

TRM 6501.05 PHARMACY



U.S. Department of Justice
Federal Bureau of Prisons

Technical Reference Manual

OPI: HSD
NUMBER: 6501.05
DATE: 7/28/99
SUBJECT: Pharmacy

Pharmacy

IMPORTANT TELEPHONE NUMBERS

Chief Pharmacist: _____

Telephone extension: _____

Other pharmacists: _____

Telephone extension(s): _____

Nearest Poison Control Center: _____

Telephone Number: _____

PHARMACY TECHNICAL REFERENCE MANUAL

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PART 1

FEDERAL BUREAU OF PRISONS
HEALTH SERVICES

NATIONAL FORMULARY



APPROVED NEWTON E. KENDIG, M.D.
MEDICAL DIRECTOR, FEDERAL BUREAU OF PRISONS

DATE 3/1/99

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CONTROLLED SUBSTANCES AND RESTRICTED MEDICATIONS

DEA SCHEDULE II

- CODEINE
- FENTANYL
- MEPERIDINE
- METHADONE
- METHYLPHENIDATE
- MORPHINE SULFATE
- OPIUM & BELLADONNA SUPPOSITORY
- OXYCODONE/ACETAMINOPHEN

DEA SCHEDULE III

- CODEINE/ACETAMINOPHEN
- METHYLTESTOSTERONE
- NANDROLONE
- TESTOSTERONE
- THIOPENTAL SODIUM

DEA SCHEDULE IV

- BUTORPHANOL
- CHLORAL HYDRATE
- CLONAZEPAM
- DIAZEPAM
- LORAZEPAM
- MIDAZOLAM
- PHENOBARBITAL
- TEMAZEPAM

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

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**NON-CONTROLLED SUBSTANCES
RESTRICTED TO PILL LINE**

AMITRIPTYLINE
 BENZTROPINE MESYLATE
 BUPROPRION
 CHLORHEXIDINE GLUCONATE
 CHLORPROMAZINE
 CLOZAPINE
 DESIPRAMINE
 DISULFIRAM
 DOXEPIN
 ETHAMBUTOL
 ETHIONAMIDE
 FLUPHENAZINE
 FLUOXETINE
 HALOPERIDOL
 IMIPRAMINE
 INTERFERON ALFA 2-B/RIBAVIRIN
 INTERFERON ALFA CON-1
 ISONIAZID
 LITHIUM
 LOXAPINE
 NEFAZODONE
 NORTRIPTYLINE
 NUTRITIONAL SUPPLEMENTS
 OLANZAPINE
 PAROXETINE
 PERPHENAZINE
 PRIMIDONE
 PYRAZINAMIDE
 QUETIAPINE
 RIFAMPIN
 RISPERIDONE
 SERTRALINE
 THIORIDAZINE
 THIOTHIXENE
 TRAZODONE
 TRIFLUOPERAZINE
 TRIHEXYPHENIDYL
 VENLAFAXINE

**** ALL ITEMS ON THIS PAGE ARE RESTRICTED TO PILL LINE ADMINISTRATION. THE CLINICAL DIRECTOR AT EACH INSTITUTION SHALL DETERMINE WHICH ADDITIONAL MEDICATION ITEMS ARE TO BE PLACED ON PILL LINE. THE CLINICAL DIRECTOR MAY ALSO APPROVE THE PLACEMENT OF SPECIFIC PATIENT ORDERS ON PILL LINE****

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DRUGS WITH OTHER RESTRICTIONS

- ABACAIR
- ACYCLOVIR
- ALBUTEROL
- AMIODARONE
- AMOXICILLIN/POTASSIUM CLAVULANATE
- AMPICILLIN
- AMPICILLIN SODIUM AND SULBACTAM SODIUM
- APRACLONIDINE
- ASCORBIC ACID
- AZITHROMYCIN
- BACILLUS CALMETTE-GUERIN
- BACLOFEN
- BENZONATATE
- BETAMETHASONE DIPROPIONATE
- BUPRENORPHINE
- BUPROPION
- BUSPIRONE
- BUTORPHANOL
- CALCIPOTRIENE
- CAPTOPRIL
- CARBAMAZEPINE
- CARVEDILOL
- CEFTAZIDIME
- CHLORHEXIDINE GLUCONATE
- CISAPRIDE
- CIPROFLOXACIN OPHTHALMIC SOLUTION
- CLARITHROMYCIN
- CLINDAMYCIN
- CLOPIDOGREL
- CLOZAPINE
- COMBIVIR
- CONTACT CARE ITEMS
- CYCLOBENZAPRINE
- DELAVIRDINE
- DIDANOSINE
- DIHYDROERGOTAMINE
- DILTIAZEM
- DORZOLAMIDE
- DOXAZOSIN
- EFAVIRENZ
- ERYTHROMYCIN
- ESTROGENS, CONJUGATED
- FINASTERIDE
- FLUOROMETHOLONG OPTH SUSP
- GRANISETRON
- GUAFENESIN/DEXTROMETHORPHAN
- HEPATITIS A VACCINE
- HYDRALAZINE
- HYDROPHILIC CREAM
- HYDROXYCHLOROQUINE
- PHARMACY TECHNICAL REFERENCE MANUAL

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IFOSFAMIDE
 INDINAVIR
 INTERFERON ALPHA 2B
 ITRACONAZOLE
 KETOROLAC
 LACTIC ACID AND AMMONIUM HYDROXIDE
 LAMIVUDINE
 LANSOPRAZOLE
 LATANOPROST
 LEVOFLOXACIN
 LINDANE
 LOTION, HOSPITAL
 MAGNESIUM SULFATE
 MESALAMINE
 METAPROTERNOL
 METFORMIN
 METRONIDAZOLE INJECTION
 MEXELITINE
 MUPIROCIN
 NALBUPHINE
 NEOMYCIN/DEXAMETHASONE OPHTHALMIC OINTMENT
 NEOMYCIN/POLYMYXIN/DEXAMETHASONE OPHTHALMIC OINTMENT & SUSPENSION
 NEOMYCIN/POLYMYXIN/HYDRO- CORTISONE OPHTHALMIC SUSPENSION
 NEVIRAPINE
 NIACIN
 OATMEAL, COLLOIDAL
 ONDANSETRON
 PEG-ELECTROLYTE SOLUTION
 POLYSACCHARIDE-IRON COMPLEX
 POTASSIUM CITRATE/CITRIC ACID
 PREDNISOLONE ACETATE OPTH SUSP
 QUETIAPINE
 RESERPINE
 RIBAVIRIN
 SAQUINAVIR
 SIMVASTATIN
 SODIUM CITRATE AND CITRIC ACID
 SODIUM NITROPRUSSIDE
 STAVUDINE
 SULFACETAMIDE/PREDNISOLONE OPHTHALMIC SUSPENSION
 SUMATRIPTAN
 TETRACAINE
 THIOGUANINE
 TOBRAMYCIN
 TRIPROLIDINE/PSEUDOEPHEDRINE
 TYLOXAPOL
 UROKINASE
 VITAMIN E
 ZALCITABINE
 ZIDOVUDINE

** SEE MONOGRAPHS FOR RESTRICTIONS **

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NON-SUBSTITUTABLE PRODUCTS

<u>GENERIC DRUG NAME</u>	<u>BRAND PRODUCT</u>
DIGOXIN	Lanoxin (Burroughs Wellcome)
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)

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DRUG MONOGRAPHS

A AND D --SEE-- **VITAMIN A AND D**

ABACAVIR (eg. ZIAGEN)
AHFS 8:18 ANTIVIRALS
PHYSICIAN INITIATION ONLY

ABBOCATH --SEE-- **UROKINASE**

ABSORBABLE GELATIN SPONGE (eg. GELFOAM)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

* **ACETAMINOPHEN** (eg. TYLENOL)
AHFS 28:08.92 MISC. ANALGESICS AND ANTIPYRETICS
** NOTE: MAY BE DISPENSED WITH OTC LABELING **

ACETAZOLAMIDE (eg. 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 (eg. DOMEBORO)
AHFS 52:04.12 MISC. EENT ANTI-INFECTIVES

ACETYLCHOLINE CHLORIDE (eg. MIOCHOL)
AHFS 52:20 MIOTICS
MEDICAL CENTER RESTRICTED
**FOR ANESTHESIA/SURGERY USE ONLY*

ACETYLICYSSTEINE (eg. MUCOMYST)
AHFS 48:24 MUCOLYTIC AGENTS

ACHROMYCIN V --SEE-- **TETRACYCLINE**

ACTH --SEE-- **CORTICOTROPIN**

ACTIFED --SEE--**TRIPROLIDINE AND PSEUDOEPHEDRINE**

ACTINOMYCIN-D --SEE-- **DACTINOMYCIN**

ACTIVASE --SEE-- **ALTEPLASE, RECOMBINANT**

ACYCLOVIR (eg. ZOVIRAX)
AHFS 8:18 ANTIVIRALS
OINTMENT NOT APPROVED

ADENOCARD --SEE-- **ADENOSINE**

ADENOSINE PHOSPHATE (ADENOCARD)

AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
ADRENALIN --SEE-- **EPINEPHRINE**

ADRIAMYCIN --SEE-- **DOXORUBICIN**

ADRUCIL --SEE-- **FLUOROURACIL**

ALBUMIN HUMAN (eg. ALBUMINAR, BUMINATE)
AHFS 16:00 BLOOD DERIVATIVES

ALBUTEROL (eg. PROVENTIL, VENTOLIN)
AHFS 12:12 SYMPATHOMIMETIC (ADRENERGIC) AGENTS
*** EXTENDED-RELEASE TABLETS NOT APPROVED ***

ALCOHOL, ISOPROPYL
AHFS 96:00 PHARMACEUTICAL AIDS

ALDACTONE --SEE-- **SPIRONOLACTONE**

■ **ALENDRONATE** (eg. FOSAMAX)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

ALLOPURINOL (eg. ZYLOPRIM)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

ALKERAN --SEE-- **MELPHALAN**

ALPHAGAN --SEE-- BRIMONIDINE

ALTEPLASE, RECOMBINANT (eg. ACTIVASE, tPA)
AHFS 20:40 THROMBOLYTIC AGENTS

ALUMINUM ACETATE (eg. DOMEBORO, ACID MANTLE)
AHFS 84:36 MISC. SKIN AND MUCOUS MEMBRANE AGENTS
AHFS 96:00 PHARMACEUTICAL AIDS

ALUMINUM HYDROXIDE & MAGNESIUM HYDROXIDE & SIMETHICONE
(eg. MAALOX, MYLANTA)
AHFS 56:04 ANTACIDS AND ADSORBENTS
*** NOTE: MAY BE DISPENSED WITH OTC LABELING ***

ALUMINUM ACETATE COMPOUND (eg. DOMEBORO)
AHFS 84:36 MISC. SKIN AND MUCOUS MEMBRANE AGENTS

ALUMINUM HYDROXIDE (eg. ALU-TAB, AMPHOJEL)
AHFS 56:04 ANTACIDS AND ADSORBENTS

**ALUMINUM HYDROXIDE & MAGNESIUM TRISILICATE & SODIUM
BICARBONATE & ALGINIC ACID** (eg. GAVISCON)
AHFS 56:04 ANTACIDS AND ADSORBENTS

ALUPENT --SEE-- **METAPROTERENOL**

ALU-TAB --SEE-- **ALUMINUM HYDROXIDE**

AMANTADINE HCL (eg. SYMMETREL)
AHFS 8:18 ANTIVIRALS
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

AMICAR --SEE-- **AMINOCAPROIC ACID**

AMINOCAPROIC ACID (eg. AMICAR)
AHFS 20:12.16 HEMOSTATICS

AMINOPHYLLINE
AHFS 86:16 RESPIRATORY SMOOTH MUSCLE RELAXANTS

AMIODARONE (eg. CORDARONE)
AHFS 24:04 CARDIAC DRUGS
** CARDIOLOGIST-INITIATED THERAPY ONLY **

AMITRIPTYLINE HCL (eg. ELAVIL)
AHFS 28:16.04 ANTIDEPRESSANTS
RESTRICTED TO PHYSICIANS
** PILL LINE ITEM **

AMLODIPINE (eg. NORVASC)
AHFS 24:04 CARDIAC DRUGS
NOTE: WILL BE DELETED FROM NATIONAL FORMULARY 8/31/99

AMMONIA SPIRIT, AROMATIC (AROMATIC AMMONIA)
AHFS 28:20 RESPIRATORY AND CEREBRAL STIMULANTS

AMOXICILLIN TRIHYDRATE (eg. AMOXIL, POLYMOX)
AHFS 8:12.16 PENICILLINS

AMOXICILLIN AND CLAVULANIC ACID (eg. 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

AMOXIL --SEE-- **AMOXICILLIN TRIHYDRATE**

AMPHOJEL --SEE-- **ALUMINUM HYDROXIDE**

AMPHOTERICIN B (eg. FUNGIZONE)
AHFS 8:12.04 ANTIFUNGAL ANTIBIOTICS
AHFS 84:04:08 ANTIFUNGALS

AMPICILLIN SODIUM (eg. OMNIPEN, POLYCILLIN, TOTACILLIN)
AHFS 8:12.16 PENICILLINS
*** CAPSULES NOT APPROVED ***

AMPICILLIN SODIUM AND SULBACTAM SODIUM (eg. UNASYN)
AHFS 8:12.16 PENICILLINS
MEDICAL CENTER ONLY

■ **AMRINONE** (eg. INOCOR)
AHFS 24:04 CARDIAC DRUGS

AMVISE --SEE-- **SODIUM HYALURONATE**

ANAPROX --SEE-- **NAPROXEN SODIUM**

ANCEF --SEE-- **CEFAZOLIN SODIUM**

ANDRO L.A. --SEE-- **TESTOSTERONE ENANTHATE**

ANDROID --SEE-- **METHYLTESTOSTERONE**

ANECTINE --SEE-- **SUCCINYLCHOLINE**

* **ANTICOAGULANT SODIUM CITRATE CONCENTRATE** (eg. TRICITRASOL)
AHFS 20:12 (ANTICOAGULANTS)

ANTIHEMOPHILIC FACTOR HUMAN (eg. FACTOR VIII, HUMATE-P)
AHFS 20:12.16 HEMOSTATICS

ANTILIRIUM --SEE-- **PHYSOSTIGMINE SALICYLATE**

ANTIVERT --SEE-- **MECLIZINE**

ANUSOL-HC SUPPOSITORIES --SEE-- **HYDROCORTISONE**

APRESOLINE --SEE-- **HYDRALAZINE**

■ **APRACLONIDINE** (eg. IOPIDINE)
AHFS 52:36 MISC. EENT DRUGS
OPHTHALMOLOGIST USE ONLY

AQUA-MEPHYTON --SEE-- **PHYTONADIONE**

ARA-C --SEE-- **CYTARABINE**

* **ARDEPARIN** (eg. NORMIFLO)
AHFS 20:12.04 ANTICOAGULANTS

ARGININE HCL (R-GENE 10)
AHFS 36:66 PITUITARY FUNCTIONS (DIAGNOSTIC AGENT)

AREDIA --SEE-- **PAMIDRONATE**

ARISTOCORT --SEE-- **TRIAMCINOLONE**

AROMATIC AMMONIA

ARTANE --SEE-- **TRIHEXYPHENIDYL**

ARTIFICIAL TEARS --SEE-- **TEARS, NATURAL**

ASCAL --SEE-- **MESALAMINE**

ASCORBIC ACID (VITAMIN C)

AHFS 88:12 VITAMIN C

*** FOR URINARY ACIDIFICATION ***

*** FOR USE WITH ORAL ANTIFUNGALS***

ASPARGINASE (eg. COLASPASE, ELSPAR, KIDROLASE)

AHFS 10:00 ANTINEOPLASTIC AGENTS

ASPIRIN (eg. ECOTRIN, CHILDREN'S ASPIRIN, ASA)

AHFS 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

** NOTE: MAY BE DISPENSED WITH OTC LABELING **

ATARAX --SEE-- **HYDROXYZINE**

ATENOLOL (eg. TENORMIN)

AHFS 24:04 CARDIAC DRUGS

ATOVAQUONE (eg. MEPRON)

AHFS 8:40 MISCELLANEOUS ANTI-INFECTIVES

ATIVAN --SEE-- **LORAZEPAM**

ATROPINE SULFATE (eg. ATROPISOL, ISOPTO-ATROPINE)

AHFS 12:08.08 ANTIMUSCARINICS/ANTISPASMODICS

52:24 MYDRIATICS

ATROVENT --SEE-- **IPRATROPIUM**

AUGMENTIN --SEE-- **AMOXICILLIN & CLAVULANIC ACID**

AURALGAN --SEE-- **BENZOCAINE, ANTIPYRINE & /GLYCERIN**

AYGESTIN --SEE-- **NORETHINDRONE ACETATE**

AVEENO --SEE-- **OATMEAL, COLLOIDAL**

AVENTYL --SEE-- **NORTRIPTYLINE HCL**

AZMACORT --SEE-- **TRIAMCINOLONE**

- # **AZATHIOPRINE** (eg. IMURAN)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
- # **AZITHROMYCIN** (eg. ZITHROMAX)
AHFS 8:12.12 ERYTHROMYCINS
*** FOR PHYSICIAN USE ONLY ***
- AZTHMA-CORT --SEE-- **TRIAMCINOLONE**
- AZULFIDINE --SEE-- **SULFASALAZINE**
- B & O SUPPOSITORIES --SEE-- **OPIUM AND BELLADONNA**
- # **BACILLUS CALMETTE-GUERIN** (eg. BCG, TICE, "TB VACCINE")
AHFS 80:12 VACCINES
FOR ONCOLOGY USE ONLY
- # **BACITRACIN & POLYMYXIN B**
AHFS 84:04.04 TOPICAL ANTI-INFECTIVES
- # **BACLOFEN** (eg. LIORESAL)
AHFS 12:20 SKELETAL MUSCLE RELAXANTS
PHYSICIAN USE ONLY
FOR CHRONIC NEUROLOGIC & UROLOGIC IMPAIRMENT ONLY
- BACTRIM DS --SEE-- **TRIMETHOPRIM & SULFAMETHOXAZOLE**
- BACTROBAN --SEE-- **MUPIROCIN**
- BALANCED SALT SOLUTION (BSS) --SEE-- **IRRIGATING, SOLUTION OPHTHALMIC**
- BCG --SEE-- **BACILLUS CALMETTE-GUERIN**
- BCNU --SEE-- **CARMUSTINE**
- # **BECLOMETHASONE DIPROPIONATE** (eg. BECLOVENT, VANCERIL,
BECONASE, VANCENASE, BECONASE AQ, VANCENASE AQ)
AHFS 52:08 ENT ANTI-INFLAMMATORY AGENTS
AHFS 68:04 ADRENALS
- BECLOVENT --SEE-- **BECLOMETHASONE DIPROPIONATE**
- BECONASE, BECONASE AQ --SEE-- **BECLOMETHASONE DIPROPIONATE**
- BENADRYL --SEE-- **DIPHENHYDRAMINE**
- BENEMID --SEE-- **PROBENICID**
- BENTYL --SEE-- **DICYCLOMINE**

- # **BENZOCAINE & ANTIPYRINE & GLYCERIN** (eg. AURALGAN)
AHFS 52:16 EENT LOCAL ANESTHETICS

- # **BENZOCAINE & BUTAMBEN & TETRACAINE** (eg. CETACAINE)
AHFS 52:16 EENT LOCAL ANESTHETICS

- # **BENZOIN COMPOUND**
AHFS 84:24 EMOLLIENTS, DEMULCENTS, AND PROTECTANTS

- # **BENZONATATE** (eg. TESSALON PERLES)
AHFS 48:08 ANTITUSSIVES
** LIMITED TO FIVE DAY THERAPY **
** PHYSICIAN USE ONLY **

- # **BENZTROPINE MESYLATE** (eg. COGENTIN)
AHFS 12:08.04 ANTIPARKSONIAN AGENTS
LIMITED TO PHYSICIANS
** PILL LINE ITEM **

BETADINE --SEE-- **POVIDONE IODINE**

- # **BETAMETHASONE DIPROPIONATE** (eg. DIPROSONE)
AHFS 84:06 TOPICAL ANTI-INFLAMMATORY AGENTS
AUGMENTED BASE CREAM/OINTMENT NOT APPROVED

- # **BETAMETHASONE VALERATE** (eg. VALISONE)
AHFS 84:06 TOPICAL ANTI-INFLAMMATORY AGENTS

BETAPACE --SEE-- **SOTALOL**

- # **BETAXOLOL HCL** (eg. BETOPTIC, BETOPTIC-S)
AHFS 52:36 MISC EENT DRUGS

- # **BETHANECHOL CHLORIDE** (eg. URECHOLINE)
AHFS 12:04 PARASYMPATHOMIMETIC CHOLINERGIC AGENTS

BETOPTIC --SEE-- **BETAXOLOL**

BIAXIN --SEE-- **CLARITHROMYCIN**

BICHLORACETIC ACID --SEE-- **DICHLORACETIC ACID**

BICILLIN LA --SEE-- **PENICILLIN G, BENZATHINE**

BICITRA --SEE-- **SODIUM CITRATE AND CITRIC ACID**

BiCNU --SEE-- **CARMUSTINE**

BILOPAQUE --SEE-- **TYROPANOATE SODIUM**

BIODEL --SEE-- **CARMUSTINE**

- # **BISACODYL** (eg. DULCOLAX)
AHFS 56:12 CATHARTICS AND LAXATIVES
- # **BISMUTH SUBSALICYLATE** (eg. PEPTO-BISMOL)
AHFS 56:08 ANTI-DIARRHEA AGENTS
- BLENOXANE --SEE-- **BLEOMYCIN SULFATE**
- BLEPHAMIDE --SEE-- **SULFACETAMIDE & PREDNISOLONE**
- # **BLEOMYCIN SULFATE** (eg. BLENOXANE)
AHFS 10:00 ANTINEOPLASTIC AGENTS
- **BORIC ACID TOPICAL**
AHFS 84:36 MISC. SKIN & MUCOUS MEMBRANE AGENTS
- BRETHINE --SEE-- **TERBUTALINE**
- # **BRETYLIUM TOSYLATE** (eg. BRETYLOL)
AHFS 24:04 CARDIAC DRUGS
- BRETYLOL --SEE-- **BRETYLIUM**
- BREVIBLOC --SEE-- **ESMOLOL**
- * **BRIMONIDINE** (eg. ALPHAGAN)
AHFS 52:36 MISC EENT AGENTS
- # **BROMOCRIPTINE MESYLATE** (eg. PARLODEL)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
- BSS --SEE-- **IRRIGATING SOLUTION, INTRAOCULAR**
- # **BUPIVACAINE HCL** (eg. MARCAINE, SENSORCAINE)
AHFS 72:00 LOCAL ANESTHETICS
- BUPRENEX --SEE-- **BUPRENORPHINE**
- # **BUPRENORPHINE** (eg. BUPRENEX)
Controlled Substance (C-V)
AHFS 28:08.12 OPIATE PARTIAL AGONIST
**FOR ANESTHESIA/SURGERY USE ONLY*
- BUMINATE --SEE-- **ALBUMIN HUMAN**
- * **BUPROPION** (eg. WELLBUTRIN)
AHFS 28:16 ANTIDEPRESSANT
RESTRICTED TO PHYSICIAN USE ONLY
PILL LINE ONLY
NOT TO BE USED AS AID TO STOP SMOKING

BUSPAR --SEE-- **BUSPIRONE**

BUSPIRONE HCL (eg. BUSPAR)
AHFS 28:24.92 MISC ANXIOLYTICS, SEDATIVES, & HYPNOTICS
*** RESTRICTED TO PHYSICIANS ***

BUSULFAN (eg. MYLERAN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

BUTORPHANOL TARTRATE (eg. 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***

CAFERGOT --SEE-- **ERGOTAMINE TARTRATE/CAFFEINE**

CALAMINE LOTION
AHFS 84:36 MISC. SKIN AND MUCOUS MEMBRANE AGENTS

CALAN --SEE-- **VERAPAMIL**

■ **CALCIPOTRIENE** (eg. DOVONEX)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
PHYSICIAN USE ONLY
USE AFTER FAILURE TO "VERY HIGH POTENCY" STEROIDS

CALCITONIN - SALMON, SYNTHETIC (eg. CALCIMAR)
AHFS 68:24 PARATHYROID

CALCITRIOL (eg. ROCALTROL)
AHFS 88:16 VITAMIN D

CALCIUM ACETATE (eg. PHOS-EX, PHOSLO)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

CALCIUM CARBONATE & VITAMIN D (eg. OS-CAL 250+D)
AHFS 40:12 REPLACEMENT PREPARATIONS

CALCIUM CHLORIDE
AHFS 40:12 REPLACEMENT PREPARATIONS

CALCIUM CITRATE (eg. CITRACAL)
AHFS 40:12 REPLACEMENT PREPARATIONS

CALCIUM GLUCONATE
AHFS 40:12 REPLACEMENT PREPARATIONS

CALCIUM LACTATE

AHFS 40:12 REPLACEMENT PREPARATIONS

CAMPHOR/MENTHOL LOTION (eg. SARNA)

AHFS 84:08 ANTIPRURITICS AND LOCAL ANESTHETICS

CAPOTEN --SEE-- **CAPTOPRIL**

CAPSAICIN (eg. ZOSTRIX)

AHFS 84:36 MISC. TOPICAL AGENTS

CAPTOPRIL (eg. CAPOTEN)

AHFS 24:04 CARDIAC DRUGS

CARAFATE --SEE-- **SUCRALFATE**

CARBAMAZEPINE (TEGRETOL)

AHFS 28:12.92 MISC. ANTICONVULSANTS

PILL LINE ITEM WHEN USED AS PSYCHOTROPIC

CARBAMIDE PEROXIDE (eg. DEBROX)

AHFS 52:04.12 MISC. ANTIFUNGALS AND ANTI-INFECTIVES

CARBOCAINE --SEE-- **MEPIVACAINE HCL**

CARBOPLATIN (eg. PARAPLATIN)

AHFS 10:00 ANTINEOPLASTIC AGENTS

CARDIZEM --SEE-- **DILTIAZEM**

CARDURA --SEE-- **DOXAZOSIN**

CARMUSTINE (eg. BCNU, BiCNU, BIODEL)

AHFS 10:00 ANTINEOPLASTIC AGENTS

* **CARVEDILOL** (eg. COREG)

AHFS 24:04 CARDIAC DRUGS

PHYSICIAN USE ONLY

RESTRICTED TO CLASS III AND IV HYPERTENSION

CASCARA & MILK OF MAGNESIA

AHFS 56:12 CATHARTICS AND LAXATIVES

CASTOR OIL

AHFS 56:12 CATHARTICS AND LAXATIVES

CATAPRES --SEE-- **CLONIDINE**

CCNU --SEE-- **LOMUSTINE**

CEENU --SEE-- **LOMUSTINE**

CEFZOLIN SODIUM (eg. KEFZOL, ANCEF)
AHFS 8:12.06 CEPHALOSPORINS

CEFTAZIDIME (eg. CEPTAZ, FORTAZ, TAZIDIME, TAZICEF)
AHFS 8:12.06 CEPHALOSPORINS
** RESTRICTED TO GENTAMYCIN-RESISTANT PSEUDOMONAS **

CEFTRIAZONE SODIUM (eg. ROCEPHIN)
AHFS 8:12.06 CEPHALOSPORINS

CEPHALEXIN (eg. KEFLEX)
AHFS 8:12.06 CEPHALOSPORINS

CEPHULAC --SEE-- **LACTULOSE**

CEPTAZ --SEE-- **CEFTAZIDIME**

CERUBIDINE --SEE-- **DAUNORUBICIN**

CETACAINE --SEE-- **BENZOCAINE/BUTAMBEN/TETRACAINE**

! **CETIRIZINE** (eg. ZYRTEC)
AHFS 4:00 ANTIHISTAMINES
PHYSICIAN USE ONLY
RESTRICTED TO INTOLERANCE TO FIRST GENERATION ANTIHISTAMINES

CHARCOAL, ACTIVATED (UNIVERSAL ANTIDOTE)
AHFS 56:04 ANTACIDS AND ADSORBENTS

CHLORAL HYDRATE (eg. CHLORAL, NOCTEC)
CONTROLLED SUBSTANCE (C-IV)
AHFS 28:24.92 MISC ANXIOLYTICS, SEDATIVES, AND HYPNOTICS
*** PILL LINE ITEM ***
*** RESTRICTED TO PHYSICIANS/DENTISTS ***
*** RESTRICTED TO EEG STUDIES ONLY ***

CHLORAMBUCIL (eg. LEUKERAN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

CHLORHEXIDINE GLUCONATE (eg. 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 **

CHLOROETHANE --SEE-- **ETHYL CHLORIDE**

CHLOROTRIANISENE (eg. TACE)
AHFS 68:16 ESTROGENS

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CHLORPHENIRAMINE MALEATE (eg. CHLOR-TRIMETON, CTM)
AHFS 4:00 ANTIHISTAMINE DRUGS
*** NOTE: MAY BE DISPENSED WITH OTC LABELING ***

CHLORPROMAZINE HCL (eg. THORAZINE)
AHFS 28:16.08 TRANQUILIZERS
RESTRICTED TO PHYSICIANS
** PILL LINE ITEM**

CHRONULAC --SEE-- **LACTULOSE**

CILOXAN --SEE-- **CIPROFLOXACIN**

CIMETIDINE (eg. TAGAMET)
AHFS 56:40 MISC GI DRUGS

CIPRO --SEE-- **CIPROFLOXACIN**

CIPROFLOXACIN HCL (eg. CIPRO, CILOXAN)
AHFS 8:22 QUINOLONES
AHFS 52:04.04 EENT ANTIBIOTICS
** OPHTHALMIC SOLUTION LIMITED TO PSEUDOMONAS INFECTIONS OF
THE EYE**
** PHYSICIAN USE ONLY**

CISAPRIDE (eg. PROPULSID)
AHFS 56:40 MISC. GI DRUGS
** RESTRICTED TO PHYSICIANS **

CISPLATIN (eg. PLATINOL)
AHFS 10:00 ANTINEOPLASTIC AGENTS

CITRACAL --SEE-- **CALCIUM CITRATE**

CITRATE OF MAGNESIA --SEE-- **MAGNESIUM CITRATE**

CITROVORUM FACTOR --SEE-- **LEUCOVORIN CALCIUM**

* **CLARITHROMYCIN** (eg. BIAXIN)
AHFS 8:12.12 ERYTHROMYCINS
PHYSICIAN USE ONLY
SECOND LINE THERAPY FOR MOST INDICATIONS

CLEOCIN --SEE-- **CLINDAMYCIN**

CLINDAMYCIN (eg. CLEOCIN)
AHFS 8:12.28 MISC ANTIBIOTICS
TOPICAL GEL AND TOPICAL SOLUTION NOT APPROVED

CLINORIL --SEE-- **SULINDAC**

- # **CLOBETASOL** (eg. TEMOVATE)
AHFS 84:06 TOPICAL ANTI-INFLAMMATORY AGENTS
- # **CLOFAZIME** (eg. LAMPRENE)
AHFS 8:40 MISC ANTI-INFECTIVES
- # **CLONAZEPAM** (eg. KLONOPIN)
CONTROLLED SUBSTANCE (C-IV)
AHFS 28:12.08 ANTICONVULSANTS: BENZODIAZEPINES
RESTRICTED TO PHYSICIANS
ORDERS MAY NOT EXCEED 30 DAYS, AND ARE NON-RENEWABLE
**EXCEPTION FOR VALID DIAGNOSIS OF SEIZURE DISORDER
REQUIRING CHRONIC TREATMENT**
**EXCEPTION FOR SECOND LINE THERAPY FOR ANTI-MANIA **
**EXCEPTION FOR ADJUNCT TO NEUROLEPTIC THERAPY TO STABILIZE
PSYCHOSIS**
- # **CLONIDINE** (eg. CATAPRES, CATAPRES-TTS)
AHFS 24:08 HYPOTENSIVE AGENTS
- * **CLOPIDOGREL** (eg. PLAVIX)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
PHYSICIAN USE ONLY
USE IN ASPIRIN INTOLERANCE OR FAILURE AS ANTIPLATELET ALTERNATIVE
- # **CLOTRIMAZOLE** (eg. MYCELEX, GYNE-LOTRIMIN)
AHFS 8:12.04 ANTIFUNGAL AGENTS
AHFS 84:04.08 TOPICAL ANTIFUNGALS
- * **CLOZAPINE** (eg. 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
- # **COAL TAR/SALICYLIC ACID/SULFUR**
AHFS 84:32 KERATOPLASTIC AGENTS
- # **CODEINE**
CONTROLLED SUBSTANCE (C-II)
AHFS 28:08.08 OPIATE AGONISTS
AHFS 48:08 ANTITUSSIVES
RESTRICTED TO PHYSICIANS
ORDER MAY NOT EXCEED 3 DAYS
** PILL LINE ITEM **

