ONLY** ** PHYSICIAN USE ONLY **
PROCRIT	--SEE-- EPOETIN ALFA
PROGESTERONE	(e.g. PROGESTIN, GESTEROL) AHFS 68:32 PROGESTOGENS ** <u>NOTE</u> : USE OF PROGESTERONE IN MALE INMATES REQUIRES PRIOR APPROVAL BY MEDICAL DIRECTOR **
PROGESTIN	--SEE-- PROGESTERONE
PROGRAF	--SEE-- TACROLIMUS
PROLIXIN	--SEE-- FLUPHENAZINE
PROMETHAZINE HCL	(e.g. PHENERGAN) AHFS 4:00 ANTIHISTAMINE DRUGS AHFS 28:24.92 MISC ANXIOLYTICS, SEDATIVES AND HYPNOTICS
PRONESTYL	--SEE-- PROCAINAMIDE

PROPAFENONE	(e.g. RYTHMOL) AHFS 24:00 CARDIAC DRUGS ** CARDIOLOGIST-INITIATED THERAPY ONLY **
PROPARACAINE HCL	(e.g. OPTHAIN) AHFS 52:16 EENT LOCAL ANESTHETICS
PROPINE	--SEE-- DIPIVEFRIN
PROPOFOL	(e.g. DIPRIVAN) AHFS 28:24.92 MISC. ANXIOLYTICS, SEDATIVES, HYPNOTICS
PROPRANOLOL HCL	(e.g. INDERAL) AHFS 24:04 CARDIAC DRUGS
PROPYLTHIOURACIL	(e.g. PTU) AHFS 68:36.08 ANTITHYROID AGENTS
PROSCAR	--SEE-- FINASTERIDE
PROSTIGMIN	--SEE-- NEOSTIGMINE
PROTAMINE SULFATE	AHFS 20:12.08 ANTIHEPARIN AGENTS
PROTOSTAT	--SEE-- METRONIDAZOLE
PROVENTIL	--SEE-- ALBUTEROL
PROZAC	--SEE-- FLUOXETINE HCL
PURINETHOL	--SEE-- MERCAPTOPURINE
PYRAZINAMIDE	(e.g. PZA) AHFS 8:16 ANTITUBERCULOSIS AGENTS ** PILL LINE ONLY **
PYRIDIUM	--SEE-- PHENAZOPYRIDINE
PYRIDOSTIGMINE BROMIDE	(e.g. MESTINON, REGONOL) AHFS 12:04:04 PARASYMPATHOMIMETIC AGENTS
PYRIDOXINE HCL	(e.g. VITAMIN B-6) AHFS 88:08 VITAMIN B COMPLEX
PYRIMETHAMINE	(e.g. DARAPRIM) AHFS 8:20 ANTIMALARIAL AGENTS
QUETIAPINE	(e.g. SEROQUEL) AHFS 28:16.08 TRANQUILIZERS ** PHYSICIAN USE ONLY ** ** PILL LINE ONLY **
QUINAGLUTE	--SEE-- QUINIDINE GLUCONATE
QUINIDINE SULFATE	AHFS 24:04 CARDIAC DRUGS

QUINIDINE GLUCONATE	(e.g. QUINAGLUTE) AHFS 24:04 CARDIAC DRUGS ** NON-SUBSTITUTABLE -- USE QUINAGLUTE ONLY **
R-GENE 10	--SEE-- ARGININE HCL
RABEPRAZOLE	(e.g. ACIPHEX) AHFS 56:40 MISC GI DRUGS ** PHYSICIAN USE ONLY ** ** RESTRICTED TO ONCE DAILY DOSING, BID DOSING NOT ALLOWED EXCEPT FOR A ONE TIME 14 DAY ORDER WHEN TREATING H. PYLORI **
RANITIDINE	(e.g. ZANTAC) AHFS 56:40 MISC GI DRUGS
REBETOL	--SEE-- RIBAVIRIN
REBETRON	--SEE-- INTERFERON ALFA 2B/RIBAVIRIN
RECOMBIVAX-HB	--SEE-- HEPATITIS B VIRUS VACCINE INACTIVATED
REGITINE	--SEE-- PHENTOLAMINE
REGLAN	--SEE-- METOCLOPRAMIDE
REGONOL	--SEE-- PYRIDOSTIGMINE
REMERON	--SEE-- MIRTAZAPINE
RENAGEL	--SEE-- SEVELAMER
RENO-M	--SEE-- DIATRIZOATE MEGLUMINE
RESERPINE	(e.g. SERPASIL) AHFS 24:08 HYPOTENSIVE AGENT ** PHYSICIAN USE ONLY ** ** FOR HYPERTENSION ONLY **
RETROVIR	--SEE-- ZIDOVUDINE
REYATAZ	--SEE-- ATAZANAVIR
Rho IMMUNE GLOBULIN	(e.g. RhoGAM) AHFS 80:04 SERUMS
RIBAVIRIN	(e.g. COPEGUS, REBETOL) 8:18 ANTIVIRALS ** PILL LINE ONLY ** ** MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT **
RIFABUTIN	(e.g. MYCOBUTIN) AHFS 8:16 AGENTS
RIFADIN	--SEE-- RIFAMPIN

RIFAMPIN	(e.g. RIFADIN) AHFS 8:16 ANTITUBERCULOSIS AGENTS ** PILL LINE ONLY **
RINGERS, LACTATED INJECTION	AHFS 40:12 REPLACEMENT PREPARATIONS
RISPERIDONE	(e.g. RISPERDAL) AHFS 28:16.08 TRANQUILIZERS **ORAL DISINTEGRATING TABLETS NOT APPROVED** ** PILL LINE ONLY ** ** PHYSICIAN USE ONLY **
RITODRINE HCL	(e.g. YUTOPAR) AHFS 12:12 SYMPATHOMIMETIC AGENTS
RITONAVIR	(e.g. NORVIR) AHFS 8:18 ANTIVIRALS ** PHYSICIAN INITIATION ONLY ** <u>** HIV MEDICATION DISTRIBUTION RESTRICTION **</u>
RITUXAN	--SEE-- RITUXIMAB
RITUXIMAB	(e.g. RITUXAN) AHFS 10:00 ANTINEOPLASTIC AGENTS ** RESTRICTED TO MEDICAL REFERRAL CENTERS **
ROBINUL	-SEE-- GLYCOPYRROLATE
ROCALTROL	-SEE-- CALCITRIOL
ROCEPHIN	-SEE-- CEFTRIAZONE
ROFERON-A	--SEE-- INTERFERON, ALFA-2A
ROMAZICON	-SEE-- FLUMAZENIL
ROWASA	-SEE-- MESALAMINE
ROXICET	-SEE-- OXYCODONE/ACETAMINOPHEN
ROXICODONE	--SEE-- OXYCODONE
RUFEN	-SEE-- IBUPROFEN
RYTHMOL	-SEE-- PROPAFENONE
SALICYLIC ACID	(e.g. KERALYT, MEDIPLAST) AHFS 84:28 KERATOLYTIC AGENTS
SALIVA SUBSTITUTE	(e.g. XERO-LUBE) AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
SALSALATE	(e.g. DISALCID) AHFS 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

SANDIMMUNE	--SEE-- CYCLOSPORINE
SANDOSTATIN	-SEE-- OCTREOTIDE ACETATE
SANTYL	-SEE-- COLLAGENASE
SAQUINAVIR	(e.g. FORTOVASE) AHFS 8:18 ANTIVIRALS ** PHYSICIAN INITIATION ONLY ** ** INVIRASE NOT APPROVED ** <u>** HIV MEDICATION DISTRIBUTION RESTRICTION **</u>
SARGRAMOSTIM	(e.g. LEUKINE, GM-CSF) AHFS 20:16 HEMATOPOIETIC AGENT ** RESTRICTED TO MEDICAL REFERRAL CENTERS **
SCOPOLAMINE	(e.g. TRANSDERM-SCOP) AHFS 12:08.08 ANTIMUSCARINICS/ANTISPASMODICS AHFS 56:22 ANTIEMETICS (PATCHES)
SECRETIN	AHFS 36:61 PANCREATIC FUNCTION (DIAGNOSTIC TEST)
SELEGILINE	(e.g. DEPRENYL, ELDEPRYL) AHFS 12:08.04 ANTIPARKINSONIAN AGENTS
SELENIUM SULFIDE	(e.g. EXSEL, SELSUN) AHFS 84:04.16 MISC. LOCAL ANTI-INFECTIVES
SELSUN	--SEE-- SELENIUM SULFIDE
SENNA	(e.g. X-PREP) AHFS 56:12 CATHARTICS AND LAXATIVES
SENSORCAINE	--SEE-- BUPIVACAINE HCL
SEPTRA DS	--SEE-- TRIMETHOPRIM & SULFAMETHOXAZOLE
SEROQUEL	--SEE-- QUETIAPINE
SERPASIL	--SEE-- RESERPINE
SERTRALINE	(e.g. ZOLOFT) AHFS 28:16.04 ANTIDEPRESSANTS ** PHYSICIAN INITIATION ONLY ** ** PILL LINE ONLY **
SEVELAMER	(e.g. RENAGEL) AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
SEVOFLURANE	(e.g. ULTANE) AHFS 28:04 UNCLASSIFIED THERAPEUTIC AGENTS
SHOHL'S SOLUTION	--SEE-- SODIUM CITRATE AND CITRIC ACID
SILVADENE	--SEE-- SILVER SULFADIAZINE

