

**OREGON DEPARTMENT OF CORRECTIONS**  
**Operations Division**  
**Health Services Section Policy and Procedure #P-D-01.1**

SUBJECT: FORMULARY

POLICY: An accurate and timely medication delivery system requires the development of a centralized formulary. The Pharmacy and Therapeutics Committee will develop a list of medications and will have final authority over all decisions regarding the changes to the formulary.

REFERENCE: NCCHC Standard P-D-01, Pharmaceutical Operations

PROCEDURE:

- A. The formulary will be reviewed at least annually by the Pharmacy and Therapeutics Committee.
- B. Generic drug substitutes may be utilized at the discretion of the Pharmacy unless the prescribing practitioner indicates “no substitutions” in which case the request will be submitted to TLC for review. Therapeutic substitution will not be made by the Pharmacy without the Medical Director’s approval. A list or table of approved therapeutic substitutions will be kept available.
- C. A current approved formulary is located online in the Health Services folder under “Formulary Information.xls.” Other lists may be kept for quick reference.
- D. The formulary is updated as changes are made and electronically posted at U:\Operations\Health Services\Pharmacy and Stores\Formulary at least annually. Pharmacy and Therapeutic monthly notes will reflect these changes.
- E. Practitioners may complete and submit to the Pharmacist a non-formulary drug request form to request an item be included in the formulary or to special order an item for an individual patient. The practitioner will fill out and sign a Non-Formulary form, check all applicable boxes, and send a copy to the Pharmacy if needed within 24 hours or 7-days, and to the Therapeutic Levels of Care committee for final action.
- F. The practitioner may request an item be added to the formulary by submitting a Medication Special Order form to the Pharmacy and checking the appropriate box. The Pharmacy Manager will compile a list of all such requests and review the list with the Medical Director, Pharmacist in Charge, and Pharmacy and Therapeutics Committee. Changes to the formulary will be communicated to the Medical Services Managers and practitioners by update notification.

Effective Date: \_\_\_\_\_

Review date: August 2014

Supersedes P&P dated: October 2013

Oregon Department of Corrections  
Health Services Section  
Non Formulary Medication Exception Request

***Please fill out all entries. Incomplete forms will not be processed. This order form must be filled out and signed by the Practitioner and Designated Reviewer at each Institution. The request is valid for the duration of the order.***

<b>Medication:</b>	
<b>Dx for which med is required:</b>	
<b>Reasons Formulary Medication not used:</b>	
<b>Provider Signature:</b>	<b>Date:</b>
<b>URGENT NEED:</b> <input type="checkbox"/> < 24 hrs <input type="checkbox"/> < 7 days	
<b>Comments:</b>	
<b>Reviewer Signature:</b>	<b>Date:</b>
<b>To Med Review Committee:</b> <input type="checkbox"/> yes <input type="checkbox"/> no	
<b>Medication Review Committee Comments:</b>	
<b>Approved:</b> <input type="checkbox"/> yes   For _____ months <input type="checkbox"/> no	
<b>Signatures:</b>	<b>Date:</b>

Name: _____ SID #: _____ DOB: _____
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## Protocols of Medications for Therapeutic Substitution

The Pharmacy and Therapeutics Committee has reviewed and approved certain medications to be substituted for another medication. These substitutions have been based on efficacy, cost and supply. The following medications are approved as therapeutic substitutions and may be substituted by the pharmacy for medications ordered by a provider. This list will be reviewed annually by the Pharmacy and Therapeutics Committee and authorized by the Medical Director.

  
Medical Director

1/18/2011  
Date

## Chapter Listings

### Chapter 4: CARDIOVASCULAR MEDICATIONS

- 4.5.3 – Lisinopril will be the ACE Inhibitor of choice. The below table summarizes the substitutions. Lisinopril is given as a once daily dose.

<b>Prior med (total daily dose)</b>	<b>Formulary (Once daily, total dose)</b>
Accupril 10mg	Lisinopril 7.5mg
Accupril 20mg	Lisinopril 15mg
Accupril 40mg	Lisinopril 30mg
Accupril 80mg	Lisinopril 40mg
Altace 1.25mg	Lisinopril 2.5mg
Altace 2.5mg	Lisinopril 5mg
Altace 5mg	Lisinopril 10mg
Altace 7.5mg	Lisinopril 15mg
Altace 10mg	Lisinopril 20mg
Captopril 12.5mg	Lisinopril 2.5mg
Captopril 25mg	Lisinopril 5mg
Captopril 37.5mg	Lisinopril 7.5mg
Captopril 50mg	Lisinopril 10mg
Captopril 75mg	Lisinopril 15mg
Captopril 100mg	Lisinopril 20mg
Captopril 150mg	Lisinopril 30mg
Enalapril 2.5mg	Lisinopril 2.5 mg
Enalapril 5mg	Lisinopril 5mg
Enalapril 10mg	Lisinopril 10mg
Enalapril 20mg	Lisinopril 20mg
Enalapril 30mg	Lisinopril 30mg
Enalapril 40mg	Lisinopril 40mg
Lotensin 10mg	Lisinopril 7.5mg
Lotensin 20mg	Lisinopril 15mg
Lotensin 40mg	Lisinopril 30mg
Lotensin 80mg	Lisinopril 40mg
Monopril 10mg	Lisinopril 5mg
Monopril 20mg	Lisinopril 10mg
Monopril 40mg	Lisinopril 20mg
Monopril 80mg	Lisinopril 40mg