CODEINE PHOSPHATE & ACETAMINOPHEN(eg. TYLENOL CODEINE #3)
CONTROLLED SUBSTANCE (C-III)
AHFS 28:08.08 OPIATE AGONISTS
RESTRICTED TO PHYSICIANS
ORDER MAY NOT EXCEED 30 DAYS
** PILL LINE ITEM **

COGENTIN --SEE-- BENZTROPINE MESYLATE

COLACE --SEE-- **DOCUSATE SODIUM**

COLASPASE --SEE-- **L-ASPARIGINASE**

COLCHICINE
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

COLESTID --SEE-- **COLESTIPOL**

■ **COLESTIPOL** (eg. COLESTID)
AHFS 24:06 ANTILIPEMIC DRUGS

■ **COLLAGENASE** (eg. SANTYL)
AHFS 84:36 MISC. SKIN & MUCOUS MEMBRANCE AGENTS

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 ***

CORDARONE --SEE-- **AMIODARONE**

COREG --SEE-- CARVEDILOL

CORTROSYN --SEE-- **COSYNTROPIN**

CORGARD --SEE-- **NADOLOL**

CORTEF --SEE-- **HYDROCORTISONE**

CORTENEMA --SEE-- **HYDROCORTISONE**

CORTICOTROPIN (eg. ACTH, ACTHAR GEL)
AHFS 36:04 ADRENOCORTICAL INSUFFICIENCY-DIAGNOSTIC
AHFS 68:28 PITUITARY

CORTISPORIN --SEE-- **NEOSPORIN/POLYMXIN B/HYDROCORTISONE**

CORTRIL --SEE-- **HYDROCORTISONE**

COSYNTROPIN (eg. CORTROSYN)
AHFS 36:04 ADRENOCORTICAL INSUFFICIENCY-DIAGNOSTIC

COSMEGEN --SEE-- **DACTINOMYCIN**

COUMADIN --SEE-- **WARFARIN SODIUM**

CRIXIVAN --SEE-- **INDINAVIR**

CROMOLYN SODIUM (eg. OPTICROM)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

CRYSTACILLIN --SEE-- **PENICILLIN G, PROCAINE**

CUPRIMINE --SEE-- **PENICILLAMINE**

CYANOCOBALAMIN (VITAMIN B-12)
AHFS 88:08 VITAMIN B COMPLEX

CYCLOBENZAPRINE HCL (eg. FLEXERIL)
AHFS 12:20 SKELETAL MUSCLE RELAXANTS
*** RESTRICTED TO PHYSICIANS/DENTISTS ***
*** RESTRICTED TO 3 DAYS THERAPY ***

CYCLOGYL --SEE-- **CYCLOPENTOLATE**

CYCLOPENTOLATE HCL (eg. CYCLOGYL)
AHFS 52:24 MYDRIATICS

CYCLOPHOSPHAMIDE (eg. CYTOXAN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

CYCRIN --SEE-- **MEDROXYPROGESTERONE**

CYCLOSPORINE (eg. SANDIMMUNE)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

CYPROHEPTADINE HCL (eg. PERIACTIN)
AHFS 4:00 ANTIHISTAMINE DRUGS

CYTARABINE (eg. CYTOSINE ARABINOSIDE, ARA-C, CYTOSAR)
AHFS 10:00 ANTINEOPLASTIC AGENTS

CYTOSAR --SEE-- **CYTARABINE**

CYTOSAR-U --SEE--**CYTARABINE**

CYTOSINE ARABINOSIDE --SEE-- **CYTARABINE**

CYTOMEL --SEE-- **LIOTHYRONINE**

CYTOTEC --SEE-- **MISOPROSTIL**

CYTOVENE --SEE-- **GANCICLOVIR**

CYTOXAN --SEE-- **CYCLOPHOSPHAMIDE**

DACARBAZINE CITRATE (eg. DIC, DTIC)
AHFS 10:00 ANTINEOPLASTIC AGENTS

DACRIOSE --SEE-- **IRRIGATING SOLUTION, EXTRAOCULAR**

DACTINOMYCIN (eg. ACTINOMYCIN-D, COSMEGEN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

* **DALTEPARIN** (eg. FRAGMIN)
AHFS 20:12.04 ANTICOAGULANTS

DANAZOL (eg. DANOCRINE)
AHFS 68:08 ANDROGENS

DANOCRINE --SEE-- **DANAZOL**

DANTRIUM --SEE-- **DANTROLENE**

DANTROLENE SODIUM (eg. DANTRIUM)
AHFS 12:20 SKELETAL MUSCLE RELAXANTS

DAPSONE (eg. DDS)
AHFS 8:26 SULFONES

DARAPRIM --SEE-- **PYRIMETHAMINE**

DAUNORUBICIN (eg. CERUBIDINE)
AHFS 10:00 ANTINEOPLASTIC AGENTS

DDAVP --SEE-- **DESMOPRESSIN**

DDS -SEE-- **DAPSONE**

DEBROX --SEE-- **CARBAMIDE PEROXIDE**

DECADRON --SEE-- **DEXAMETHASONE**

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

DECLOMYCIN --SEE-- **DEMECLOCYCLINE**

DEFEROXAMINE MESYLATE (eg. DESFERAL)
AHFS 64:00 HEAVY METAL ANTAGONISTS

DELATESTRYL --SEE-- **TESTOSTERONE ENANTHATE**

* **DELAVIRDINE** (eg. RESCRIPTOR)
AHFS 8:18 ANTIVIRALS
PHYSICIAN INITIATION ONLY

DELESTROGEN --SEE-- **ESTRADIOL**

DELTASONE --SEE-- **PREDNISONE**

DEMECLOCYCLINE (eg. DECLOMYCIN)
AHFS 8:12.24 TETRACYCLINES

DEMEROL --SEE-- **MEPERIDINE**

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

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

DEPO-TESTOSTERONE --SEE-- **TESTOSTERONE CYPIONATE**

DEPRENYL --SEE-- **SELEGILINE**

DESFERAL --SEE-- **DEFEROXAMINE**

DESFLURANE (eg. SUPRANE)
AHFS 28:04 GENERAL ANESTHETICS

DESIPRAMINE HCL (eg. NORPRAMIN)
AHFS 28:16.04 ANTIDEPRESSANTS
RESTRICTED TO PHYSICIANS
** PILL LINE ITEM **

DESMOPRESSIN ACETATE (eg. DDAVP)
AHFS 68:28 PITUITARY

DESYREL --SEE-- **TRAZODONE**

DEXAMETHASONE (eg. DECADRON)
AHFS 68:04 ADRENALS

DEXTROSE
AHFS 40:20.00 CALORIC AGENTS

DEXTROSE 5% IN LACTATED RINGERS
AHFS 40:12 REPLACEMENT PREPARATIONS
AHFS 40:20 CALORIC AGENTS

- # **DEXTROSE 5% IN SODIUM CHLORIDE**
AHFS 40:12 REPLACEMENT PREPARATIONS
AHFS 40:20 CALORIC AGENTS
- DHE --SEE-- **DIHYDROERGOTAMINE**
- DIAMOX --SEE-- **ACETAZOLAMIDE**
- # **DIATRIZOATE MEGLUMINE** (eg. HYPAQUE, RENO-M)
AHFS 36:68 ROENTGENOGRAPHY
- # **DIATRIZOATE MEGLUMINE & DIATRIZOATE SODIUM**
(eg. HYPAQUE-M, HYPAQUE-76)
AHFS 36:68 ROENTGENOGRAPHY
- # **DIATRIZOATE SODIUM** (eg. HYPAQUE, UROVIST)
AHFS 36:68 ROENTGENOGRAPHY
- # **DIAZEPAM** (eg. VALIUM)
CONTROLLED SUBSTANCE (C-IV)
AHFS 28:24.08 BENZODIAZEPINES
LIMITED TO PHYSICIANS
ORAL FORMULATION NOT APPROVED
USE LIMITED TO STATUS EPILEPTICUS
** PILL LINE ITEM **
- # **DIAZOXIDE** (eg. HYPERSTAT)
AHFS 24:08 HYPOTENSIVE AGENTS
- DIBENZYLINE --SEE-- **PHENOXYBENZAMINE**
- # **DIBUCAINE** (eg. NUPERCAINAL)
AHFS 84:08 ANTIPRURITICS AND LOCAL ANESTHETICS
- DIC --SEE-- **DACARBAZINE**
- # **DICHLOROACETIC ACID** (DICHLOROACETIC ACID)
AHFS 84:36 MISC. SKIN AND MUCOUS MEMBRANE AGENTS
- # **DICLOXACILLIN SODIUM** (eg. DYNAPEN)
AHFS 8:12.16 PENCILLINS
- # **DICYCLOMINE HCL** (eg. BENTYL)
AHFS 12:08.08 ANTIMUSCARINICS/ANTISPASMODICS
- # **DIDANOSINE** (eg. ddI, VIDEX)
AHFS 8:18 ANTIVIRALS
PHYSICIAN INITIATION ONLY
- DIDRONEL --SEE-- **ETIDRONATE**

DIETHYLSTILBESTROL (eg. DES)
AHFS 68:16 ESTROGENS

DIFLUCAN --SEE-- **FLUCONAZOLE**

DIGOXIN (LANOXIN)
AHFS 24:04 CARDIAC DRUGS
** NON-SUBSTITUTABLE -- USE **LANOXIN** ONLY **

DIHYDROERGOTAMINE MESYLATE (eg. DHE-45)
AHFS 12:16 SYMPATHOLYTIC AGENTS
*** USE AFTER FAILURE OF ORAL THERAPY ***

DILANTIN --SEE-- **PHENYTOIN**

DILTIAZEM HCL (eg. CARDIZEM, CARDIZEM CD)
AHFS 24:04 CARDIAC DRUGS
** CARDIZEM SR NOT APPROVED **

DIPHENHYDRAMINE HCL (eg. BENADRYL)
AHFS 4:00 ANTIHISTAMINE DRUGS

DIPHENYLHYDANTOIN --SEE-- **PHENYTOIN**

DIPIVEFRIN HCL (eg. PROPINE)
AHFS 52:24 MYDRIATICS

DIPRIVAN --SEE-- **PROPOFOL**

DIPROLENE --SEE-- **BETAMETHASONE DIPROPIONATE, AUGMENTED BASE**

DIPROSONE --SEE-- **BETAMETHASONE DIPROPIONATE**

DIPYRIDAMOLE (eg. PERSANTINE)
AHFS 24:12 VASODILATING AGENTS

DISALCID --SEE-- **SALSALATE**

DISOPYRAMIDE PHOSPHATE (eg. NORPACE)
AHFS 24:04 CARDIAC DRUGS

DITROPAN --SEE-- **OXYBUTININ**

DIULO --SEE-- **METOLAZONE**

DOBUTAMINE HCL (eg. DOBUTREX)
AHFS 12:12 SYMPATHOMIMETIC AGENTS

DOBUTREX --SEE-- **DOBUTAMINE HCL**

DOCUSATE SODIUM (eg. COLACE, DOSS, DSS)
AHFS 56:12 CATHARTICS AND LAXATIVES

DOMEBORO --SEE-- **ALUMINUM ACETATE COMPOUND**

DOMEBORO OTIC --SEE-- **ACETIC ACID & ALUMINUM ACETATE**

DOPAMINE HCL (eg. INTROPIN)
AHFS 12:12 SYMPATHOMIMETIC AGENTS

DOPRAM --SEE-- **DOXAPRAM**

■ **DORZOLAMIDE** (eg. TRUSOPT)
AHFS 52:36 MISC. EENT AGENTS
OPHTHALMOLOGIST USE ONLY

DOSS --SEE-- **DOCUSATE SODIUM**

DOVONEX --SEE-- **CALCIPOTRIENE**

DOXAPRAM HCL (eg. DOPRAM)
AHFS 28:20 RESPIRATORY & CEREBRAL STIMULANTS

■ **DOXAZOSIN** (eg. CARDURA)
AHFS 24:08 HYPOTENSIVE AGENTS
PHYSICIAN USE ONLY

DOXEPIN HCL (eg. ADAPIN, SINEQUAN)
AHFS 28:16.04 ANTIDEPRESSANTS
RESTRICTED TO PHYSICIANS
** PILL LINE ITEM **

DOXORUBICIN HCL (eg. ADRIAMYCIN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

DOXYCYCLINE (eg. VIBRAMYCIN, VIBRA-TABS)
AHFS 8:12.24 TETRACYCLINES

DROPERIDOL (eg. 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**

DURATEST --SEE-- **TESTOSTERONE CYPIONATE**

DYNAPEN --SEE-- **DICLOXICILLIN**

DYRENIUM --SEE-- **TRIAMTERENE**

D-XYLOSE --SEE-- **XYLOSE**

ECHOTHIOPHATE IODIDE (eg. PHOSPHOLINE IODIDE)
AHFS 52:20 MIOTICS

ECOTRIN --SEE-- **ASPIRIN**

EDROPHONIUM CHLORIDE (eg. ENLON, TENSILON)
AHFS 36:56 MYASTHENIA GRAVIS (DIAGNOSTIC TEST)

EES --SEE-- **ERYTHROMYCIN**

* **EFAVIRENZ** (eg. SUSTIVA)
AHFS 8:18 ANTIVIRALS
PHYSICIAN INITIATION ONLY

EFFEXOR --SEE-- **VENLAFAXINE**

EFUDEX --SEE-- **FLUOROURACIL**

ELASE --SEE-- **FIBRINOLYSIN & DESOXYRIBONUCLEASE**

ELAVIL --SEE-- **AMITRIPTYLINE HCL**

ELDEPRYL --SEE-- **SELEGILINE HCL**

ELIMITE --SEE-- **PERMETHRIN**

ELIXOPHYLLIN --SEE-- **THEOPHYLLINE ANHYDROUS**

ELSPAR --SEE-- **L-ASPARIGINASE**

EMYCIN --SEE-- **ERYTHROMYCIN**

ENEMA SOLUTION, DISPOSABLE --SEE-- **SODIUM PHOSPHATE/BIPHOSPHATE**

ENLON --SEE-- **EDROPHONIUM**

* **ENOXAPARIN** (eg. LOVENOX)
AHFS 20:12.04 ANTICOAGULANTS

ENUCLENE --SEE-- **TYLOXAPOL**

ENGERIX-B --SEE-- **HEPATITIS B VIRUS VACCINE INACTIVATED**

EPIFRIN --SEE-- **EPINEPHRINE**

- # **EPINEPHRINE** (eg. ADRENALIN, SUS-PHRINE, EPIFRIN, VAPONEFRIN)
 - AHFS 12:12 SYMPATHOMIMETIC AGENTS
 - AHFS 52:24 EENT MYDRIATICS
 - AHFS 52:32 EENT VASOCONSTRICTORS

EPIVIR --SEE-- **LAMIVUDINE**

- # **EPOETIN ALFA** (eg. EPO, EPOGEN, ERYTHROPOIETIN, PROCRIT)
 - AHFS 20:04 ANTIANEMIA DRUGS

EPOGEN --SEE-- **EPOETIN ALFA**

ERGAMISOLE --SEE-- **LEVAMISOLE**

- # **ERGONOVINE MALEATE** (eg. ERGOTRATE)
 - AHFS 76:00 OXYTOCICS

- **ERGOTAMINE** (eg. ERGOSTAT)
 - AHFS 12:16 SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS

- # **ERGOTAMINE TARTRATE & CAFFEINE** (eg. CAFERGOT)
 - AHFS 12:16 SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS

ERGOTRATE --SEE-- **ERGONOVINE**

ERYTAB --SEE-- **ERYTHROMYCIN**

- # **ERYTHROMYCIN** (eg. EES, E-MYCIN, ERYTAB, ERYTHROCIN, ILOTYCIN)
 - AHFS 8:12.12 ERYTHROMYCINS
 - ***TOPICAL SOLUTION NOT APPROVED***

ERYTHROPOIETIN --SEE-- **EPOETIN ALFA**

ESIDREX --SEE-- **HYDROCHLOROTHIAZIDE**

ESKALITH --SEE-- **LITHIUM CARBONATE**

- # **ESMOLOL HCL** (eg. BREVIBLOC)
 - AHFS 24:04 CARDIAC DRUGS

ESTINYL --SEE-- **ETHINYL ESTRADIOL**

- # **ESTERIFIED ESTROGENS** (eg. ESTRONE, ESTROPIPATE, ESTRATAB)
 - AHFS 68:16 ESTROGENS

- # **ESTRADIOL** (eg. DELESTROGEN)
 - AHFS 68:16 ESTROGENS

ESTRADERM --SEE-- **ESTRADIOL**

ESTRATAB --SEE-- **ESTERIFIED ESTROGENS**

ESTRAVAL --SEE-- **ESTRADIOL VALERATE**

ESTROGENS, CONJUGATED (PREMARIN)

AHFS 68:16 ESTROGENS

** NON-SUBSTITUTABLE -- USE **PREMARIN** ONLY **

** MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER
CHANGE**

ESTRONE --SEE-- **ESTERIFIED ESTROGENS**

ESTROPIPATE --SEE-- **ESTERIFIED ESTROGENS**

ETHAMBUTOL HCL (eg. MYAMBUTOL)

AHFS 8:16 ANTITUBERCULOSIS AGENTS

** PILL LINE ITEM **

ETHINYL ESTRADIOL (eg. ESTINYL)

AHFS 68:16 ESTROGENS

ETHYL CHLORIDE

AHFS 84:08 LOCAL ANESTHETIC

ETOPOSIDE (eg. 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 (eg. SUBLIMAZE, DURAGESIC)

CONTROLLED SUBSTANCE (C-II)

AHFS 28:08.08 OPIATE AGONISTS

RESTRICTED TO PHYSICIANS

ORDER MAY NOT EXCEED 3 DAYS

** PILL LINE ITEM **

MEDICAL CENTER ONLY

**PATCH MUST BE DISPOSED OF IN SHARPS CONTAINER WITH
ACCOUNTABILITY FOR RETURN**

FERROUS GLUCONATE (eg. FERGON)

AHFS 20:04 ANTIANEMIA DRUGS

FIBRINOLYSIN & DESOXYRIBONUCLEASE (eg. ELASE)
AHFS 84:36 MISC. SKIN AND MUCOUS MEMBRANE AGENTS

FILGRASTIM (eg. G-CSF, NEUPOGEN)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

■ **FINASTERIDE** (eg. PROSCAR)
AHFS 5-ALPHA REDUCTASE INHIBITOR
THERAPY INITIATED BY UROLOGIST ONLY

FLAGYL --SEE-- **METRONIDAZOLE**

FLEETS ENEMA --SEE-- **SODIUM PHOSPHATE & SODIUM BIPHOSPHATE**

FLEXERIL --SEE-- **CYCLOBENZAPRINE**

■ **FLEXIBLE HYDROACTIVE DRESSING/GRANULES** (eg. DUO DERM)
AHFS 84:36 MISC. SKIN & MUCOUS MEMBRANE AGENTS

FLORINEF --SEE-- **FLUDROCORTISONE**

FLUCONAZOLE (eg. DIFLUCAN)
AHFS 8:12.04 ANTIFUNGAL ANTIBIOTICS

FLUDARABINE PHOSPHATE (eg. FLUDARA)
AHFS 10:00 ANTINEOPLASTIC AGENTS

FLUDROCORTISONE ACETATE (eg. FLORINEF)
AHFS 68:04 ADRENALS

FLUMAZENIL (MAZICON)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

FLUOCINONIDE (eg. LIDEX)
AHFS 84:06 TOPICAL ANTI-INFLAMMATORY AGENTS

FLUOGEN --SEE-- **INFLUENZA VIRUS VACCINE**

FLUORESCEIN
AHFS 52:36 MISC. EENT AGENTS

FLUOROMETHOLONE (eg. FML, FLUOR-OP)
AHFS 52:08 EENT ANTI-INFLAMMATORY AGENTS
LIMITED TO OPTOMETRIST OR OPHTHALMOLOGIST

FLUOR-OP --SEE-- **FLUOROMETHOLONE**

FLUOROURACIL (eg. 5-FU, 5-FLUOROURACIL, EFUDEX, ADRUCIL)
AHFS 10:00 ANTINEOPLASTICS
84:36 MISC. SKIN AND MUCOUS MEMBRANE AGENTS

- # **FLUOXETINE HCL** (eg. PROZAC)
AHFS 28:16.04 ANTIDEPRESSANTS
RESTRICTED TO PHYSICIANS
** PILL LINE ITEM **
- # **FLUPHENAZINE** (eg. PROLIXIN)
AHFS 28:16.08 TRANQUILIZERS
RESTRICTED TO PHYSICIANS
** PILL LINE ITEM **
- # **FLUTAMIDE** (eg. EULEXIN)
AHFS 10:00 ANTINEOPLASTIC AGENTS
- FML --SEE-- **FLUOROMETHOLONE**
- FLUDARA --SEE-- **FLUDARABINE**
- FLUZONE --SEE-- **INFLUENZA VIRUS VACCINE**
- # **FOLIC ACID** (eg. FOLVITE)
AHFS 88:08 VITAMIN B COMPLEX
- FOLVITE --SEE-- **FOLIC ACID**
- FORANE --SEE-- **ISOFLURANE**
- FORTAZ --SEE-- **CEFTAZIDIME**
- FOSAMAX --SEE-- **ALENDRONATE**
- # **FOSCARNET** (eg. FOSCAVIR)
AHFS 8:18 ANTIVIRALS
- FOSCAVIR --SEE-- **FOSCARNET**
- FRAGMIN --SEE-- **DALTEPARIN**
- # **FUROSEMIDE** (eg. LASIX)
AHFS 40:28 DIURETICS
- FUNGIZONE --SEE-- **AMPHOTERICIN B**
- **GABAPENTIN** (eg. NEURONTIN)
AHFS 28:12.82 ANTICONVULSANT AGENTS
- # **GADOPENTETATE** (eg. MAGNEVIST)
AHFS 36:68 ROENTGENOGRAPHY
- GAMMA BENZENE HEXACHLORIDE --SEE-- **LINDANE**

GANCICLOVIR (eg. CYTOVENE)
AHFS 8:18 ANTIVIRALS

GARAMYCIN --SEE-- **GENTAMYCIN SULFATE**

GAVISCON --SEE-- **ALUMINUM HYDROXIDE & MAGNESIUM TRISILICATE**

GELATIN & PECTIN & SODIUM CARBOXYMETHYLCELLULOSE (eg.
ORABASE)
AHFS 84:36 MISC TOPICAL AGENTS

GELFOAM --SEE-- **ABSORBABLE GELATIN SPONGE**

GEMFIBROZIL (eg. LOPID)
AHFS 24:06 ANTILIPEMIC AGENTS

GENTAMICIN SULFATE (eg. GARAMYCIN)
AHFS 8:12.02 AMINOGLYCOSIDES
AHFS 52:04.04 EENT ANTIBIOTICS
AHFS 84:04.04 TOPICAL ANTIBIOTICS

GESTEROL --SEE-- **PROGESTERONE**

GLUCAGON
AHFS 68:20.92 MISC. ANTI-DIABETIC AGENTS

GLUCOPHAGE --SEE-- **METFORMIN**

GLUCOSE
AHFS 40:20 CALORIC AGENTS

GLYBURIDE (eg. MICRONASE)
AHFS 68:20.20 SULFONYLUREAS

GLYCERIN (eg. GLYCEROL)
AHFS 56:12 CATHARTICS AND LAXATIVES
AHFS 52:36 MISC. EENT DRUGS
AHFS 96:00 PHARMACEUTICAL AIDS

GLYCOPYRROLATE (eg. ROBINUL)
AHFS 12:08.08 ANTIMUSCARINICS/ANTISPASMODICS

GLYNOGEN L.A. --SEE-- **ESTRADIOL VALERATE**

GOLD SODIUM THIOMALATE (eg. MYOCHRYSSINE)
AHFS 60:00 GOLD COMPOUNDS

GOLYTELY --SEE-- **POLYETHYLENE GLYCOL/ELECTROLYTE SOLUTION**

* **GRANISETRON** (eg. KYTRIL)
AHFS 56:22 ANTIEMETICS
*** RESTRICTED TO POST SURGERY & CHEMOTHERAPY USE ONLY ***

GRANULEX --SEE-- **TRYPSIN/BALSAM PERU/CASTOR OIL**

GUAIFENESIN & DEXTROMETHORPHAN HBR (eg. HUMIBID DM)
AHFS 48:08 ANTITUSSIVES
AHFS 48:16 EXPECTORANTS
** ORAL SYRUP NOT APPROVED **
** LIMITED TO 7 DAYS THERAPY **

GYNE-LOTRIMIN --SEE-- **CLOTRIMAZOLE**

HALDOL --SEE-- **HALOPERIDOL**

HALOPERIDOL (eg. HALDOL)
AHFS 28:16.08 TRANQUILIZERS
RESTRICTED TO PHYSICIANS
** PILL LINE ITEM **

HEALON --SEE-- **SODIUM HYALURONATE**

HEAVY MINERAL OIL --SEE-- **MINERAL OIL**

HEPARIN SODIUM
AHFS 20:12.04 ANTICOAGULANTS

* **HEPATITIS A VIRUS VACCINE** (eg. HEPTAVAX)
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 (eg. HBIG, HEP-B-GAMMAGEE,
HYPERHEP)
AHFS 80:04 SERUMS

HEPATITIS B VIRUS VACCINE INACTIVATED (RECOMBINANT)
(eg. ENGERIX-B, RECOMBIVAX-HB)
AHFS 80:12 VACCINES

HEPTAVAX --SEE-- **HEPATITIS A VIRUS VACCINE**

HETASTARCH (eg. HESPAN)
AHFS 40:12 REPLACEMENT PREPARATIONS

HESPAN --SEE-- **HETASTARCH**

HEXAMETHYLMELAMINE --SEE-- **ALTRETAMINE**

HIBISTAT, HIBICLENS --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 (eg. ISOPTO-HOMATROPINE)

AHFS 52:24 EENT MYDRIATICS

HUMATE-P --SEE-- **ANTIHEMOPHILIC FACTOR (HUMAN)**

HUMIBID DM --SEE-- **GUAIFENESIN/DEXTROMETHORPHAN**

HUMULIN --SEE-- **INSULIN**

HYALURONIDASE

AHFS 44:00 ENZYMES

HYDRALAZINE HCL (eg. APRESOLINE)

AHFS 24:08 HYPOTENSIVE AGENTS

HYDREA --SEE-- **HYDROXYUREA**

HYDROCHLOROTHIAZIDE (eg. ESIDREX, HYDRODIURIL, ORETIC)

AHFS 40:28 DIURETICS

HYDROCORTISONE (eg. CONTRIL, HYTONE, SOLU-CORTEF, ANUSOL-HC, CORTENEMA)

AHFS 68:04 ADRENALS

AHFS 84:06 TOPICAL ANTI-INFLAMMATORY AGENTS

HYDROCORTISONE & ACETIC ACID (eg. VOSOL-HC)

AHFS 52:04.12 MISC EENT ANTI-INFECTIVES

AHFS 52:08 EENT ANTI-INFLAMMATORY AGENTS

HYDRODIURIL --SEE-- **HYDROCHLOROTHIAZIDE**

HYDROGEN PEROXIDE

AHFS 52:28 MOUTH WASHES AND GARGLES

HYDROPHILIC CREAM (eg. EUCERIN, OTHERS)

AHFS 84:24 EMOLLIENTS, DEMULCENTS, AND PROTECTANTS

RESTRICTED TO DIABETICS ONLY

HYDROXYCHLOROQUINE SULFATE (eg. PLAQUENIL)
AHFS 8:20 ANTIMALARIAL AGENTS
** OPHTHALMIC EXAMS REQUIRED **

HYDROXYPROGESTERONE CAPROATE
AHFS 68:32 PROGESTINS

HYDROXYUREA (eg. HYDREA)
AHFS 10:00 ANTINEOPLASTIC AGENTS

HYDROXYZINE (eg. ATARAX, VISTARIL)
AHFS 28:24.92 MISC ANXIOLYTICS, SEDATIVES, & HYPNOTICS

HYPAAQUE --SEE-- **DIATRIZOATE**

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

HYPERSTAT --SEE-- **DIAZOXIDE**

HYTONE --SEE-- **HYDROCORTISONE**

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

IFEX --SEE-- **IFOSFAMIDE**

IFOSFAMIDE (eg. IFEX)
AHFS 10:00 ANTINEOPLASTIC AGENTS
ADMINISTERED WITH MESNA TO REDUCE HEMORRHAGIC CYSTITIS

ILOTYCIN --SEE-- **ERYTHROMYCIN**

IMIPRAMINE HCL (eg. TOFRANIL)
AHFS 28:16.04 ANTIDEPRESSANTS
RESTRICTED TO PHYSICIANS
** PILL LINE ITEM **

IMITREX --SEE--**SUMATRIPTAN**

IMMUNE GLOBULIN, HUMAN (eg. VENOGLOBULIN, GAMMA GLOBULIN)
AHFS 80:04 SERUMS

IMODIUM --SEE-- **LOPERAMIDE**

IMURAN --SEE-- **AZATHIOPRINE**

INAPSINE --SEE-- **DROPERIDOL**

INDERAL --SEE-- **PROPRANOLOL**

! **INDINAVIR** (eg. CRIXIVAN)
AHFS 8:18 ANTIVIRALS
PHYSICIAN INITIATION ONLY

INDOCIN --SEE-- **INDOMETHACIN**

INDOMETHACIN (eg. INDOCIN)
AHFS 28:08.04 NONSTERIODAL ANTI-INFLAMMATORY AGENTS

INFERGEN --SEE-- **INTERFERON ALFA CON-1**

INFLUENZA VIRUS VACCINE (eg. FLUOGEN, FLUZONE)
AHFS 80:12 VACCINES

INH --SEE-- **ISONIAZID**

INOCOR --SEE-- **AMRINONE**

INSULIN (eg. HUMULIN, NOVOLIN)
AHFS 68:20.08 INSULINS

INTERFERON ALFA 2B (eg. 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** (eg. REBETRON)
AHFS 10:00 ANTINEOPLASTIC AGENTS
8:18 ANTIVIRALS
**MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C APPROVAL
ALGORITHM FOR ALL HEPATITIS C TREATMENT**

* **INTERFERON ALFA CON-1** (eg. INFERGEN)
AHFS 8:18 ANTIVIRALS
**MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C APPROVAL
ALGORITHM FOR ALL HEPATITIS C TREATMENT**

INTRON A --SEE-- **INTERFERON ALPHA 2B**

INTROPIN --SEE-- **DOPAMINE**

INVIRASE --SEE-- **SAQUINAVIR**

IOHEXOL
AHFS 36:68 ROENTGENOGRAPHY

IOPIDINE --SEE-- **APRACLONIDINE**

IOTHALAMATE MEGLUMINE (eg. CONRAY)
AHFS 36:68 ROENTGENOGRAPHY

- # **IOVERSOL**
AHFS 36:68 ROENTGENOGRAPHY

- # **IPECAC SYRUP**
AHFS 56:20 EMETICS

- # **IPRATROPIUM** (eg. ATROVENT)
AHFS 12:08.08 ANTIMUSCARINICS/ANTISPASMODICS

- # **IRON DEXTRAN** (eg. IMFERON)
AHFS 20:04:04 IRON PREPARATIONS

- # **IRRIGATING SOLUTION, INTRAOCULAR** (eg. BSS)
AHFS 52:36 MISC. EENT DRUGS

- # **IRRIGATING SOLUTION, EXTRAOCULAR** (eg. DACRIOSE)
AHFS 52:36 MISC. EENT DRUGS

- # **ISOFLURANE** (eg. FORANE)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

- # **ISOMETHEPTENE & DICHLORALPHENAZONE & ACETAMINOPHEN**
(eg. MIDRIN)
AHFS 28:08.92 MISC. ANALGESIC AND ANTIPYRETICS

- # **ISONIAZID** (eg. INH)
AHFS 8:16 ANTITUBERCULOSIS AGENTS
** PILL LINE ITEM **

- ISOPTO-ATROPINE --SEE-- **ATROPINE**

- ISOPTO-CARPINE --SEE-- **PILOCARPINE**

- # **ISOPROTERENOL HCL** (eg. ISUPREL)
AHFS 12:12 SYMPATHOMIMETIC AGENTS

- ISORDIL --SEE-- **ISOSORBIDE DINITRATE**

- # **ISOSORBIDE DINITRATE** (eg. ISORDIL, SORBITRATE)
AHFS 24:12 VASODILATING AGENTS

- ISUPREL --SEE-- **ISOPROTERENOL**

- * **ITRACONAZOLE** (eg. SPORONOX)
AHFS 8:12.04 ANTIFUNGAL ANTIBIOTICS
** RESTRICTED TO HISTOPLASMOSIS, BLASTOMYCOSIS,
ASPERGILIOSIS, AND SYSTEMIC MYCOSIS**
** RECOMMEND: CONCOMMITANT USE OF ASCORBID ACID **
** NOT APPROVED FOR ONYCHOMYCOSIS **