SILVER NITRATE	AHFS 52:04.12 MISC. EENT ANTI-INFECTIVES
SILVER SULFADIAZINE	(e.g. SILVADENE, SSD) AHFS 84:04.16 MISC. LOCAL ANTI-INFECTIVES
SIMETHICONE	(e.g. MYLICON) AHFS 56:10 ANTIFLATULENTS
SIMVASTATIN	(e.g. ZOCOR) AHFS 24:06 ANTILIPEMIC AGENTS ** PHYSICIAN USE ONLY** ** INITIATE THERAPY ONLY AFTER LOVASTATIN FAILURE AT MAX DOSE ** ** NOT APPROVED FOR BID DOSING **
SINCALIDE	AHFS 36:34 GALLBLADDER FUNCTION (DIAGNOSTIC TEST)
SINEMET	--SEE-- LEVODOPA/CARBIDOPA
SINEQUAN	--SEE-- DOXEPIN
SINGULAIR	--SEE-- MONTELUKAST
SODA MINTS	--SEE-- SODIUM BICARBONATE
SODIUM CHLORIDE	(e.g. OCEAN) AHFS 40:12 REPLACEMENT PREPARATIONS AHFS 40:36 IRRIGATING SOLUTIONS AHFS 52:36 MISC. EENT DRUGS
SODIUM PHOSPHATE & SODIUM BIPHOSPHATE	(e.g. FLEETS ENEMA) AHFS 56:12 CATHARTICS AND LAXATIVES
SODIUM BICARBONATE	AHFS 40:08 ALKALINIZING AGENTS AHFS 56:04 ANTACIDS AND ADSORBENTS
SODIUM CITRATE AND CITRIC ACID	(e.g. SHOHL'S SOLUTION, BICITRA) AHFS 40:08 ALKALINIZING AGENTS ** USE RESTRICTED TO CHRONIC RENAL DISEASE **
SODIUM HYALURONATE	(e.g. HEALON, AMVISC) AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS ** SYNVISCO® AND HYALGAN® NOT APPROVED, RESTRICTED TO OPHTHALMIC USE ONLY **
SODIUM POLYSTYRENE SULFONATE	(e.g. KAYEXALATE) AHFS 40:18 POTASSIUM-REMOVING RESIN
SODIUM SALICYLATE	AHFS 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
SODIUM NITROPRUSSIDE	(e.g. NIPRIDE) AHFS 24:08 HYPOTENSIVE AGENTS ** CHECK METABOLITES **
SODIUM BISULFITE	AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

SOLU-CORTEF	--SEE-- HYDROCORTISONE
SOLU-MEDROL	--SEE-- METHYLPREDNISOLONE
SORBITOL	AHFS 56:12 CATHARTICS AND LAXATIVES
SOTALOL	(e.g. BETAPACE) AHFS 24:00 CARDIAC DRUGS ** CARDIOLOGIST-INITIATED THERAPY ONLY **
SPIRONOLACTONE	(e.g. ALDACTONE) AHFS 40:28.10 POTASSIUM-SPARING DIURETICS
SSD	--SEE-- SILVER SULFADIAZINE
STADOL	--SEE-- BUTORPHANOL
STAVUDINE	(e.g. ZERIT, d4T) AHFS 8:18 ANTIVIRALS ** PHYSICIAN INITIATION ONLY ** ** HIV MEDICATION DISTRIBUTION RESTRICTION **
STELAZINE	--SEE-- TRIFLUOPERAZINE
STREPTOKINASE	AHFS 20:40 THROMBOLYTIC AGENTS
STREPTOMYCIN SULFATE	AHFS 8:12.02 AMINOGLYCOSIDES
STREPTOZOCIN	(e.g. ZANOSAR) AHFS 10:00 ANTINEOPLASTIC AGENTS ** RESTRICTED TO MEDICAL REFERRAL CENTERS **
SUBLIMAZE	--SEE-- FENTANYL
SUCCINYLCHOLINE CHLORIDE	(e.g. ANECTINE) AHFS 12:20 SKELETAL MUSCLE RELAXANTS
SUCRALFATE	(e.g. CARAFATE) AHFS 56:40 MISC. GI DRUGS
SULAMYD	--SEE-- SULFACETAMIDE SODIUM
SULAR	--SEE-- NISOLDIPINE
SULFACETAMIDE SODIUM	(e.g. SULAMYD) AHFS 52:04.08 EENT SULFONAMIDES ** COMBINATION SULFACETAMIDE/PREDNISOLONE OPHTHALMIC PREPARATION (BLEPHAMIDE®) NOT APPROVED **
SULFADIAZINE	AHFS 8:24 SULFONAMIDES
SULFASALAZINE	(e.g. AZULFIDINE) AHFS 8:24 SULFONAMIDES
SULINDAC	(e.g. CLINORIL) AHFS 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

SUMATRIPTAN

(e.g. IMITREX)
 AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
 ** INJECTABLE FORMULATION APPROVED ONLY, TABLETS NOT
 APPROVED **
 ** PHYSICIAN USE ONLY **
 ** CONCOMITANT PROPHYLACTIC REGIMEN REQUIRED **

SUMYCIN

--SEE-- **TETRACYCLINE****SUNSCREEN**

AHFS 84:80 SUNSCREEN AGENTS
 MAXIMUM SPF 30
 RESTRICTED TO SELF/FAMILY HISTORY OF SKIN CANCER
 **RESTRICTED TO PATIENTS DIAGNOSED WITH ACTINIC
 KERATOSIS**
 RESTRICTED TO USE WITH PHOTSENSITIZING MEDICATIONS
 ALL OTHERS INMATES ARE TO BE REFERRED TO COMMISSARY

SUPRANE

--SEE-- **DESFLURANE**

SUPRAX

--SEE-- **CEFIXIME**

SURGICEL

--SEE-- **OXIDIZED CELLULOSE**

SUS-PHRINE

--SEE-- **EPINEPHRINE**

SUSTIVA

--SEE-- **EFAVIRENZ**

SYMMETREL

--SEE-- **AMANTADINE**

TACE

--SEE-- **CHLOROTRIANISENE****TACROLIMUS**

(e.g. PROGRAF)
 AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
 **RESTRICTED TO ORAL FORMULATION ONLY FOR ORGAN REJECTION
 PROPHYLAXIS**
 TOPICAL NOT APPROVED

TAGAMET

--SEE-- **CIMETIDINE****TAMOXIFEN CITRATE**

(e.g. NOLVADEX)
 AHFS 10:00 ANTINEOPLASTIC AGENTS

TAPAZOLE

--SEE-- **METHIMAZOLE**

TAXOL

-- SEE -- **PACLITAXEL**

TAXOTERE

--SEE-- **DOCETAXEL**

TAZICEF

-- SEE-- **CEFTAZIDIME**

TAZIDIME

--SEE-- **CEFTAZIDIME****TEARS, ARTIFICIAL**

(e.g. ARTIFICIAL TEARS, TEARS NATURELE)
 AHFS 52:36 MISC. EENT DRUGS

TEGRETOL

--SEE-- **CARBAMAZEPINE**

TELEPAQUE	--SEE-- IOPANOIC ACID
TEMOVATE	--SEE-- CLOBETASOL
TENOFOVIR	(e.g. VIREAD, TDF) AHFS 8:20 ANTIVIRALS ** PHYSICIAN INITIATION ONLY ** ** <u>HIV MEDICATION DISTRIBUTION RESTRICTION</u> **
TENORMIN	--SEE-- ATENOLOL
TENSILON	--SEE-- EDROPHONIUM
TEQUIN	--SEE-- GATIFLOXACIN
TERAZOL	--SEE-- TERCONAZOLE
TERBUTALINE SULFATE	(e.g. BRETHINE, BRICANYL) AHFS 12:12 SYMPATHOMIMETIC AGENTS
TERCONAZOLE	(e.g. TERAZOL-3) AHFS 84:04.08 ANTIFUNGALS
TESSALON	--SEE-- BENZONATATE
TETANUS IMMUNE GLOBULIN	(e.g. HYPERTET, TIG) AHFS 80:04 SERUMS
TETANUS AND DIPHTHERIA TOXOIDS ADSORBED (ADULT)	AHFS 80:08 TOXOIDS
TETRACAINE HCL	(e.g. PONTOCAINE) AHFS 52:16 EENT LOCAL ANESTHETICS
TETRACYCLINE	(e.g. ACHROMYCIN V, SUMYCIN) AHFS 8:12.24 TETRACYCLINES
THEOCRON	--SEE-- THEOPHYLLINE
THEOPHYLLINE ANHYDROUS	(e.g. THEOCRON) AHFS 86:16 RESPIRATORY SMOOTH MUSCLE RELAXANTS ** NON-SUBSTITUTABLE--USE THEOCRON ONLY **
THIABENDAZOLE	(e.g. MINTEZOL) AHFS 8:08 ANTIHELMINTICS
THIAMINE HCL	(VITAMIN B-1) AHFS 88:08 VITAMIN B COMPLEX
THIOGUANINE	AHFS 10:00 ANTINEOPLASTIC AGENTS
THIOPENTAL SODIUM	(e.g. PENTOTHAL) <u>CONTROLLED SUBSTANCE (C-III)</u> AHFS 28:00 ANESTHETICS, BARBITURATE ** PHYSICIAN USE ONLY ** ** FOR SURGERY/ANESTHESIA USE ONLY **

THIOTEPA	AHFS 10:00 ANTINEOPLASTIC AGENTS
THROMBIN, BOVINE	AHFS 20:12.16 HEMOSTATICS
THYROTROPIN	(e.g. THYTROPAR, TSH) AHFS 36:60 THYROID FUNCTION (DIAGNOSTIC TEST)
THYTROPAR	-SEE-- THYROTROPIN
TIG	-SEE-- TETANUS IMMUNE GLOBULIN
TIGAN	-SEE-- TRIMETHOBENZAMIDE
TILADE	-SEE-- NEDOCROMIL
TIMOLOL MALEATE	(e.g. TIMOPTIC) AHFS 52:36 MISC. EENT DRUGS
TIMOPTIC	-SEE-- TIMOLOL
TINACTIN	-SEE-- TOLNAFTATE
TOBRAMYCIN SULFATE	(e.g. NEBCIN) AHFS 8:12.02 AMINOGLYCOSIDES ** USE ONLY AFTER DEMONSTRATED GENTAMYCIN FAILURE OR RESISTANCE ** ** COMBINATION TOBRAMYCIN/DEXAMETHASONE OPHTHALMIC PREPARATION (TOBRADEX®) NOT APPROVED **
TOFRANIL	-SEE-- IMIPRAMINE
TOLNAFTATE	(e.g. TINACTIN) AHFS 84:04.08 TOPICAL ANTIFUNGALS ** NOTE: MAY BE DISPENSED WITH OTC LABELING **
TOPAMAX	--SEE-- TOPIRAMATE
TOPIRAMATE	(e.g. TOPAMAX) AHFS 28:12.92 MISCELLANEOUS ANTICONVULSANTS **RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS** **PILL LINE ONLY FOR USE IN NON-SEIZURE DISORDERS**
TOPOTECAN	(e.g. Hycamtin) AHFS 10:00 ANTINEOPLASTIC AGENTS ** RESTRICTED TO MEDICAL REFERRAL CENTERS **
TORADOL	-SEE-- KETOROLAC
TPA	-SEE-- ALTEPLASE, RECOMBINANT
TPN	-SEE-- PARENTERAL NUTRITION
TRANSDERM NITRO	-SEE-- NITROGLYCERIN