## Chapter 5: AUTONOMIC & CENTRAL NERVOUS SYSTEM MEDICATIONS

- **5.4.3** – Depakote EC will be substituted for Depakote ER. No change in directions. Depakote ER is *suggested* at QD dosing.
- **5.5.1** – Wellbutrin will be substituted for all *Wellbutrin SR* orders. The below table summarizes the substitutions

Wellbutrin SR 100mg bid	Wellbutrin 100mg bid
Wellbutrin SR 150mg bid	Wellbutrin 100mg tid
Wellbutrin SR 200mg qd	Wellbutrin 100mg bid
Wellbutrin SR 100mg qd	Wellbutrin 100mg qd
Wellbutrin SR 150mg qd	Wellbutrin 75mg bid

## Chapter 8: ENDOCRINE MEDICATIONS

- **8.1.2** – Glipizide may be substituted at twice the written mg dosing of Glyburide
- On 1/18/2011:
  - **8.1.1** Levemir Insulin will be substituted for Lantus Insulin on a unit for unit basis.
  - **8.1.2** Actos (Pioglitazone) will be substituted for Avandia (Rosiglitazone). The table below summarizes the dosing:

Avandia 2 mg total daily dose	Actos 15 mg QD
Avandia 4 mg total daily dose	Actos 30 mg QD
Avandia 6 mg total daily dose	Actos 45 mg QD
Avandia 8 mg total daily dose	Actos 45 mg QD

## Chapter 9: GASTROINTESTINAL MEDICATIONS

- **9.5** – Omeprazole is to be the PPI of choice. The below table summarizes the substitutions:

Aciphex 20mg	Omeprazole 20mg
Nexium 20mg	Omeprazole 20mg
Nexium 40mg	Omeprazole 40mg
Prevacid 15mg	Omeprazole 20mg
Prevacid 30mg	Omeprazole 20mg
Protonix 40mg	Omeprazole 20mg

- **9.5** – Ranitidine is to be the H2 Blocker of choice. The below table summarizes the substitutions:

Axid 150mg	Ranitidine 150mg
Pepcid 20mg	Ranitidine 150mg
Cimetidine 300mg qd	Ranitidine 150mg qd
Cimetidine 300mg bid	Ranitidine 150mg bid
Cimetidine 400mg qd	Ranitidine 150mg qd
Cimetidine 400mg bid	Ranitidine 150mg bid
Cimetidine 800mg qd	Ranitidine 300mg qd
Cimetidine 800mg bid	Ranitidine 300mg bid

## **Chapter 10: IMMUNOLOGICALS AND VACCINES**

- Twinrix will be substituted for all Hep A, Hep B and Hep A/B vaccinations.

## **Chapter 14: OPHTHALMIC MEDICATIONS**

- **14.4** – Both Trusopt and Timolol will be used to substitute for Cosopt. The same directions for use will be used.
- **14.7** – Visine A will be substituted for Naphcon A or Opcon A.

## **Chapter 15: RESPIRATORY MEDICATIONS**

- **15.1.1** – Albuterol CFC is the preferred inhaler, but may be substituted by Albuterol HFA as supplies of CFC become depeleted.
- **15.2** – **(SRCI Only)** Loratadine 10mg QD will be substituted for all levels of diphenhydramine use ordered by medical providers.

Oregon Department of Corrections  
Health Services Section; Pharmacy/Stores

Date \_\_\_\_\_

Dear \_\_\_\_\_

Re: Inmate \_\_\_\_\_ SID# \_\_\_\_\_

In reviewing our records, it shows that you have prescribed \_\_\_\_\_

1. **A non-formulary item** for the above inmate. We would appreciate it if you could review this order and consider using a formulary drug if possible. If you do not feel there is a suitable formulary equivalent please

- Fill out a **NON-FORMULARY EXCEPTION REQUEST** stating reasons formulary med not used (include those tried)

<u>URGENT NEED</u>
Sign & date NF request
Check appropriate box
Forward to pharmacy with copy to reviewer
Pharmacy will fill Rx
Reviewer sends copy to Med Review Committee

<u>ROUTINE NEED</u>
Sign & date
Forward to reviewer
Reviewer recommends forward or not to Med Review Committee

<u>Medication Review Committee</u>
<ul style="list-style-type: none"><li>• Forward the signed form to the Medication Review Committee for final review and approval.</li><li>• IF approved by Medication Review Committee, fax the completed form with Committee signatures to the Pharmacy along with the order.</li></ul>
<u>The pharmacy will not fill any orders without Medication Review Committee approval</u> (with the exception of the above urgent need medications & mental health medications approved by Dr. Ruthven).