KAOLIN AND PECTIN (eg. KAOPECTATE)
AHFS 56:08 ANTI-DIARRHEA AGENTS
*** NOTE: MAY BE DISPENSED WITH OTC LABELING ***

KAOPECTATE --SEE-- **KAOLIN AND PECTIN**

KAYEXALATE --SEE-- **SODIUM POLYSTYRENE SULFONATE**

KEFLEX --SEE-- **CEPHALEXIN**

KEFZOL --SEE-- **CEFAZOLIN SODIUM**

KERALYT --SEE-- **SALICYLIC ACID**

KERI LOTION --SEE-- **LOTION, HOSPITAL**

KETALAR --SEE-- **KETAMINE**

KETAMINE (eg. KETALAR)
AHFS 28:04 ANAESTHETIC

KETOCONAZOLE (eg. NIZORAL)
AHFS 8:12.04 ANTIFUNGAL ANTIBIOTICS
AHFS 84:04.08 TOPICAL ANTIFUNGALS
** RECOMMEND: CONCOMMITANT USE OF ASCORBIC ACID **
** NOT APPROVED FOR ONYCHOMYCOSIS **

KETOROLAC (eg. TORADOL)
AHFS 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS
** LIMITED TO PHYSICIAN/DENTIST **
** LIMITED TO 5 DAYS ONLY - NON RENEWABLE **
** ORAL FORMULATION NOT APPROVED **

KIDROLASE --SEE-- **L-ASPARIGINASE**

KLONOPIN --SEE-- **CLONAZEPAM**

KWELL --SEE-- **LINDANE**

KYTRIL --SEE-- **GRANISETRON**

LABETALOL HCL (eg. NORMODYNE, TRANDATE)
AHFS 24:08 HYPOTENSIVE AGENTS

LAC-HYDRIN --SEE-- **LACTIC ACID & AMMONIUM HYDROXIDE**

LACRI-LUBE --SEE-- **LUBRICANT, OCCULAR**

LACTAID --SEE-- **LACTASE ENZYME**

LACTASE ENZYME (eg. LACTAID)
AHFS 44:00 ENZYMES

LACTIC ACID & AMMONIUM HYDROXIDE (eg. LAC-HYDRIN)
AHFS 84:24 TOPICAL EMOLLIENTS, DEMULCENTS, AND PROTECTANTS
**FOR HYPERKERATOSIS ONLY (eg. SCALES AND PLAQUES)

LACTULOSE (eg. CEPHULAC, CHRONULAC)
AHFS 40:10 AMMONIA DETOXICANTS

■ **LAMIVUDINE** (eg. EPIVIR, 3TC)
AHFS 8:18 ANTIVIRALS
PHYSICIAN USE ONLY

LANOXIN --SEE-- **DIGOXIN**

* **LANSOPRAZOLE** (eg. PREVACID)
AHFS 56:40 MISC GI DRUGS
PHYSICIAN USE ONLY

LARYNGOTRACHEAL ANAESTHESIA KIT (eg. LTA KIT)
AHFS 28:04 ANAESTHETICS

LASIX --SEE-- **FUROSEMIDE**

! **LATANOPROST** (eg. XALATAN)
AHFS 52:36 MISC EENT AGENTS
OPHTHALMOLOGIST/OPTOMETRIST INITIATED THERAPY ONLY

LEUCOVORIN CALCIUM (eg. CITROVIRUM FACTOR, WELLCOVORIN)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

LEUKERAN --SEE-- **CHLORAMBUCIL**

LEUPROLIDE ACETATE (eg. LUPRON, LUPRON DEPOT)
AHFS 10:00 ANTINEOPLASTIC AGENTS

LEVAMISOLE (ERGAMISOLE)
AHFS 10:00 ANTINEOPLASTIC AGENTS

LEVAQUIN --SEE-- **LEVOFLOXIN**

LEVLEN --SEE-- **LEVONORGESTREL/ETHINYL ESTRADIOL**

LEVODOPA & CARBIDOPA (eg. SINEMET)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

* **LEVOFLOXIN** (eg. LEVAQUIN)
AHFS 8:22 QUINOLONES
PHYSICIAN USE ONLY

! **LEVONORGESTREL/ETHINYL ESTRADIOL** (eg. LEVLEN, NORDETTE, TRI-LEVLEN)
AHFS 68:12 CONTRACEPTIVES

LEVOPHED --SEE-- **NOREPINEPHRINE**

LEVOTHYROXINE SODIUM (SYNTHROID, LEVOTHROID)
AHFS 68:36.04 THYROID AGENTS

LIDEX --SEE-- **FLUOCINONIDE**

LIDOCAINE HCL (eg. XYLOCAINE)
AHFS 24:04 CARDIAC DRUGS
AHFS 72:00 LOCAL ANESTHETICS

LINDANE (eg. GAMMA BENZENE HEXACHLORIDE, KILDANE, KWELL)
AHFS 84:04.12 SCABICIDES AND PEDICULICIDES
SHAMPOO NOT APPROVED
**DO NOT USE IN PATIENTS WITH SEIZURE DISORDERS, OPEN WOUNDS,
CHRONIC, ACTIVE LIVER DISEASE, OR IN PREGNANT FEMALES**

LIORESAL --SEE-- **BACLOFEN**

LIOTHYRONINE SODIUM (eg. CYTOMEL)
AHFS 68:36.04 THYROID AGENTS

LISINAPRIL (eg. PRINIVIL, ZESTRIL)
AHFS 24:04 CARDIAC DRUGS

LITHANE --SEE-- **LITHIUM CARBONATE**

LITHIUM CARBONATE (eg. LITHANE, ESKALITH, LITHOBID)
AHFS 28:28 ANTIMANIC AGENTS
RESTRICTED TO PHYSICIANS
PILL LINE ITEM

LITHIUM CITRATE (eg. CIBALITH-S)
AHFS 28:28 ANTIMANIC AGENTS
RESTRICTED TO PHYSICIANS
PILL LINE ITEM

LOBANA --SEE-- **LOTION, HOSPITAL**

LOMUSTINE (eg. CCNU, CEENU)
AHFS 10:00 ANTINEOPLASTIC AGENTS

LONITEN --SEE-- **MINOXIDIL**

LOPERAMIDE HCL (eg. IMODIUM)
AHFS 56:08 ANTIDIARRHEA AGENTS

LOPID --SEE-- **GEMFIBROZIL**

LOPRESSOR --SEE-- **METAPROLOL**

LORAZEPAM (eg. ATIVAN)

CONTROLLED SUBSTANCE (C-IV)

AHFS 28:24.08 BENZODIAZEPINES

RESTRICTED TO PHYSICIANS

ORDERS MAY NOT EXCEED 30 DAYS, AND ARE NON-RENEWABLE

EXCEPTION FOR TERMINAL, HOSPICE-TYPE INMATES

** PILL LINE ITEM **

LOTION, HOSPITAL (eg. KERI LOTION, LUBRIDERM, LOBANA)

AHFS 84:24 EMOLLIENTS, DEMULCENTS, AND PROTECTANTS

***FOR INPATIENT, DIALYSIS PATIENT,

PSORIATIC PATIENTS, AND PUVA PATIENTS ONLY***

LOTRIMIN --SEE-- **CLOTRIMAZOLE**

LOVENOX --SEE-- **ENOXAPARIN**

LOXAPINE (eg. LOXITANE)

AHFS 28:16.08 TRANQUILIZERS

RESTRICTED TO PHYSICIANS

** PILL LINE ITEM **

LOXITANE --SEE-- **LOXAPINE**

LTA KIT --SEE-- **LARYNGOTRACHEAL ANAESTHESIA KIT**

LUBRICANT, OCCULAR (eg. LACRI-LUBE)

AHFS 52:36 MISC. EENT DRUGS

LUBRICANT, SURGICAL

AHFS 84:36 MISC. SKIN AND MUCOUS MEMBRANE AGENTS

LUBRIDERM --SEE-- **LOTION, HOSPITAL**

LUPRON --SEE-- **LEUPROLIDE ACETATE**

LYSODREN --SEE-- **MITOTANE**

MAALOX --SEE-- **ALUMINUM HYDROXIDE/MAGNESIUM HYDROXIDE/SIMETHICONE**

MACRODANTIN --SEE-- **NITROFURANTOIN**

MAGNESIUM CITRATE (CITRATE OF MAGNESIA)

AHFS 56:12 CATHARTICS AND LAXATIVES

MAGNESIUM HYDROXIDE (MILK OF MAGNESIA)

AHFS 56:04 ANTACIDS AND ADSORBENTS

*** NOTE: MAY BE DISPENSED WITH OTC LABELING ***

MAGNESIUM OXIDE (MAG-OX)
AHFS 56:04 ANTACIDS AND ADSORBENTS

MAGNESIUM SULFATE
AHFS 28:12.92 MISC. ANTICONVULSANTS
EPSOM SALTS NOT APPROVED

MAGNEVIST --SEE-- **GADOPENTETATE DIMEGLUMINE**

MAG-OX --SEE-- **MAGNESIUM OXIDE**

MALOGEN --SEE-- **TESTOSTERONE PROPIONATE**

MANDELAMINE --SEE-- **METHENAMINE MANDELATE**

MANNITOL
AHFS 36:40 KIDNEY FUNCTION (DIAGNOSTIC TEST)

MARCAINE --SEE-- **BUPIVACAINE**

MATULANE --SEE-- **PROCARBAZINE**

MAXITROL --SEE-- **NEOMYCIN & POLYMXIN B & DEXAMETHASONE**

MAXZIDE --SEE-- TRIAMTERENE & HYDROCHLOROTHIAZIDE

MAZICON --SEE-- **FLUMAZENIL**

MEASLES, MUMPS, RUBELLA VACCINE (eg. MMR II)
AHFS 80:12 VACCINES

MEBENDAZOLE (eg. VERMOX)
AHFS 8:08 ANTHELMINTICS

MECHLORETHAMINE HCL (eg. MUSTARGEN, NITROGEN MUSTARD, MUSTINE)
AHFS 10:00 ANTINEOPLASTIC AGENTS

MECLIZINE HCL (eg. ANTIVERT)
AHFS 56:22 ANTI-EMETICS

MEDIPLAST --SEE-- **SALICYLIC ACID**

MEDROXYPROGESTERONE ACETATE (CYCRIN)
AHFS 68:32 PROGESTINS
** MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER
CHANGE**

MEGACE --SEE-- **MEGESTROL ACETATE**

MEGESTROL ACETATE (eg. MEGACE)
AHFS 10:00 ANTINEOPLASTIC AGENTS

MELLARIL --SEE-- **THIORIDAZINE**

MELPHALAN (eg. ALKERAN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

MEPERIDINE HCL (eg. DEMEROL)
CONTROLLED SUBSTANCE (C-II)
AHFS 28:08.08 OPIATE AGONISTS
RESTRICTED TO PHYSICIANS
ORDER MAY NOT EXCEED 3 DAYS
ORAL FORM NOT APPROVED
** PILL LINE ITEM **

MEPIVACAINE HCL (eg. CARBOCAINE, POLOCAINE)
AHFS 72:00 LOCAL ANESTHETICS

MERCAPTOPURINE (eg. 6-MP, PURINETHOL)
AHFS 10:00 ANTINEOPLASTIC AGENTS

MESALAMINE (eg. ASACOL, ROWASA)
AHFS 56:40 MISCELLANEOUS GI DRUGS
*** USE IN SULFASALAZINE FAILURE OR ALLERGY ***

MESNA (eg. MESNEX, UROMITEXAN)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

MESNEX --SEE-- **MESNA**

MESTINON --SEE-- **PYRIDOSTIGMINE BROMIDE**

METAMUCIL --SEE-- **PSYLLIUM HYDROPHILIC COLLOID**

METAPROTERENOL SULFATE (eg. ALUPENT)
AHFS 12:12 SYMPATHOMIMETIC AGENTS
** ORAL TABLETS NOT APPROVED **

■ **METFORMIN** (eg. GLUCOPHAGE)
AHFS 68:20.92 ANTIDIABETIC AGENTS
PHYSICIAN USE ONLY

METHADONE HCL
CONTROLLED SUBSTANCE (C-II)
AHFS 28:08.08 OPIATE AGONISTS
** RESTRICTED TO PHYSICIANS **
** ORDER MAY NOT EXCEED 3 DAYS **
** TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF
ADMINISTRATION **

METHENAMINE MANDELATE (eg. MANDELAMINE)
AHFS 8:36 URINARY ANTI-INFECTIVES

METHERGINE --SEE-- **METHYLERGONOVINE**

- # **METHIMAZOLE** (eg. TAPAZOLE)
AHFS 68:36.08 ANTITHYROID AGENTS
- # **METHOTREXATE SODIUM** (eg. MTX)
AHFS 10:00 ANTINEOPLASTIC DRUGS
- # **METHOXSALEN** (eg. 8-MOP, OXSORALEN)
AHFS 84:50 PIGMENTING AGENTS
- # **METHYLENE BLUE**
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
- # **METHYLERGONOVINE MALEATE** (eg. METHERGINE)
AHFS 76:00 OXYTOCICS
- # **METHYLPHENIDATE HCL** (eg. RITALIN)
CONTROLLED SUBSTANCE (C-II)
AHFS 28:20 RESPIRATORY & CEREBRAL STIMULANTS
RESTRICTED TO PHYSICIANS
** ORDER MAY NOT EXCEED 30 DAYS **
** PILL LINE ITEM **
- # **METHYLPREDNISOLONE** (eg. DEPO-MEDROL, SOLU-MEDROL)
AHFS 68:04 ADRENALS
- # **METHYLTESTOSTERONE** (eg. ANDROID, ORETON)
CONTROLLED SUBSTANCE (C-III)
AHFS 68:08 ANDROGENS
RESTRICTED TO PHYSICIANS
ORDER MAY NOT EXCEED 30 DAYS
** PILL LINE ITEM **
** TOPICAL PATCH NOT APPROVED **
- # **METOCLOPRAMIDE HCL** (eg. REGLAN)
AHFS 56:40 MISC. GI DRUGS
- # **METOLAZONE** (eg. DIULO, ZAROXLYN)
AHFS 40:28 DIURETICS
- # **METOPROLOL TARTRATE** (eg. LOPRESSOR)
AHFS 24:04 CARDIAC DRUGS
- METROGEL --SEE-- **METRONIDAZOLE**
- # **METRONIDAZOLE** (eg. FLAGYL, METROGEL, PROTOSTAT)
AHFS 8:40 MISC. ANTI-INFECTIVES
AHFS 84:04.16 MISC. LOCAL ANTI-INFECTIVES
** INJECTION LIMITED TO PATIENTS THAT ARE NPO **

MEXELITINE (eg. MEXITIL)
AHFS 24:04 CARDIAC DRUGS
** CARDIOLOGIST INITIATED THERAPY ONLY **

MEXITIL --SEE-- **MEXELITINE**

MICONAZOLE NITRATE (eg. MONISTAT-7)
AHFS 84:04.08 TOPICAL ANTIFUNGALS

MICRONASE --SEE-- **GLYBURIDE**

MIDAZOLAM HCL (eg. VERSED)
CONTROLLED SUBSTANCE (C-IV)
AHFS 28:24.08 BENZODIAZEPINES
RESTRICTED TO PHYSICIANS
FOR ANESTHESIA/SURGERY USE ONLY

MIDRIN --SEE-- ISOMETHEPTENE & DICHLORPHENAZONE & ACETAMINOPHEN

MILK OF MAGNESIA --SEE-- **MAGNESIUM HYDROXIDE**

MINERAL OIL (HEAVY MINERAL OIL)
AHFS 56:12 CATHARTICS AND LAXATIVES

MINIPRESS --SEE-- **PRAZOSIN**

MINOXIDIL (eg. LONITEN)
AHFS 24:08 HYPOTENSIVE AGENTS

MIOCHOL --SEE --**ACETYLCHOLINE CHLORIDE**

MISOPROSTOL (eg. CYTOTEC)
AHFS 56:40 MISC GI DRUGS

MITHRACIN --SEE-- **PLICAMYCIN**

MITHRAMYCIN --SEE-- **PLICAMYCIN**

MITOMYCIN (eg. MUTAMYCIN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

MITOTANE (eg. LYSODREN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

MIVACRON --SEE-- **MIVACURIUM**

MIVACURIUM CHLORIDE (eg. MIVACRON)
AHFS 12:20 SKELETAL MUSCLE RELAXANTS

MONISTAT-7 --SEE-- **MICONAZOLE NITRATE**

8-MOP --SEE-- **METHOXSALEN**

MORPHINE SULFATE (eg. DURAMORPH)
CONTROLLED SUBSTANCE (C-II)
AHFS 28:08.08 OPIATE AGONISTS
RESTRICTED TO PHYSICIANS
ORDER MAY NOT EXCEED 3 DAYS
** PILL LINE ITEM **

MOTRIN --SEE-- IBUPROFEN

MS CONTIN --SEE-- **MORPHINE SULFATE**

MUCOMYST --SEE-- **ACETYLCYSTEINE**

MULTIVITAMIN --SEE-- **VITAMINS, MULTIPLE**

MUMPS VIRUS VACCINE (eg. MUMPSVAX)
AHFS 80:12 VACCINES

MUPIROCIN (eg. BACTROBAN)
AHFS 84:04.04 TOPICAL ANTIBIOTICS
RESTRICTED TO PHYSICIANS

MUSTARGEN --SEE-- **MECHLORETHAMINE**

MUTAMYCIN --SEE-- **MITOMYCIN**

MYAMBUTOL --SEE-- **ETHAMBUTOL**

MYCELEX --SEE-- **CLOTRIMAZOLE**

MYDRIACYL --SEE-- **TROPICAMIDE**

MYLANTA --SEE-- **ALUMINUM HYDROXIDE/MAGNESIUM HYDROXIDE/SIMETHICONE**

MYLERAN --SEE-- **BUSULFAN**

MYLICON --SEE-- **SIMETHICONE**

MYOCHRYSINE --SEE-- **GOLD SODIUM THIOMALATE**

MYSOLINE --SEE-- **PRIMIDONE**

NADOLOL (eg. CORGARD)
AHFS 24:04 CARDIAC DRUGS

NANDROLONE (eg. DECA-DURABOLIN)
AHFS 10:00 ANTINEOPLASTIC AGENTS
*** MEDICAL CENTER RESTRICTED ***
*** FOR ONCOLOGY USE ONLY ***

NAFCIL --SEE-- **NAFCILLIN**

NAFCILLIN SODIUM (eg. NAFCIL, UNIPEN)
AHFS 8:12.16 PENICILLINS

NALBUPHINE HCL (eg. 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 (eg. NARCAN)
AHFS 28:10 OPIATE ANTAGONISTS

NAPHAZOLINE & ANTAZOLINE (eg. VASOCON-A)
AHFS 52:32 EENT VASOCONSTRICTORS

NAPROXEN SODIUM (eg. ANAPROX)
AHFS 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

NARCAN --SEE-- **NALOXONE**

NAVANE --SEE--**THIOTHIXENE**

NEBCIN --SEE-- **TOBRAMYCIN**

NEBUPENT --SEE-- **PENTAMIDINE ISETHIONATE**

NEDOCROMIL SODIUM (eg. TILADE)
AHFS 92:00 MISCELLANEOUS THERAPEUTIC AGENTS

■ **NEFAZODONE** (eg. SERZONE)
AHFS 28:16.04 ANTIDEPRESSANTS
PHYSICIAN USE ONLY
PILL LINE ONLY

* **NELFINAVIR** (eg. VIRACEPT)
AHFS 8:18 ANTIVIRALS
** PHYSICIAN INITIATION ONLY **

NEO-DECADRON --SEE-- **NEOMYCIN & DEXAMETHASONE**

NEOMYCIN SULFATE
AHFS 8:12.02 AMINOGLYCOSIDES

- # **NEOMYCIN & DEXAMETHASONE** (eg. 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 IRRIGANT** (eg. NEOSPORIN GU IRRIGANT)
AHFS 84:04.04 TOPICAL ANTIBIOTICS
- ! **NEOMYCIN & POLYMYXIN B & GRAMICIDIN** (eg. NEOSPORIN OPTH)
AHFS 52:04.04 EENT ANTIBIOTICS
OPHTHALMIC SOLUTION ONLY
- # **NEOMYCIN & POLYMYXIN B & DEXAMETHASONE** (eg. MAXITROL)
AHFS 52:04.04 EENT ANTIBIOTICS
AHFS 52:08 EENT ANTI-INFLAMMATORY AGENTS
ON ORDER OF PHYSICIAN OR OPTOMETRIST ONLY
- # **NEOMYCIN & POLYMYXIN B & HYDROCORTISONE** (eg. CORTISPORIN)
AHFS 52:04.04 EENT ANTIBIOTICS
AHFS 52:08 TOPICAL ANTI-INFLAMMATORY AGENTS
*** OPHTHALMIC SUSPENSION ON ORDER OF OPTOMETRIST OR
PHYSICIAN ONLY ***

NEOSPORIN GU IRRIGANT --SEE-- **NEOMYCIN & POLYMYXIN B**

- # **NEOSTIGMINE METHYLSULFATE** (eg. PROSTIGMIN)
AHFS 12:04 PARASYMPATHOMIMETIC AGENTS

NEO-SYNEPHRINE --SEE-- **PHENYLEPHRINE**

NEUPOGEN --SEE-- **FILGASTRIM**

NEURONTIN --SEE-- **GABAPENTIN**

NEUTRA-PHOS --SEE-- **PHOSPHORUS**

- ! **NEVIRAPINE** (eg. VIRAMUNE)
AHFS 8:18 ANTIVIRALS
PHYSICIAN INITIATION ONLY

- # **NIACIN** (eg. NICOTINIC ACID)
AHFS 24:06 ANTILIPEMIC AGENTS
AHFS 88:08 VITAMIN B COMPLEX
*** SLOW-RELEASE DOSAGE FORMS NOT APPROVED ***

NICOTINIC ACID --SEE-- **NIACIN**

NIFEREX --SEE-- **POLYSACCHARIDE-IRON COMPLEX**

NILSTAT --SEE-- **MYCOSTATIN**

NIPRIDE --SEE-- **SODIUM NITROPRUSSIDE**

* **NISOLDIPINE** (eg. SULAR)
AHFS 24:04 CARDIAC DRUGS

NITRO-BID --SEE-- **NITROGLYCERIN**

NITRODISC --SEE-- **NITROGLYCERIN**

NITROFURANTOIN (eg. MACRODANTIN)
AHFS 8:36 URINARY ANTI-INFECTIVES

NITROGEN MUSTARD --SEE-- **MECHLORETHAMINE HCL**

NITROGLYCERIN (eg. 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 (eg. LEVOPHED)
AHFS 12:12 SYMPATHOMIMETIC AGENTS

NORETHINDRONE ACETATE (eg. AYGESTIN, NORLUTATE)
AHFS 68:32 PROGESTINS

NORETHINDRONE & ETHINYL ESTRADIOL (eg. ORTHO NOVUM 7/7/7)
AHFS 68:12 CONTRACEPTIVES

NORETHINDRONE & ETHINYL ESTRADIOL (eg. NORINYL 1+35, ORTHO
NOVUM 1/35)
AHFS 68:12 CONTRACEPTIVES

NORETHINDRONE & MESTRANOL (eg. NORINYL 1+50,
ORTHO NOVUM 1/50)
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-- **LABETOLOL**

NORPACE --SEE-- **DISOPYRAMIDE**

NORPRAMIN --SEE-- **DESIPRAMINE**

NORTRIPTYLINE HCL (eg. AVENTYL, PAMELOR)
AHFS 28:16.04 ANTIDEPRESSANTS
RESTRICTED TO PHYSICIANS
** PILL LINE ITEM **

NORVASC --SEE-- **AMLODIPINE**

NORVIR --SEE-- RITONAVIR

NOVOLIN --SEE-- **INSULIN**

NUBAIN --SEE-- **NALBUPHINE**

NUPERCAINAL --SEE-- **DIBUCAINE**

NUTRITIONAL SUPPLEMENTS
AHFS 40:20 CALORIC AGENTS
READY-TO-FEED LIQUID
*** RESTRICTED TO PHYSICIAN OR DIETICIAN ***
*** FOR BROKEN JAW, TEMPORARY DENTAL PROCEDURES, WASTING
SYNDROME, OR FORCE FEEDING DURING HUNGER STRIKE ***
*** DISPENSE ONLY ONE CAN AT A TIME ***
*** PILL LINE ONLY ***

NYSTATIN (eg. MYCOSTATIN, NILSTAT)
AHFS 84:04.08 TOPICAL ANTIFUNGALS
8:12.04 ANTIFUNGALS

OATMEAL, COLLOIDAL (eg. AVEENO OILATED BATH)
AHFS 84:36 MISC TOPICAL AGENTS
*** INPATIENT USE ONLY ***

OCEAN NASAL SPRAY --SEE-- **SODIUM CHLORIDE**

OCTREOTIDE ACETATE (eg. SANDOSTATIN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

! OLANZAPINE (eg. ZYPREXA)

AHFS 28:16.08 TRANQUILIZERS

PHYSICIAN USE ONLY

PILL LINE ONLY

OMNIPEN --SEE-- **AMPICILLIN SODIUM**

ONCOVIN --SEE-- VINCRISTINE

ONDANSETRON HCL (eg. ZOFRAN)

AHFS 56:22 ANTIEMETICS

RESTRICTED TO POST-SURGERY & CHEMOTHERAPY USE ONLY

OPHTHAINE --SEE-- **PROPACAIN**

OPIUM AND BELLADONNA SUPPOSITORIES (eg. B & O)

CONTROLLED SUBSTANCE (C-II)

AHFS 28:08.08 OPIATE AGONISTS

RESTRICTED TO PHYSICIANS

ORDER MAY NOT EXCEED 3 DAYS

FOR INPATIENT USE ONLY

OPTICROM --SEE-- CROMOLYN

ORABASE --SEE-- **GELATIN & PECTIN & SODIUM
CARBOXYMETHYLCELLULOSE GEL**

ORETON --SEE-- **METHYLTESTOSTERONE**

ORTHO NOVUM 1/35 --SEE-- **NORETHINDRONE & ETHINYL ESTRADIOL**

ORTHO NOVUM 1/50 --SEE-- **NORETHINDRONE & MESTRANOL**

ORTHO NOVUM 7/7/7 --SEE-- **NORETHINDRONE & ETHINYL ESTRADIOL**

OS-CAL 250+D --SEE-- **CALCIUM CARBONATE WITH VITAMIN D**

OXIDIZED CELLULOSE (eg. SURGICEL, OXYCEL)

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

OXSORALEN --SEE-- **METHOXSALEN**

OXYBUTYNIN CHLORIDE (eg. DITROPAN)

AHFS 86:12 GENITOURINARY SMOOTH MUSCLE RELAXANTS

OXYCEL --SEE-- **OXIDIZED CELLULOSE**

OXYCODONE & ACETAMINOPHEN (eg. PERCOCET)

CONTROLLED SUBSTANCE (C-II)

AHFS 28:08.08 OPIATE AGONISTS

*** RESTRICTED TO PHYSICIANS ***

*** ORDER MAY NOT EXCEED 3 DAYS ***

*** PILL LINE ITEM ***

OXYTOCIN (eg. PITOCIN)

AHFS 76:00 OXYTOCICS

PACLITAXEL (eg. TAXOL)

AHFS 10:00 ANTINEOPLASTIC AGENTS

PAMELOR --SEE-- **NORTRIPTYLINE**

PAMIDRONATE DISODIUM (eg. AREDIA)

AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

PANCRELIPASE (eg. VIOKASE)

AHFS 56:16 DIGESTANTS

PANCURONIUM (eg. PAVULON)

AHFS 12:20 SKELETAL MUSCLE RELAXANTS

PARAPLATIN --SEE-- **CARBOPLATIN**

PARENTERAL NUTRITION

AHFS: 40:00 ELECTROLYTIC, CALORIC, AND WATER BALANCE

PARLODEL --SEE-- **BROMOCRIPTINE**

■ **PAROXETINE** (eg. PAXIL)

AHFS 28:16.04 ANTIDEPRESSANTS

PHYSICIAN USE ONLY

PILL LINE ITEM

PAVULON --SEE-- **PANCURONIUM**

PAXIL --SEE-- **PAROXETINE**

* **PEAK FLOW METER** (eg. ASSESS)

PENICILLAMINE (eg. CUPRIMINE)

AHFS 64:00 HEAVY METAL ANTAGONISTS

PENICILLIN G, BENZATHINE (eg. BICILLIN L-A)

AHFS 8:12.16 PENCILLINS

PENCILLIN G, POTASSIUM

AHFS 8:12.16 PENCILLINS

PENCILLIN G, PROCAINE (eg. CRYSTICILLIN, WYCILLIN)
AHFS 8:12.16 PENCILLINS

PENCILLIN V POTASSIUM (eg. PEN VK)
AHFS 8:12.16 PENCILLINS

PENTAGASTRIN (eg. PEPTAVLON)
AHFS 36:36 GASTRIC FUNCTION (DIAGNOSTIC TEST)

PENTAMIDINE ISETHIONATE (eg. NEBUPENT, PENTAM)
AHFS 8:40 MISC. ANTI-INFECTIVES

PENTOTHAL --SEE-- **THIOPENTAL SODIUM**

PENTOXIFYLLINE (eg. TRENTAL)
AHFS 20:24 HEMORRHEOLOGIC AGENTS

PEPTAVLON --SEE-- **PENTAGASTRIN**

PEPTO-BISMOL --SEE-- **BISMUTH SUBSALICYLATE**

PERCOCET --SEE-- **OXYCODONE/ACETAMINOPHEN**

PERIACTIN --SEE-- **CYPROHEPTADINE HCL**

PERIDEX --SEE-- **CHLORHEXIDINE GLUCONATE**

PERMETHRIN (eg. NIX, ELIMITE)
AHFS 84:04.12 SCABICIDES AND PEDICULICIDES
** THIS PRODUCT NOT APPROVED FOR PROPHYLAXIS **

PERPHENAZINE (eg. TRILAFON)
AHFS 28:16.08 TRANQUILIZERS
*** RESTRICTED TO PHYSICIANS ***
*** PILL LINE ITEM ***

PERSANTINE --SEE-- **DIPYRIDAMOLE**

PETROLATUM
AHFS 96:00 PHARMACEUTICAL AIDS

PHENAZOPYRIDINE HCL (eg. PYRIDIUM)
AHFS 84:08 ANTIPRURITICS AND LOCAL ANESTHETICS

PHENERGAN --SEE-- **PROMETHAZINE**

PHENOBARBITAL**CONTROLLED SUBSTANCE (C-IV)**

AHFS 28:12.04 ANTICONVULSANTS: BARBITURATES

AHFS 28:24.04 BARBITURATES

*** RESTRICTED TO PHYSICIANS ***

*** ORDER MAY NOT EXCEED 30 DAYS ***

*** PILL LINE ITEM ***

PHENOXYBENZAMINE HCL (eg. DIBENZYLINE)

AHFS 12:16 SYMPATHOLYTIC AGENTS

PHENTOLAMINE MESYLATE (eg. REGITINE)

AHFS 12:16 SYMPATHOLYTIC AGENTS

PHENYLEPHRINE HCL (eg. NEO-SYNEPHRINE)

AHFS 12:12 SYMPATHOMIMETIC AGENTS

AHFS 52:24 EENT MYDRIATICS

AHFS 52:32 EENT VASOCONSTRICTOR

NASAL PREPARATIONS NOT APPROVED

PHENYTOIN (eg. DILANTIN)

AHFS 28:12.12 ANTICONVULSANTS: HYDANTOINS

*** NON-SUBSTITUTABLE -- USE DILANTIN ONLY IN ORAL
FORMULATION***

*** USE SUSPENSION WITH CAUTION ***

PHOS-EX --SEE-- **CALCIUM ACTATE**PHOSLO --SEE-- **CALCIUM ACETATE**PHOSPHOLINE IODIDE --SEE-- **ECHOTHIOPATE**# **PHOSPHORUS (eg. NEUTRA-PHOS)**