TRASTUZUMAB	(e.g. HERCEPTIN) AHFS 10:00 ANTINEOPLASTIC AGENTS ** RESTRICTED TO MEDICAL REFERRAL CENTERS **
TRAZODONE HCL	(e.g. DESYREL) AHFS 28:16.04 ANTIDEPRESSANTS ** PHYSICIAN USE ONLY ** ** PILL LINE ONLY **
TRI-CHLOR	--SEE-- TRICHLOROACETIC ACID
TRIAMCINOLONE	(e.g. ARISTOCORT, KENALOG) AHFS 68:04 ADRENALS 84:06 TOPICAL ANTI-INFLAMMATORY AGENTS ** NASAL INHALERS NOT APPROVED **
TRIAMTERENE & HYDROCHLOROTHIAZIDE	(e.g. MAXZIDE, DYAZIDE) AHFS 40:28.10 POTASSIUM-SPARING DIURETICS
TRIAMTERENE	(e.g. DYRENIUM) AHFS 40:28.10 POTASSIUM-SPARING DIURETICS
TRICHLOROACETIC ACID	(e.g. TRI-CHLOR) AHFS 84:36 MISC. SKIN AND MUCOUS MEMBRANE AGENTS
TRICITRASOL	-SEE-- ANTICOAGULANT SODIUM CITRATE CONCENTRATE
TRIFLUOPERAZINE HCL	(e.g. STELAZINE) AHFS 28:16.08 TRANQUILIZERS ** PHYSICIAN USE ONLY ** ** PILL LINE ONLY **
TRIFLURIDINE	(e.g. VIROPTIC) AHFS 8:18 ANTIVIRALS AHFS 52:04.06 EENT ANTIVIRALS ** PHYSICIANS AND OPTOMETRISTS USE ONLY **
TRIHXYLPHENIDYL HCL	(e.g. ARTANE) AHFS 12:08.04 ANTIPARKINSONIAN AGENT ** PHYSICIAN USE ONLY ** ** PILL LINE ONLY **
TRILAFON	-SEE-- PERPHENAZINE
TRILEPTAL	--SEE-- OXCARBAZEPINE
TRIMETHOBENZAMIDE	(e.g. TIGAN) AHFS 56:22 ANTIEMETICS
TRIMETHOPRIM & SULFAMETHOXAZOLE	(e.g. BACTRIM DS, CO-TRIMOXAZOLE, SEPTRA DS) AHFS 8:40 MISC. ANTI-INFECTIVES

TRIZIVIR	-SEE-- ABACAVIR --SEE-- LAMIVUDINE --SEE-- ZIDOVUDINE
TROPICAMIDE	(e.g. MYDRIACYL) AHFS 52:24 MYDRIATICS
TRUSOPT	-SEE-- DORZOLAMIDE
TRYPSIN/BALSAM PERU/CASTOR OIL	(e.g. GRANULEX) AHFS 84:36 MISC SKIN AND MUCOUS MEMBRANE AGENTS
TSH	--SEE-- THYROTROPIN
TUBERCULIN, PURIFIED PROTEIN DERIVATIVE	(e.g. TUBERSOL) AHFS 36:84 DIAGNOSTIC AGENTS-TUBERCULOSIS ** NON-SUBSTITUTABLE-RESTRICTED TO TUBERSOL BRAND ONLY**
TUBERSOL	--SEE-- TUBERCULIN, PURIFIED PROTEIN DERIVATIVE
TWINRIX	--SEE-- HEPATITIS A VIRUS VACCINE --SEE-- HEPATITIS B VIRUS VACCINE
TYLENOL WITH CODEINE	--SEE-- CODEINE/ACETAMINOPHEN
TYLENOL	--SEE-- ACETAMINOPHEN

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TYLOXAPOL	(e.g. ENUCLENE) AHFS 52:36 MISC EENT DRUGS ** NOTE: FOR ARTIFICIAL EYES **
TYROPANOATE SODIUM	(e.g. BILOPAQUE) AHFS 36:68 ROENTGENOGRAPHY
ULTANE	--SEE-- SEVOFLURANE
UNASYN	--SEE-- AMPICILLIN SODIUM/SULBACTAM SODIUM
UNIPEN	--SEE-- NAFCILLIN SODIUM
URACIL MUSTARD	(e.g. URAMUSTINE) AHFS 10:00 ANTINEOPLASTIC AGENTS
UREA & AMINO ACID CREAM	--SEE-- AMINO ACID & UREA CREAM
URECHOLINE	--SEE-- BETHANECHOL
UROCIT K	--SEE-- POTASSIUM CITRATE
UROKINASE INJ. 5000 IU	(e.g. ABBOKINASE OPENCATH) AHFS 20:40 THROMBOLYTIC AGENTS ** NO OTHER DOSAGES APPROVED ** ** FOR USE IN CATHETER CLEARANCE **
UROMITEXAN	--SEE-- MESNA
UROVIST	--SEE-- DIATRIZOATE SODIUM
VALISONE	--SEE-- BETAMETHASONE VALERATE
VALPROIC ACID	(e.g. DEPAKENE) AHFS 28:12.92 MISC ANTICONVULSANTS ** PILL LINE ITEM WHEN USED AS A PSYCHOTROPIC **
VANCERIL	--SEE-- BECLOMETHASONE DIPROPIONATE
VANCOCIN	--SEE-- VANCOMYCIN
VANCOMYCIN HCL	(e.g. VANCOCIN, VANCOR) AHFS 8:16 ANTIBIOTICS
VANCOR	--SEE-- VANCOMYCIN HCL
VASOCON-A	--SEE-- NAPHAZOLINE & ANTAZOLINE
VASOPRESSIN	(e.g. PITRESSIN) AHFS 68:28 PITUITARY
VELBAN	--SEE-- VINBLASTINE
VELSAN	--SEE-- VINBLASTINE
VELVACHOL	--SEE-- HYDROPHILIC CREAM

VENLAFAXINE	(e.g. EFFEXOR, EFFEXOR-XR) AHFS 28:16.04 ANTIDEPRESSANTS ** PHYSICIAN INITIATION ONLY ** ** PILL LINE ONLY **
VENTOLIN	--SEE-- ALBUTEROL
VEPESID	--SEE-- ETOPOSIDE
VERAPAMIL HCL	(e.g. CALAN, CALAN-SR, ISOPTIN, ISOPTIN-SR) AHFS 24:04 CARDIAC DRUGS
VERCURONIUM BROMIDE	(e.g. NORCURON) AHFS 12:20 SKELETAL MUSCLE RELAXANTS
VERMOX	--SEE-- MEBENDAZOLE
VERSED	--SEE-- MIDAZOLAM
VFEND	--SEE-- VORICONAZOLE
VIBRAMYCIN	--SEE-- DOXYCYCLINE
VIDEX	--SEE-- DIDANOSINE
VINBLASTINE SULFATE	(e.g. VELBAN, VELSAR) AHFS 10:00 ANTINEOPLASTIC AGENTS
VINCRIStINE	(e.g. ONCOVIN) AHFS 10:00 ANTINEOPLASTIC AGENTS
VINORELBINE	(e.g. NAVELBINE) AHFS 10:00 ANTINEOPLASTIC AGENTS ** RESTRICTED TO MEDICAL REFERRAL CENTERS **
VIOKASE	--SEE-- PANCRELIPASE
VIRACEPT	--SEE-- NELFINAVIR
VIRAMUNE	--SEE-- NEVIRAPINE
VIREAD	--SEE-- TENOFOVIR
VIROPTIC	--SEE-- TRIFLURIDINE
VISKEN	--SEE-- PINDOLOL
VITAMIN B-12	--SEE-- CYANOCOBALAMIN
VITAMIN A & D	(e.g. A AND D OINTMENT) AHFS 84:24 EMOLLIENTS, DEMULCENTS, AND PROTECTANTS ** RESTRICTED TO DIABETICS, DIALYSIS, INPATIENTS ONLY **
VITAMIN B-6	--SEE-- PYRIDOXINE
VITAMIN K-1	--SEE-- PHYTONADIONE

VITAMIN B-1	--SEE-- THIAMINE
VOLTAREN	--SEE-- DICLOFENAC
VORICONAZOLE	(e.g. VFEND) AHFS 8:12.04 ANTIFUNGAL ANTIBIOTICS **THERAPY MUST BE INITIATED AT MEDICAL REFERRAL CENTER**
VOSOL-HC	-SEE-- HYDROCORTISONE & ACETIC ACID
VP-16	--SEE-- ETOPOSIDE
WARFARIN SODIUM	(COUMADIN) AHFS 20:12.04 ANTICOAGULANTS ** NON-SUBSTITUTABLE -- USE COUMADIN ONLY **
WATER, STERILE	AHFS 40:12 REPLACEMENT PREPARATIONS AHFS 40:36 IRRIGATING SOLUTIONS
WELLCOVORIN	--SEE-- LEUCOVORIN CALCIUM
WHITE PETROLATUM	--SEE-- PETROLATUM
WITCH HAZEL AND GLYCERIN	AHFS 84:36 MISC. TOPICAL AGENTS
WYCILLIN	-SEE-- PENICILLIN G, PROCAINE
X-PREP	--SEE-- SENNA
XALATAN	--SEE-- LATANOPROST
XELODA	--SEE-- CAPECITABINE
XERO-LUBE	--SEE-- SALIVA SUBSTITUTE
XYLOCAINE	-SEE-- LIDOCAINE
XYLOSE	(e.g. D-XYLOSE) AHFS 36:40 KIDNEY FUNCTION
ZANOSAR	-SEE-- STREPTOZOCIN
ZERIT	--SEE-- STAVUDINE
ZESTRIL	-SEE-- LISINOPRIL
ZIAGEN	--SEE-- ABACAVIR
ZIDOVUDINE	(e.g. AZT, RETROVIR) AHFS 8:20 ANTIVIRALS ** PHYSICIAN INITIATION ONLY ** ** HIV MEDICATION DISTRIBUTION RESTRICTION **
ZIDOVUDINE/LAMIVUDINE	(e.g. COMBIVIR) AHFS 8:20 ANTIVIRALS ** PHYSICIAN INITIATION ONLY ** ** HIV MEDICATION DISTRIBUTION RESTRICTION **
ZINC OXIDE	AHFS 84:80 SUNSCREEN AGENTS

ZIPRASIDONE

(e.g. GEODON)
AHFS 28:16.08 TRANQUILIZERS
** INJECTION NOT APPROVED **
** PILL LINE ONLY **
** PHYSICIAN USE ONLY **

ZITHROMAX

--SEE-- **AZITHROMYCIN**

ZOFRAN

-SEE-- **ONDANSETRON HCL**

ZOLOFT

--SEE-- **SERTRALINE**

ZOSTRIX

-SEE-- **CAPSAICIN**

ZOSYN

-SEE-- **PIPERACILLIN/TAZOBACTAM****ZYPREXA**--SEE-- **OLANZAPINE**

AHFS CLASSIFICATION

THIS INDEX IS A CROSS-REFERENCED LIST OF THE MEDICATIONS CATALOGED IN THE PRECEDING DRUG FORMULARY. PHARMACOLOGIC CLASSIFICATIONS SHOWN BELOW ARE CONSISTENT WITH THOSE FOUND IN THE AMERICAN HOSPITAL FORMULARY SERVICE.