AHFS 40:12 REPLACEMENT PREPARATIONS

PHYSOSTIGMINE SALICYLATE (eg. ANTILIRIUM)

AHFS 12:04 PARASYMPATHOMIMETIC AGENTS

PHYTONADIONE (eg. VITAMIN K-1, MEPHYTON, AQUA-MEPHYTON)

AHFS 88:24 VITAMIN K ACTIVITY

PILOCAR --SEE-- **PILOCARPINE**# **PILOCARPINE (eg. ISOPTO-CARPINE, PILOCAR)**

AHFS 52:20 EENT MIOTICS

PINDOLOL (eg. VISKEN)

AHFS 24:08 HYPOTENSIVE AGENTS

- * **PIPERACILLIN/TAZOBACTAM** (eg. ZOSYN)
AHFS 8:12.07 MISC B-LACTAM ANTIBIOTICS
MEDICAL CENTER ONLY

- # **PIROXICAM** (eg. FELDENE)
AHFS 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

- PITOCIN --SEE-- **OXYTOCIN**

- PLAQUENIL --SEE-- **HYDROXYCHLOROQUINE**

- # **PLASMA PROTEIN FRACTION** (eg. PLASMANATE, PPF)
AHFS 16:00 BLOOD DERIVATIVES

- PLASMANATE --SEE-- **PLASMA PROTEIN FRACTION**

- PLATINOL --SEE-- **CISPLATIN**

- PLAVIX --SEE-- **CLOPIDOGREL**

- # **PLICAMYCIN** (eg. MITHRACIN, MITHRAMYCIN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

- # **PNEUMOCOCCAL VACCINE, POLYVALENT** (eg. PNEUMOVAX, PNU-IMUNE)
AHFS 80:12 VACCINES

- PNEUMOVAX --SEE-- **PNEUMOCOCCAL VACCINE**

- PNU-IMUNE --SEE-- **PNEUMOCOCCAL VACCINE, POLYVALENT**

- # **PODOPHYLLUM** (eg. CONDYLOX)
AHFS 84:28 KERATOLYTIC AGENTS

- POLOCAINE --SEE-- **MEPIVACAINE**

- POLYCITRA K --SEE-- **POTASSIUM CITRATE/CITRIC ACID**

- # **POLYETHYLENE GLYCOL-ELECTROLYTE SOLUTION** (eg. GOLYTELY)
AHFS 56:12 CATHARTICS AND LAXATIVES

- POLYMOX --SEE-- **AMOXICILLIN TRIHYDRATE**

- * **POLYMXIN B AND BACITRACIN** (eg. POLYSPORIN)
AHFS 52:04.04 ENT ANTIBIOTICS
AHFS 84:04.04 TOPICAL ANTIBIOTICS

- # **POLYSACCHARIDE-IRON COMPLEX** (eg. NIFEREX)
AHFS 20:04:04 IRON PREPARATIONS
*** RESTRICTED TO DIALYSIS PATIENTS ***

- PONTOCAINE --SEE-- **TETRACAINE**

- # **POTASSIUM CHLORIDE** (KCL)
AHFS 40:12 REPLACEMENT PREPARATIONS

- **POTASSIUM CITRATE** (eg. UROCIT K)
AHFS 40:12 REPLACEMENT PREPS

- # **POTASSIUM IODIDE/IODINE** (eg. LUGOL'S SOLUTION, STRONG IODINE)
AHFS 84:04.16 MISC. LOCAL ANTI-INFECTIVES

- # **POVIDONE IODINE** (eg. BETADINE)
AHFS 84:04.16 MISC. LOCAL ANTI-INFECTIVES

- PPD --SEE-- **TUBERCULIN, PURIFIED PROTEIN DERIVATIVE**

- PPF --SEE-- **PLASMA PROTEIN FRACTION**

- # **PRAZOSIN HCL** (eg. MINIPRESS)
AHFS 24:08 HYPOTENSIVE AGENTS

- PRED FORTE --SEE-- **PREDNISOLONE ACETATE**

- PRED MILD --SEE-- **PREDNISOLONE ACETATE**

- # **PREDNISOLONE ACETATE** (eg. PRED MILD, PRED FORTE)
AHFS 52:08 EENT ANTI-INFLAMMATORY AGENTS
*** LIMITED TO OPTOMETRIST OR PHYSICIAN ***

- # **PREDNISOLONE ACETATE/SULFACETAMIDE**
AHFS 52:08 EENT ANTI-INFLAMMATORY AGENTS
52:04.08 EENT SULFONAMIDES
*** LIMITED TO OPTOMETRIST OR PHYSICIAN ***

- # **PREDNISONE** (eg. DELTASONE, ORASONE)
AHFS 68:04 ADRENALS

- PREMARIN --SEE-- **ESTROGENS, CONJUGATED**

- PRENATAL VITAMINS --SEE-- **VITAMINS, PRENATAL**

- PREVACID --SEE-- **LANSOPRAZOLE**

- # **PRIMIDONE** (eg. MYSOLINE)
AHFS 28:12.04 ANTICONVULSANTS: BARBITURATES
*** PILL LINE ITEM ***

- PRINIVIL --SEE-- **LISINOPRIL**

- # **PROBENECID** (eg. BENEMID)
AHFS 40:40 URICOSURIC AGENTS

PROCAINAMIDE HCL (eg. PRONESTYL, PROCAN SR)
AHFS 24:04 CARDIAC DRUGS

PROCAN-SR --SEE-- **PROCAINAMIDE**

PROCARBAZINE HCL (eg. MATULANE)
AHFS 10:00 ANTINEOPLASTIC AGENTS

PROCHLORPERAZINE (eg. COMPAZINE)
AHFS 28:16.08 TRANQUILIZERS
56:22 ANTI-EMETICS
*** RECTAL SUPPOSITORY FOR INPATIENT USE ONLY ***
*** RESTRICTED TO PHYSICIANS ***

PROCRIT --SEE- **EPOETIN ALFA**

PROGESTIN --SEE-- **PROGESTERONE**

PROGESTERONE (eg. PROGESTIN, GESTEROL)
AHFS 68:32 PROGESTOGENS
*** NOTE: USE OF HORMONES IN TRANSEXUALS REQUIRES PRIOR
APPROVAL BY MEDICAL DIRECTOR ***

PROLIXIN --SEE-- **FLUPHENAZINE**

PROMETHAZINE HCL (eg. PHENERGAN)
AHFS 4:00 ANTIHISTAMINE DRUGS
AHFS 28:24.92 MISC ANXIOLYTICS, SEDATIVES AND HYPNOTICS

PRONESTYL --SEE-- **PROCAINAMIDE**

PROPAFENONE (eg. RHYTHMOL)
AHFS 24:00 CARDIAC DRUGS
*** CARDIOLOGIST-INITIATED THERAPY ONLY ***

PROPARACAINE HCL (eg. OPTHAIN)
AHFS 52:16 EENT LOCAL ANESTHETICS

PROPINE --SEE-- **DIPIVEFRIN**

PROPOFOL (eg. DIPRIVAN)
AHFS 28:24.92 MISC. ANXIOLYTICS, SEDATIVES, HYPNOTICS

PROPRANOLOL HCL (eg. INDERAL)
AHFS 24:04 CARDIAC DRUGS

PROPULSID --SEE-- **CISAPRIDE**

PROPYLTHIOURACIL (eg. 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**

PSYLLIUM HYDROPHILIC MUCILLOID (eg. METAMUCIL)
AHFS 56:12 CATHARTICS AND LAXATIVES

PURINETHOL --SEE-- **MERCAPTOPYRINE**

PYRAZINAMIDE (eg. PZA)
AHFS 8:16 ANTITUBERCULOSIS AGENTS
** PILL LINE ITEM **

PYRIDIDIUM --SEE-- **PHENAZOPYRIDINE**

PYRIDOSTIGMINE BROMIDE (eg. MESTINON, REGONOL)
AHFS 12:08:04 ANTIPARKINSONIAN AGENTS

PYRIDOXINE HCL (eg. VITAMIN B-6)
AHFS 88:08 VITAMIN B COMPLEX

PYRIMETHAMINE (eg. DARAPRIM)
AHFS 8:20 ANTIMALARIAL AGENTS

* **QUETIAPINE** (eg. SEROQUEL)
AHFS 28:16.08 TRANZUILIZERS
PHYSICIAN USE ONLY
PILL LINE ITEM

QUINAGLUTE --SEE-- **QUINIDINE GLUCONATE**

QUINIDINE GLUCONATE (eg. QUINAGLUTE)
AHFS 24:04 CARDIAC DRUGS
*** NON-SUBSTITUTABLE -- USE **QUINAGLUTE** ONLY ***

QUINIDINE SULFATE
AHFS 24:04 CARDIAC DRUGS

* **RANITIDINE** (eg. ZANTAC)
AHFS 56:40 MISC GI DRUGS

REBETRON --SEE-- **INTERFRON ALFA 2B/RIBAVIRIN**

RECITINE --SEE-- **PHENTOLAMINE**

RECOMBIVAX-HB --SEE-- **HEPATITIS B VIRUS VACCINE INACTIVATED**

REGLAN --SEE-- **METOCLOPRAMIDE**

REGONOL --SEE-- **PYRIDOSTIGMINE**

RENO-M --SEE-- **DIATRIZOATE MEGLUMINE**

RESCRIPTOR --SEE-- **DELAVIRDINE**

■ **RESERPINE** (eg. SERPASIL)
AHFS 24:08 HYPOTENSIVE AGENT
PHYSICIAN USE ONLY
FOR HYPERTENSION ONLY

RESTORIL --SEE-- **TEMAZEPAM**

RETROVIR --SEE-- **ZIDOVUDINE**

R-GENE 10 --SEE-- **ARGININE HCL**

RHo IMMUNE GLOBULIN (eg. RHoGAM)
AHFS 80:04 SERUMS

RIFADIN --SEE-- **RIFAMPIN**

RIFABUTIN (eg. MYCOBUTIN)
AHFS 8:16 AGENTS

RIFAMPIN (eg. RIFADIN)
AHFS 8:16 ANTITUBERCULOSIS AGENTS
** PILL LINE ITEM **

RINGERS, LACTATED INJECTION
AHFS 40:12 REPLACEMENT PREPARATIONS

RISPERIDONE (eg. RISPERDAL)
AHFS 28:16.08 TRANQUILIZERS
PILL LINE ITEM
PHYSICIAN USE ONLY

RITALIN --SEE-- **METHYLPHENIDATE**

RITODRINE HCL (eg. YUTOPAR)
AHFS 12:12 SYMPATHOMIMETIC AGENTS

! **RITONAVIR** (eg. NORVIR)
AHFS 8:18 ANTIVIRALS
***PHYSICIAN INITIATION ONLY**

ROBINUL --SEE-- **GLYCOPYRROLATE**

ROCALTROL --SEE-- **CALCITROL**

ROCEPHIN --SEE-- **CEFTRIAZONE**

ROFERON-A --SEE-- **INTERFERON, ALFA-2A**

ROWASA --SEE-- **MESALAMINE**

RUFEN --SEE-- **IBUPROFEN**

RYTHMOL --SEE-- **PROPRAFENONE**

SALICYLIC ACID (eg. KERALYT, MEDIPLAST)
AHFS 84:28 KERATOLYTIC AGENTS

SALIVA SUBSTITUTE (eg. XERO-LUBE)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

SALSALATE (eg. DISALCID)
AHFS 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

SANDIMMUNE --SEE-- **CYCLOSPORINE**

SANDOSTATIN --SEE-- **OCTREOTIDE ACETATE**

SANTYL --SEE-- **COLLAGENASE**

SARNA --SEE-- **CAMPBOR & MENTHOL LOTION**

■ **SAQUINAVIR** (eg. FORTOVASE)
AHFS 8:18 ANTIVIRALS
PHYSICIAN USE ONLY

SCOPOLAMINE (eg. TRANSDERM-SCOP)
AHFS 12:08.08 ANTIMUSCARINICS/ANTISPASMODICS
AHFS 56:22 ANTIEMETICS (PATCHES)

SECRETIN
AHFS 36:61 PANCREATIC FUNCTION (DIAGNOSTIC TEST)

SELEGILINE (eg. DEPRENYL, ELDEPRYL)
AHFS 12:08.04 ANTIPARKINSONIAN AGENTS

SELENIUM SULFIDE (eg. EXSEL, SELSUN)
AHFS 84:04.16 MISC. LOCAL ANTI-INFECTIVES

SELSUN --SEE-- **SELENIUM SULFIDE**

SENNA (eg. X-PREP)
AHFS 56:12 CATHARTICS AND LAXATIVES

SENSORCAINE --SEE-- **BUPIVACAINE HCL**

SEPTRA DS --SEE-- **TRIMETHOPRIM & SULFAMETHOXAZOLE**

SEROQUEL --SEE-- **QUETIAPINE**

SERPASIL --SEE-- **RESERPINE**

SERTRALINE (eg. ZOLOFT)
AHFS 28:16.04 ANTIDEPRESSANTS
RESTRICTED TO PHYSICIANS
PILL LINE ITEM

SERZONE --SEE-- **NEFAZODONE**

! **SEVOFLURANE** (eg. 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 (eg. SILVADENE, SSD)
AHFS 84:04.16 MISC. LOCAL ANTI-INFECTIVES

SIMETHICONE (eg. MYLICON)
AHFS 56:10 ANTIFLATULENTS

* **SIMVASTATIN** (eg. ZOCOR)
AHFS 24:06 ANTILIPEMIC AGENTS
PHYSICIAN USE ONLY

SINCALIDE
AHFS 36:34 GALLBLADDER FUNCTION (DIAGNOSTIC TEST)

SINEMET --SEE-- **LEVODOPA/CARBIDOPA**

SINEQUAN --SEE-- **DOXEPIN**

SODA MINTS --SEE-- **SODIUM BICARBONATE**

SODIUM BICARBONATE
AHFS 40:08 ALKALINIZING AGENTS
AHFS 56:04 ANTACIDS AND ADSORBENTS

- # **SODIUM BISULFITE**
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

- # **SODIUM CHLORIDE** (eg. OCEAN)
AHFS 40:12 REPLACEMENT PREPARATIONS
40:36 IRRIGATING SOLUTIONS
52:36 MISC. EENT DRUGS

- # **SODIUM CITRATE AND CITRIC ACID** (eg. SHOHL'S SOLUTION,
BICITRA)
AHFS 40:08 ALKALINIZING AGENTS
USE RESTRICTED TO CHRONIC RENAL DISEASE

- # **SODIUM HYALURONATE** (eg. HEALON, AMVISC)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

- # **SODIUM NITROPRUSSIDE** (eg. NIPRIDE)
AHFS 24:08 HYPOTENSIVE AGENTS
CHECK METABOLITES

- # **SODIUM PHOSPHATE & SODIUM BIPHOSPHATE** (eg. FLEETS ENEMA)
AHFS 56:12 CATHARTICS AND LAXATIVES

- # **SODIUM POLYSTYRENE SULFONATE** (eg. KAYEXALATE)
AHFS 40:18 POTASSIUM-REMOVING RESIN

- # **SODIUM SALICYLATE**
AHFS 28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

- SOLU-CORTEF --SEE-- **HYDROCORTISONE**

- SOLU-MEDROL --SEE-- **METHYLPREDNISOLONE**

- # **SORBITOL**
AHFS 56:12 CATHARTICS AND LAXATIVES

- # **SOTALOL** (eg. BETAPACE)
AHFS 24:00 CARDIAC DRUGS
*** CARDIOLOGIST-INITIATED THERAPY ONLY ***

- # **SPIRONOLACTONE** (eg. ALDACTONE)
AHFS 40:28.10 POTASSIUM-SPARING DIURETICS

- SSD --SEE-- **SILVER SULFADIAZINE**

- STADOL --SEE-- **BUTORPHANOL**

- **STAVUDINE** (eg. ZERIT, D4T)
AHFS 8:18 ANTIVIRALS
PHYSICIAN USE ONLY

STELAZINE --SEE-- **TRIFLUOPERAZINE**

STREPTOKINASE
AHFS 20:40 THROMBOLYTIC AGENTS

STREPTOMYCIN SULFATE
AHFS 8:12.02 AMINOGLYCOSIDES

SUBLIMAZE --SEE-- **FENTANYL**

SUCCINYLCHOLINE CHLORIDE (eg. ANECTINE)
AHFS 12:20 SKELETAL MUSCLE RELAXANTS

SUCRALFATE (eg. CARAFATE)
AHFS 56:40 MISC. GI DRUGS

SULAMYD --SEE-- **SULFACETAMIDE SODIUM**

SULAR --SEE-- **NISOLDIPINE**

SULFACETAMIDE SODIUM (eg. SULAMYD)
AHFS 52:04.08 EENT SULFONAMIDES

SULFACETAMIDE & SODIUM PREDNISOLONE (eg. BLEPHAMIDE)
AHFS 52:04.08 EENT SULFONAMIDES
AHFS 52:08 EENT ANTI-INFLAMMATORY AGENTS
ON ORDER OF OPTOMETRIST OR PHYSICIAN ONLY

SULFADIAZINE
AHFS 8:24 SULFONAMIDES

SULFASALAZINE (eg. AZULFIDINE)
AHFS 8:24 SULFONAMIDES

SULINDAC (eg. CLINORIL)
AHFS 28:08.04 NONSTERIODAL ANTI-INFLAMMATORY AGENTS

SUMATRIPTAN (eg. IMITREX)
AHFS 92:00 UNCLASSIFIED THERAPEUTIC AGENTS
USE AFTER FAILURE OF ORAL THERAPY AND DIHYDROERGOTAMINE

SUMYCIN --SEE-- **TETRACYCLINE**

SUNSCREEN
AHFS 84:80 SUNSCREEN AGENTS

SUPRANE --SEE-- **DESFLURANE**

SURGICEL --SEE-- **OXIDIZED CELLULOSE**

SUS-PHRINE --SEE-- **EPINEPHRINE**

SUSTIVA --SEE-- **EFAVIRENZ**

SYMMETREL --SEE-- **AMANTADINE**

SYNTHROID --SEE-- **LEVOTHYROXINE**

TACE --SEE-- **CHLOROTRIANISENE**

TAGAMET --SEE-- **CIMETIDINE**

TAMOXIFEN CITRATE (eg. NOLVADEX)
AHFS 10:00 ANTINEOPLASTIC AGENTS

TAPAZOLE --SEE-- **METHIMAZOLE**

TAXOL -- SEE -- **PACLITAXEL**

TAZICEF -- SEE -- **CEFTAZIDIME**

TAZIDIME --SEE-- **CEFTAZIDIME**

TEARS, ARTIFICIAL (eg. ARTIFICIAL TEARS, TEARS NATURALE)
AHFS 52:36 MISC. EENT DRUGS

TEGRETOL --SEE-- **CARBAMAZEPINE**

TEMAZEPAM (eg. RESTORIL)
CONTROLLED SUBSTANCE (C-IV)
AHFS 28:24.08 BENZODIAZEPINES
RESTRICTED TO PHYSICIANS
** PILL LINE ITEM **
** ORDERS MAY NOT EXCEED 7 DAYS IN ANY 6 MONTH PERIOD**
** LIMITED TO MEDICAL CENTERS ONLY**

TEMOVATE --SEE-- **CLOBETASOL**

TENORMIN --SEE-- **ATENOLOL**

TENSILON --SEE-- **EDROPHONIUM**

TERAZOL --SEE-- **TERCONAZOLE**

TERBUTALINE SULFATE (eg. BRETHINE, BRICANYL)
AHFS 12:12 SYMPATHOMIMETIC AGENTS

TERCONAZOLE (eg. TERAZOL-3)
AHFS 84:04.08 ANTIFUNGALS

TESSALON --SEE-- **BENZONATATE**

TESTEX --SEE-- **TESTOSTERONE PROPIONATE**

TESTOSTERONE CYPIONATE (eg. DEPO-TESTOSTERONE, DURATEST)

CONTROLLED SUBSTANCE (C-III)

AHFS 68:08 ANDROGENS

RESTRICTED TO PHYSICIANS

ORDER MAY NOT EXCEED 30 DAYS

** PILL LINE ITEM **

***THERAPY MUST BE INITIATED BY ONCOLOGIST OR
ENDOCRINOLOGIST***

TESTOSTERONE ENANTHATE (eg. ANDRO L.A., DELATESTRYL)

CONTROLLED SUBSTANCE (C-III)

AHFS 68:08 ANDROGENS

RESTRICTED TO PHYSICIANS

ORDER MAY NOT EXCEED 30 DAYS

** PILL LINE ITEM **

**THERAPY MUST BE INITIATED BY ONCOLOGIST OR
ENDOCRINOLOGIST**

TESTOSTERONE PROPIONATE

CONTROLLED SUBSTANCE (C-III)

AHFS 68:08 ANDROGENS

** RESTRICTED TO PHYSICIANS**

** ORDER MAY NOT EXCEED 30 DAYS**

** PILL LINE ITEM **

** THERAPY MUST BE INITIATED BY ONCOLOGIST OR
ENDOCRINOLOGIST**

TETANUS IMMUNE GLOBULIN (eg. HYPERTET, TIG)

AHFS 80:04 SERUMS

TETANUS AND DIPHTHERIA TOXOIDS ADSORBED (ADULT)

AHFS 80:08 TOXOIDS

TETRACAINE HCL (eg. PONTOCAINE)

AHFS 52:16 ENT LOCAL ANESTHETICS

TETRACYCLINE (eg. ACHROMYCIN V, SUMYCIN)

AHFS 8:12.24 TETRACYCLINES

THEOCRON --SEE-- **THEOPHYLLINE**

THEOPHYLLINE ANHYDROUS (eg. THEOCRON)

AHFS 86:16 RESPIRATORY SMOOTH MUSCLE RELAXANTS

** NON-SUBSTITUTABLE--USE **THEOCRON** ONLY **

THIAMINE HCL (VITAMIN B-1)

AHFS 88:08 VITAMIN B COMPLEX

THIABENDAZOLE (eg. MINTEZOL)

AHFS 8:08 ANTIHELMINTICS

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- # **THIOGUANINE**
AHFS 10:00 ANTINEOPLASTIC AGENTS

- # **THIOPENTAL SODIUM** (eg. PENTOTHAL)
CONTROLLED SUBSTANCE (C-III)
AHFS 28:00 ANESTHETICS, BARBITURATE
RESTRICTED TO PHYSICIANS
FOR SURGERY/ANESTHESIA USE ONLY

- # **THIORIDAZINE HCL** (eg. MELLARIL)
AHFS 28:16.08 TRANQUILIZERS
RESTRICTED TO PHYSICIANS
** PILL LINE ITEM **

- # **THIOTEPA**
AHFS 10:00 ANTINEOPLASTIC AGENTS

- # **THIOTHIXENE** (eg. NAVANE)
AHFS 28:16.08 TRANQUILIZERS
RESTRICTED TO PHYSICIANS
** PILL LINE ITEM **

THORAZINE --SEE-- **CHLORPROMAZINE**

- # **THROMBIN, BOVINE**
AHFS 20:12.16 HEMOSTATICS

THYTROPAR --SEE-- **THYROTROPIN**

- # **THYROTROPIN** (eg. THYTROPAR, TSH)
AHFS 36:60 THYROID FUNCTION (DIAGNOSTIC TEST)

TIG --SEE-- **TETANUS IMMUNE GLOBULIN**

TIGAN --SEE-- **TRIMETHOENZAMIDE**

TILADE --SEE-- **NEDOCROMIL**

- # **TIMOLOL MALEATE (TIMOPTIC)**
AHFS 52:36 MISC. EENT DRUGS

TIMOPTIC --SEE-- **TIMOLOL**

TINACTIN --SEE-- **TOLNAFTATE**

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TOBRAMYCIN SULFATE (eg. NEBCIN)
AHFS 8:12.02 AMINOGLYCOSIDES
**USE ONLY AFTER DEMONSTRATED GENTAMYCIN FAILURE OR
RESISTANCE**

TOFRANIL --SEE-- **IMIPRAMINE**

TOLNAFTATE (eg. TINACTIN)
AHFS 84:04.08 TOPICAL ANTIFUNGALS
*** NOTE: MAY BE DISPENSED WITH OTC LABELING ***

TORADOL --SEE-- **KETEROLAC**

TPA --SEE-- **ALTEPLASE, RECOMBINANT**

TPN --SEE-- **PARENTERAL NUTRITION**

TRAZODONE HCL (eg. DESYREL)
AHFS 28:16.04 ANTIDEPRESSANTS
RESTRICTED TO PHYSICIANS
** PILL LINE ITEM **

TRENTAL --SEE-- **PENTOXIFYLLINE**

TRANSDERM NITRO --SEE-- **NITROGLYCERIN**

TRIAMCINOLONE (eg. ARISTOCORT, KENALOG)
AHFS 68:04 ADRENALS
84:06 TOPICAL ANTI-INFLAMMATORY AGENTS

TRIAMTERENE (eg. DYRENIUM)
AHFS 40:28.10 POTASSIUM-SPARING DIURETICS

TRIAMTERENE & HYDROCHLOROTHIAZIDE (eg. MAXZIDE)
AHFS 40:28.10 POTASSIUM-SPARING DIURETICS

TRICITRASOL --SEE--**ANTICOAGULANT SODIUM CITRATE CONCENTRATE**

TRIFLUOPERAZINE HCL (eg. STELAZINE)
AHFS 28:16.08 TRANQUILIZERS
RESTRICTED TO PHYSICIANS
**PILL LINE ITEM **

! **TRIFLURIDINE** (eg. VIROPTIC)
AHFS 8:18 ANTIVIRALS
AHFS 52:04.06 EENT ANTIVIRALS
RESTRICTED TO PHYSICIANS AND OPTOMETRISTS

TRIHEXYPHENIDYL HCL (eg. ARTANE)
AHFS 12:08.04 ANTIPARKINSONIAN AGENTS
RESTRICTED TO PHYSICIANS
**PILL LINE ITEM **

TRILAFON --SEE-- **PERPHENAZINE**

TRIMETHOBENZAMIDE (eg. TIGAN)
AHFS 56:22 ANTIEMETICS

TRIMETHOPRIM & SULFAMETHOXAZOLE (eg. BACTRIM DS,
CO-TRIMOXAZOLE, SEPTRA DS)
AHFS 8:40 MISC. ANTI-INFECTIVES

* **TRIPROLIDINE AND PSEUDOEPHEDRINE** (eg. ACTIFED)
AHFS 12:12 SYMPATHOMIMETIC AGENTS
AHFS 4:00 ANTIHISTAMINE DRUGS
RESTRICTED TO FIVE DAYS THERAPY ONLY

TROPICAMIDE (eg. MYDRIACYL)
AHFS 52:24 MYDRIATICS

TRUSOPT --SEE-- **DORZOLAMIDE**

TRYPSIN/BALSAM PERU/CASTOR OIL (eg. GRANULEX)
AHFS 84:36 MISC SKIN AND MUCOUS MEMBRANE AGENTS

TSH --SEE-- **THYROTROPIN**

TUBERCULIN, PURIFIED PROTEIN DERIVATIVE (eg. TUBERSOL)
AHFS 36:84 DIAGNOSTIC AGENTS-TUBERCULOSIS

TUBERSOL --SEE-- **TUBERCULIN, PURIFIED PROTEIN DERIVATIVE**

TYLENOL --SEE-- **ACETAMINOPHEN**

TYLENOL WITH CODEINE --SEE-- **CODEINE/ACETAMINOPHEN**

TYLOXAPOL (eg. ENUCLENE)
AHFS 52:36 MISC EENT DRUGS
** NOTE: FOR ARTIFICIAL EYES **

TYROPANOATE SODIUM (eg. BILOPAQUE)
AHFS 36:68 ROENTGENOGRAPHY

ULTANE --SEE-- **SEVOFLURANE**

UNASYN --SEE-- **AMPICILLIN SODIUM/SULBACTAM SODIUM**

UNIPEN --SEE-- **NAFCILLIN SODIUM**

URACIL MUSTARD (eg. URAMUSTINE)
AHFS 10:00 ANTINEOPLASTIC AGENTS

URECHOLINE --SEE-- **BETHANECHOL**

UROCIT K --SEE-- **POTASSIUM CITRATE**

UROKINASE (eg. ABBOKINASE OPENCATH)
AHFS 20:40 THROMBOLYTIC AGENTS
INJECTION, 5000 IU
*** NO OTHER DOSAGES APPROVED ***
*** FOR USE IN CATHETER CLEARANCE ***

UROMITEXAN --SEE-- **MESNA**

UROVIST --SEE-- **DIATRIZOATE SODIUM**

VALISONE --SEE-- **BETAMETHASONE VALERATE**

VALIUM --SEE-- **DIAZEPAM**

* **VALPROIC ACID** (eg. DEPAKENE)
AHFS 28:12.92 MISC ANTICONVULSANTS
PILL LINE ITEM WHEN USED AS A PSYCHOTROPIC

VANCENASE --SEE-- **BECLOMETHASONE DIPROPIONATE**

VANCENASE AQ --SEE-- **BECLOMETHASONE DIPROPIONATE**

VANCERIL --SEE-- **BECLOMETHASONE DIPROPIONATE**

VANCOGIN --SEE-- **VANCOMYCIN**

VANCOMYCIN HCL (eg. VANCOCIN, VANCOR)
AHFS 8:16 ANTIBIOTICS

VANCOR --SEE-- **VANCOMYCIN HCL**

VASOCON-A --SEE-- **NAPHAZOLINE & ANTAZOLINE**

VELBAN --SEE-- **VINBLASTINE**

VELSAN --SEE-- **VINBLASTINE**

VELVACHOL --SEE-- **HYDROPHILIC CREAM**

■ **VENLAFAXINE** (eg. EFFEXOR)
AHFS 28:16.04 ANTIDEPRESSANTS
PHYSICIAN USE ONLY
PILL LINE ITEM

VENTOLIN --SEE-- **ALBUTEROL**

VEPESID --SEE-- **ETOPOSIDE**

VERAPAMIL HCL (eg. CALAN, CALAN-SR, ISOPTIN, ISOPTIN-SR)
AHFS 24:04 CARDIAC DRUGS

VECURONIUM BROMIDE (eg. NORCURON)
AHFS 12:20 SKELETAL MUSCLE RELAXANTS

VERMOX --SEE-- **MEBENDAZOLE**

VERSED --SEE-- **MIDAZOLAM**

VIBRAMYCIN --SEE-- **DOXYCYCLINE**

VIDEX --SEE-- **DIDANOSINE**

VINBLASTINE SULFATE (eg. VELBAN, VELSAR)
AHFS 10:00 ANTINEOPLASTIC AGENTS

VINCRIStINE (eg. ONCOVIN)
AHFS 10:00 ANTINEOPLASTIC AGENTS

VIOKASE --SEE-- **PANCRELIPASE**

VIRACEPT --SEE-- **NELFINAVIR**

VIRAMUNE --SEE-- **NEVIRAPINE**

VIROPTIC --SEE-- **TRIFLURIDINE**

VISKEN --SEE-- **PINDOLOL**

VITAMIN A & D (eg. A AND D OINTMENT)
AHFS 84:24 EMOLLIENTS, DEMULCENTS, AND PROTECTANTS

VITAMIN B-1 --SEE-- **THIAMINE**

VITAMIN B-6 --SEE-- **PYRIDOXINE**

VITAMIN B-12 --SEE-- **CYANOCOBALAMIN**

VITAMIN C --SEE-- **ASCORBIC ACID**

■ **VITAMIN E**
AHFS 88:20 VITAMIN E
RESTRICTED TO TREATMENT OF TARDIVE DYSKINESIA

VITAMIN K-1 --SEE-- **PHYTONADIONE**

- # **VITAMINS, MULTIPLE** (eg. MVI-12)
AHFS 88:28 MULTIVITAMIN PREPARATIONS

- # **VITAMINS, PRENATAL**
AHFS 88:28 MULTIVITAMIN PREPARATIONS

- 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

- WELLBUTRIN --SEE-- **BUPROPRION**

- WELLCOVORIN --SEE-- **LEUCOVORIN CALCIUM**

- # **WITCH HAZEL AND GLYCERIN**
AHFS 84:36 MISC. TOPICAL AGENTS

- WYCILLIN --SEE-- **PENICILLIN G, PROCAINE**

- XERO-LUBE --SEE-- **SALIVA SUBSTITUTE**

- X-PREP --SEE-- **SENNA**

- XYLOCAINE --SEE-- **LIDOCAINE**

- # **XYLOSE** (eg. D-XYLOSE)
AHFS 36:40 KIDNEY FUNCTION

- # **ZALCITABINE** (eg. DDC, HIVID)
AHFS 8.20 ANTIVIRALS
PHYSICIAN INITIATION ONLY

- ZERIT --SEE-- **STAVUDINE**

- ZESTRIL --SEE-- **LISINOPRIL**

- ZIAGEN --SEE-- **ABACAVIR**

- # **ZIDOVUDINE** (eg. AZT, RETROVIR)
AHFS 8.20 ANTIVIRALS
PHYSICIAN INITIATION ONLY

* **ZIDOVUDINE/LAMIVUDINE** (eg. COMBIVIR)
AHFS 8.20 ANTIVIRALS
PHYSICIAN INITIATION ONLY

ZINC OXIDE
AHFS 84:80 SUNSCREEN AGENTS

ZITHROMAX --SEE-- **AZITHROMYCIN**

ZOFRAN --SEE-- **ONDANSETRON HCL**

ZOLOFT --SEE-- **SETRALINE**

ZOSYN --SEE-- **PIPERACILLIN/TAZOBACTAM**

ZOSTRIX --SEE-- **CAPSAICIN**

ZYPREXA --SEE-- **OLANZAPINE**

ZYRTEC --SEE-- **CETIRIZINE**

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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 ANTIHISTAMINE DRUGS
- 8:00 ANTI-INFECTIVE AGENTS
- 10:00 ANTINEOPLASTIC 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 ANTITUSSIVES, 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 & MUOUS MEMBRANE AGENTS
- 86:00 SMOOTH MUSCLE RELAXANTS
- 88:00 VITAMINS
- 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