4:00	ANTI-HISTAMINE DRUGS
8:00	ANTI-INFECTIVE AGENTS
10:00	ANTI-NEOPLASTIC AGENTS
12:00	AUTONOMIC DRUGS
16:00	BLOOD DERIVATIVES
20:00	BLOOD FORMATION & COAGULATION
24:00	CARDIOVASCULAR DRUGS
28:00	CENTRAL NERVOUS SYSTEM AGENTS
36:00	DIAGNOSTIC AGENTS
40:00	ELECTROLYTIC, CALORIC, & WATER BALANCE
44:00	ENZYMES
48:00	ANTI-TUSSIVES, EXPECTORANTS & MUCOLYTIC AGENTS
52:00	EYE, EAR, NOSE & THROAT PREPARATIONS
56:00	GASTROINTESTINAL DRUGS
60:00	GOLD COMPOUNDS
68:00	HORMONES & SYNTHETIC SUBSTITUTES
72:00	LOCAL ANESTHETICS
76:00	OXYTOCICS
80:00	SERUMS, TOXOIDS, & VACCINES
84:00	SKIN & MUCOUS MEMBRANE AGENTS
86:00	SMOOTH MUSCLE RELAXANTS
88:00	VITAMINS
92:00	UNCLASSIFIED THERAPEUTIC AGENTS

4:00 ANTIHISTAMINE DRUGS

CYPROHEPTADINE (PERIACTIN)
DIPHENHYDRAMINE (BENADRYL)
PROMETHAZINE (PHENERGAN)

See also: Cimetidine 56:22
Hydroxyzine 28:24.92
Meclizine 56:22.00

8:00 ANTI-INFECTIVE AGENTS

8:04 AMEBICIDES

See also:

Metronidazole 8:40

8:08 ANTHELMINTICS

MEBENDAZOLE (VERMOX)
THIABENDAZOLE (MINTEZOL)

8:12 ANTIBIOTICS

8:12.02 AMINOGLYCOSIDES

GENTAMYCIN (GARAMYCIN)
NEOMYCIN SULFATE
STREPTOMYCIN
TOBRAMYCIN (NEBCIN)

8:12.04 ANTIFUNGAL ANTIBIOTICS

AMPHOTERICIN B (FUNGIZONE)
CLOTRIMAZOLE (MYCELEX)
FLUCONAZOLE (DIFLUCAN)
ITRACONAZOLE (SPORANOX)
KETOCONAZOLE (NIZORAL)
NYSTATIN (MYCOSTATIN)
VORICONAZOLE (VFEND)

8:12.06 CEPHALOSPORINS

CEFAZOLIN (ANCEF, KEFZOL)
CEFIXIME (SUPRAX)
CEFTAZIDIME (FORTAZ, TAZIDIME)
CEFTRIAXONE (ROCEPHIN)
CEPHALEXIN (KEFLEX)

8:12.07 MISC. B-LACTAM ANTIBIOTICS

PIPERACILLIN/TAZOBACTAM (ZOSYN)

8:12.12 ERYTHROMYCINS

ERYTHROMYCIN
AZITHROMYCIN (ZITHROMAX)
CLARITHROMYCIN (BIAXIN)

8:12.16 PENICILLINS

AMOXICILLIN
AMOXICILLIN & CLAVULANIC ACID (AUGMENTIN)
AMPICILLIN SODIUM
AMPICILLIN & SULBACTAM (UNASYN)
DICLOXACILLIN (DYNAPEN)
NAFCILLIN (NAFCIL)
PENICILLIN G, BENZATHINE (BICILLIN LA)
PENICILLIN G, POTASSIUM
PENICILLIN G, PROCAINE (WYCILLIN)

PENICILLIN V, POTASSIUM (PEN VK)

8:12.24 TETRACYCLINES

DEMECLOCYCLINE (DECLOMYCIN)

DOXYCYCLINE (VIBRAMYCIN, PERIOSTAT)

TETRACYCLINE

8:12.28 MISC. ANTIBIOTICS

CLINDAMYCIN (CLEOCIN)

VANCOMYCIN (VANCOCIN)

8:16 ANTITUBERCULOSIS AGENTS

AMINOSALICYLATE SODIUM (PARA-AMINOSALICYLATE)

ETHAMBUTOL (MYAMBUTOL)

ISONIAZID (INH)

PYRAZINAMIDE (PZA)

RIFABUTIN (MYCOBUTIN)

RIFAMPIN

see also: Ciprofloxacin 8:22

Clofazamine 8:40

Streptomycin 8:12.02

8:18 ANTIVIRALS

ABACAVIR (ZIAGEN)

ACYCLOVIR (ZOVIRAX)

AMANTADINE (SYMMETREL)

AMPRENAVIR (AGENERASE)

ATAZANAVIR (REYATAZ)

DIDANOSINE (VIDEX)

EFAVIRENZ (SUSTIVA)

FOSAMPRENAVIR (LEXIVA)

FOSCARNET (FOSCAVIR)

GANCICLOVIR (CYTOVENE)

INDINAVIR (CRIXIVAN)

INTERFERON ALFA 2B/RIBAVIRIN (REBETRON)

LAMIVUDINE (EPIVIR)

LOPINAVIR/RITONAVIR (KALETRA)

NELFINAVIR (VIRACEPT)

NEVIRAPINE (VIRAMUNE)

RIBAVIRIN (COPEGUS, REBETOL)

RITONAVIR (NORVIR)

SAQUINAVIR (FORTOVASE)

STAVUDINE (ZERIT)

TENOFOVIR (VIREAD)

TRIFLURIDINE (VIROPTIC)

ZIDOVUDINE (RETROVIR)

ZIDOVUDINE/LAMIVUDINE (COMBIVIR)

see also: Interferon Alfa 2-a 10:00

Interferon Alfa 2-b 10:00

8:20 ANTIMALARIAL AGENTS

HYDROXYCHLOROQUINE (PLAQUENIL)

PYRIMETHAMINE

see also:

Tetracyclines 8:12.24

Quinidine 24:04

8:22 QUINOLONES

CIPROFLOXACIN (CIPRO)
GATIFLOXACIN (TEQUIN)

8:24 SULFONAMIDES

SULFADIAZINE
SULFASALAZINE (AZULFIDINE)

8:26 SULFONES

DAPSONE

8:36 URINARY ANTI-INFECTIVES

METHENAMINE MANDELATE
NITROFURANTOIN (MACRODANTIN)

8:40 MISC. ANTI-INFECTIVES

METRONIDAZOLE (FLAGYL)
PENTAMIDINE (NEBUPENT, PENTAM)
TRIMETHOPRIM & SULFAMETHOXAZOLE (BACTRIM DS)

10:00

ANTINEOPLASTIC AGENTS

ASPARIGINASE (ELSPAR)
BICALUTAMIDE (CASODEX)
BLEOMYCIN
BUSULFAN (MYLERAN)
CAPECITABINE (XELODA)
CARBOPLATIN
CARMUSTINE (BCNU)
CHLORAMBUCIL
CISPLATIN (PLATINOL)
CYCLOPHOSPHAMIDE (CYTOXAN)
CYTARABINE (CYTOSAR)
DACARBAZINE
DACTINOMYCIN (COSMEGEN)
DAUNORUBICIN (CERUBIDINE)
DOCETAXEL (TAXOTERE)
DOXORUBICIN (ADRIAMYCIN)
EPIRUBICIN (ELLENCE)
ETOPOSIDE (VP-16)
FLUDARABINE (FLUDARA)
FLUOROURACIL (5-FU)
FLUTAMIDE (EULEXIN)
GEMCITABINE (GEMZAR)
HYDROXYUREA (HYDREA)
IFOSFAMIDE (IFEX)
INTERFERON ALFA 2-a
INTERFERON ALFA 2-b
IRINOTECAN (CAMPTOSAR)
LEUPROLIDE
LEVAMISOLE (ERGAMISOLE)
LOMUSTINE
MECHLORETHAMINE (MUSTARGEN)
MEGESTROL (MEGACE)
MELPHALAN (ALKERAN)
MERCAPTOPURINE (6-MP)
METHOTREXATE (MTX)
MITOMYCIN (MUTAMYCIN)

MITOTANE (LYSODREN)
MITOXANTRONE (NOVANTRONE)
PACLITAXEL (TAXOL)
PLICAMYCIN (MITHRACIN)
PROCARBAZINE (MATULANE)
RITUXIMAB (RITUXAN)
STREPTOZOCIN (ZANOSAR)
TAMOXIFEN (NOLVADEX)
THIOGUANINE
THIOTEPA
TOPOTECAN (HYCAMTIN)
TRASTUZUMAB (HERCEPTIN)
URACIL MUSTARD
VINBLASTINE
VINCRIStINE
VINORELBINE (NAVELBINE)

12:00 AUTONOMIC DRUGS

12:04 PARASYMPATHOMIMETIC AGENTS

BETHANECHOL CHLORIDE (URECHOLINE)
NEOSTIGMINE (PROSTIGMIN)
PHYSOSTIGMINE (ANTILIRIUM)
PYRIDOSTIGMINE BROMIDE (MESTINON)
see also: Edrophonium 36:56

12:08 ANTICHOLINERGIC AGENTS

12:08.04 ANTIPARKINSONIAN AGENTS

BENZTROPINE MESYLATE (COGENTIN)
TRIHXYLPHENIDYL (ARTANE)

12:08.08 ANTIMUSCARINICS/ANTISPASMODICS

ATROPINE SULFATE
DICYCLOMINE (BENTYL)
GLYCOPYRROLATE (ROBINUL)
IPRATROPIUM (ATROVENT)
SCOPOLAMINE HBR

12:12 SYMPATHOMIMETIC AGENTS

ALBUTEROL (PROVENTIL, VENTOLIN)
DOBUTAMINE
DOPAMINE
EPINEPHRINE
ISOPROTERENOL HCL (ISUPREL)
METAPROTERENOL (ALUPENT)
NOREPINEPHRINE (LEVOPHED)
PHENYLEPHRINE (NEO-SYNEPHRINE)
RITODRINE (YUTOPAR)
TERBUTALINE (BRETHINE)