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- 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)
- 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)
- AMANTIDINE (SYMMETREL)
- DELAVIRDINE (RESCRIPTOR)
- DIDANOSINE (VIDEX)
- EFAVIRENZ (SUSTIVA)
- FOSCARNET (FOSCAVIR)
- GANCICLOVIR (CYTOVENE)
- INDINAVIR (CRIXIVAN)
- INTERFERON ALFA 2B/RIBAVIRIN (REBETRON)
- INTERFERON ALFA CON-1 (INFERGEN)
- LAMIVUDINE (EPIVIR)
- NELFINAVIR (VIRACEPT)
- NEVIRAPINE (VIRAMUNE)
- RITONAVIR (NORVIR)
- SAQUINAVIR (FORTOVASE)
- STAVUDINE (ZERIT)
- TRIFLURIDINE (VIROPTIC)
- ZALCITABINE (HIVID)
- 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)
LEVOFLOXIN (LEVAQUIN)

8:24 SULFONAMIDES

SULFADIAZINE
SULFASALAZINE (AZULFIDINE)

8:26 SULFONES

DAPSONE

8:36 URINARY ANTI-INFECTIVES

METHENAMINE MANDELATE
NITROFURANTOIN (MACRODANTIN)

8:40 MISC. ANTI-INFECTIVES

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

10:00 ANTINEOPLASTIC AGENTS

ASPARIGINASE (ELSPAR)
BLEOMYCIN
BUSULFAN (MYLERAN)
CARBOPLATIN
CARMUSTINE (BCNU)
CHLORAMBUCIL
CISPLATIN (PLATINOL)
CYCLOPHOSPHAMIDE (CYTOXAN)
CYTARABINE (CYTOSAR)
DACARBAZINE
DACTINOMYCIN (COSMEGEN)
DAUNORUBICIN (CERUBIDINE)
DOXORUBICIN (ADRIAMYCIN)
ETOPOSIDE (VP-16)
FLUDARABINE (FLUDARA)
FLUOROURACIL (5FU)
FLUTAMIDE (EULEXIN)
HYDROXYUREA (HYDREA)
IFOSFAMIDE (IFEX)
INTERFERON ALFA 2-a
INTERFERON ALFA 2-b
LEUPROLIDE
LEVAMISOLE (ERGAMISOLE)
LOMUSTINE
MECHLORETHAMINE (MUSTARGEN)
MEGESTROL (MEGASE)
MELPHALAN (ALKERAN)
MERCAPTOPYRINE (6-MP)
METHOTREXATE (MTX)
MITOMYCIN (MUTAMYCIN)
MITOTANE (LYSODREN)
PACLITAXEL (TAXOL)

PLICAMYCIN (MITHRACIN)
PROCARBAZINE (MATULANE)
TAMOXIFEN (NOLVADEX)
THIOGUANINE
THIOTEPA
URACIL MUSTARD
VINBLASTINE
VINCRISTINE

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)
TRIHENYDYL (ARTANE)

12:08.08 ANTIMUSCARINICS/ANTISPASMODICS

ATROPINE SULFATE
DICYLOMINE (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)
PSEUDOEPHEDRINE & TRIPROLODINE (ACTIFED)
RITODRINE (YUTOPAR)
TERBUTALINE (BRETHINE)

12:16 SYMPATHOLYTIC AGENTS

DIHYDROERGOTAMINE (DHE)
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

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- Pindolol 24:08
- Propranolol 24:04
- Sotalol 24:04

12:20 SKELETAL MUSCLE RELAXANTS

- BACLOFEN (LIORESAL)
- CYCLOBENZAPRINE (FLEXERIL)
- DANTROLENE
- MIVACURIUM (MIVACRON)
- PANCURONIUM (PAVULON)
- SUCCINYCHOLINE 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**
 - 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 SOCIUM 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

20:24 HEMATOPOIETIC AGENTS

- EPOETIN ALFA (ERYTHROPOIETIN, EPO)
- FILGRASTIM (G-CSF, NEUPOGEN)

20:24 HEMORRHEOLOGIC AGENTS

- PENTOXIFYLLINE (TRENTAL)

20:40 THROMBOLYTIC AGENTS

- ALTEPLASE, RECOMBINANT (ACTIVASE, tPA)
- STREPTOKINASE
- UROKINASE

Nadolol 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)

28:08.12 OPIATE PARTIAL AGONISTS

BUPRENORPHINE (BUPRENEX)
BUTORPHANOL (STADOL)
NALBUPHINE (NUBAIN)

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28:08.92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

ACETAMINOPHEN (TYLENOL)
ACETAMINOPHEN & DICHLORALPHENAZONE & ISOMETHEPTENE
(MIDRIN)

28:10 OPIATE ANTAGONISTS

NALOXONE (NARCAN)

28:12 ANTICONVULSANTS

28:12.04 BARBITURATES

PHENOBARBITAL
PRIMIDONE (MYSOLINE)

28:12.08 BENZODIAZEPINES

CLONAZEPAM (KLONOPIN)

see also:

Diazepam 28:24.08

28:12.12 HYDANTOINS

PHENYTOIN (DILANTIN)

28:12.92 MISCELLANEOUS ANTICONVULSANTS

CARBAMAZEPINE (TEGRETOL)
FELBAMATE (FELBATOL)
GABAPENTIN (NEURONTIN)
MAGNESIUM SULFATE
VALPROIC ACID (DEPAKENE)

28:16 PSYCHOTHERAPEUTIC AGENTS

28:16.04 ANTIDEPRESSANTS

AMITRIPTYLINE (ELAVIL)
BUPROPION (WELLBUTRIN)
DESIPRAMINE (NORPRAMIN)
DOXEPIN (SINEQUAN, ADAPIN)
FLUOXETINE (PROZAC)
IMIPRAMINE (TOFRANIL)
NEFAZODONE (SERZONE)
NORTRIPTYLINE (PAMELOR)
PAROXETINE (PAXIL)
SERTRALINE (ZOLOFT)
TRAZODONE (DESYREL)
VENLAFAXINE (EFFEXOR)

28:16.08 TRANQUILIZERS

CHLORPROMAZINE (THORAZINE)
CLOAPINE (CLOZARIL)
DROPERIDOL (INAPSINE)
FLUPHENAZINE (PROLIXIN)
HALOPERIDOL (HALDOL)
LOXAPINE (LOXITANE)
OLANZAPINE (ZYPREXA)
PERPHENAZINE (TRILAFON)
PROCHLORPERAZINE (COMPAZINE)
QUETIAPINE (SEROQUEL)
RISPERIDONE (RISPERIDOL)
THIORIDAZINE (MELLARIL)
THIOTHIXENE (NAVANE)
TRIFLUOPERAZINE (STELAZINE)

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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 DIMEGULMINE (MAGNEVIST)

IOHEXOL INJECTION

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 (UROCIT K)

POTASSIUM CHLORIDE

RINGERS, LACTATED

SODIUM CHLORIDE

WATER, STERILE

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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, ZAROXYLIN)

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 ENZYME (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
GUAIFENESIN & DEXTROMETHORPHAN (HUMIBID DM)

see also:

Diphenhydramine 4:00

48:16 EXPECTORANTS

GUAIFENESIN & DEXTROMETHORPHAN (HUMIBID DM)

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)

SULFACETAMIDE & PREDNISOLONE (BLEPHAMIDE)

52:04.12 MISCELLANEOUS ANTI-INFECTIVES

ACETIC ACID OTIC (DOMEBORO)

CARBAMIDE PEROXIDE (DEBROX)

CHLORHEXIDINE GLUCONATE (PERIDEX)

CIPROFLOXACIN (CILOXAN)

HYDROCORTISONE & ACETIC ACID (VOSOL-HC)

OFLOXACIN (FLOXIN)

SILVER NITRATE

52:08 ANTI-INFLAMMATORY AGENTS

BECLOMETHASONE (VANCENASE)

FLUOROMETHOLONE (FML)

HYDROCORTISONE & ACETIC ACID (VOSOL-HC)

NEOMYCIN & DEXAMETHASONE (NEO-DECADRON)

NEOMYCIN & POLYMYXIN B & DEXAMETHASONE (MAXITROL)

NEOMYCIN & POLYMYXIN B & HYDROCORTISONE (CORTISPORIN)

PREDNISOLONE (PRED MILD, PRED-FORTE)

SULFACETAMIDE & PREDNISOLONE (BLEPHAMIDE)

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, OCCULAR (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 ANTIFLATULANTS

SIMETHICONE (MYLICON)

56:12 CATHARTICS AND LAXATIVES

BISACODYL (DULCOLAX)
 CASCARA & MILK OF MAGNESIA
 CASTOR OIL
 DOCUSATE SODIUM (COLACE)
 GLYCERIN
 MAGNESIUM CITRATE
 MINERAL OIL

POLYETHYLENE GLYCOL & ELECTROLYTE SOLUTION (GoLYTELY)
PSYLLIUM HYDROPHILIC MUCILLOID (METAMUCIL)
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)
CISAPRIDE (PROPULSID)
FAMOTIDINE (PEPCID)
LANSOPRAZOLE (PREVACID)
MESALAMINE (ASACOL, ROWASA)
METOCLOPRAMIDE (REGLAN)
MISOPROSTOL (CYTOTEC)
SUCRALFATE (CARAFATE)

See also:

Sulfasalazine 8:24
Octreotide 92:00

60:00 GOLD COMPOUNDS

GOLD SODIUM THIOMALATE (MYOCHYRSINE)

64:00 HEAVY METAL ANTAGONISTS

DEFEROXAMINE (DESFERAL)
PENICILLAMINE (CUPRIMINE)

68:00 HORMONES AND SYNTHETIC SUBSTITUTES**68:04 ADRENALS**

BECLOMETHASONE (VANCERIL, BECONASE)
DEXAMETHASONE (DECADRON)
FLUDROCORTISONE (FLORINEF)
HYDROCORTISONE (CORTEF)
METHYLPREDNISOLONE (MEDROL)
PREDNISONE
TRIAMCINOLONE (KENALOG, ARISTOCORT, AZMACORT)

68:08 ANDROGENS

DANAZOL (DANOCRINE)
METHYLTESTOSTERONE
NANDROLONE (DURABOLIN)
TESTOSTERONE CYPIONATE, ENANTHATE, PROPIONATE

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 (DIABETA)

68:20.92 MISCELLANEOUS ANTIDIABETIC AGENTS

GLUCAGON
METFORMIN (GLUCOPHAGE)

68:24 PARATHYROID

CALCITONIN

68:28 PITUITARY

CORTICOTROPIN
DESMOPRESSIN (DDAVP)

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 (SYNTHROID, LEVOTHROID)
LIOTHYRONINE (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
RH₀ IMMUNE GLOBULIN (RH₀GAM)
TETANUS IMMUNE GLOBULIN

80:08 TOXOIDS

TETANUS AND DIPHTHERIA TOXOIDS ADSORBED

80:12 VACCINES

BACILLUS CALMETTE-GUERIN
HEPATITIS A VACCINE (HEPTAVAX)
HEPATITIS B VACCINE, RECOMBINANT (ENGERIX)
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 (LOTRIMIN, 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

CAMPHOR & MENTHOL LOTION (SARNA)
DIBUCAINE (NUPERCAINAL)
ETHYL CHLORIDE SPRAY
PHENAZOPYRIDINE (PYRIDIUM)

See also:

Diphenhydramine 4:00

84:24 EMOLLIENTS, DEMULCENTS, AND PROTECTANTS

BENZOIN TINCTURE
HYDROPHILIC CREAM (EUCERIN)
LACTIC ACID & AMMONIUM HYDROXIDE (LAC-HYDRIN)
LOTION, HOSPITAL
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)
DICHOROACETIC ACID (BICHLORACETIC)
FIBRINOLYSIN & DESOXYRIBONUCLEASE (ELASE)
FLEXIBLE HYDROACTIVE DRESSING/GRANULES (DUO DERM)
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)

88:12 VITAMIN C

ASCORBIC ACID (VITAMIN C)

88:16 VITAMIN D

CALCITRIOL

88:20 VITAMIN E

VITAMIN E

88:24 VITAMIN K ACTIVITY

PHYTONADIONE

88:28 MULTIVITAMIN PREPARATIONS

MULTIVITAMINS
MULTIVITAMINS, INJECTION (MVI 12)
MULTIVITAMINS, PRENATAL

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

ABSORBABLE GELATIN SPONGE (GELFOAM)
ADENOSINE (ADENOCARD)
ALENDRONATE (FOSAMAX)
ALLOPURINOL (ZYLOPRIM)
AMANTADINE (SYMMETREL)
AZATHIOPRINE (IMURAN)

BROMOCRIPTINE (PARLODEL)
CALCIPOTRIENE (DOVONEX)
CALCIUM ACETATE (PHOS-EX, PHOSLO)
CLOPIDOGREL (PLAVIX)
COLCHICINE
CONTACT CARE ITEMS
CROMOLYN SODIUM (OPTICROM)
CYCLOSPORINE (SANDIMMUNE)
FLUMAZENIL (MAZICON)
LEUCOVORIN
LEVODOPA & CARBIDOPA (SINEMET)
MESNA
METHYLENE BLUE
NEDOCROMIL SODIUM (TILADE)
OCTREOTIDE ACETATE (SANDOSTATIN)
OXIDIZED CELLULOSE (SURGICEL)
PAMIDRONATE
POTASSIUM IODIDE (LUGOL'S)
SALIVA SUBSTITUTE (XERO-LUBE)
SELEGILINE (ELDEPRYL)
SODIUM BISULFITE
SODIUM HYALURONATE
SUMATRIPTAN (IMITREX)

96:00 PHARMACEUTICAL AIDS

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

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MANDATORY NATIONAL CONTRACTS

ACETAMINOPHEN 325MG 100s	J.B. LABORATORIES
" " 325MG 1000s	" "
" " 325MG UD 250s	" "
" " 500MG 1000s	" "
 ALBUTEROL INHALER 17GM	 ZENITH/GOLDLINE
 AMOXICILLIN 250MG 500s	 BRISTOL/MEYERS/SQUIBB
" " 500MG 500s	" "
 BECLOMETHASONE ORAL 17GM	 SCHERING
" " NASAL 17GM	" "
 CLOTRIMAZOLE CREAM 15GM	 BAYER-MILES
" " 30GM	" "
 GLYBURIDE (ALL SIZES, ALL STRENGTHS)	 UPJOHN
 HEPATITIS B VACCINE 20MDC/ML	 SMITH KLINE BEECHAM
 IBUPROFEN 800MG 500s	 PHARMACIA/UPJOHN
 INSULIN SYR & NEEDLE #329410 500s	 BECTON DICKINSON
" " #8404 500s	" "
" " #329465 500s	" "
 LISINOPRIL (ALL STRENGTHS, ALL SIZES)	 MERCK, SHARPE, & DOHME

These products must be purchased from the Prime Vendor, utilizing only the listed manufacturer. Any deviation from this is a violation of our Mandatory National Contract.

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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:_____

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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:_____

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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

HEPATITIS C TREATMENT APPROVAL ALGORITHM

INMATE NAME _____ INSTITUTION _____
INMATE REG NO _____ REQUESTOR _____

Complete the following information for inmates considered for drug treatment for HCV infection.

Date of + Anti-HCV by EIA _____ OR Date of + Anti HCV by RIBA _____

ALT 1.5 - 2 x upper limit of normal over at least 12 months (last 3 results)

Albumin >3 _____ Normal Prothrombin Time _____ Absence of Jaundice _____

No evidence of decompensated cirrhosis _____

WBC > 3,000 cells/ml _____ Platelets >100,000/ml _____

Absence of hemoglobinopathies, hemodialysis, or severe anemia _____

Absence of: Hyperthyroidism ___ Autoimmune Disease ___ Chronic Steroid Use ___

Negative pregnancy test for women of child-bearing age _____

No history of: Major Depression _____

No evidence of active substance abuse (check urine screen if suspected) _____

Age - Should usually be less than 60 to minimize side effect severity _____

Extensive Drug Information Provided _____

Anticipated incarceration beyond 12 months _____

HCV RNA + _____ Screening Liver Ultrasound results _____

Liver biopsy results should be attached to this request. (Note: The absence or degree of fibrosis is relevant to treatment recommendations. Explain rationale for treatment if inmate has absolute or relative contraindication(s) for drug therapy.

APPROVED _____ Medical Director, BOP DATE _____

DISAPPROVED _____ Medical Director, BOP DATE _____

PART 2
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INTRODUCTION

This handbook is intended as a resource for pharmacists in the Bureau of Prisons. It is especially helpful for the new pharmacist as an introduction to BOP Pharmacy Services. But it will also be valuable to experienced BOP pharmacists as a quick source for forms, phone numbers, and how-to's.

It will be updated as needed. I encourage all BOP pharmacists to make suggestions for improvements or additions.

John T. Babb, R.Ph., M.P.A.
Chief Pharmacist, BOP

1. INSTITUTION FACTS FOR THE PHARMACIST

This is a quick list of facts for the new pharmacist to be able to function in the institution pharmacy. The list should be completed by the pharmacist anticipating leave or departure or by the Health Services Administrator if the position is unfilled. The arriving pharmacist should request this information from the Health Services Administrator if it is not provided.

I. General Information

- a. Population
- b. Security Level
- c. Number of days of sick call per week
- d. Average number of prescriptions per day
- e. Camp Information (if applicable)

II. Staffing Information - Number of positions (filled and vacant) for each of the following:

- a. Physicians
- b. Physicians Assistants
- c. Dentists
- d. Pharmacists and Pharmacy Assistants

III. Reviews

- a. Date of most recent Program Review and next scheduled
- b. Date of most recent Operational Review and next scheduled
- c. Date of JCAHO Accreditation Survey and next scheduled
- d. Location in the Health Services Unit where copies of results of all these reviews can be found

IV. Purchasing and Receiving

- a. Name and phone extension of usual Business Office contact
- b. Name and phone extension of usual Warehouse contact
- c. Information on how goods are moved from Warehouse to Pharmacy
- d. All pertinent Prime Vendor information (especially Account Manager and phone number)
- e. Sources other than Prime Vendor

V. Pharmacy Organization

- a. Location of all files kept in Pharmacy (includes Policy and Procedures Manual, Health Services Manual, Formulary, etc.)
- b. Organization of Pharmacy stock
- c. Location of all medications outside of Pharmacy (emergency carts, trauma room, etc.)
- d. Needle and syringe policy and locations of substocks
- e. Budget information
- f. Local Pharmacy and Therapeutics Committee information

- g. Pharmacy policies for after-hours, pharmacist leave, etc.
- h. Copy of local Restricted Drug List.

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VI. DEA Controlled Substances

- a. How to order using Prime Vendor
- b. Explanation of records
- c. Quarterly Narcotic Audit team members
- d. Date of most recent quarterly audit and next scheduled
- e. Date of most recent biennial inventory and next scheduled
- f. Location of and responsible individual (key control) for all substocks
- g. How to arrange for new combination for mainstock
- h. Location of DEA Registration.
- i. DEA numbers of prescribers or alternative numbers assigned.

VII. Miscellaneous

- a. How to be added as a new provider and sign onto HCIS computer system
- b. How to obtain password. How to log on to SENTRY. How to access pharmacy mailbox. How to send messages.

2.1 FORMS AND HOW TO USE THEM

CONTROLLED SUBSTANCE FORMS

BIENNIAL INVENTORY - This inventory shall be done when a facility opens, and on the two-year anniversary of that opening date. It is also legal to take the biennial inventory on any other fixed date (eg. during a normally scheduled inventory time, quarterly narcotic audit, etc.) as long as it does not vary from the two-year anniversary by more than 6 months. If you choose to change the date, the Regional Director of the DEA must be notified in writing, and you must keep a copy of that notification.

If you are not a new facility, continue to take the inventory on the two-year anniversary of the previous inventory. The actual inventory date may not vary by more than 4 days from the biennial inventory date. For most facilities, that anniversary date will be May 1 of odd-numbered years (May 1, 1995, 97, 99).

The INVENTORY RECORD must contain:

- The name, address, and DEA number of your facility
- The date and time (open or close of business) the inventory is taken
- Signature(s) of the person or persons responsible for the inventory
- An indication that the inventory is maintained for at least two years at this location
- An indication that the inventory records of Schedule II drugs, as well as other records of Schedule II drugs, are kept separately from all other controlled substances
- The name of the controlled substance
- The dosage form and unit strength
- The number of units or volume in each container
- The number of commercial containers of each finished form

The inventory should not be sent to the DEA. The current inventory should be displayed in the pharmacy. The previous inventory should be kept for at least two years after the next inventory is taken. In addition, all controlled substances records (invoices, inventories, prescriptions, destruction records) should be retained for the period 2 years prior to the most recent Biennial Inventory.

INITIAL DEA REGISTRATION - Call the DEA at (202) 307-7255 to request a new application for registration (form DEA 224). This can be done by leaving a message on an electronic recording (listen for instructions). When the form is received: Enter the mailing address of the institution pharmacy. Check the "Hospital/Clinic" box. Mark all Schedule II, III, IV, and V blocks on the application. Complete the left side of the form. Check box to receive order forms. Mark "Not Applicable" for state license and controlled substance numbers. **ALTHOUGH IT DOES NOT REQUEST AN EXPLANATION, ENTER "FEDERAL FACILITY."** This will

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prevent a potential delay in processing. You do NOT pay a fee with this registration. Send the form to the Chief Pharmacist, BOP. The Medical Director, BOP will verify your fee exemption and send it to the DEA. A Registration Certificate (DEA Form 223) will be mailed directly to the address given.

NOTE: It is likely that the HSA will already have filed this application before you arrive.

RENEWAL - Approximately 60 days prior to the expiration of your previous DEA Registration, you will receive a renewal form (DEA 224a). Complete as the initial registration (Check all schedules, mark "Not Applicable.") Send the form to the Chief Pharmacist, BOP. The Medical Director, BOP will verify your fee exemption and send it to the DEA. You should receive your new Registration Certificate (Form 223) before your previous certificate expires. Complete this renewal form as soon as possible. If your registration goes out of date, the prime vendor WILL NOT ship anything to you.

ORDER FORMS - DEA Form 222 is the controlled substance order form issued by the U.S. Department of Justice/DEA. Check item 4 on the new registration application to receive an order form requisition (DEA Form 222d). Submit this requisition form to receive order forms. After the initial order is received, DEA Form 222b is in the back of the envelope. Use this form to order new order forms.

Send requests for order forms to DEA's registration branch:

Registration Branch
Drug Enforcement Administration
Registration Unit ODRR
1405 I Street, NW
Washington, DC 20537
202-254-8259

QUARTERLY CONTROLLED SUBSTANCE INVENTORY - This form is used not only to monitor your internal controls, but also as a method to compare current usage with that of the previous year. For that reason, it is necessary to complete the entire form, including the column on the extreme right side of the form. Keep one copy of this form in pharmacy and send copies to the HSA, and the Chief Pharmacist, BOP. Correctional Services and the Business Office may also request a copy for their files. A cover memo should be attached to this form that verifies the count and is signed by the two members of the Quarterly Controlled Substances Inventory Team. OR - The two members of the Quarterly Controlled Substances Inventory Team may sign the Quarterly Controlled Substances Inventory Sheet, along with the Chief Pharmacist.

PERPETUAL CONTROLLED SUBSTANCES INVENTORY FORM - This form tracks the perpetual inventory of one particular controlled substance. You should have a form for each controlled substance in your bulk

stock. These forms should be in a binder which is stored in the bulk stock safe.

CERTIFICATE OF DISPOSITION AND REQUISITION - This two part form is used for controlled substances which are put into substock. The first section, the Requisition Form, is given a requisition number, and is recorded on the Perpetual Controlled Substances Inventory Form as a withdrawal from bulk stock. The Disposition Form is placed in the Substock Controlled Substances Binder and is used to track the use of individual doses of a controlled substance. When it is completed, it is attached to the corresponding Requisition Form, recorded in the Perpetual Controlled Substances Inventory Form, and stored in the binder in the bulk stock safe. Forms can be ordered from :

UNICOR Print Shop
FMC Fort Worth
3150 Horton Road
Fort Worth, TX 76119
(817) 535-2111

SUBSTOCK CONTROLLED SUBSTANCES INVENTORY FORM - This form is used to count Controlled Substances at each shift change. The form should have two signature lines - one for oncoming and one for outgoing staff. If your institution has no Morning Watch (midnight to 6:00 or 7:00 AM) then only the outgoing staff member will sign the substock log when he goes off duty - and the oncoming staff member will sign on the **next line** when he takes over responsibility in the morning.

DEA DISPOSAL FORM - A registrant wishing to dispose of controlled substances in any schedule should request DEA Form 41, and upon receipt, list the substances and submit three copies of the completed form to the DEA Regional Director.

The addresses of the DEA Regional offices are:

Drug Enforcement Administration
Northeastern Regional Office
555 W 57th St.
New York, NY 10019
212-399-5131

Northeastern Region:
CN, DE, ME, MA, NH, NJ,
NY, PA, RI, and VT

Drug Enforcement Administration
Southeastern Regional Office
8400 NW 53rd Street
Miami, FL 33166
305-591-4880

Southeastern Region
DC, FL, GA, MD,
NC, SC, TN and VA

Drug Enforcement Administration
3838 North Causeway Blvd Suite 1800
3 Lakeway Center
Metarie, LA 70002

Southern Region
LA, MS, AL, AR

504 840-1100

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number, followed by an assigned suffix number for his own use (i.e. AD6232626-12). One of these numbers must be on all controlled substance prescriptions on file at your facility. If your facility uses hospital medication orders rather than prescriptions, then only the facility DEA number must be on the order form. This order form can be used as your hard copy for the Controlled Substance. One copy must be retained in the pharmacy and filed separately as a Controlled Substance prescription record. Remember that if you have a controlled substances prescription from a consultant physician, it must be co-signed or rewritten entirely by a staff physician.

ASSUMING RESPONSIBILITY FOR DEA CONTROLLED SUBSTANCES - A new Chief Pharmacist who arrives at an existing institution should immediately arrange for a Controlled Substances Inventory. The inventory should be done with the person who has responsibility for Controlled Substances up to that point - this may be the outgoing pharmacist or the HSA. Any recordkeeping errors or inventory problems should be addressed at this time, before you assume responsibility. The combination to the Controlled Substances safe should be changed at the time the new pharmacist assumes responsibility. A memorandum with the combination should be placed in a sealed envelope and delivered to the warden to be placed in his/her safe. This combination should be changed on an annual basis at a minimum. It also should be done when responsibility changes, or when you believe the security of the combination has been compromised. A suggestion is to keep a written record, signed by you and the locksmith, as to when the combination is changed - for the benefit of Program Review.

OTHER RECORDS - Pharmacy registrants are required under the Controlled Substances Act to keep the following records:

- Registration Certificate
- Biennial Inventory
- Records of Receipt of Controlled Substances
- Records of Disposal of Controlled Substances
- Records of Dispensing of Controlled Substances

Remember that Schedule II prescriptions, order forms, invoices, and disposal records must be kept separate from Schedule III, IV, & V. Your filing system must be "readily retrievable".

2.2 NEEDLES AND SYRINGES FORMS

BULK STOCK INVENTORY - You should have a Bulk Stock Needle & Syringe Inventory Sheet that reflects your bulk stock. When you requisition needles/syringes from this stock you should use some sort of Requisition Form. One such form that is readily available is the AF-1. You should assign a consecutive numbering system to these forms. One copy of the Requisition Form should be kept with the Bulk Stock Inventory and one copy should accompany the needles/syringes to the Sub-stock. This second copy should be placed in the Sub-stock Inventory Book.

SUB-STOCK INVENTORY - Every area that stores needles/syringes should have a Sub-stock Inventory Book (pharmacy, laboratory, dental, emergency cart, satellite station, and emergency kit bag). This Sub-stock Inventory Book should reflect the level of sub-stock in that particular area. The Sub-stock Use Sheets in this book have two signature spaces on each line. One space is for on-coming staff and one is for out-going. Sub-stock inventories should be done at each shift change. If your sub-stock is used infrequently, it is much easier to affix a security seal to the cart or bag or box. Then the contents need only be inventoried when the seal is broken, or during the pharmacy inspection, whichever comes first.

*** **NOTE:** Remember that ALL needles and syringes are to be accounted for. This includes pre-filled syringes.

*** **NOTE:** If you use security seals, a numbering system must be used to differentiate one seal from another. Unused seals should be stored separately from areas that are sealed. ***

NEW PHARMACIST TAKING RESPONSIBILITY FOR NEEDLES/SYRINGES - When a new pharmacist comes to an existing institution he/she should perform a Needle/Syringe Inventory with the current responsible party - if the new pharmacist will be designated as the responsible party by the HSA. Inventories should be performed for the Bulk Stock as well as all Sub-Stocks throughout the facility. Access to the bulk stock should henceforth be restricted to the new pharmacist.

2.3 PHARMACY INSPECTION FORMS

All areas of the institution where medication is dispensed, stored, or administered should be inspected by the pharmacist at least quarterly. This inspection needs to be documented. Keep these inspection forms for Program Review.

The most obvious method is to draw up an Inspection Form that requires a positive/negative response for several questions. Your inspection should address things like expiration dates, security issues, and control of distribution.

Remember that this inspection includes:

- Pharmacy
- Pharmacy Stockroom
- Emergency Room
- Treatment Rooms
- Emergency Room Cart
- Emergency Kit or Bag
- Anyplace else where medication is "hoarded away" in the Health Services Unit (i.e. exam room desk drawers, etc.)

You have two choices for inspection of areas that are sealed with security seals. (1) During the inspection you break the seal, check expiration dates, accuracy of inventory, and inventory levels, and put a new seal on the area. (2) Provide spaces on the inspection sheet for expiration dates and verification of seal. Thus, if the seal is intact and expiration dates are good, the seal does not have to be broken.

*** **NOTE:** If you use security seals, a numbering system must be used to differentiate one seal from another. Unused seals should be stored separately from areas that are sealed. ***

{**NOTE:** Program Review will also want to see a written record of inspection for non-pharmacy items that are stored with medications (oxygen, battery checks for the defibrillator, etc.). These should be addressed on your pharmacy inspection form or on a separate inspection.}

2.5 **OTHER FORMS**

SIGNATURE LOG - The Sig Log should be located in the pharmacy as a method to identify prescribers that are authorized to write prescriptions in your facility. One method is to attach a sheet of paper to your Controlled Substances Substock Ledger Book that has a list of all your prescribers with a signature line and an initial line. Some disadvantages to this method are that (1) Every time a new prescriber is credentialed at your institution, you need to recirculate a Sig Log to have them included, and (2) If a question about a prescription, chart entry, or medication use sheet comes up several months or years after a prescriber leaves your facility, the Sig Log sheet that he/she was on may be long gone. An alternative is to use a hard bound book that is subdivided into years. All prescribers would sign in the log book for the current year. Any new prescribers that come on duty during the year would simply add their names to that year's list of signatures. The next year, all prescribers would re-enter their signatures. The book would remain in the pharmacy and would be a ready reference source to identify signatures months or years after the fact.