12:16 SYMPATHOLYTIC AGENTS

ERGOTAMINE (ERGOSTAT)
ERGOTAMINE & CAFFEINE (CAFERGOT)
PHENOXYBENZAMINE (DIBENZYLINE)
PHENTOLAMINE (REGITINE)

See also:

Atenolol 24:04
Esmolol 24:04
Labetalol 24:08
Metoprolol 24:04
Nadolol 24:08
Pindolol 24:08
Propranolol 24:04
Sotalol 24:04

12:20 SKELETAL MUSCLE RELAXANTS

MIVACURIUM (MIVACRON)
PANCURONIUM (PAVULON)
SUCCINYLCHOLINE CHLORIDE (ANECTINE)
VERCURONIUM (NORCURON)

16:00 BLOOD DERIVATIVES

ALBUMIN HUMAN
PLASMA PROTEIN FRACTION

20:00 BLOOD FORMATION AND COAGULATION

20:04 ANTIANEMIA DRUGS

20:04.04 IRON PREPARATIONS

FERRIC GLUCONATE SODIUM COMPLEX (FERRLECIT)
FERROUS GLUCONATE
IRON DEXTRAN
POLYSACCHARIDE-IRON COMPLEX

See also:

Epoetin alfa 20:16

20:04.08 LIVER & STOMACH PREPARATIONS

LIVER INJECTION, see Vitamin B-12 88:08

20:12 COAGULANTS AND ANTICOAGULANTS

20:12.04 ANTICOAGULANTS

ANTICOAGULANT SODIUM CITRATE CONCENTRATE
ARDEPARIN (NORMIFLO)
DALTEPARIN (FRAGMIN)
ENOXAPARIN (LOVENOX)
HEPARIN
WARFARIN (COUMADIN)

20:12.08 ANTIHEPARIN AGENTS

PROTAMINE SULFATE

20:12.16 HEMOSTATICS

AMINOCAPROIC ACID (AMICAR)
ANTIHEMOPHILIC FACTOR
THROMBIN

See also:

Desmopressin 68:28

20:16 HEMATOPOIETIC AGENTS

DARBEPOETIN ALFA (ARANESP)
EPOETIN ALFA (ERYTHROPOIETIN, EPO)
SARGRAMOSTIM (LEUKINE, GM-CSF)

20:24 HEMORRHEOLOGIC AGENTS

20:40 THROMBOLYTIC AGENTS

ALTEPLASE, RECOMBINANT (ACTIVASE, tPA)
STREPTOKINASE
UROKINASE

24:00 CARDIOVASCULAR DRUGS

24:04 CARDIAC DRUGS

AMIODARONE (CORDARONE)
AMLODIPINE (NORVASC)
ATENOLOL (TENORMIN)
CAPTOPRIL (CAPOTEN)
DIGOXIN (LANOXIN, DIGITEK)
DILTIAZEM (CARDIZEM)
DISOPYRAMIDE (NORPACE)
ESMOLOL (BREVIBLOC)
INAMRINONE (INOCOR)
LIDOCAINE (XYLOCAINE)
LISINOPRIL (PRINIVIL, ZESTRIL)
METOPROLOL (LOPRESSOR)
MEXILETINE (MEXITIL)
NADOLOL (CORCARD)
NIFEDIPINE (ADALAT CC)
NISOLDIPINE (SULAR)
PROCAINAMIDE (PROCAN)
PROPAFENONE (RHYTHMOL)
PROPRANOLOL (INDERAL)
QUINIDINE GLUCONATE
QUINIDINE SULFATE
SOTALOL (BETAPACE)
VERAPAMIL (CALAN, ISOPTIN)

24:06 ANTILIPEMIC AGENTS

COLESTIPOL (COLESTID)
FLUVASTATIN (LESCOL)
GEMFIBROZIL (LOPID)
LOVASTATIN (MEVACOR)
NIACIN
SIMVASTATIN (ZOCOR)

24:08 HYPOTENSIVE AGENTS

CLONIDINE (CATAPRES)
DIAZOXIDE (HYPERSTAT)
DOXAZOSIN (CARDURA)
HYDRALAZINE (APRESOLINE)
LABETALOL (NORMODYNE)
LISINOPRIL (PRINIVIL, ZESTRIL)
METHYLDOPA (ALDOMET)
MINOXIDIL (LONITEN)
PINDOLOL (VISKEN)
PRAZOSIN (MINIPRESS)
RESERPINE (SERPASIL)
SODIUM NITROPRUSSIDE (NIPRIDE)

see also:

Amlodipine 24:04
Atenolol 24:04

Captopril 24:04
Diltiazem 24:04
Esmolol 24:04
Metoprolol 24:04
Nadolol 24:04
Nifedipine 24:04
Nisoldipine 24:04
Phenoxybenzamine 12:16
Phentolamine 12:16
Propranolol 24:04
Verapamil 24:04

24:12 VASODILATING AGENTS

DIPYRIDAMOLE (PERSANTINE)
ISOSORBIDE DINITRATE (ISORDIL)
NITROGLYCERIN

see also:

Amlodipine 24:04
Diltiazem 24:04
Verapamil 24:04

28:00 CENTRAL NERVOUS SYSTEM AGENTS

28:04 GENERAL ANESTHETICS

DESFLURANE (SUPRANE)
ENFLURANE (ETHRANE)
ISOFLURANE (FORANE)
LARYNGOTRACHEAL ANESTHESIA KIT (LTA)
KETAMINE (KETALAR)
SEVOFLURANE (ULTANE)

ANESTHETICS, BARBITURATE

THIOPENTAL SODIUM (PENTOTHAL)

28:08 ANALGESICS AND ANTIPYRETICS

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

ASPIRIN
IBUPROFEN (MOTRIN)
INDOMETHACIN (INDOCIN)
KETOROLAC (TORADOL)
NAPROXEN SODIUM (ANAPROX)
PIROXICAM (FELDENE)
SALSALATE (DISALCID)
SODIUM SALICYLATE
SULINDAC (CLINORIL)

28:08.08 OPIATE AGONISTS

CODEINE PHOSPHATE
CODEINE & ACETAMINOPHEN (TYLENOL WITH CODEINE)
FENTANYL (SUBLIMAZE, DURAGESIC)
MEPERIDINE (DEMEROL)
METHADONE
MORPHINE
OPIUM & BELLADONNA SUPPOSITORY (B&O)
OXYCODONE & ACETAMINOPHEN (PERCOCET, ROXICET)
OXYCODONE (OXYCONTIN, ROXICODONE)

28:08.12 OPIATE PARTIAL AGONISTS
 BUPRENORPHINE (BUPRENEX)
 BUTORPHANOL (STADOL)
 NALBUPHINE (NUBAIN)

28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS
 ACETAMINOPHEN (TYLENOL)

28:10 OPIATE ANTAGONISTS
 NALOXONE (NARCAN)

28:12 ANTICONVULSANTS

28:12.04 BARBITURATES
 PHENOBARBITAL
 PRIMIDONE (MYSOLINE)

28:12.08 BENZODIAZEPINES
 CLONAZEPAM (KLONOPIN)
See also:
 Lorazepam 28:24.08
 Midazolam 28:24.08

28:12.12 HYDANTOINS
 PHENYTOIN (DILANTIN)

28:12.92 MISCELLANEOUS ANTICONVULSANTS
 CARBAMAZEPINE (TEGRETOL)
 LAMOTRIGINE (LAMICTAL)
 LEVETIRACETAM (KEPPRA)
 MAGNESIUM SULFATE
 OXCARBAZEPINE (TRILEPTAL)
 TOPIRAMATE (TOPAMAX)
 VALPROIC ACID (DEPAKENE)

28:16 PSYCHOTHERAPEUTIC AGENTS

28:16.04 ANTIDEPRESSANTS
 AMITRIPTYLINE (ELAVIL)
 CITALOPRAM (CELEXA)
 DESIPRAMINE (NORPRAMIN)
 DOXEPIN (SINEQUAN, ADAPIN)
 FLUOXETINE (PROZAC)
 IMIPRAMINE (TOFRANIL)
 MIRTAZAPINE (REMERON)
 NORTRIPTYLINE (PAMELOR)
 PAROXETINE (PAXIL)
 SERTRALINE (ZOLOFT)
 TRAZODONE (DESYREL)
 VENLAFAXINE (EFFEXOR, EFFEXOR-ER)

28:16.08 TRANQUILIZERS
 ARIPIRAZOLE (ABILIFY)
 CLOZAPINE (CLOZARIL)
 DROPERIDOL (INAPSINE)
 FLUPHENAZINE (PROLIXIN)
 HALOPERIDOL (HALDOL)
 LOXAPINE (LOXITANE)
 OLANZAPINE (ZYPREXA)
 PERPHENAZINE (TRILAFON)
 PROCHLORPERAZINE (COMPAZINE)

QUETIAPINE (SEROQUEL)
 RISPERIDONE (RISPERDAL)
 TRIFLUOPERAZINE (STELAZINE)
 ZIPRASIDONE (GEODON)
28:20 RESPIRATORY AND CEREBRAL STIMULANTS
 AMMONIA INHALANTS
 DOXAPRAM (DOPRAM)
28:24 ANXIOLYTICS, SEDATIVES AND HYPNOTICS
28:24.04 BARBITURATES
 PHENOBARBITAL
28:24.08 BENZODIAZEPINES
 LORAZEPAM (ATIVAN)
 MIDAZOLAM (VERSED)
see also:
 Clonazepam 28:12.08
28:24.92 MISCELLANEOUS ANXIOLYTICS, SEDATIVES, AND
HYPNOTICS
 BUSPIRONE (BUSPAR)
 CHLORAL HYDRATE
 HYDROXYZINE (ATARAX, VISTARIL)
 PROMETHAZINE (PHENERGAN)
 PROPOFOL (DIPRIVAN)
see also:
 Diphenhydramine 4:00
28:28 ANTIMANIC AGENTS
 LITHIUM CARBONATE
 LITHIUM CITRATE

36:00 DIAGNOSTIC AGENTS
36:04 ADRENOCORTICAL INSUFFICIENCY
 CORTICOTROPIN (ACTH)
 COSYNTROPIN (CORTROSYN)
36:18 CARDIAC FUNCTION
 ADENOSINE
36:32 FUNGI
 HISTOPLASMIN
36:34 GALLBLADDER FUNCTION
 SINCALIDE
36:36 GASTRIC FUNCTION
 HISTAMINE PHOSPHATE
 PENTAGASTRIN
36:38 INTESTINAL ABSORPTION
 XYLOSE
36:40 KIDNEY FUNCTION
 MANNITOL
36:44 LIVER FUNCTION
36:56 MYASTHENIA GRAVIS
 EDROPHONIUM (ENLON)
see also:
 Neostigmine 12:04
36:60 THYROID FUNCTION

THYROTROPIN

36:61 PANCREATIC FUNCTION

SECRETIN

36:64 PHEOCHROMOCYTOMA

HISTAMINE

see also:

Phentolamine 12:16

36:66 PITUITARY FUNCTION

ARGININE

see also:

Insulin 68:20.08

36:68 ROENTGENOGRAPHY

DIATRIZOATE (HYPAQUE)

DIATRIZOATE MEGLUMINE & DIATRIZOATE SODIUM

GADOPENTETATE DIMEGLUMINE (MAGNEVIST)

IOHEXOL INJECTION

IOPANOIC ACID (TELEPAQUE)

IOTHALAMATE MEGLUMINE

IOVERSOL

TYROPANOATE SODIUM (BILOPAQUE)

36:84 TUBERCULOSIS

TUBERCULIN, PPD

40:00 ELECTROLYTIC, CALORIC, AND WATER BALANCE

PARENTERAL NUTRITION

40:04 ACIDIFYING AGENTS

40:08 ALKALINIZING AGENTS

SODIUM BICARBONATE

SODIUM CITRATE AND CITRIC ACID (SHOHL'S SOLUTION)

40:10 AMMONIA DETOXICANTS

LACTULOSE (CEPHULAC)

40:12 REPLACEMENT PREPARATIONS

CALCIUM CARBONATE/VITAMIN D (OS-CAL 250+D)

CALCIUM CHLORIDE

CALCIUM CITRATE (CITRACAL)

CALCIUM GLUCONATE

CALCIUM LACTATE

DEXTROSE & LACTATED RINGERS

DEXTROSE & SODIUM CHLORIDE

HETASTARCH (HESPAN)

MAGNESIUM OXIDE (MAG-OX)

PHOSPHORUS (NEUTRA-PHOS)

POTASSIUM CITRATE (UROKIT K)

POTASSIUM CHLORIDE

RINGERS, LACTATED

SODIUM CHLORIDE

WATER, STERILE

40:18 POTASSIUM-REMOVING RESINS

SODIUM POLYSTYRENE SULFONATE (KAYEXALATE)

40:20 CALORIC AGENTS

DEXTROSE

DEXTROSE & LACTATED RINGERS
DEXTROSE & SODIUM CHLORIDE
GLUCOSE
NUTRITIONAL SUPPLEMENTS

40:28 DIURETICS

FUROSEMIDE (LASIX)
HYDROCHLOROTHIAZIDE (HYDRODIURIL)
MANNITOL
METOLAZONE (DIULO, ZAROXOLYN)

see also:

Acetazolamide 52:10
Theophylline 86:16

40:28.10 POTASSIUM-SPARING DIURETICS

SPIRONOLACTONE (ALDACTONE)
TRIAMTERENE (DYRENIUM)
TRIAMTERENE & HYDROCHLOROTHIAZIDE (MAXZIDE)

40:36 IRRIGATING SOLUTIONS

ACETIC ACID
RINGER'S LACTATE
SODIUM CHLORIDE
WATER, STERILE

see also:

MANNITOL 40:28

40:40 URICOSURIC AGENTS

PROBENECID (BENEMID)

44:00 ENZYMES

HYALURONIDASE
LACTASE (LACTAID)

see also:

Alteplase 20:40
Asparaginase 10:00
Fibrinolysin and Desoxyribonuclease 84:36
Pancrelipase 56:16
Streptokinase 20:40
tPA 20:40
Urokinase 20:40

48:00 ANTITUSSIVES, EXPECTORANTS, AND MUCOLYTIC AGENTS

48:08 ANTITUSSIVES

BENZONATATE (TESSALON)
CODEINE

see also:

Diphenhydramine 4:00

48:16 EXPECTORANTS

48:24 MUCOLYTIC AGENTS

ACETYLCYSTEINE (MUCOMYST)

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04 ANTI-INFECTIVES

52:04.04 ANTIBIOTICS

ERYTHROMYCIN OPHTHALMIC

GENTAMYCIN OPHTHALMIC (GENTAMYCIN)
 NEOMYCIN & DEXAMETHASONE (NEO-DECADRON)
 NEOMYCIN & POLYMYXIN B & DEXAMETHASONE (MAXITROL)
 NEOMYCIN & POLYMYXIN B & HYDROCORTISONE
 (CORTISPORIN)
 POLYMYXIN B & BACITRACIN (POLYSPORIN)

52:04.06 ANTIVIRALS

TRIFLURIDINE (VIROPTIC)

52:04.08 SULFONAMIDES

SULFACETAMIDE (SULAMYD)

52:04.12 MISCELLANEOUS ANTI-INFECTIVES

ACETIC ACID OTIC (DOMEBORO)
 CARBAMIDE PEROXIDE (DEBROX)
 CHLORHEXIDINE GLUCONATE (PERIDEX)
 CIPROFLOXACIN (CILOXAN)
 HYDROCORTISONE & ACETIC ACID (VOSOL-HC)
 SILVER NITRATE

52:08 ANTI-INFLAMMATORY AGENTS

DICLOFENAC (VOLTAREN)
 FLUOROMETHOLONE (FML)
 FLUTICASONE (FLOVENT)
 HYDROCORTISONE & ACETIC ACID (VOSOL-HC)
 NEOMYCIN & DEXAMETHASONE (NEO-DECADRON)
 NEOMYCIN & POLYMYXIN B & DEXAMETHASONE (MAXITROL)
 NEOMYCIN & POLYMYXIN B & HYDROCORTISONE (CORTISPORIN)
 PREDNISOLONE (PRED MILD, PRED FORTE)

52:10 CARBONIC ANHYDRASE INHIBITORS

ACETAZOLAMIDE (DIAMOX)

52:16 LOCAL ANESTHETICS

BENZOCAINE & ANTIPYRINE (AURALGAN)
 BENZOCAINE & BUTAMBEN & TETRACAINE (CETACAINE)
 PROPARACAINE (OPHTHAINE)
 TETRACAINE

52:20 MIOTICS

ACETYLCHOLINE CHLORIDE (MIOCHOL)
 ECHOTHIOPHATE (PHOSPHOLINE IODIDE)
 PILOCARPINE

52:24 MYDRIATICS

ATROPINE SULFATE
 CYCLOPENTOLATE (CYCLOGYL)
 DIPIVEFRIN (PROPINE)
 EPINEPHRINE
 HOMATROPINE
 PHENYLEPHRINE
 TROPICAMIDE (MYDRIACYL)

52:28 MOUTHWASHES AND GARGLES

HYDROGEN PEROXIDE

52:32 VASOCONSTRICTORS

EPINEPHRINE
 NAPHAZOLINE & ANTAZOLINE (VASOCON A)
 PHENYLEPHRINE

52:36 MISCELLANEOUS EENT DRUGS

ACETIC ACID & ALUMINUM ACETATE (DOMEBORO)
APRACLONIDINE (IOPIDINE)
BETAXOLOL (BETOPTIC)
BRIMONIDINE (ALPHAGAN)
DORZOLAMIDE (TRUSOPT)
FLUORESCEIN SODIUM
GLYCERIN
IRRIGATING SOLUTION, EXTRAOCULAR (DACRIOSE)
IRRIGATING SOLUTION, INTRAOCULAR (BSS)
LATANOPROST (XALATAN)
LUBRICANT, OCULAR (LACRILUBE)
SODIUM CHLORIDE NASAL SPRAY
TEARS, ARTIFICIAL
TIMOLOL (TIMOPTIC)
TYLOXAPOL (ENUCLENE)
see also:
Cromolyn Sodium 92:00

56:00 GASTROINTESTINAL DRUGS

56:04 ANTACIDS AND ADSORBENTS

ALUMINUM HYDROXIDE & MAGNESIUM HYDROXIDE & SIMETHICONE
ALUMINUM HYDROXIDE
ALUMINUM & MAGNESIUM TRISILICATE & ALGINIC ACID
(GAVISCON)
CHARCOAL, ACTIVATED
MAGNESIUM HYDROXIDE (MILK OF MAGNESIA)
SODIUM BICARBONATE (SODA MINTS)

56:08 ANTIDIARRHEA AGENTS

BISMUTH SUBSALICYLATE (PEPTO-BISMOL)
KAOLIN MIXTURE & PECTIN (KAOPECTATE)
LOPERAMIDE (IMODIUM)

56:10 ANTIFLATULENTS

SIMETHICONE (MYLICON)

56:12 CATHARTICS AND LAXATIVES

BISACODYL (DULCOLAX)
CASCARA & MILK OF MAGNESIA
CASTOR OIL
DOCUSATE SODIUM (COLACE)
FIBER TABLETS
GLYCERIN
MAGNESIUM CITRATE
MINERAL OIL
POLYETHYLENE GLYCOL & ELECTROLYTE SOLUTION (GOLYTELY)
SENNA (X-PREP)
SODIUM PHOSPHATE RECTAL ENEMA (FLEETS)
SORBITOL

56:16 DIGESTANTS

PANCRELIPASE (VIOKASE)

56:20 EMETICS

IPECAC

56:22 ANTIEMETICS

GRANISETRON (KYTRIL)
MECLIZINE (ANTIVERT)
ONDANSETRON (ZOFRAN)
PROCHLORPERAZINE (COMPAZINE)
SCOPOLAMINE
TRIMETHOBENZAMIDE (TIGAN)

See also:

Antihistamines 4:00
Phenothiazines 28:16.08
Promethazine 28:24.92

56:40 MISCELLANEOUS GI DRUGS

CIMETIDINE (TAGAMET)
RABEPRAZOLE (ACIPHEX)
MESALAMINE (ASACOL, ROWASA)
METOCLOPRAMIDE (REGLAN)
MISOPROSTOL (CYTOTEC)
RANITIDINE (ZANTAC)
SUCRALFATE (CARAFATE)

See also:

Sulfasalazine 8:24
Octreotide 92:00

60:00 GOLD COMPOUNDS

GOLD SODIUM THIOMALATE (MYOCHRYSLINE)

64:00 HEAVY METAL ANTAGONISTS

DEFEROXAMINE (DESFERAL)
PENICILLAMINE (CUPRIMINE)

68:00 HORMONES AND SYNTHETIC SUBSTITUTES

68:04 ADRENALS

BECLOMETHASONE (VANCERIL)
DEXAMETHASONE (DECADRON)
FLUDROCORTISONE (FLORINEF)
FLUNISOLIDE (NASALIDE/NASAREL)
FLUTICASONE (FLOVENT)
HYDROCORTISONE (CORTEF)
METHYLPREDNISOLONE (MEDROL)
PREDNISONE
TRIAMCINOLONE (KENALOG, ARISTOCORT, AZMACORT)