MED-WATCH - Details for completing MED-WATCH forms for the FDA Medical Products Reporting Program have been included with the form.

OBRA - The enclosed form addresses Prospective and Retrospective review of prescriptions as required by OBRA 90. Keep it where you have quick access to it while filling prescriptions. None of the recommendations are tasks that you do not do every day. The National Association of Boards of Pharmacy says "In regard to OBRA 90, documentation is the single most important thing pharmacists should do." JCAHO will be interested in error identification, trends, and corrective procedures. Program Review wants to see a Quality Assurance program in the pharmacy. The most important outcome from this program is that we can prove with hard data that pharmacists impact outcomes.

"Prospective Review" (review that occurs before the prescription is filled) happens when you review the prescription with respect to the patient's disease state, age, physical state, weight, drug allergies and prescription profile. We do it every time we fill a prescription. This form is just a method of recording what you do. A prospective error does not become a retrospective error unless you fill the prescription without correcting the error. (Place a mark in the appropriate row each time a prospective error is detected. This form is simply to count the number of interventions.)

"Retrospective Review" (review that occurs after the prescription is filled) happens when you review the prescription after the patient has received it. This can be pharmacy error, but more often it happens because the prescriber insists that the drug be given even though the problem has been pointed out to him/her.

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(Place a mark in the appropriate row each time a retrospective error is detected.) {An example might be that you receive a prescription for ranitidine 150mg BID and Carafate 1gm QID. Because there is no evidence that the combination therapy has any benefit over single agent treatment - you discuss this with the prescriber so that one drug can be canceled. If the prescriber insists on the therapy then when you dispense the two drugs this is an example of a retrospective error in "Therapeutic Appropriateness."}

A separate sheet should be attached to this form so that you can quickly jot down specific errors (i.e. "Inderal to COPD pt.- change to Tenormin - Dr. OK," might be your note, to follow up later with a specific CQI suggestion).

The "Quality Improvement Factors" section provides a comparison of the current error rate with that of last month, last quarter, or last year. The idea is to show that you are attempting to track the data - and that you have a plan to address the problems.

"Continuous Quality Improvement" is where you address plans to reduce prospective and retrospective error. Some examples of CQI plans are:

- Patient education presentation to address topic of concern - to one patient or to a whole group of patients (i.e. diabetic patients)
- Prescriber education presentation to address topic of concern - whether to a single prescriber in the hallway or as a formal CME presentation to your medical staff.
- Review of appropriate multi-source product selection - a review for purely economic reasons, a review of an Adverse Drug Reaction, a review of therapeutic equivalence, or a patient complaint addressing undesirable effects of one brand vs. another.
- Pharmacy Personnel Education Presentation - may address training of pharmacists, technicians, nurses, physician assistants, etc. - usually in response to pharmacy error or procedure changes.

{Following up on the example of Carafate/Zantac - a logical CQI plan is for the pharmacist to provide CME to the Medical Staff on GI drugs.}

Use this completed form and attached sheet to present these errors and solutions to the local Pharmacy and Therapeutics as concerns to be addressed by the committee. Keep the sheets to compare future rates of error.

PHARMACY INTERVENTIONS

Another method of satisfying OBRA 90 is to use the "Pharmacist Intervention Report". This form can be used to record individual interventions, group them according to the type of error seen, delineate the pharmacist's actions, and address the possible impact of your intervention.

The Intervention Report can be used in your Quality Assurance program.

** FOR EXAMPLES OF THE FORMS NOTED IN THIS GUIDE, CONTACT THE CHIEF PHARMACIST, BOP.

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3 PRIME VENDOR

3.1 GENERAL INFORMATION

*** Carefully read the instructions for computerized ordering procedures for either Amerisource (Northeast, Southeast, and South Central regions) or McKesson (Mid-Atlantic, North Central and Western regions). ***

ROUTINE ORDERING

- 1. Prior to 0900 local time, enter a list of items for purchase into the on-line computer system. This list will be put into "hold status." If on-line system is inoperable, PV should accept phone or facsimile orders.
- 2. Generate a hard copy of the order. Complete the appropriation data on the Request for Purchase (RP), attach the computer-generated copy of the order, and sign the RP. It is a good idea to write "estimated" next to the invoice total.

*** NOTE: The pharmacist may be given signatory authority in preparing Requests for Purchase for pharmaceuticals. This must be designated in writing by the institution controller. ***

- 3. Prior to 1100 local time, deliver the RP to the Business Office for processing.

*** NOTE: The requirement for certification by the Inventory Management Specialist has been waived for all drugs and pharmaceutical products. ***
- 4. All appropriate actions by the budget analyst and contracting officer must be completed by 1300 on the date received from the pharmacist. No later than 1300 local time, the approved RP shall be assigned an RP number and be delivered to the pharmacist. Enter the RP number into the on-line computer system to remove the order from "hold status" and transmit it to the contractor.

*** NOTE: To ensure next day delivery, transmit order prior to 1630 local time. ***

- 5. The contractor will provide a printback within two hours of transmission, confirming the shipment of in-stock items. Substitutions for out-of-stock items are to be arranged at this time. Follow contractor procedure for substitutions.

*** NOTE: Sometimes the printback price is not the actual price that may be charged at a later date. This occurs if the contractor does not update its prices daily, or if your order is placed earlier in the day than price changes are entered. ***

6. Orders may be placed Monday thru Saturday, with the understanding that orders placed on Friday & Saturday will not be delivered until the following Monday.
7. Pharmaceuticals will be delivered the next scheduled delivery day. Med/Surgical supplies will be delivered within 2 days.
8. New computer requirements: Prime Vendor shall supply 2 hand-held ordering devices and 1 personal computer. Minimum requirements include Pentium 133/200 MHZ processor, 32 MB RAM, 4GB hard disk, 3.5" floppy drive, 12x CD ROM, 1mb svga card with 15" SVGA monitor, 28800 internal or external modem and an inkjet printer and cables. Institution is responsible for furnishing recurring supplies (ie., paper, ribbons). PV is responsible for maintenance of equipment and shall respond within 24 hours after notification. The institution shall not be without order entry for more than 48 hours after the PV was notified.

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EMERGENCY DELIVERY

- 1. Emergency deliveries will be provided within six hours of receipt of order and will apply to bona fide medical emergencies only, not for order omissions or matter of convenience.
- 2. Emergency delivery service is available 24 hour a day, seven days a week, at no additional expense. (Limited to two emergency shipments per facility per month at no additional charge.)

RECEIVING

Pharmaceutical drugs and products will be delivered to the rear gate or warehouse unless otherwise directed at the institutional level. A copy of the itemized order attached to the RP will be provided to the warehouse by the business office at the time the order is placed (to ensure the RP is available in the warehouse prior to the goods arrival at the institution). The pharmacist is responsible for inventorying and verifying receipt of the contents of the bulk packages. Sign the invoice and corresponding receiver.

Price Loading: Upon notification by the VA National Acquisition Center, the PV shall load contract charges including price changes, contract extensions, and contract expirations within 5 calendar days of receipt of information. Price changes to FSS contracts will be effective on the 1st and 15th of each month.

Rebills: Must be done within 3 months.

Training: Contractor shall provide training for a maximum of 4 personnel.

Prime Vendors for Pharmaceutical Purchases

CONTRACTOR INFORMATION:

Northeast Region - Contract No. V797P-5596n for BOP PV was awarded to:

Company: Alco Health Services
Address: Mishawaka Division
1655 E. 12th Street
Mishawaka, IN 46544
Contact Persons: Denise Gilian, Vice
President/Division Manager (219) 259-3784, or
Richard Carter, Vice President/Division Manager
(609) 848-3400
Size of Business: Large Business
TIN: 23-2353106
CEC Number: 007914906
f.o.b. destination

Southeast Region - Contract No. V797P-5597n for BOP PV was awarded to:

Company: Alco Health Services
Address: Mishawaka Division
1655 E. 12th Street
Mishawaka, IN 46544
Contact Persons: Denise Gilian, Vice
President/Division Manager (219) 259-3784, or
Dave Farley, Vice President/Division Manager
(912) 245-6900
Size of Business: Large Business
TIN: 23-2353106
CEC Number: 007914906
f.o.b. destination

Western Region - Contract No. V797P-5598n for BOP PV was awarded to:

Company: McKesson Drug Company
One Post Street
San Francisco, CA 94104
Contact Person: Milton F. Minor, Director, Hospital
Services (415) 983-7568
Size of Business: Large Business
TIN: 13-1027923
CEC Number: 001381466
f.o.b. destination

South Central Region - Contract No. V797P-5599n for BOP PV was awarded to:

Company: Alco Health Services
Address: Mishawaka District
1655 E. 12th Street
Mishawaka, IN 46544
Contact Person: Daniel L. Wilhelm, Vice President/Division
Manager (219) 259-3784
Size of Business: Large Business
TIN: 23-2353106
CEC Number: 007914906
f.o.b. destination

Mid-Atlantic Region - Contract No. V797P-5600n for BOP PV was awarded to:

Company: McKesson Drug Company
Address: One Post Street
San Francisco, CA 94104
Contact Person: Milton F. Minor, Director, Hospital
Services (415) 983-7568
Size of Business: Large Business
TIN: 13-1027923

CEC Number: 001381466
f.o.b. destination

North Central Region - Contract No. V797P-5601n for BOP PV was awarded
to:

Company: McKesson Drug Company
Address: One Post Street
San Francisco, CA 94104
Contact Person: Milton F. Minor, Director, Hospital
Services (415) 983-7568
Size of Business: Large Business
TIN: 13-1027923
CEC Number: 001381466
f.o.b. destination

ORDER OF PRIORITY: The order of priority for use of these PV contracts for drugs and pharmaceutical products are as contained in the Federal Acquisition Regulations Part 8.001 (a) (1) (vi). If the items are identified on the computer database as non-contract items, normal procurement procedures are to be used.

ORDERING: The prime vendor system allows the BOP to place drug orders directly into an on-line computer system which is provided by the contractor. Recognizing that individual institutions may benefit from relaxing the specific ordering instructions contained in the previous OM, no specific ordering instructions are provided in this OM. Institutions may continue to use the previous OM ordering instructions or develop local ordering instructions that provide more institutional flexibility that fully meet all applicable policy and procedure and the terms and conditions of the contract. In order to ensure next day delivery in accordance with the terms of the contract, the order must be transmitted to the Contractor electronically prior to 4:30 p.m. local time.

Note: The Pharmacist can be authorized to sign the RP as the Cost Center Manager for the purchase of pharmaceutical drugs and supplies, only. The Health Services Administrator must approve this signature authority for the Pharmacist.

Note: The requirement for certification by the Inventory Management Specialist has been waived for all drugs and pharmaceutical products.

- For orders over the small purchase limitation, the Contracting Officer shall complete an SF-279, "Individual Contract Action Report (ICAR)," as a delivery order under a requirements type contract. Individual orders under \$1,000 are not to be included on the SF-281, "FPDS Summary Contract Action Report (\$1,000 or Less)."

- Delivery Orders under \$1,000 will be reported by keying the project code in the project block of the Delivery order using the project codes assigned to each Region as indicated below. Additionally, three asterisks will be keyed into the designator code block of the Delivery Order.

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PROJECT CODE

REGION

72I	NER
73I	MAR
74I	SER
75I	SCR
76I	NCR
77I	WR

Emergency Delivery:

(1) Emergency deliveries will be provided within six hours of receipt of order and will apply to bona-fide medical emergencies only and not for order omissions or matters of convenience.

(2) Emergency delivery service is available twenty-four hours a day, seven (7) days per week. (Limited to two (2) emergency shipments per facility per month at no additional charge.)

CUSTOMER SERVICE: Each BOP facility has been provided with a contact list containing names and responsibilities of Contractor personnel as well as the toll-free telephone number to reach customer service staff. A professional hospital representative from each Contractor will contact the facility Pharmacist monthly. Physical site visits can be arranged at a mutually agreeable time with all Contractors. Institutions can add new items to the database, if they are on Federal Supply Schedule **and** the manufacturer is a participant in the PV program, by calling the local distributor and providing the necessary information.

RETURNS: Each Contractor will fully credit accounts for properly returned merchandise. Specific return policies for each Contractor are explained in the Contractor Manual to be provided to each institution. All manufacturer's recalls are at full credit.

RECEIVING: Pharmaceutical drugs and products will be delivered to the rear gate (or warehouse) unless otherwise directed at the institution level. A copy of the itemized order attached to the RP will be provided to the warehouse by the Business Office at the time the order is placed (to ensure the RP is available in the warehouse prior to the goods arrival at the institution).

Each institution shall establish procedures to receive and account for drugs and pharmaceutical products within minimal timeframes after such drugs and supplies are delivered to the institution delivery point. The Pharmacist is responsible for inventorying and verifying receipt of the contents of the bulk packages. The itemized order and invoice which is received at time of delivery should be marked, "Goods and Services Received," and signed by both the Pharmacist and the Warehouse Worker.

MONITORING OF CONTRACT:

a. Management Reports A variety of management reports are available through the computer system at each facility. All Contractors will provide the following reports within fifteen (15) calendar days following the end of the reporting period specified:

(1) Institution Level (Pharmacist)

- Velocity Report (dollars spent) - Monthly
- Velocity Report (generic description) - Monthly
- Usage Report - Monthly
- Therapeutic Report - Quarterly
- Contract Compliance Report - Quarterly
- Narcotic Report - Monthly

(2) Central Office (Chief, Pharmacist, BOP)

- Usage Report - Monthly
- Narcotic Report - Monthly
- Vendor Report - Quarterly
- Diskettes with data for each BOP facility - Quarterly (copy also provided to DVA)

b. Contracting Officer's Technical Representative (COTR) Routine, day-to-day situations referring to the contract should be addressed to the BOP COTR, John Babb, Chief, Pharmacist, at (202) 307-2867, extension 128. Any contracting issues should be addressed to the National Acquisition Center, P.O. Box 510, Hines, Illinois 60141,

PAYMENT PROCEDURES Invoices will normally be received at the time of delivery of the pharmaceutical products. Invoices received between the 1st and 15th day of the month shall be paid by the 28th day of the month. Invoices received between the 16th and the end of the month shall be paid by the 15th day of the ensuing month. This payment procedure will be followed for both "open market" and "Federal Supply Schedule" purchases.

Each institution shall establish procedures to ensure the Business Office receives the invoice in a timely manner for processing.

NOTE: The PV is authorized to bill the BOP the FSS price less 2.25%, plus a negotiated fee of one-fourth percent. In the past year there have been problems with credit and rebills from the PV. The problems were caused by retroactive price increases to the FSS contractor and confusion caused by primary and secondary pricing. The BOP was not included in the primary pricing statute. However, the BOP must pay the FSS price, higher or lower, even when it is made retroactive.

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COMPUTER SYSTEMS The prime vendor Contractor will provide the computer systems to be used under the prime vendor system. The institutions's Computer Services Manager or Computer Systems Security Officer is to be notified when the system is brought into the institution. The prime vendor Contractor is responsible for the installation and maintenance of the computer systems and software. Emergency service and repair calls shall be made on an unlimited basis at no additional cost, except in cases of neglect or abuse by a Government employee. The prime vendor Contractor shall, within 24 hours after notification by either the Pharmacist or the Contracting Officer, furnish a qualified factory trained service representative to inspect the equipment and perform all repairs and adjustments necessary to restore the equipment to normal and efficient operating condition. If repair is not feasible, the prime vendor Contractor shall provide replacement of the computer system or software, as necessary. By either repair or replacement, institutions shall not be without order entry capability for more than 48 hours.

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3.2 Amerisource

1. At the main menu, move cursor to highlight ORDER ENTRY and press ENTER.
2. At ACTIVE PURCHASE ORDER window press INSERT and follow instructions to add a new PO. Input a temporary or bogus PO #which may be up to 4 characters. Screen will ask for customer number. Press ENTER and customer number will be input automatically.
3. Return to ACTIVE PURCHASE ORDER window. The bogus PO # will be highlighted - or use arrow keys to select correct PO #. Press ENTER.
4. Create the order by using arrow keys to select the ordering mode you prefer. Your options are ITEM NUMBER, DESCRIPTION, NDC NUMBER, or your own USER number.
5. Press ESCAPE key until ACTIVE PURCHASE ORDER window appears. The temporary PO # will be highlighted, or use arrow keys to select correct PO #. Press the letter P to access PRINT menu.
6. In the PRINT menu, the temporary PO # will be highlighted, or use the arrow keys to select correct PO #. Press ENTER.
7. Screen will input "YES" next to temporary PO # and the highlighter will move down one line. Press and hold down CONTROL key. Press ENTER key and release both keys immediately.
8. SELECT FORM TYPE will appear in middle of screen. Of the five forms available, the system will automatically select REGULAR PO FORM. Press ENTER. The printer will generate a hard copy of the order for you to present to the Business Office. At this point the order has not been transmitted to ALCO.
9. Attach a copy of the order to a REQUEST FOR PURCHASE (RP). You must fill in the financial data, source information, date, and obtain a signature from the HSA (or yourself if you are designated). Write "estimated" next to the invoice total. Take this paperwork to the business office to obtain signatures and a valid PO #.
10. Return to the computer and the ACTIVE PURCHASE ORDER window. Highlight the temporary PO # with the arrow keys. Press letter C to copy.
11. COPY PURCHASE ORDER will appear in screen. Left side of screen will indicate PO numbers. Use arrow keys to highlight the temporary PO #. Enter valid PO # from Business Office. Screen will ask for customer number. Press ENTER and this number will be input automatically.

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- 12. Return to ACTIVE PURCHASE ORDER window. Valid PO # will be highlighted - or use arrow keys to select it. Press ESCAPE which will return you to the Main Menu.

- 13. Use arrow key and highlight COMMUNICATIONS. Press ENTER. Screen will display COMMUNICATION menu. SEND ORDERS will be highlighted, or use arrow keys to select SEND ORDERS. Press ENTER. Screen will display ORDER menu. Highlight the valid PO # you desire to transmit. Press ENTER. [Be sure you don't transmit the bogus # instead]

- 14. The screen will input "YES" next to the PO # and the highlighter will move down one line. Hold down the CONTROL key and press the ENTER key and release both keys simultaneously immediately.

- 15. The last action will transmit the order. The screen will automatically return to the last screen. After a few minutes, a four digit number will appear in the acknowledgement number column. If this doesn't happen - repeat steps 13 and 14.

- 16. In order to determine what merchandise you will receive in your order you should request a PRINTBACK. This can be done by waiting one hour or more after transmitting the order. The prices should also be up to date on the printback - but don't bet on it.

- 17. Go to the COMMUNICATIONS menu. Tab to CALL FOR PRINTBACK. Press ENTER. The data will appear on the screen.

- 18. If you want a printed copy - go to the ORDER ENTRY menu. Select PRINT. Press ENTER. The screen will input YES next to the PO #. Hold down the CONTROL key and hit the ENTER key. Release both keys simultaneously immediately.

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4.2 NON-FORMULARY DRUGS

Non-formulary drugs will not be purchased by an institution pharmacy for a patient unless the pharmacy has obtained the written approval of the Medical Director, BOP.

NON-FORMULARY DRUG AUTHORIZATION

Any prescriber who wishes to use a non-formulary drug for a specific patient should fill out a Non-Formulary Drug Authorization. The prescriber should include the patient's diagnosis, formulary drugs used, and a reason why formulary agents cannot be used. The Non-Formulary Drug Authorization should then be signed by the Clinical Director and given to Pharmacy Services. Pharmacy Services will add pricing information and their own comments on the request, and then send the Non-Formulary Drug Authorization to the Chief Pharmacist, BOP. (Fax number is on form.) He/she will add comments and obtain the approval or disapproval of the Medical Director, BOP. The Chief Pharmacist, BOP will then fax the completed form to the institution. If you feel the situation warrants a phone call, please feel free to call the Chief Pharmacist, BOP to request an expedient decision.

*** NOTE: The Non-Formulary Drug Authorization is a request to treat a SPECIFIC PATIENT - not a blanket authorization. ***

REQUEST FOR ADDITION TO FORMULARY

Any physician or dentist may request addition or deletion of a drug to/from the National Formulary. The request should be made in writing on a Request for Addition to Formulary form and sent to the Chief Pharmacist, BOP. Supporting documentation should be attached to the request. This request will be placed on the agenda of the next Pharmacy and Therapeutics Committee meeting.

The Pharmacy and Therapeutics Committee will rule upon the appropriateness of the request and send their recommendation to the Medical Director, BOP. Supporting documentation is an important part of this process. If your request and supporting research articles make a justifiable case for addition to the formulary, it will probably be approved.

*** NOTE: The Request for Addition to Formulary is a request to add a product to the National Formulary for use in the ENTIRE patient population. ***

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5 LOCAL FORMULARY

There should be a Local Formulary in place so that local prescribers will have a means of reviewing what is available for their use. The Local Formulary is the subset of items on the National Formulary that will normally be stocked at your institution. The local Pharmacy and Therapeutics Committee shall determine what drugs in the National Formulary are in the Local Formulary. No item should be on the Local Formulary which is not also on the National Formulary. No restrictions that appear on the National Formulary may be removed.

In addition to highlighting those items that are normally stocked by the institution pharmacy, the Local Formulary may also contain more information than the National Formulary for each of these items. You may choose to add:

- strengths available locally
- dosage forms available locally
- prescribing information
- prescribing cautions.

5.1 INSTITUTION PHARMACY AND THERAPEUTICS COMMITTEE

The Pharmacy and Therapeutics Committee shall meet at least quarterly. It should be comprised of Medical Staff, Dental Staff, Pharmacy Services, Physician Assistants, Nursing Services, and Health Services Administration. The Institution P & T Committee should be chaired by the Clinical Director. The pharmacist usually acts as secretary.

The Institution P & T Committee shall:

- Determine what drugs in the National Formulary shall be available locally.
- Determine what strengths and dosage forms are available locally.
- Determine if any drugs on the National Formulary should be restricted further (i.e. designated as "Pill Line").
- Discuss errors in prescribing, dispensing, and administering medications in the institution.
- Discuss Adverse Drug Reactions that occur in the institution.
- Approve Drug Use Evaluations (DUEs) used in the institution.
- Review changes in the National Formulary.
- Present drug information.
- Recommend that a "Request for Addition to Formulary" be completed for a specific drug.
- Discuss Quality Assurance monitors.

MINUTES - The Institution P & T Committee Meeting minutes should contain:

- Date of meeting
- List of attendees
- Reading and acceptance of previous minutes
- Policy and Procedure Review
- Review of Past Issues
- Formulary Issues
- Investigational Drugs
- Drug Related Research Projects
- Monitoring and Enforcement Activities
 - Medication Recalls
 - Medication Errors
 - Adverse Drug Reactions and Monitoring
 - QA/QI Activities
 - Pharmacy Interventions
- Floor Stock Medications
- Drug Utilization Review
- Issues referred to Medical Executive Staff
 - Completed DUEs
 - DUE Proposals

6 AWARDS

6.1 PHS AWARDS

AWARDS BOARD

The BOP Awards Board is comprised of the Chief Professional Officers, the PHS Liaison, and a Senior Deputy Assistant Director (Health Services Division). This group reviews each award nomination that is received from the field by the end of the quarter. The Awards Board critiques the nomination, votes on same, and then makes its recommendation to the Medical Director, BOP. Most awards can be awarded on the signature of the Medical Director. A few must go on to a Public Health Service Awards Board.

The BOP Awards Board meets during the first week of every quarter. They review all awards submitted during the previous quarter. Make sure any awards are received by the Awards Coordinator by March 31, June 30, Sept 30, or Dec 31 in order to be considered in a timely manner.

The BOP Awards Board may take one of several actions:

- Approve the nomination as received
- Raise or lower the level of the award
- Refuse to approve the nomination
- Send the nomination back to the institution for clarification or (usually) with a suggestion to rewrite the justification for the award.
- Recommend the award for submission to PHS (for those that cannot be awarded by the Agency)

The Medical Director has the same options available to him.

The members of the Awards Board take their responsibility very seriously. They are committed to the effort to be consistent and fair in their recommendations.

The PHS Awards Coordinator at the Central Office is Freda Muse. All award nominations are to be sent to her at:

Health Services Division
320 First Street, NW
Washington, DC 20534
202-307-2867 Ext. 123.

INDIVIDUAL AWARDS

HAZARDOUS DUTY AWARD - An officer is automatically eligible to receive this award after 6 months on duty in a BOP facility (except Federal Prison Camps). If you have not received this award and meet the qualifications, contact the Chief Pharmacist, BOP.

PHS CITATION - This award is generally for an accomplishment beyond what is normally expected from a PHS officer. The accomplishment or special program is usually one of short duration (3 to 6 months). This award is given to those officers who achieved Honor Graduate status at Glynco. Again, if you were a Glynco Honor Graduate and have not recieved this award, be sure your facility has submitted a nomination. The Central Office needs a nomination from your supervisor, signed by your warden.

ACHIEVEMENT AWARD - This award can be considered one step above the PHS Citation. It is generally for a sustained accomplishment or program, a very high level of performance for a considerable length of time, or a program that goes beyond your practice setting.

COMMENDATION MEDAL - This award represents (1) sustained high quality work performance in scientific, administrative, or other professional fields; (2) application of unique skill or creative imagination to the approach or solution of problems; or (3) noteworthy technical and professional contributions that are significant to a limited area. This award requires a level of proficiency and dedication DISTINCTLY greater than that expected of the average commissioned officer. A reminder - the award nomination must reflect this level of performance. The Awards Board can only judge your suitability for the award based on what is written.

THE OUTSTANDING SERVICE MEDAL - This award is normally presented to officers who have either demonstrated outstanding continuous leadership in carrying out the mission of PHS, or performed a single accomplishment which has had a major effect on the health of the Nation, or performed a heroic act resulting in the preservation of health or property. Differentiation between the Outstanding Service Medal and Meritorious Service Medal concerns the magnitude of the impact. This award must be approved by DCP and the Surgeon General.

Refer to your Commissioned Officer Booklet for other individual award information.

UNIT AWARDS

THE UNIT COMMENDATION - This award is an acknowledgement of outstanding accomplishments by a designated organizational unit within PHS. The award is made to commissioned officers in a PHS unit which has demonstrated a significant level of performance well above that normally expected (but somewhat lower than that required for the Outstanding Unit Citation). The period recognized is normally short, marked by definite beginning and ending dates.

THE OUTSTANDING UNIT CITATION - This award represents acknowledgement of outstanding achievement by a designated organizational unit within PHS. The award is made to

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commissioned officers in PHS components who exhibit superior service toward achieving the goals and objectives of PHS. The award requires the performance of exceptional service of NATIONAL or INTERNATIONAL significance. The period recognized will normally be short and marked by definite beginnning and ending dates. The Awards Board focuses on the national impact of the achievement. Without that impact, it would be considered as a Unit Commendation rather than the Outstanding Unit Citation.

NOTE: All Unit Awards should also contain the names of the Civil Service employees in that unit.

CASH AWARDS

Commissioned Officers are NOT eligible for cash awards based on performance.

6.2

CIVIL SERVICE AWARDS

Awards for Civil Service employees are covered by MANY pages of Human Resource Management Program Statements. In essence, the awards all require nomination and documentation by your supervisor to the Institution Awards Committee. The Committee then weighs the substance of your performance and decides the format of your recognition. You may receive a Letter of Commendation, a Commendation Plaque, a monetary award, a Step-In-Grade increase, or Time Off with Pay. The amount of money may vary according to the level of activity recognized. The amount of time off with pay may vary from 4 to 40 hours - with a maximum of 80 hours in one calendar year.

EMPLOYEE OF THE MONTH - Usually a monetary award.

EMPLOYEE OF THE QUARTER - Usually a monetary award.

EMPLOYEE OF THE YEAR - Usually a monetary award and a plaque or letter.

SUPERVISOR OF THE QUARTER - Usually a monetary award.

SUPERVISOR OF THE YEAR - Usually a monetary award and a plaque or letter.

SPECIAL ACT AWARD - Usually a monetary award, though recently time off with pay has been utilized. If you were an Honor Graduate at Glynco, this is normally the award you would receive.

QUALITY STEP INCREASE - This requires a nomination from your supervisor accompanied by your most current performance evaluation. You would receive an unscheduled step increase within your pay grade.

SUSTAINED SUPERIOR PERFORMANCE - This requires a nomination from your supervisor accompanied by your most current performance evaluation. You would normally receive a monetary award or time off with pay.

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7 HEALTH CARE INFORMATION SYSTEMS

The following pages give quick, simple answers to commonly asked questions concerning the HCIS computer system.

ORDERING EQUIPMENT

- 1. What equipment is required to operate the HCIS computer system? How much does it cost?
- 2. Where can I order prescription labels? What are the specifications I need?
- 3. Where can I order back-up tapes? What are the specifications I need?

ADDING PROVIDERS

- 4. How do I add a new provider?
- 5. How do I add pharmacy personnel into the system?

ENTERING DRUGS

- 6. How can I add a non-formulary drug?
- 7. How can I make shortcuts for drug names?
- 8. How should I enter a new Controlled Substance?

EDITING PATIENT INFORMATION

- 9. How do I enter disabilities? How do I enter allergies? What if the patient has more than 3 of either one?
- 10. How can I change an inmate name or number that is already in the computer?

GENERATING REPORTS

- 11. How do I print a patient profile?
- 12. How do I print a list of all prescriptions filled on a given day?
- 13. How can I generate a drug movement report ranked by volume?
- 14. How can I print a list of all patients on a given drug?

HELP

- 15. Who can I call if I have other questions or need more information?

ORDERING EQUIPMENT

- 1. What equipment is required to operate the HCIS computer system? How much does it cost?

<u>Minimum</u>		<u>Recommended</u>
386/66 mhz	IBM compatible computer and color monitor	486 or greater
300 MB	Hard drive capacity	1.2 GB
2 MB	Memory (RAM)	16 MB or greater
LQ	Epson LQ compatible printer 10 foot parallel cable	LQ
9600 BAUD	Hayes compatible modem Dedicated/direct phone line	14.4 BAUD
5.0	Disk operating system (DOS)	DOS 5.0/Windows
6.0	Carbon Copy	6.0

Printer and back-up tape are approximately \$300.00 each.

Pricing and contract information on BOP I-NET contract:

<u>Minimum</u>		<u>Recommended</u>
CLIN number 2002		CLIN number 2006
Enhanced Intelligent Terminal		Add'l File Server
\$2,270.00		\$5,223.00
\$2,870.00	approximate total	\$5,823.00

- 2. Where can I order prescription labels? What are the specifications I need?

one source (many others are available):

Mid West Rx Packaging
3224 Ferncroft Dr.
Cincinnati, OH 45211
800 635-4787

Contract Number:
Stock Number: Die #104
Label Description: 1 & 7/8" X 3 " blank litho white
Order Units: 1000
Price per Unit: \$10.90/roll 24 rls/9.90 @ 48 rls/7.70 @

Order in multiples of: 12,000

- 3. Where can I order back-up tapes? What are the specifications I need?

Contact the Computer Specialist at your institution.

ADDING PROVIDERS

*** NOTE: ONLY the Pharmacist or HSA (if Site Manager) can add providers. ***

4. How do I add a new provider?

Procedure is on following pages. Add individual first as a USER of the system then as a PROVIDER of health care. When prompted to enter "Primary Menu Option," use "PSO USER1" for most providers (PA's, physicians, pharmacy techs, etc.). If you need to add a pharmacist or Site Manager, please call the HCIS staff. When prompted to allocate a security key, use "PSRPH" for most providers. Again, if you need to add a pharmacist of Site Manager, call HCIS for additional keys.

5. How do I add pharmacy personnel into the system?

Procedure is on following pages.

ENTERING DRUGS

*** NOTE: ONLY the Pharmacist or HSA (if Site Manager) can add drugs.

6. How can I add a non-formulary drug?

At the main menu, select "2 Outpatient Pharmacy Menu." At this menu select "1 Pharmacist." Hit "enter" when asked to select label printer. When the pharmacist menu appears select "1 Drug Enter/Edit." The computer will ask you to "Select DRUG GENERIC NAME:" Enter the name of the drug to be added. The screen below will appear. Enter information as shown.

7. How can I make shortcuts for drug names?

Select "Drug Enter/Edit" as described in question 6. Type the name of the drug for which you would like to create a shortcut when prompted to "Select DRUG GENERIC NAME." Enter information as shown on top of next page.

8. How should I enter a new Controlled Substance?

Select "Drug Enter/Edit" as described in question 6. Type the name of the drug which you like to designate as a Controlled Substance when prompted to "Select DRUG GENERIC NAME." Enter information as shown on bottom of next page. Note: DEA code is class number followed by A for alcohol/narcotics.