68:08 ANDROGENS

DANAZOL (DANOCRINE)
NANDROLONE (DURABOLIN)

68:12 CONTRACEPTIVES

LEVONORGESTREL & ETHINYL ESTRADIOL (LEVLEN, NORDETTE)
NORETHINDRONE & ETHINYL ESTRADIOL (O-N 1/35, 7/7/7)
NORETHINDRONE & MESTRANOL (ORTHO NOVUM 1/50)

See also:

Diethylstilbestrol 68:16
Medroxyprogesterone 68:32

Progestins 68:32

68:16 ESTROGENS

CHLOROTRIANISENE (TACE)
DIETHYLSTILBESTROL (DES)
ESTERIFIED ESTROGENS (ESTRONE, ESTRATAB)
ESTRADIOL
ESTROGENS, CONJUGATED (PREMARIN)
ETHINYL ESTRADIOL

See also:

Estrogen-Progestin combinations 68:12

68:20 ANTIDIABETIC AGENTS

68:20.08 INSULINS

INSULIN, LENTE HUMAN U-100
INSULIN, NPH HUMAN U-100
INSULIN, REGULAR HUMAN U-100
INSULIN, 70/30 HUMAN U-100
INSULIN, ULTRA-LENTE HUMAN U-100

68:20.20 SULFONYLUREAS

GLYBURIDE (MICRONASE)

68:20.92 MISCELLANEOUS ANTIDIABETIC AGENTS

GLUCAGON
METFORMIN (GLUCOPHAGE)

68:24 PARATHYROID

CALCITONIN

68:28 PITUITARY

CORTICOTROPIN
DESMOPRESSIN (DDAVP)
VASOPRESSIN (PITRESSIN)

68:32 PROGESTINS

HYDROXYPROGESTERONE
MEDROXYPROGESTERONE (CYCRIN, PROVERA)
NORETHINDRONE ACETATE
PROGESTERONE

See also:

Estrogen-Progestin combinations 68:12

Megestrol 10:00

68:36 THYROIDS AND ANTITHYROID AGENTS

68:36.04 THYROID AGENTS

LEVOTHYROXINE (LEVOTHROID)
LIOETHYRONINE (CYTOMEL)

68:36.08 ANTITHYROID AGENTS

METHIMAZOLE (TAPAZOLE)
PROPYLTHIOURACIL (PTU)

72:00 LOCAL ANESTHETICS

BUPIVACAINE (MARCAINE)
BUPIVACAINE & EPINEPHRINE (MARCAINE WITH EPI)
LIDOCAINE (XYLOCAINE)
LIDOCAINE & EPINEPHRINE (XYLOCAINE WITH EPI)
MEPIVACAINE (POLOCAINE)

see also:

Antipruritics and Local Anesthetics 84:08
Local Anesthetics 52:16

76:00 OXYTOCICS

ERGONOVINE MALEATE (ERGOTRATE)
METHYLERGONOVINE (METHERGINE)
OXYTOCIN (PITOCIN)

80:00 SERUMS, TOXOIDS, AND VACCINES

80:04 SERUMS

HEPATITIS B IMMUNE GLOBULIN (HBIG)
IMMUNE GLOBULIN, HUMAN
RHO IMMUNE GLOBULIN (RHO GAM)
TETANUS IMMUNE GLOBULIN

80:08 TOXOIDS

TETANUS AND DIPHTHERIA TOXOIDS ADSORBED

80:12 VACCINES

BACILLUS CALMETTE-GUERIN
HEPATITIS A VACCINE (HAVRIX, TWINRIX)
HEPATITIS B VACCINE, RECOMBINANT (ENGERIX, RECOMBIVAX, TWINRIX)
INFLUENZA VIRUS VACCINE
MEASLES, MUMPS, RUBELLA VACCINE (MMR-II)
MUMPS VIRUS VACCINE
PNEUMOCOCCAL VACCINE

84:00 SKIN AND MUCOUS MEMBRANE AGENTS

84:04 ANTI-INFECTIVES

84:04.04 ANTIBIOTICS

BACITRACIN & POLYMYXIN B POWDER
GENTAMYCIN
MUPIROCIN (BACTROBAN)
NEOSPORIN & POLYMYXIN B (NEOSPORIN GU IRRIGANT)
POLYMYXIN B & BACITRACIN (POLYSPORIN)

84:04.08 ANTIFUNGALS

CLOTRIMAZOLE (LOTTRIMIN, MYCELEX)
KETOCONAZOLE (NIZORAL)
MICONAZOLE (MONISTAT)
NYSTATIN (MYCOSTATIN)
TERCONAZOLE (TERAZOL)
TOLNAFTATE (TINACTIN)

84:04.12 SCABICIDES AND PEDICULICIDES

LINDANE (K WELL)
PERMETHRIN (NIX)

84:04.16 MISCELLANEOUS LOCAL ANTI-INFECTIVES

CHLORHEXIDINE GLUCONATE
METRONIDAZOLE
POVIDONE-IODIDE (BETADINE)
SELENIUM SULFIDE (SELSUN)
SILVER NITRATE
SILVER SULFADIAZINE (SILVADENE)

84:06 ANTI-INFLAMMATORY AGENTS

BETAMETHASONE DIPROPIONATE (DIPROSONE)
BETAMETHASONE VALERATE (VALISONE)
CLOBETASOL (TEMOVATE)
FLUOCINONIDE (LIDEX)
HYDROCORTISONE (HYTONE, ANUSOL HC, CORTENEMA)
TRIAMCINOLONE (KENALOG, ARISTOCORT)

84:08 ANTIPRURITICS AND LOCAL ANESTHETICS

DIBUCAINE (NUPERCAINAL)
ETHYL CHLORIDE SPRAY
PHENAZOPYRIDINE (PYRIDIUM)

See also:

Diphenhydramine 4:00

84:24 EMOLLIENTS, DEMULCENTS, AND PROTECTANTS

BENZOIN TINCTURE
HYDROPHILIC CREAM (EUCERIN)
TRYPSIN/PERU BALSAM/CASTOR OIL (GRANULEX)
VITAMINS A AND D OINTMENT

84:28 KERATOLYTIC AGENTS

COAL TAR/SALICYLIC ACID/SULFUR
PODOPHYLLUM
SALICYLIC ACID

84:32 KERATOPLASTIC AGENTS

COAL TAR
COAL TAR/SALICYLIC ACID/SULFUR

84:36 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS

ACETIC ACID FOR IRRIGATION
ALUMINUM ACETATE
ALUMINUM SULFATE & CALCIUM ACETATE
BORIC ACID TOPICAL
CALAMINE LOTION
CAPSAICIN (ZOSTRIX)
COLLAGENASE (SANTYL)
FIBRINOLYSIN & DESOXYRIBONUCLEASE (ELASE)
FLEXIBLE HYDROACTIVE DRESSING/GRANULES (DUODERM)
FLUOROURACIL (EFUDEX)
GELATIN & PECTIN & SODIUM CARBOXYMETHYLCELLULOSE (ORABASE)
LUBRICANT, SURGICAL
OATMEAL, COLLOIDAL (AVEENO OILATED BATH)
WITCH HAZEL

84:50 DEPIGMENTING AND PIGMENTING AGENTS

84:50.06 PIGMENTING AGENTS

METHOXSALEN (8-MOP, OXSORALEN)

84:80 SUNSCREEN AGENTS

SUNSCREEN
ZINC OXIDE

86:00 SMOOTH MUSCLE RELAXANTS

86:12 GENITOURINARY SMOOTH MUSCLE RELAXANTS

OXYBUTYNIN (DITROPAN)

86:16 RESPIRATORY SMOOTH MUSCLE RELAXANTS

AMINOPHYLLINE

THEOPHYLLINE (THEOCRON)

See also:

Anticholinergic Agents 12:08

Sympathomimetic Agents 12:12

Vasodilating Agents 24:12

88:00 VITAMINS

88:08 VITAMIN B COMPLEX

CYANOCOBALAMIN (VITAMIN B-12)

FOLIC ACID

NIACIN

PYRIDOXINE (VITAMIN B-6)

THIAMINE (VITAMIN B-1)

88:16 VITAMIN D

CALCITRIOL (ROCALTROL, CALCIJEX)

DOXERCALCIFEROL (HECTOROL)

88:24 VITAMIN K ACTIVITY

PHYTONADIONE

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

ABSORBABLE GELATIN SPONGE (GELFOAM)

ADENOSINE (ADENOCARD)

ALENDRONATE (FOSAMAX)

ALLOPURINOL (ZYLOPRIM)

AMANTADINE (SYMMETREL)

AMINO ACID & UREA CREAM (AMINO-CERV CERVICAL CREAM)

AZATHIOPRINE (IMURAN)

BROMOCRIPTINE (PARLODEL)

CALCIPOTRIENE (DOVONEX)

CALCIUM ACETATE (PHOS-EX, PHOSLO)

CLOPIDOGREL (PLAVIX)

COLCHICINE

CONTACT CARE ITEMS

CROMOLYN SODIUM (OPTICROM)

CYCLOSPORINE (SANDIMMUNE)

FLUMAZENIL (ROMAZICON)

FLUORIDE, TOPICAL (PREVIDENT 5000 PLUS)

LEUCOVORIN

LEVODOPA & CARBIDOPA (SINEMET)

MESNA

METHYLENE BLUE

MONTELUKAST (SINGULAIR)

MYCOPHENOLATE MOFETIL (CELLCEPT)

NEDOCROMIL SODIUM (TILADE)

OCTREOTIDE ACETATE (SANDOSTATIN)

OXIDIZED CELLULOSE (SURGICEL)

PAMIDRONATE

PEGINTERFERON ALFA-2A (BRANCHED 40-KD) (PEGASYS)

PEGINTERFERON ALFA-2B (LINEAR 12-KD) (PEG-INTRON)

POTASSIUM IODIDE (LUGOL'S)

SALIVA SUBSTITUTE (XERO-LUBE)

SELEGILINE (ELDEPRYL)
SEVELAMER (RENAGEL)
SODIUM BISULFITE
SODIUM HYALURONATE
SUMATRIPTAN (IMITREX)

96:00 PHARMACEUTICAL AIDS

ALCOHOL, ISOPROPYL
ALUMINUM ACETATE CREAM (ACID MANTLE)
GLYCERIN
HYDROPHILIC CREAM
PETROLATUM

FEDERAL BUREAU OF PRISONS MEDICAL SERVICES REQUEST FOR ADDITION TO FORMULARY

1) Nonproprietary (generic) name:_____

2) American Hospital Formulary classification:_____

3) Proprietary name(s) and manufacturer(s):_____

4) Pharmacologic classification:_____

5) To what other drugs is this drug closely related structurally:

6) What similar acting drugs are presently on the formulary:

7) Dosage forms and potencies desired stocked:

8) What are the indications for the use of this drug:

9) What is the proposed mode of action of this drug:

10) What are the expected advantages (therapeutic, cost, compliance, administration) of this drug over similar acting drugs on the formulary:

11) Which of the similar acting drugs on the formulary should be deleted in favor of this new agent:

12) What major side effects have been reported for this drug:

13) What contraindications and precautions have been designated for this new drug:

14) List the usual methods of administration, including any special techniques which may be required:

15) Indicate the source of your information giving pertinent journal references:

16) What is the cost of this agent? How does it compare to other agents for the same indication(s) (if applicable):

17) Pharmacist comments:

Requestor
(please print name and title)

Date

Institution

Clinical Director

Date

**** NON-FORMULARY DRUG AUTHORIZATION ****

PLEASE TYPE OR NEATLY PRINT ALL INFORMATION IN SECTION I

I PATIENT NAME _____ ID NUMBER _____
REQUESTOR _____ INSTITUTION _____

DRUG REQUESTED _____
Generic _____ Brand _____

DOSE AND REGIMEN _____

DATE REQUESTED _____ EXPIRATION OF ORDER _____

DIAGNOSIS _____

REASON(S) WHY FORMULARY AGENT(S) CANNOT BE USED:

FORMULARY AGENT(S) TRIED:

COST OF THIS THERAPY:

COST OF FORMULARY AGENT:

CLINICAL DIRECTOR _____ Date

INSTITUTION PHARMACY COMMENTS:

PHARMACIST _____ Date

II BOP CHIEF PHARMACIST COMMENTS:

BOP CHIEF PHARMACIST _____ Date

MEDICAL DIRECTOR COMMENTS:

APPROVED: _____
MEDICAL DIRECTOR, BOP _____ Date
Newton E. Kendig, MD

DISAPPROVED: _____
MEDICAL DIRECTOR, BOP _____ Date
Newton E. Kendig, MD

PAGE _____ OF _____

FROM:

TITLE:

INSTITUTION:

PHONE #:

FAX#:

TO: CHIEF PHARMACIST, BOP

PHONE #: (202) 353-4664

FAX #: (202) 305-0862

Non-Formulary Algorithm for Donepezil (Aricept) Approval

1. Initial treatment_____ Follow-up: 3 mo 6 mo 12 mo other _____
Dose of donepezil _____ (# 1,3,5,9,10 only for renewal)
2. Inmate has dementia, Alzheimer's type. (Circle one)
 - a. mild
 - b. moderate
 - c. severe-does not qualify for trial. Consider Reduction in Sentence
3. Mini-Mental State Score:_____
(Other objective measures may be utilized, such as Dementia Rating Scale, however, the same test should be used at each interval to document response to treatment).
Test _____ Score _____
4. Physical findings: **Please attach copy of most recent exam, must include weight, vital signs, neurologic screening.**
5. Laboratory results: Date _____
Hgb _____ WBC _____ Plts _____ MCV _____ RDW _____
AST _____ ALT _____ Alk Phos _____ Tot Prot _____ Alb _____
Creatinine _____ Fasting Glucose _____ RPR _____
B-12 _____ Folate _____ TSH _____
U/A: RBC _____ Leukocytes _____ Protein _____ Glucose _____
6. CT head or MRI head results (**attach copy of report**).
7. Major Depression has been effectively treated or ruled out?
Yes No Current Treatment _____
8. Delirium has been ruled out by _____ (Physician name) on _____
(Date): Yes No If no, describe: _____
9. List all current medications and their doses and blood levels if appropriate, e.g. lanolin, antiseizure meds:
10. No contraindications to cholinesterase inhibitor (e.g. PUD, asthma, COPD, bradycardia, liver disease, anticholinergic drugs, parkinsonism): _____
11. Prior treatment with cholinesterase inhibitor?
Drug(s) _____
Dates _____
Outcome _____
12. Comments: _____

Recommendations by Institution Chief Psychiatrist or Clinical Director: _____

+++++

Approved _____ Medical Director Date _____

Disapproved _____ Medical Director Date _____

Inmate Name: _____

Reg. No: _____

Institution: _____

ISOTRETINOIN (ACCUTANE) NON-FORMULARY USE CRITERIA ALGORITHM

(To be completed by the prescribing physician)

Prescriber Initials	Requirement
	The prescribing physician is registered with the manufacturer and has completed all requirements for prescribing isotretinoin. (Read "S.M.A.R.T. Guide to Best Practices"; Sign & Return completed S.M.A.R.T. Letter of Understanding; Received "Accutane Qualification Stickers."
	The prescribing physician has provided a separate prescription for a 30 day or less supply of isotretinoin, with the "Accutane Qualification Sticker" completed and affixed.
Patient Requirements	
Prescriber Initials	Requirements
	The diagnosis is severe recalcitrant nodular acne.
	Failure to respond to at least 6 months of conventional therapy (mark all that apply) 1. Appropriate antibiotic regimen: (provide specific regimen / duration) a. Tetracycline 500mg twice daily b. Doxycycline 100mg twice daily c. Erythromycin 500mg twice daily d. Minocycline 500mg twice daily (non-formulary) 2. Other Modalities (i.e. oral contraceptives, spironolactone, ampicillin, trimethoprim - sulfamethoxazole, etc.) List: _____
	Cleared by psychology
	Signed the "Patient Information/Consent Form"
	Patient provided the opportunity to enroll in the "Accutane Survey."
	Patient is able to comprehend and carry out instructions.
	Baseline blood chemistry, including liver enzymes, are acceptable for treatment initiation.
Female patient is not pregnant or breast feeding	
	Female patient has two negative pregnancy tests, performed according to the manufacturer's recommendations.
	Female patient understands the importance of mandatory contraceptive methods. Patient agrees to abstain from sexual contact, chooses a primary contraceptive method and agrees to use secondary method of contraception, or has undergone a hysterectomy.

Additional Info/Comments:

Prescriber Signature: _____ Date: _____

Clinical Director Signature: _____ Date: _____

Institution Pharmacist Signature: _____ Date: _____

Central Office Comments: _____

BOP Chief Pharmacist Signature: _____ Date: _____

Approved / Disapproved Medical Director Signature: _____ Date: _____

Algorithm for Treatment of Hepatitis C / Approval Form (January 2003)

- I. Anti-HCV positive Date: _____
(Inmates without risk factors should have test confirmed with 3rd generation EIA or RIBA)
- II. Last 3 ALT levels: _____
- Result: _____/Date: _____ Result: _____/Date: _____ Result: _____/Date: _____
- III. Physician clearance: Date: _____
No evidence of decompensated cirrhosis (ascites, edema, esophageal varices, jaundice, encephalopathy)
***(include copy of CBC, prothrombin time, and chemistry panel dated within 90 days of request. Also include copy of HIV test result and hepatitis B serologies [B surface antigen and antibody, B core antibody])**
- IV. No contraindications to interferon or ribavirin (see guidelines) _____
- V. Projected Release Date: _____
- VI. Psychiatry or psychology clearance: Date: _____
***(include copy of consult report, including assessment of alcohol/drug use history)**
- VII. HCV RNA positive: Date: _____
- VIII. Liver biopsy: Date: _____
***(include copy of biopsy report when submitting request for treatment)**
- Findings/Comments: _____
- IX. Liver ultrasound, if indicated: Date: _____
- Findings: _____
- X. **Prior** anti-viral treatment (if any): Drug(s) _____ Dates _____
At conclusion of prior treatment, what was ALT? _____ What was HCV RNA? _____
Previous treatment: relapser or nonresponder (circle one)
- XI. HCV genotype: 1 or 2 or 3 or other (circle one)
- XII. Requested medication regimen: _____
- Signature of Clinical Director: _____

APPROVED _____ Medical Director DATE _____

DISAPPROVED _____ Medical Director DATE _____

Comments: _____

Inmate Name: _____ Institution: _____

Reg. No.: _____

Fax this form, current lab reports, psychiatry/psychology report, and liver biopsy report to: (202) 305-0862

Emergency Cart Content Recommendations

This list is available to the local Pharmacy and Therapeutics committee to decide which list is to be incorporated into their crash cart based on staff accessibility, after hours care, training of current staff, staff competency in ACLS, accessibility of community emergency services, etc..

(For example, MRCs and other institutions with 24 hour coverage who have sufficient numbers of trained staff to perform ACLS 24 hours per day, 7 days per week may elect to stock their crash cart with "A" list drugs. Institutions without 24 hour coverage who have rapid response times from their local Emergency Medical Services may elect to stock only "C" list medications. Institutions in remote locations where EMS response may be affected by weather, traffic, etc., may elect to stock "B" list medications. Staff using "crash cart" supplies for resuscitation should be trained and privileged by the Clinical Director in accordance with established protocols approved by the CD.)

Adenosine 6 mg	A		
Amiodarone 50 mg/ml	A		
Aspirin 81 mg	A	B	C
Atropine 1 mg/10ml	A	B	C
Calcium Chloride	A		
D5W	A	B	C
Dextrose 50% Injection	A	B	C
Digoxin 0.5 mg injection	A	B	
Dopamine 400 mg/5ml	A	B	
Epinephrine 1:10000 syringe	A	B	
Epinephrine 1:1000 amps	A	B	C
Furosemide injection	A	B	C
Glucagon injection	A	B	C
Glucose Paste/Tabs	A	B	C
Hydrocortisone OR methylprednisolone injection	A	B	C
Lactated Ringers	A	B	C
Lorazepam injection	A	B	C
Morphine Sulfate	A	B	C
Naloxone 0.4 mg/ml	A	B	C
Nitroglycerin S.L. 0.4 mg tabs	A	B	C
Normal Saline	A	B	C
Procainamide 100 mg	A		
Propranolol 1 mg/ml	A		

Sodium Bicarbonate 50 meq	A	B	
Sodium Chloride 0.9% injection	A	B	C
Vasopressin 20 U/ml	A	B	
Verapamil 5 mg	A	B	
Other items to consider having quick access to in the Emergency Room, but not necessarily stored in the cart.			
Albuterol Inhaler	A	B	C
Albuterol Solution	A	B	C
Charcoal	A	B	C
Diphenhydramine 50 mg Inj	A	B	C
Ipecac	A	B	C
Nitroglycerin 50 mg/10 ml	A		
Phenytoin 100 mg/2ml	A	B	C