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EDITING PATIENT INFORMATION

9. How do I enter disabilities? How do I enter allergies? What if the patient has more than 3 of either one?

Disabilities and allergies are entered in the same manner. See the following three pages for entering from the Registration Menu. Allergies and disabilities can also be added before entering a prescription in the new/refill section. Note that only three of each will be displayed on this screen. See below for this.

10. How can I change an inmate name or number that is already in the computer?

See page following allergy/disability entry.

GENERATING REPORTS

11. How do I print a patient profile?

A quick profile can be obtained when entering a new or refill prescription for a patient. Simply enter the patient name or registration number. See top portion of next page.

A medication profile can also be obtained by selecting "2 Medication Profile View" at the pharmacist menu. Select a long or short profile; examples of each are shown on the next page. When asked to select a device, enter "PR80" to print on paper or "HOME" to print to the screen.

12. How do I print a list of all prescriptions filled on a given day?

At pharmacist menu select "3 Pharmacy Reports Menu." Select "17 Daily Issued New RXs." See below for an example of a report.

13. How can I generate a drug movement report ranked by volume?

At pharmacist menu select "3 Pharmacy Reports Menu." Select "3 Commonly Dispensed Drugs." See below for an example of a report.

14. How can I print a list of all patients on a given drug?

You must use Fileman to create this report. See the two pages following patient profiles.

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HELP

15. Who can I call if I have other questions or need more information?

HCIS Staff at (202) 307-3065

DRUG INFORMATION

Providing drug information and education is an important part of a pharmacist's job. As you are likely the sole source for this in your institution, you'll need to know where to find it. Section 12 of this handbook offers listings of several reference books to order for use in the pharmacy. For the latest in-depth information, contact the Drug Information Service at FMC Rochester. These drug information sources will also be helpful in preparing comments on non-formulary request forms.

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8.1 **FMC ROCHESTER**

DRUG INFORMATION SERVICE

Featuring the Iowa Drug Information Service (IDIS)

- ! Quick, accurate source of information
- ! Complete database, updated monthly
- ! Over 160 journals, worldwide
- ! Receive actual article not just references
- ! Summary and opinion by researching pharmacist

NEED INFORMATION FOR:

Please call us!

- | | |
|---------------------------|-------------------------|
| A presentation ? | (507) 287-0674, ext 480 |
| A non-formulary request ? | FTS 787-1480 |
| Update your knowledge ? | FAX FTS 787-1585 |
| Medical staff inquiry ? | |

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POLICY AND PROCEDURE MANUAL

The Chief Pharmacist should develop and maintain written procedures for the provision of pharmacy services within the institution. Create a procedure manual that is customized to the individual institution, yet compatible with those of other institutions.

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OVER-THE-COUNTER MEDICATIONS

FORMULARY ITEMS

The items listed below may be offered for sale in the commissary or offered during a "drug store line" established locally. If these items are included in the commissary, there will be no more "drug store line." These items shall be made available to inmates who cannot or do not wish to purchase them by going through regular sick call procedures. They are on the National Formulary and may be prescribed and dispensed by medical staff. They may be dispensed in over-the-counter packaging with appropriate labeling for use.

ACETAMINOPHEN 325 MG TABLETS

ALUMINUM HYDROXIDE/MAGNESIUM HYDROXIDE/SIMETHICONE LIQUID

ASPIRIN 325 MG TABLETS

CHLORPHENIRAMINE 4 MG TABLETS

KAOLIN/PECTIN SUSPENSION

MILK OF MAGNESIA

PSYLLIUM MUCILOID

SALINE NASAL MIST

TOLNAFTATE 1% CREAM

TOLNAFTATE 1% POWDER

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NON-FORMULARY ITEMS

These other "Over-the-Counter" medications may be offered for sale in the commissary at discretion of the institution. These items are non-formulary and as such, WILL NOT BE MADE AVAILABLE TO INMATES THROUGH SICK CALL PROCEDURES. Appropriate substitutes for medically necessary items will be available through sick call (eg. Hydrocortisone 1% cream for Hydrocortisone 0.5% Cream, or Guaifenesin/Dextromethorphan tablets for Guaifenesin syrup). Items that are not medically necessary will be available only through the commissary (eg. Analgesic balm, Fostex)

- | | |
|--------------------------------|------------------------------|
| ACNE SOAP | IBUPROFEN 200 MG TABLETS |
| ANALGESIC BALM | INSOLES |
| ANTACID TABLETS | MOISTURIZING LOTION |
| ARCH SUPPORTS | ONCE DAILY MULTIPLE VITAMINS |
| BAND-AIDS | BENZOYL PEROXIDE 10% CREAM |
| CORN PADS | SELENIUM SULFIDE 1% SHAMPOO |
| DENTAL ANESTHETIC GEL | THROAT LOZENGES |
| GUAIFENESIN ALCOHOL-FREE SYRUP | UNSCENTED SOAP |
| HEMORRHOID CREAM | VITAMIN C 500 MG TABLETS |
| HYDROCORTISONE 0.5% CREAM | VITAMIN E 100 IU CAPSULES |
| NICOTINE PATCHES | |

WHY AND HOW TO PLACE OTC'S IN THE COMMISSARY

WHY?

1. If all institutions participated, up to \$1.6 million/year could be saved in cost avoidance.
2. There will be no more OTC "Drug Store Line" (where inmates get certain OTC items at the pharmacy window without a prescription). This will save in staff time.
3. There has been concern that this will increase sick call; institutions that have implemented this program have not seen this.

HOW?

1. Initially, spend some time with the person responsible for ordering these items for the commissary. You may have to actually select the specific items and provide ordering information. The commissary will be responsible for actually ordering the items. If the commissary chooses to go with the same wholesaler as your Prime Vendor contractor, have them establish a separate account and obtain ordering equipment.
2. Use generics whenever possible. Inmates will not pay \$6.00 for Tylenol. Acetaminophen 325 mg tablets are available for approximately \$1.25/hundred.
3. Make a concerted effort to get the commissary to stock all 30 items that are recommended by the National P & T Committee.
4. Make sure the commissary stays in stock.
5. Post notices to the inmates.
6. Inform inmates that this will offer them increased access and freedom. This is an attempt to provide the same level of services available in the community.
7. Provide information to inmates on how to select and use OTC's properly.
8. Work with correctional services to insure that medications purchased by inmates will not be confiscated unnecessarily.

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DIRECTORY OF PHARMACISTS

FEDERAL BUREAU OF PRISONS

FPC ALDERSON GLEN RAY ROAD BOX B ALDERSON, WV 24910	KIM WILLIAMS RX. 700 924-3260 FAX 304 445-2457	INST. 304 445-2901 700 924-3000 HSA BOB ELLIS 700 924-3292
LSCI ALLENWOOD 602 LIBERTY ST WATSONTOWN, PA 17777	GINA BROWN RX. 700 531-1483 FAX 717 547-0345	INST. 717 547-1990 HSA DAN DESANTOS EXT 467
FPC ALLENWOOD P.O. BOX 1000 MONTGOMERY, PA 17752	RX. 700 592-1156 FAX 717 547 6571	INST. 717 547-1641 700 592-1100 HSA 700 592 1154
MSCI ALLENWOOD P.O. BOX 2500 WHITE DEER, PA 17887	MURRAY POTTER RX. 700 727-9647 FAX 717 547-7710	INST. 717 547-7950 HSA KATHY WEIGAND 717 727-9466
USP ALLENWOOD P.O. BOX 3500 WHITE DEER, PA 17887	RAELENE SKERDA RX. 700 727-1465 FAX 717 547-1496	INST. 717 547-0963 HSA RON LAINO EXT 458
FCI ASHLAND P.O. BOX 888 ASHLAND, KY 41101	TERESA PORTER RX. 700 358-8134 FAX 606 928-2049	INST. 606-928-6414 700-358-8011 HSA AMANDA WAUGHAMAN 700 358-8144
USP ATLANTA 601 MCDONOUGH BLVD SE ATLANTA, GA 30315	WALTER HOLT RX. 404 730-9545 FAX 404 331-3806	INST. 404 622-6241 700 251-0100 HSA KETTA MARTIN 700 251-0235
	PATRICIA WIGGINS	
FCI BASTROP BOX 730 HIGHWAY 95 BASTROP, TX 78602	MARK GOUDEAU RX. 700 521-3290 FAX 512 321-1676	INST. 512 321-3903 700 521-3050 HSA JOHN STONE 700 521-3244
BEAUMONT COMPLEX BOX 26035 BEAUMONT, TX 77720-6035	DAVE MILLER	409 727-8188 EXT 4119
FCI BECKLEY 1600 INDUSTRIAL PARK RD BEAVER, WV 25813	TERRY BOYLEN EXT 4302 FAX 304 256-4969	INST. 304 252-9758 HSA MILES MATTHEWS EXT. 430

RX. 352 330-3284
FAX 352 330-3270

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FCI FLORENCE 5880 HIGHWAY 67 SOUTH P.O. BOX 6500 FLORENCE, CO 81226	DENNIS LIVINGSTON RX. EXT 4213 FAX 719 784-5035	INST. 719 784-9100 HSA CHRIS LAMB EXT 4200
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USP FLORENCE 5880 STATE HWY 67 SOUTH FLORENCE, CO 81226	DENNIS VETTESE RX. 719 784-5156 FAX	INST. 719 784-9454 HSA TERRY FINNEGAN
---	---	--

FCI FORREST CITY 310 N. FOREST ST FORREST CITY, AR 72335	ALAN ANDERSON 870 630-6206 870 630-6253 MARGARET RINCON	INST 870 630-6000 HSA 870 633-6150
--	--	--

FMC FORT DEVENS 36 INDEPENDENCE DRIVE DEVENS, MA 01432	JOANN ROSEMAN EXT 4660 FAX 978 796-1537 RICHARD OAKLEY	INST 978 772-0582 HSA FRANCISCO FELIZ 978 796-1501 KAREN MCNABB-NOON
--	---	---

FCI FORT DIX BLDG 5853 DOUGHBOY LOOP FORT DIX, NJ 08640	RICHARD LAWSON RX. EXT 171 FAX 700 866-6962	INST. 609 723-1100 HSA TERRY RAMOS
---	---	---

FCI FORT DIX WEST P.O. BOX 5000 FORT DIX, NJ 08640	JOE ZAGAME EXT 784 609 723-2059	INST. 609 723-1100 HSA TERRY RAMOS EXT. 777
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FMC FORT WORTH 3150 HORTON ROAD FORT WORTH, TX 76119	ARDEN HANSON RX. 817 413-3487 FAX 817 413-3343 FRED LARECY WELDON ROBERTS	INST. 817 534-8400 700 738-4011 HSA SCOTT VINEYARD 817 413-3209
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FCI GREENVILLE P.O. BOX 4000 U.S. ROUTE 40 & 4TH ST GREENVILLE, IL 62246	KENNETH LIPPERT RX. 618 664-6237 FAX 618 664-6238	INST. 618 664-6200 HSA FRANK LABORRE 618 664-6236
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MDC GUAYNABO P.O. BOX 2146 SAN JUAN, PR 00922	DYNIA GUZMAN RX. FAX 787 793-8572	INST. 787 749-4480 700 749-4323 HSA JOHN JONES
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FCI JESUP 2600 HIGHWAY 301 SOUTH JESUP, GA 31545	NINA WATSON RX. 700 230-0429 FAX 912 427-1240	INST. 912 427-0870 700 230-0111 HSA CINDY TOPPING
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FCI LA TUNA P.O. BOX 1000 TEXAS HIWAY 20 ANTHONY, NM 88021	SHEILA VEIKUNE RX. 700 572-3323 FAX 915 886-2604	INST. 915 886-3422 700 572-3313 HSA JIM CLAIRE 700 572-3320
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MONTGOMERY, AL 36112 FAX 334 293-2276 HSA ARTURO REYNALDO
700 534-2220

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FCI MCKEAN CINDY OYLER INST. 814 362-8900
P.O. BOX 5000 RX. EXT 480
BRADFORD, PA 16701 FAX 814 362-1584 HSA
EXT 470

FCI MEMPHIS CRAIG KESSLER INST. 901 372-2269
1101 JOHN DENIE RD RX. 901 380-2459 700 228-8200
MEMPHIS, TN. 38134 FAX 901 380-2458 HSA DAVE ROFF
GARY TOMLINSON 700 228-8239

FDC MIAMI MARGARITA PARRILLA INST. 305 597-4882
1638 NW 82ND RX. 305 252-9436
MIAMI, FL 33126 FAX 305 982-1343 HSA GOMEZ
305 982-1114

FCI MIAMI FELICITA GONZALEZ INST. 305 259-2100
15801 SW 137TH AVE RX. 700 822-1177 700 822-1100
MIAMI, FL 33177 FAX 305 259-2389 HSA 700 822-1186

FCI MILAN PATRICIA PACHECO INST. 734 439-1511
P.O. BOX 9999 RX. 700 378-0279 700 378-0011
ARKONA ROAD FAX 734 439-7330 HSA DAVE ANDERSON
MILAN, MI 48160 700 378-0270

FPC MILLINGTON INST. 901 872-2277
6696 NAVY ROAD RX. 700 493-8299
MILLINGTON, TN. 38053 FAX 901 873-8209 HSA DAVE ROFF
700 493-8241

FCI MORGANTOWN MARTIN JOHNSTON INST. 304 296-4416
GREENBAG ROAD RX. 700 285-9349 700 285-9000
MORGANTOWN, WV 26505 FAX 304 284-3615 HSA BRENDA BARRETT
700 285-9347

FPC NELLIS GRADY JAMES INST. 702 644-5001
NELLIS AFB, AREA II RX. 700 449-5336 700 449-5312
CS 4500 FAX 702 644-2517 HSA WENDELL HOLMES
LAS VEGAS, NV 89191 700 449-5330

MCC NEW YORK WILLIAM LONG INST. 212 240-9656
150 PARK ROW RX. EXT 461
NEW YORK, NY 10007 FAX 212 417-7680 HSA KEVIN MCDONALD
KENNETH SCHMIDT EXT 462

FCI OAKDALE JANA ENICKE INST. 318 335-4070
P.O. BOX 5050 RX. 700 687-9210 700 687-9000
OAKDALE, LA 71463 FAX 318 215-2638 HSA ERNIE BRISTOL
700 687-9201

FDC OAKDALE KENDALL JOHNSON INST. 318 335-4466

P.O. BOX 5060
OAKDALE, LA 71463

RX. EXT 4126
FAX 318 215-2135

HSA 700 490-8201

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FCI OKLAHOMA CITY MARK HORN INST. 405 682-4075
4200 HIGHLINE BLVD RX 700 760-5039
OKLAHOMA CITY, OK 73108 FAX 405 680-4035
HAL KESLER HSA LECHERYL SMITH
KENT OFFICER 700 760-4091

FCI OTISVILLE TIM HUSSON INST. 914 386-5855
P.O. BOX 600 RX. 700 887-1265
TWO MILE DRIVE FAX 914 386-4358 HSA JOSE MARTINEZ
OTISVILLE, NY 10963 GINI ARGIROPOULOS 700 887-1262

FCI OXFORD TINA JOHNSON INST. 608 584-5511
BOX 500 RX. 700 364-2216 700 364-2000
OXFORD, WI 53952 FAX 608 584-6233 HSA GINGER JONES
700 364-2210

FCI PEKIN BILL GOULD INST. 309 457-8588
2988 COURT ST RX. 700 935-1560
PEKIN, IL 61554 FAX 309 477-4690 HSA EDDIE SAMALIO
BARBARA FINNEGAN 700 935-1550

FPC PENSACOLA M. BERNIE GREENWOOD INST. 850 457-1911
SAULEY FIELD RX. 850 458-7248
PENSACOLA, FL 32509 FAX 850 458-7290 HSA BERNIE GREENWOOD
850 458-7242

FCI PETERSBURG TOM BOROUGHS INST. 804 733-7881
P.O. BOX 1000 RX. 700 285-7308 700 285-7000
PETERSBURG, VA 23804 FAX 804 862-1971 HSA CARLOS ASCENSIO
700 285-7360

FCI PHOENIX PAUL BUTLER INST. 602 256-0924
37900 N. 45TH AVE. RX. 700 762-8162 700 762-8000
BOX 1680 FAX 602 465-5116 HSA DEANNA LANDRUM
PHOENIX, AZ 85027 TIM DEY 700 762-8163

FCI PLEASANTON JIM MOORE INST. 415 833-7500
5701 8TH STREET RX. 510 833-7564 700 462-0000
CAMP PARKS FAX 510 833-7597 HSA FERNANDO AREOLA DUBLIN,
CA 94568 700 833-7585

FCI RAYBROOK TOM GAMMARANO INST. 518 891-5400
P.O. BOX 300 RX. 700 561-3474 700 561-3500
RAYBROOK, NY 12977 FAX 518 891-4357 HSA ELLEN SWEATT
700 561-3470

FMC ROCHESTER JIM HALVORSEN INST. 507 287-0674
P.O. BOX 4600 RX. 700 787-1480 700 787-1110
2110 EAST CENTER ST FAX 700 287-9604 HSA JEANNE SMITH
ROCHESTER, MN 5590 JAMES ROBEY 700 787-1453
KARL AAGENES DOUG HEROLD

FCI SAFFORD TY BINGHAM INST. 602 428-6600

FCI TERMINAL ISLAND DAVE KATSULES INST. 310 831-8961
 1299 SEASIDE AVE. RX. 310 732-5259 700 793-1160
 TERMINAL ISLAND,CA 90731 FAX 310 732-5320 HSA KATHY ROYCE
 310 732-5250

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USP TERRE HAUTE ANDREW JANCOSEK INST. 812 238-1531
 HIWAY 63 SOUTH RX. EXT 430 700 335-0531
 TERRE HAUTE, IN 47808 FAX 812 238-2067 HSA
 TED PALAT 700 335-0426

FCI TEXARKANA GLEN PREWETT INST. 903 838-4587
 P.O. BOX 9500 RX. 700 255-1252 700 255-1100
 TEXARKANA, TX 75501 FAX 903 838-7895 HSA STUART GESSELMAN
 700 255-1250

FCI THREE RIVERS ROBERT GARCIA INST. 512 786-3576
 P.O. BOX 4000 RX. 700 477-0237 700 477-0000
 THREE RIVERS, TX 78071 FAX 512 786-0201 HSA RICARDO WILLIS
 700 477-0201

FCI TUCSON MICHAEL WOODFORD INST. 520 574-7100
 8901 SOUTH WILMOT ROAD RX. EXT 286 700 762-6921
 TUCSON, AZ 85706 FAX 520 574-7118 HSA PRATAP MISRA
 700 741-3123

FCI WASECA JULIE PLATTE 507 837-4525
 1000 UNIVERSITY DR. SW EXT 2303
 WASECA, MN 56093 507 837-4588 HSA ALAN JORGENSON
 700 839-2300

FPC YANKTON INST. 605 665-3262
 BOX 680 RX. 700 782-1055 700 782-1400
 YANKTON, SD 57078 FAX HSA
 700 782-1038

FCI YAZOO CITY DONNA HEIDEL INST 601 751-4800
 P.O. BOX 1449 EXT 5785
 YAZOO CITY, MS 39194 601 751-4956 HSA FLO MORLOTE
 EXT 5760

CENTRAL OFFICE JOHN BABB 202 307 2867 X 128
 320 FIRST ST. NW 800 800 2676 X 128
 ROOM 1000
 WASHINGTON, DC 20534

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MENTORS FOR NEW PHARMACISTS

MID-ATLANTIC REGION

Steve Dittert
FCI Butner
P.O. Box 1000
Old Highway 75
Butner, NC 27509-1000
(919) 575-2020
FAX 919 575-2018

Theresa Burt
FMC Lexington
3301 Leestown Road
Lexington, KY 40511-8799
(606) 253-8834
FAX 606 253-8834

NORTHEAST REGION

Mike Lilla
FCI Loretto
P.O. Box 1000
Loretto, PA 15940
(700) 592-0270

FAX (814) 472-4582

Tim Husson
FCI Otisville
P.O. Box 600
Two Mile Drive
Otisville, NY 10963
(914) 386-5855, ext. 265
FTS 887-1265
FAX (914) 386-4358

NORTH CENTRAL REGION

Bill Gould
FCI Pekin
2988 Court St
Pekin, IL 61554
700 935-1560
FAX (309) 477-4690

DENNIS VETTESE
USP Florence
5880 State Hwy 67 South
Florence, CO 81226
(719) 784-5156
FAX 719 784-5171

SOUTHEAST REGION

Allison Underwood
FCI Tallahassee
501 Capital Circle, NE
Tallahassee, FL 32301
(904) 878-2173 ext 269
700 965-2269
FAX (904) 942-8372

Bernie Greenwood
FPC Pensacola
Sauley Field
Pensacola, FL 32509-0001
(904) 458-7248
FAX 904 458-7290

SOUTH CENTRAL REGION

David Wilcox
FCI SEAGOVILLE
2113 NORTH HIWAY 175
SEAGOVILLE, TX 75159
700 749-0261
FAX 972 287-6769

BILL SAGE
FCI BIG SPRING
1900 SIMLER AVE
BIG SPRING, TX 79720
915 263-6699 X 6910
FAX 915 268-6865

WESTERN REGION

Mike Woodford	Jim Watkins
FCI Tucson	MDC Seatac
8901 South Wilmot Rd	2425 S 200 th St
Tucson, AZ 85706	Seatac, WA 98198
602 574-7100 ext 286	206 870-5737
FAX 520 574-7118	FAX

REGIONAL HEALTH SYSTEMS ADMINISTRATORS

SE REGIONAL HSA	ED GAWRYSIAK	404 624-5211
SC REGIONAL HSA	EMMA MITCHELL	214 767-9713
MA REGIONAL HSA	JAN SORENSON	301 317-3218
NC REGIONAL HSA	BRIAN JETT	913 551-1158
NE REGIONAL HSA	QUINCY HECK	215 597-6320
W REGIONAL HSA	GRACE TERRY	510 803-4718

12 ADDITIONAL INFORMATION

12.1 MISCELLANEOUS

NETWORKING

No, you are not the first person to feel this way or have these problems. Please utilize the phone list of pharmacists and mentors in this notebook for information, help, advice, and sympathy. Your peers are only a phone call away. Many times they have had to address similar problems and will be happy to share their experiences with you.

ELECTRONIC MAIL

Electronic communication with other institutions, regional offices, and Central Office is available via EMAIL. Contact your institution Computer Specialist for a password. WITHOUT EMAIL ACCESS, YOU WILL HAVE TO DEPEND ON YOUR HSA TO RETRIEVE AND FORWARD ALL COMMUNICATIONS.

ULTIMATE RESPONSIBILITY

However you slice it - you are responsible for the pharmacy. It will be necessary for you to spend some time training non-pharmacy personnel (physician assistants/nurses) in pharmacy procedures. Documenting the training and what it consisted of can be accomplished with the Pharmacy Staff Orientation and Training Evaluation.

CONTRACT PHYSICIANS

Most institutions utilize several physicians from the local community to provide specialty services to inmates. Usually these physicians are not made aware of our formulary when they begin providing contract care. The pharmacist would be well served to talk to each contract physician about the drugs that are on the formulary which might concern his specialty.

Other concerns for the contract physicians are:

1. To explain what medications are on the pill line and what that means.
2. Security concerns in a correctional environment regarding medication (hoarding, abuse, tonguing meds on pill line).
3. What transpires when the physician insists on a Non-Formulary drug being used - and asking for his help in justifying its approval.

PATIENT COUNSELING

The physical structure of your institution may make this a challenge. However, pharmacists who spend time counseling patients find that it not only improves the expected knowledge, compliance, and outcomes - but it has

a significant impact on inmate attitudes.

SECURITY CONCERNS

The Bureau of Prisons is very insistent that all employees comply with security procedures. It would be best to assume that your pharmacy keys are now a part of your body. Where you go - they go. I can't emphasize how important security is to your employer.

DIRECTLY OBSERVED THERAPY

This is not meant to be condescending - HOWEVER, very few facilities run Pill Line in such a way as to avoid most pilfering/cheeking/noncompliance.

Inmates should come to the pill line window with their ID and a cup of water.

Their medication should be placed in a dose cup and given to the inmate. (Some facilities crush the tablet - particularly benzodiazepines) (Some facilities put the tablet in the water)

The inmate takes the medicine in front of the window, followed by a drink of water. He/she then places the dose cup in the water cup and gives it back to you. If you want to check the mouth to be sure the drug was not cheeked, now is the time.

If you allow inmates to put the pill in their mouth and turn away from the window for a drink, the drug can be palmed, cheeked, or spit into the empty water cup which they then wad up and walk out with the cup AND the drug. Get into a system, and let the inmates know that the only way to take meds on pill line is your way. It works.

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12.2

RESOURCES

Ordering information for helpful reference materials (even some free journals) can be found below.

Goodman & Gilman 8th Ed. 0080402968	McMillan Publishing Ordering Dept. 100 Front St. Riverside, NJ 08075 609-461-6500	99.50
Pharmacist's Letter (payment required with order)	Pharmacist's Letter Jane Thatcher, Office Mgr. 8834 Hildreth Stockton, CA 95212 209-931-2923	64.50 (1 yr.)
American Hospital Formulary Service (1994 Ed.)	AHFS, Inc. 4630 Montgomery Ave. Bethesda, MD 20814	95.00
Title 21, CFR, Part 1300 to End (DEA Law Book) 869-011-00074-6	Superintendent of Documents U.S. Govt. Printing Office Washington, DC 20402-9325 Fax 202-275-0019	9.00
PDR for Non- Prescription Drugs 007187	Physicians Desk Reference P.O. Box 10689 Des Moines, IA 50336-0689 515-284-6714	35.95
P&T Journal	P&T Journal Core Publishing 105 Raider Blvd. Belle Meade, NJ 08502 908-874-8550	60.00 (1 yr.)
American Druggist	Pharmacy Practice News McMahon Group 148 West 24th St. 8th Floor NY, NY 10011	Free
Generic-Brand Comparison Handbook	UDL Laboratories, Inc P.O. Box 10319 Rockford, IL 61131-3019 800-435-5272	1.00

CONSENT TO USE OF ATYPICAL ANTIPSYCHOTIC MEDICATION

The physician should initial numbers 1 thru 5 after discussing each with the inmate.

I, _____, Reg. No. _____ hereby authorize Dr. _____ or his/her relief (designee), to prescribe clozapine (Clozaril), olanzapin (Zyprexa), quetiapine (Seroquel), or risperidone (Risperdal) to me and to continue said medication as is recommended for my psychiatric treatment.

1. ___ This medication is useful because it has been found to be effective in treating psychosis and its associated symptoms including sensory isolation, withdrawal from reality, delusions, disorganized or confused thinking, anxiety, agitation, unusual sensory perceptions (voices, smells, or visions), frightening or disturbing ideas, hallucinations, or feelings of violence or losing control. These medications may be especially useful in the treatment of certain drug-induced movement disorders

2. ___ This medication may improve your condition by relieving all or some of the symptoms mentioned above.

3. ___ Common side effects to this medication may include, but are not limited to, excessive salivation or dry mouth, blurred vision, constipation, drowsiness, dizziness, headache, and weight gain. These effects are frequently temporary or can be controlled with a change in dosage. Less common complaint include various movement disorders (tremors of hands, muscle spasms or twitching, shuffling gait), an decreased sex drive. A rare side effect may be the development of Tardive Dyskinesia, a possibly irreversible condition involving involuntary movement of the mouth, lips, tongue, or extremities. Most, but not all, cases will resolve by changing or stopping drug therapy. Clozapine (Clozaril) has the potential to cause agranulocytosis. This is characterized by a sudden and extreme lowering of the white blood cell count which may lead to serious infections or even death. This occurs in less than 2% of all patients and is closely monitored with mandatory regular blood monitoring until the medicine is stopped. If it occurs, the side-effect is usually reversible by stopping the medicine. If any of the above symptoms occur, you should notify Medical Staff at sick call as soon as possible.

4. ___ Not taking this medication as prescribed by the physician's instruction may lead to a worsening of symptoms. However, some symptoms of psychosis and related disorders may get better or even go away without taking medication.

5. ___ Other treatment options may include other medication with similar benefits that may cause some of the same side effects you may experience with this medication. Other non-drug treatments may involve counseling by a psychologist or other medical professional.

Based upon interview, assessment, and medical record review, it is my opinion that this patient understands the proposed treatment, and **is competent** to give consent.

Physician Signature _____

Based upon interview, assessment, and medical record review, it is my opinion that this patient **is not competent** to give consent. Physician Signature _____

Other issues discussed _____

The undersigned certifies that he/she has read the foregoing, or has had it explained in a language they understand, hereby consents to treatment and has no additional questions

Inmate Signature

Inmate Number

Date

Witness Signature

Date

Attending Psychiatrist or Physician

Date

I understand that I may stop taking this medication at any time by contacting the physician. However I understand that discontinuing the medication abruptly is generally not advisable.

CONSENT TO USE OF BENZODIAZEPINES

The physician should initial numbers 1 thru 5 after discussing each with the inmate.

I, _____, Reg. No. _____ hereby authorize Dr. _____ or his/her relief (designee), to prescribe diazepam (Valium), lorazepam (Ativan), alprazolam (Xanax), clonazepam (Klonopin), temazepam (Restoril), or triazolam (Halcion) an antianxiety medication to me and to continue said medication as is recommended for my psychiatric treatment.

1. ___ This medication is useful because it has been found to be effective in treating anxiety and its associated symptoms including constant worry, apprehension, restlessness, fatigue, difficulty in concentration, irritability, and sleep disorder. This medication may also be effective in treating other related disorders, such as panic disorder, phobias, and Post Traumatic Stress Disorder.

2. ___ This medication may improve your condition by relieving all or some of disorders or symptoms mentioned above.

3. ___ Common side effects to this medication include, but are not limited to, drowsiness, dizziness or lightheadedness, headache, tiredness, decreased memory and recall, excitability, agitation or nervousness. These effects are frequently temporary or can be controlled with a change in dosage. These medications have also been proven to cause both physical and psychological dependence and abrupt withdrawal may cause seizures or blackouts.

If any of the above symptoms occur, you should notify Medical Staff at sick call as soon as possible.

4. ___ Not taking this medication as prescribed by the physician's instruction may lead to a worsening of symptoms. However, some symptoms of anxiety and related disorders may get better or even go away without taking medication.

5. ___ Other treatment options include other medication with similar benefits. Other drugs may cause some of the same side effects you might experience with this medication. Alternative treatments may not include any medication, but may involve counseling by a psychologist or other medical professional.

Based upon interview, assessment, and medical record review, it is my opinion that this patient understands the proposed treatment, and **is competent** to give consent.

Physician Signature _____

Based upon interview, assessment, and medical record review, it is my opinion that this patient **is no competent** to give consent. Physician Signature _____

Other issues discussed _____

The undersigned certifies that he/she has read the foregoing, or has had it explained in a language they understand, and hereby consents to treatment and has no additional questions.

Inmate Signature Inmate Number Date

Witness Signature Date

Attending Psychiatrist or Physician Date

I understand that I may stop taking this medication at any time by contacting the physician. However I understand that discontinuing the medication abruptly is generally not advisable.

CONSENT TO USE OF BUSPIRONE

The physician should initial numbers 1 thru 5 after discussing each with the inmate.

I, _____, Reg. No. _____ hereby authorize Dr. _____ or his/her relief (designee), to prescribe buspirone (Buspar) an antianxiety medication to me and to continue said medication as is recommended for my psychiatric treatment.

1. ___ This medication is useful because it has been found to be effective in treating anxiety and its associated symptoms including constant worry, apprehension, restlessness, fatigue, difficulty in concentration, irritability, and sleep disorder. This medication may also be effective in treating other related disorders, such as panic disorder, phobias, and Post Traumatic Stress Disorder.

2. ___ This medication may improve your condition by relieving all or some of the disorders or symptoms mentioned above.

3. ___ Common side effects to this medication include, but are not limited to, drowsiness, dizziness or lightheadedness, headache, tiredness, or nervousness. These effects are frequently temporary or can be controlled with a change in dosage.

If any of the above symptoms occur, you should notify Medical Staff at sick call as soon as possible.

4. ___ Not taking this medication as prescribed by the physician's instruction may lead to a worsening of symptoms. However, some symptoms of anxiety and related disorders may get better or even go away without taking medication.

5. ___ Other treatment options include other medication with similar benefits. Other drugs may cause some of the same side effects you might experience with this medication. Alternative treatments may not include any medication, but may involve counseling by a psychologist or other medical professional.

Based upon interview, assessment, and medical record review, it is my opinion that this patient understands the proposed treatment, and **is competent** to give consent.

Physician Signature _____

Based upon interview, assessment, and medical record review, it is my opinion that this patient **is not competent** to give consent. Physician Signature _____

Other issues discussed _____

The undersigned certifies that he/she has read the foregoing, or has had it explained in a language they understand, and hereby consents to treatment and has no additional questions.

Inmate Signature Inmate Number Date

Witness Signature Date

Attending Psychiatrist or Physician Date

I understand that I may stop taking this medication at any time by contacting the physician. However I understand that discontinuing the medication abruptly is generally not advisable.

CONSENT TO USE OF LITHIUM

The physician should initial numbers 1 thru 5 after discussing each with the inmate.

I, _____, Reg. No. _____ hereby authorize Dr. _____ or his/her relief (designee), to prescribe lithium (Lithonate, Eskalith) to me and to continue said medication as is recommended for my psychiatric treatment.

1. ___ This medication is useful because it has been found to be effective in treating uncomfortable changes in mood, especially excitable, irritable, and restless moods, and the accompanying symptoms of excessive energy, sleeplessness, racing ideas, overactivity, short temper, and poor judgment, impulsivity, euphoria, depression and insomnia.

2. ___ This medication may improve your condition by relieving all or some of the symptoms mentioned above.

3. ___ Common side effects to this medication include, but are not limited to, dry mouth, hand tremors, frequent urination, and mild thirst. Temporary and mild nausea may occur during the first few days of treatment. These effects are frequently temporary or can be controlled with a change in dosage. Occasionally, lithium may cause the thyroid gland to under-function, producing a condition called hypothyroidism. If the reason for continuing lithium is strong, this condition may be treated with an appropriate drug. There is some concern about long-term effects of lithium on the kidney. However, it appears that if blood levels of the drug are kept within normal limits, there is no reason to expect kidney damage in patients with normal kidney function at the start. Frequent blood draws may be necessary when taking the medication. We have reviewed the fact that if you have a condition such as kidney function impairment, it may be preferable to use other medication.

If any of the above symptoms occur, you should notify Medical Staff at sick call as soon as possible.

4. ___ Not taking this medication as prescribed by the physician's instruction may lead to a worsening of symptoms. However, some symptoms of bipolar disorder may get better or even go away without taking medication.

5. ___ Other treatment options include other medication with similar benefits. Other drugs may cause some of the same side effects you might experience with this medication.

Based upon interview, assessment, and medical record review, it is my opinion that this patient understands the proposed treatment, and **is competent** to give consent.

Physician Signature _____

Based upon interview, assessment, and medical record review, it is my opinion that this patient **is not competent** to give consent. Physician Signature _____

Other issues discussed _____

The undersigned certifies that he/she has read the foregoing, or has had it explained in a language they understand, and hereby consents to treatment and has no additional questions.

Inmate Signature Inmate Number _____
Date

Witness Signature _____
Date

Attending Psychiatrist or Physician _____
Date

I understand that I may stop taking this medication at any time by contacting the physician. However I understand that discontinuing the medication abruptly is generally not advisable.

CONSENT TO USE OF MAOI ANTIDEPRESSANT MEDICATION

The physician should initial numbers 1 thru 5 after discussing each with the inmate.

I, _____, Reg. No. _____ hereby authorize Dr. _____ or his/her relief (designee), to prescribe phenelzine (Nardil, or tranylcypromine (Parnate)) an antidepressant medication to me and to continue said medication as is recommended for my psychiatric treatment.

1. ___ This medication is useful because it has been found to be effective in treating depression and its associated symptoms including sadness, fatigue, hopelessness, sleeplessness, loss of appetite, loss of interests, loss of concentration, suicide, or self harm ideation. This medication may also be effective in treating other disorders, such as panic disorder, obsessive-compulsive disorders, and certain types of pain.

2. ___ This medication may improve your condition by relieving all or some of the symptoms mentioned above.

3. ___ Common side effects to this medication include, but are not limited to, low blood pressure upon standing, insomnia, hyperactivity, agitation, sedation, headaches, sexual problems, dry mouth, swelling and weight gain. These effects are frequently temporary or can be controlled with a change in dosage. There can be a significant rise in blood pressure if this medicine is taken with certain other medications. You must make sure that any prescriber knows you are taking this medication before they recommend other drug treatments. Certain foods may react with this medicine causing extremely high blood pressure which could be life-threatening. You will be counseled by a dietary expert regarding the types of food that must be avoided. This include legumes, nuts, certain foods (aged cheeses and meats, sauerkraut) and fermented drinks.

If any of the above symptoms occur, you should notify Medical Staff at sick call as soon as possible.

4. ___ Not taking this medication as prescribed by the physician's instruction may lead to a worsening of symptoms. However, some symptoms of depression and related disorders may get better or even go away without taking medication. Also, the risk of suicide may be increased by not taking this medication.

5. ___ Other treatment options include other medication with similar benefits. Other drugs may cause some of the same side effects you might experience with this medication. Other treatments may not include any medication, but may involve counseling by a psychologist or other medical professional.

Based upon interview, assessment, and medical record review, it is my opinion that this patient understands the proposed treatment, and **is competent** to give consent.
Physician Signature _____

Based upon interview, assessment, and medical record review, it is my opinion that this patient **is not competent** to give consent. Physician Signature _____

Other issues discussed _____

The undersigned certifies that he/she has read the foregoing, or has had it explained in a language they understand, and hereby consents to treatment and has no additional questions.

Inmate Signature Inmate Number Date

Witness Signature Date

Attending Psychiatrist or Physician Date

I understand that I may stop taking this medication at any time by contacting the physician. However I understand that discontinuing the medication abruptly is generally not advisable.

CONSENT TO USE OF MISCELLANEOUS ANTIDEPRESSANT MEDICATION

The physician should initial numbers 1 thru 5 after discussing each with the inmate.

I, _____, Reg. No. _____ hereby authorize Dr. _____ or his/her relief (designee), to prescribe trazodone (Desyrel), nefazodone (Serzone), bupropion (Wellbutrin), venlafaxine (Effexor), mirtazapine (Remeron) an antidepressant medication to me and to continue said medication as is recommended for my psychiatric treatment.

1. ___ This medication is useful because it has been found to be effective in treating depression and its associated symptoms including sadness, fatigue, hopelessness, sleeplessness, loss of appetite, loss of interests, loss of concentration, suicide, or self harm ideation. This medication may also be effective in treating other disorders, such as obsessive-compulsive disorders, panic disorders, or insomnia.

2. ___ This medication may improve your condition by relieving all or some of the symptoms mentioned above.

3. ___ Common side effects to this medication include, but are not limited to, dry mouth, blurred vision, constipation, tremor, drowsiness, dizziness, headache, tiredness, insomnia, nausea, fast or irregular heartbeat, decreased appetite, weight loss or weight gain, and increased sweating. These effects are frequently temporary or can be controlled with a change in dosage. Less common complaints include, lack of energy, sleep disturbances, hallucinations, flushing, and decreased sex drive. Seizures are more common when taking Bupropion. Priapism (painful, prolonged erections) are an uncommon side effect of Trazodone. We have reviewed the fact that if you have conditions such as liver or kidney function impairment, or a history of mania, it may be preferable to use other medication.

If any of the above symptoms occur, you should notify Medical Staff at sick call as soon as possible.

4. ___ Not taking this medication as prescribed by the physician's instruction may lead to a worsening of symptoms. However, some symptoms of depression and related disorders may get better or even go away without taking medication. Also, the risk of suicide may be increased by not taking this medication.

5. ___ Other treatment options include other medication with similar benefits. Other drugs may cause some of the same side effects you might experience with this medication. Other treatments may not include any medication, but may involve counseling by a psychologist or other medical professional.

Based upon interview, assessment, and medical record review, it is my opinion that this patient understands the proposed treatment, and **is competent** to give consent.
Physician Signature _____

Based upon interview, assessment, and medical record review, it is my opinion that this patient **is not competent** to give consent. Physician Signature _____

Other issues discussed _____

The undersigned certifies that he/she has read the foregoing, or has had it explained in a language they understand, and hereby consents to treatment and has no additional questions.

Inmate Signature Inmate Number Date

Witness Signature Date

Attending Psychiatrist or Physician Date

I understand that I may stop taking this medication at any time by contacting the physician. However I understand that discontinuing the medication abruptly is generally not advisable.

CONSENT TO USE OF MOOD STABILIZING MEDICATION

The physician should initial numbers 1 thru 5 after discussing each with the inmate.

I, _____, Reg. No. _____ hereby authorize Dr. _____ or his/her relief (designee), to prescribe carbamazepine (Tegretol), valproate (Depakote, Depakene), gabapentin (Neurontin) a mood stabilizing anticonvulsant medication to me and to continue said medication as is recommended for my psychiatric treatment.

1. ___ This medication is useful because it has been found to be effective in treating various mood disorders and its associated symptoms including mood swings, excitability, irritability, impulsivity, euphoria, depression, pressured speech, poor judgement, anger, sleeplessness, excessive energy, and racing ideas. They are particularly helpful for rapidly fluctuating moods and associated symptoms. These medications have also been shown to be effective in the treatment of some types of pain.

2. ___ This medication may improve your condition by relieving all or some of the symptoms mentioned above.

3. ___ Common side effects to this medication include, but are not limited to, sedation, nausea, diarrhea, incoordination, and vision changes. Less common but potentially side-effects include elevation of liver enzymes and bone marrow suppression with a decrease in blood cell counts. There is a risk of serious infection or even death if should severe bone marrow suppression occur. To limit these risks, blood counts and blood levels will be monitored along with appropriate liver studies on an ongoing basis.

If any of the above symptoms occur, you should notify Medical Staff at sick call as soon as possible.

4. ___ Not taking this medication as prescribed by the physician's instruction may lead to a worsening of symptoms. However, some symptoms of mood disorders may get better or even go away without taking medication.

5. ___ Other treatment options may include other medication with similar benefits. Other drugs may cause some of the same side effects you might experience with this medication.

Based upon interview, assessment, and medical record review, it is my opinion that this patient understands the proposed treatment, and **is competent** to give consent.

Physician Signature _____

Based upon interview, assessment, and medical record review, it is my opinion that this patient **is not competent** to give consent. Physician Signature _____

Other issues discussed _____

The undersigned certifies that he/she has read the foregoing, or has had it explained in a language they understand, and hereby consents to treatment and has no additional questions.

Inmate Signature Inmate Number _____
Date

Witness Signature _____
Date

Attending Psychiatrist or Physician _____
Date

I understand that I may stop taking this medication at any time by contacting the physician. However I understand that discontinuing the medication abruptly is generally not advisable.

CONSENT TO USE OF SEROTONIN REUPTAKE INHIBITOR ANTIDEPRESSANT MEDICATION

The physician should initial numbers 1 thru 5 after discussing each with the inmate.

I, _____, Reg. No. _____ hereby authorize Dr. _____ or his/her relief (designee), to prescribe fluoxetine (Prozac), paroxetine (Paxil), sertraline (Zoloft), or fluvoxamine (Luvox) an antidepressant medication to me and to continue said medication as is recommended for my psychiatric treatment.

1. ___ This medication is useful because it has been found to be effective in treating depression and its associated symptoms including sadness, fatigue, hopelessness, sleeplessness, loss of appetite, loss of interests, loss of concentration, suicide, or self harm ideation. This medication may also be effective in treating other disorders, such as panic disorder, phobias, PTSD, and obsessive-compulsive disorders.

2. ___ This medication may improve your condition by relieving all or some of the symptoms mentioned above.

3. ___ Common side effects to this medication include, but are not limited to, diarrhea, tremor, drowsiness, dizziness, headache, tiredness, insomnia, nausea, and increased sweating. These effects are frequently temporary or can be controlled with a change in dosage. Less common complaints include skin rash, hives, chills, fever, swelling in feet or legs, fast heartbeat, excessive hunger, lack of energy, abnormal dreams, fast or irregular heartbeat, flushing, joint or muscle pain, seizures, and decreased sex drive. We have reviewed the fact that if you have conditions such as liver function impairment or kidney function impairment, it may be preferable to use other medication.

If any of the above symptoms occur, you should notify Medical Staff at sick call as soon as possible.

4. ___ Not taking this medication as prescribed by the physician's instruction may lead to a worsening of symptoms. However, some symptoms of depression and related disorders may get better or even go away without taking medication. Also, the risk of suicide may be increased by not taking this medication.

5. ___ Other treatment options include other medication with similar benefits. Other drugs may cause some of the same side effects you might experience with this medication. Other treatments may not include any medication, but may involve counseling by a psychologist or other medical professional.

Based upon interview, assessment, and medical record review, it is my opinion that this patient understands the proposed treatment, and **is competent** to give consent.

Physician Signature _____

Based upon interview, assessment, and medical record review, it is my opinion that this patient **is not competent** to give consent. Physician Signature _____

Other issues discussed _____

The undersigned certifies that he/she has read the foregoing, or has had it explained in a language they understand, and hereby consents to treatment and has no additional questions.

Inmate Signature Inmate Number Date

Witness Signature Date

Attending Psychiatrist or Physician Date

I understand that I may stop taking this medication at any time by contacting the physician. However I understand that discontinuing the medication abruptly is generally not advisable.

CONSENT TO USE OF TRICYCLIC ANTIDEPRESSANT MEDICATION

The physician should initial numbers 1 thru 5 after discussing each with the inmate.

I, _____, Reg. No. _____ hereby authorize Dr. _____ or his/her relief (designee), to prescribe amitriptyline (Elavil), desipramine (Norpramin), doxepin (Sinequan), imipramine (Tofranil), or nortriptyline (Pamelor) an antidepressant medication to me and to continue said medication as is recommended for my psychiatric treatment.

1. ___ This medication is useful because it has been found to be effective in treating depression and its associated symptoms including sadness, fatigue, hopelessness, sleeplessness, loss of appetite, loss of interests, loss of concentration, suicide, or self harm ideation. This medication may also be effective in treating other disorders, such as panic disorder, obsessive-compulsive disorders, headaches and certain other types of pain.

2. ___ This medication may improve your condition by relieving all or some of the symptoms mentioned above.

3. ___ Common side effects to this medication include, but are not limited to, dry mouth, blurred vision, constipation, tremor, unpleasant taste, drowsiness, dizziness, headache, tiredness, and weight gain. These effects are frequently temporary or can be controlled with a change in dosage. Less common complaints include irregular or rapid heart beat, blurred vision, problems urinating, and decreased sex drive. We have reviewed the fact that if you have conditions such as cardiac arrhythmias, glaucoma, liver function impairment or kidney function impairment, it may be preferable to use other medication.

If any of the above symptoms occur, you should notify Medical Staff at sick call as soon as possible.

4. ___ Not taking this medication as prescribed by the physician's instruction may lead to a worsening of symptoms. However, some symptoms of depression and related disorders may get better or even go away without taking medication. Also, the risk of suicide may be increased by not taking this medication.

5. ___ Other treatment options include other medication with similar benefits. Other drugs may cause some of the same side effects you might experience with this medication. Other treatments may not include any medication, but may involve counseling by a psychologist or other medical professional.

Based upon interview, assessment, and medical record review, it is my opinion that this patient understands the proposed treatment, and **is competent** to give consent.

Physician Signature _____

Based upon interview, assessment, and medical record review, it is my opinion that this patient **is no competent** to give consent. Physician Signature _____

Other issues discussed _____

The undersigned certifies that he/she has read the foregoing, or has had it explained in a language they understand, and hereby consents to treatment and has no additional questions.

Inmate Signature Inmate Number Date

Witness Signature Date

Attending Psychiatrist or Physician Date

I understand that I may stop taking this medication at any time by contacting the physician. However I understand that discontinuing the medication abruptly is generally not advisable.

CONSENT TO USE OF TYPICAL ANTIPSYCHOTIC MEDICATION

The physician should initial numbers 1 thru 5 after discussing each with the inmate.

I, _____, Reg. No. _____ hereby authorize Dr. _____ or his/her relief (designee), to prescribe chlorpromazine (Thorazine), fluphenazine (Prolixin), haloperidol (Haldol), loxapine (Loxitane), mesoridazine (Serentil), haloperidol (Haldol), molindone (Moban), perphenazine (Trilafon), thioridazine (Mellaril), thiothixene (Navane), trifluoperazine (Stelazine) an antipsychotic medication to me and to continue said medication as is recommended for my psychiatric treatment.

1. ___ This medication is useful because it has been found to be effective in treating psychosis and its associated symptoms including sensory isolation, withdrawal from reality, delusions, disorganized or confused thinking, anxiety, agitation, unusual sensory perceptions (voices, smells, or visions), frightening or disturbing ideas, hallucinations, or feelings of violence or losing control.

2. ___ This medication may improve your condition by relieving all or some of the symptoms mentioned above.

3. ___ Common side effects to this medication may include, but are not limited to, dry mouth, blurred vision, constipation, drowsiness, dizziness, headache, tiredness, weight gain, various involuntary movement disorders (tremors of hands, muscle spasms or twitching, shuffling gait, or a feeling of a need to constantly move or stretch legs), and decreased sex drive. These effects are frequently temporary or can be controlled with a change in dosage or addition of another drug. Another side-effect of typical antipsychotic medications is tardive dyskinesia. This condition may occur after long-term use of these medicines or with high doses. It is an involuntary movement disorder (neurological condition) affecting the mouth, tongue, lips, or extremities. This side-effect is closely monitored by simple neurological exams and usually remits with termination of the medication. Some, but not all, cases may be irreversible. Another uncommon side-effect is Neuroleptic Malignant Syndrome, a treat-able but potentially fatal response of the muscles, liver, and heat regulatory system.

If any of the above symptoms occur, you should notify Medical Staff at sick call as soon as possible.

4. ___ Not taking this medication as prescribed by the physician's instruction may lead to a worsening of symptoms. However, some symptoms of psychosis and related disorders may get better or even go away without taking medication.

5. ___ Other treatment options include other medication with similar benefits. Other drugs may cause some of the same side effects you might experience with this medication. Other treatments may not include any medication, but may involve counseling by a psychologist or other medical professional.

Based upon interview, assessment, and medical record review, it is my opinion that this patient understands the proposed treatment, and **is competent** to give consent.

Physician Signature _____

Based upon interview, assessment, and medical record review, it is my opinion that this patient **is not competent** to give consent. Physician Signature _____

Other issues discussed _____

_____ The undersigned certifies that he/she has read the foregoing, or has had it explained in a language they understand, hereby consents to treatment and has no additional questions

Inmate Signature Inmate Number _____
Date

Witness Signature _____
Date

Attending Psychiatrist or Physician _____
Date

I understand that I may stop taking this medication at any time by contacting the physician. However I understand that discontinuing the medication abruptly is generally not advisable.

PHARMACY SERVICES TRAINING AND COMPETENCY PROGRAM

TRAINING

The goal of educating staff is to improve patient outcomes. Pharmacy Services improves patient outcomes by educating both staff and inmates about medication management. This goal is met by:

- ! Planning education to address the particular needs of the institution. This may take the form of journal articles, videos, in-service presentations, local, regional or national CPE meetings, written medication handouts, oral counseling, and classroom presentations to patients.
- ! Enhancing collaboration between Pharmacy Services and the rest of the medical staff.
- ! Orientation of new mid-level providers in the pharmacy.
- ! Cross-training of mid-level providers in the pharmacy.
- ! Standardizing the information provided to inmates by any staff person through information-sharing.
- ! Satisfying Omnibus Budget Reconciliation Act (OBRA) guidelines for the provision of patient information.
- ! Improving medication regimen compliance by inmates.
- ! Increasing the inmate's ability to understand and cope with their health status, prognosis, or outcome.
- ! Preventing Adverse Drug Reactions (ADRs).
- ! Preventing medication errors.
- ! Promoting a healthy lifestyle, both in prison and after release.
- ! Improving the inmate's potential for discharge to a lower level of care, if applicable.
- ! Improving the information provided to inmates who are given psychotropic medications. This will include obtaining a signed Informed Consent.

The Chief Pharmacist will ensure that these points are addressed in institution procedure statements.

COMPETENCY

The purpose of determining and evaluating the competency of staff members assigned to the pharmacy is to assure that they have the training and experience required for their job responsibilities before they begin to provide pharmaceutical care or services.

This competency has a direct bearing on patient outcomes.

A. Competency will be addressed at the time of employment by:

! Reviewing the educational background of the applicant. This may require reviewing a college transcript that has been validated by the issuing college, or it may only entail reviewing and validating a certificate of graduation (diploma) from the college.

! Reviewing any pertinent licensure, including verification with the licensing board that the applicant is in good standing.

! Obtaining referrals from past employers that may include competency issues.

! Reviewing records of recent Continuing Professional Education credits earned by the applicant. Note: Recent graduates are not required to obtain CPE credits until after the one year anniversary of their graduation.

! Answering questions during the application/interview process that address competency issues.

These competency issues will be documented in the applicant's personnel file.

B. Competency will be addressed after hiring an employee by:

- ! Reviewing completed record-keeping.
- ! Reviewing the pharmacy computer system and other equipment, including preventive maintenance.
- ! Reviewing the Pharmacy section of the Health Services Manual.
- ! Reviewing the National Drug Formulary.
- ! Reviewing requirements for controlled substances handling and record keeping.
- ! Observing the employee while he/she performs the normal functions associated with the provision of pharmaceutical care.
- ! Observing the employee while he/she provides oral patient counseling.
- ! Reviewing the patient medical record, and the pharmacist's responsibility regarding the review and documentation involved in filling from the chart.
- ! Reviewing environmental safety, hazardous and biomedical waste, and infection control issues.
- ! Reviewing characteristics of the client population served, including the specifics of dealing with special chronic care groups.
- ! Reviewing confidentiality, client rights, personal property, and other legal issues that impact on the practice of correctional pharmacy.
- ! Reviewing custody responsibilities of all correctional staff, with emphasis on pharmacy.

Competency will be evaluated and reviewed with an emphasis on training by a pharmacist, or, in the case of pharmacists in a one man station, training by a pharmacist from a nearby BOP facility.

In the case of volunteers, such as precepted pharmacy students, these individuals are oriented to patient care, safety, custody, infection control, and any other activities they may be expected to perform in a competent manner.

These competency issues will be documented in the employee's personnel folder.

C. Competency will be addressed for current employees by:

- ! Reviewing CPE credits earned by the employee since the previous competency review.
- ! Reviewing **sentinel events** related to Pharmacy Services.
- ! Reviewing patient complaints and patient satisfaction.
- ! Reviewing events involving pharmacy liability.
- ! Reviewing pharmacy errors as reported in the institution's Pharmacy and Therapeutics Committee minutes. The errors should be studied as to seriousness, consistency, and by comparison to error rates in the community.
- ! Reviewing medication allergies, and whether that allergy was addressed before the fact in the patient medical record or in the pharmacy computer system. Also reviewing whether medication allergies addressed in the patient medical record are also noted in the pharmacy computer for that patient.
- ! Participating in Quality Assurance and Performance Improvement
- ! Reviewing Adverse Drug Reactions (ADRs), and whether action by pharmacy services could have averted or minimized the ADR.
- ! Direct observation/supervision of the employee by the Program Review Team Member on a biennial basis regarding:
 1. Assuring appropriateness of Drug Therapy. All charts or patient profiles will be screened for appropriateness of drug therapy. If the medical record is utilized, pharmacy review is documented in the patient's medical chart.
 2. Providing patient counseling - orally and/or by providing written medication sheets. After oral counseling, the inmate should be able to explain/demonstrate proper use of the medication.
 3. Assuring accuracy in dispensing. Prescription labeling is accurate. Prescription filling is accurate. The employee should demonstrate his/her approach to the final check.
 4. Assuring the use of aseptic technique in the preparation of IV admixtures, if applicable in the institution.
 5. Demonstrating knowledge of chronic disease entities by observing conversations with inmates and/or medical staff.
 6. Analyzing pharmacy quality control and quality improvement data.

These competency issues will be documented in the employee's personnel folder.

Sentinel events are those occurrences that lead to significant

outcomes (i.e. hospitalization, negative impact on the patient's quality of life, or patient death).

PHARMACY STAFF ORIENTATION AND TRAINING EVALUATION

<u>EVALUATION ITEM</u>	<u>RPH INITIALS</u>	<u>CERTIFYING RPH</u>	<u>DATE REVIEWED</u>
I. Screening Chart for Appropriateness			
A. Explains divisions of chart and where to locate problem list, lab reports, med summary list records, and most recent visit.			
B. Describes the SOAP chart entry			
C. Explains the procedures required to fill an order from a consultant.			
D. Demonstrates the screening process used by the pharmacy department for medication orders. This includes Reviewing for the following:			
1 Dosage & dose form appropriate.			
2 Order for correct patient, written by prescriber within privileges.			
3 Allergy to medication ordered.			
4 Patient taking drug differently than prescribed (compliance).			
5 Presence of drug induced or drug related problems (ADR).			
6 Drug or quantity not appropriate or indicated by assessment.			
7 Changed dose from previous order without notation by provider, or chronic drug not reordered, or previously DC'd drug reordered.			
8 Drug-drug or drug-disease interactions.			
9 Clarification of order required.			
E. Demonstrates appropriate method to approach prescriber re problem found during screening.			

F. Documents medication review with
pharmacy stamp.

G. Identifies signatures and prescribing
privileges of all prescribers.

H. Inpatient Screening:

1 Demonstrates ability to check
accuracy of MAR to original orders.

2 Upon admission, accurately reviews
medication history for allergies,
ADRs, current meds ordered against
previous medication.

3 Reviews all new orders within 24
hours of being written.

4 Demonstrates ability to quickly
find necessary information on
inpatient record.

II. Patient Consultation

A. Demonstrates understanding of policy
and procedures regarding counseling.

B. Demonstrates proper use of prime
question counseling technique.

C. How to deal with differences between
patient understanding & physician
orders.

D. Demonstrates proper technique for use
of the following preparations:

1 Oral inhalers

2 Vaginal/Rectal Preparations

3 Nasal Preparations

4 Ophthalmic Preparations

PHARMACY

5 Ear Preparations

6 Topical Preparations

7 Insulin Injections

8 Diagnostic machines

III. Assuring Availability, Preparation & Control of Drugs

A. Outpatient Dispensing

1 Demonstrates appropriate use of
Pharmacy Computer System.

2 Appropriately documents
controlled substance administration.

3 Appropriately documents pill line

medication administration.

4 Generates complete, accurate labels.

5 Accurately fills prescriptions.

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6 Appropriately uses auxillary labels.

7 Appropriately uses printed patient drug information sheets.

8 Demonstrates understanding of P & P regarding quantities dispensed.

9 Explains process to return charts to medical records after dispensing.

10 Maintains confidentiality of records

11 Demonstrates understanding of drugs and administration techniques.

12 Demonstrates understanding of verbal order policy.

13 Demonstrates controlled substance bulk stock inventory procedures.

14 Demonstrates controlled substance sub stock inventory procedures.

15 Demonstrates needle/syringe bulk stock inventory procedures.

16 Demonstrates needle/syringe sub-stock inventory procedures.

17 Demonstrates proper use of med sheets (MAR), and compliance interpretation.

18 Identifies pharmacy technicians, students, nurses, and mid-level providers, lists their pharmacy functions, and describes the supervisory role of pharmacists for these staff including checking their work before dispensing.

19 Explains function and filling of the emergency night cabinet/machine.

B. Inpatient Dispensing

1 Demonstrates proper transcription of order to MAR/profile.

2 Demonstrates knowledge of medication pill line schedules including stat orders.

3 Accurately and efficiently fills unit dose cart.

4 Demonstrates appropriate techniques for administering ACLS meds.

5 Completes daily routine (e.g. temperature logs, needle/syring counts, controlled substance substock inventory, hood cleaning logs).

6 Demonstrates understanding of following policies:
a. Self administration of meds at

bedside.

b. Documentation procedures for
counseling discharge patients.

c. Receipt of verbal orders.

d. Automatic stop orders.

7 Demonstrates accurately filling
ward orders.

8 Describes process for filling
bulk IV orders.

9 Recalls pharmacy delivery schedules
and procedure for orders sent to
pharmacy on non-delivery days.

10 Verbalizes understanding of the
practice of checking technician-
filled orders before distribution.

C. Controlled Substance Procedures

1 Explains process for ordering,
receiving, & inventorying controlled
substances from bulk stock.

2 Explains controlled substances
prescribing for each type prescriber.

3 Explains & demonstrates controlled
substance administration procedures
for outpatients, inpatients, and ER.

4 Explains National Formulary
restrictions for each controlled
substance.

D. I.V. Admixture

1 Demonstrates aseptic technique at
laminar flow hood.

2 Demonstrates preparation of I.V.
piggyback antibiotics.

3 Demonstrates preparation of TPN
solutions, if applicable.

4 Discusses procedure for checking the
work of pharmacy technicians.

5 Describes responsibilities of I.V.
pharmacist, including technician
supervision, calculations, stock
orders, prepacing, and restocking ER

IV. Other Pharmacy Activities

A. Formulary/Pharmacy & Therapeutics

1 Discusses the role of the P & T
Committee regarding Formulary
decisions and assuring proper drug
utilization.

2 Describes the content of the
National Formulary, including the
types of information available.

3 Describes how to handle non-formulary
requests.

B. Supply

- 1 Discusses the Prime Vendor system, including computer use, requests for purchase, processing & sending orders, and receiving orders.

- 2 Demonstrates the procedure for loaning/borrowing drugs from other facilities, utilizing Form 1.

- 3 Discusses the Mandatory National Contracts.

- 4 Defines storage requirements for various pharmaceuticals.

- 5 Discusses procedure for returning stock to the Prime Vendor for credit. Also procedure to utilize a "return goods" company.

- 6 Explains the disposition of expired drugs.

- 7 Explains procedures for drug recalls

C. Drug Information

- 1 Locates and files articles in the Pharmacy Drug Information Files.

- 2 Discusses capability of FMC Rochester drug information system.

- 3 Discusses information available from Regional Poison Control Center.

- 4 Researches, prepares & presents a report for the P & T Committee or staff inservice.

- 5 States the common types of drug information requests, and quick references for each type of question.

D. Preventive Services

- 1 Explains procedure and documentation required to receive Hepatitis B vaccine - for staff and inmates.

- 2 Demonstrates storage requirements, issue procedures, & recordkeeping for all vaccines used in facility.

- 3 Explains pharmacy activity for Health Promotion/Disease Prevention.

E. Pharmacist Managed Care

- 1 Patient Interaction - Refill Request
Reviews patient compliance, questions patient about problems, side effects.

- 2 Computer Processing - Refill Request
Adequately reviews patient profile for allergies, disease state, therapeutic duplication, and

interactions.

- 3 Demonstrates adequate knowledge of disease and therapeutics of 5 most common diseases at facility which are on chronic care clinics.

- 4 Holds classroom discussion for inmates in a chronic care clinic regarding their disease entity.

- 5 Demonstrates interview techniques including disease specific questions

F. Mission Philosophy

- 1 Demonstrates understanding of facility and department philosophy & mission.

- 2 Verbalizes understanding of the BOP Pharmacy Services Mission Statement.

G. Quality Assurance

- 1 Demonstrates understanding of pharmacy participation in Health Services QA activities.

- 2 Completes data collection on current pharmacy QA indicators.

- 3 Demonstrates understanding of competency evaluations.

- 4 Demonstrates understanding of training evaluations.

H. Personnel

- 1 An individual personnel file is created.

- 2 Copy of the current license is obtained verified, and placed in file.

- 3 Copies of last 12 months CPE certification placed in file.

I. Equipment

- 1 Demonstrates familiarity with the pharmacy computer.

- 2 Demonstrates the process of printing Rx labels.

- 3 Demonstrates the process of printing pharmacy reports

- 4 Demonstrates familiarity with the Prime Vendor computer.

- 5 Demonstrates familiarity with the Baker Cell counting machine.

- 6 Demonstrates familiarity with the Drug O Matic counting machine.

- 7 Demonstrates familiarity with the Pyxis medstation.

J. Other Orientation

- 1 Completes institution Familiarization

- 2 Demonstrates how to fill out a travel authorization and a travel voucher.

- 3 Demonstrates understanding of the pharmacist's role in disaster plan.

- 4 Demonstrates knowledge of Health Services Infection Control Policy.

- 5 Completes Commissioned Corps orientation, including understanding of uniform requirements.

The individual institution will determine what skills are necessary for each individual. Some staff members undergoing this program will not need to complete all evaluation items. Individuals only need to be trained on those elements which they will be expected to perform.

The results of this review will be used at the local level to determine what subjects to emphasize for in-service training.

The results of reviews for all pharmacy officers will be used to determine what will be the focus of the National Pharmacy Training Meeting held annually.