



UNITED STATES MARINE CORPS  
I MARINE EXPEDITIONARY FORCE  
U. S. MARINE CORPS FORCES, PACIFIC  
BOX 555300  
CAMP PENDLETON, CALIFORNIA 92055-5300

IN REPLY REFER TO:

I MEFO 6400.1

SURG/HSS

02 DEC 2011

I MARINE EXPEDITIONARY FORCE ORDER 6400.1

From: Commanding General

To: Distribution List

Subj: CERTIFICATION, TRAINING, SUPERVISION AND  
EMPLOYMENT OF INDEPENDENT DUTY CORPSMEN (IDCs)

Ref: (a) OPNAVINST 6400.1C/MCO 6400.1

(b) OPNAVINST 6320.7A/MCO 6320.4

- Encl: (1) Administrative Appendices (A through I)  
(2) Sample IDC Periodic Training and Supervision Matrix  
(3) IDC Competency Compliance Matrix  
(4) IDC Record of Medical Evaluation, Counseling, Case Study and Training Form  
(5) Sample Provider Review Form  
(6) Competency for Provision of Care Certification Tool

1. Situation

a. Independent Duty Corpsman (IDCs) in the I Marine Expeditionary Force (I MEF) collective are Hospital Corpsmen with the Navy Enlisted Classification (NEC) Codes HM-8403 (Special Operations IDC) and HM-8425 (Surface Force IDC) who have received special training enabling them, upon certification, to provide primary and urgent care under indirect supervision for active duty personnel in garrison and deployed. Despite their long tradition of exemplary clinical, administrative, and logistical service with the Fleet Marine Forces, they remain unlicensed physician extenders who, for medical quality, legal, and ethical reasons, must be supervised by physicians.

b. Reference (a) outlines the Department of the Navy policy for the training, certification, employment, and supervision of IDCs.

c. Per reference (b), the I MEF Surgeon is the designated Responsible Medical Authority (RMA) for all IDCs assigned or attached to I MEF and its subordinate units.

2. Mission. To ensure that healthcare provided by IDCs assigned to the I MEF is of the highest quality and that all facets of their training, certification, quarterly review, documentation of medical record reviews, and continuing medical education requirements are in compliance with Navy and Marine Corps policies in references (a) and (b).

3. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. All IDCs assigned to the I MEF will deliver quality health care that meets or exceeds expected standards of care. All IDCs will receive all required training, certification, continuing education, and supervision.

(2) Concept of Operations. The Force Surgeon will ensure the establishment of an effective IDC supervision program within I MEF. The Force Surgeon will appoint in writing a Program Director and a Program Manager within I MEF. The IDC Program Director will administer and oversee the program in conjunction with the Assistant Program Director(s) at each Major Subordinate Command (MSC) and Major Subordinate Element (MSE). In turn, each MSC and MSE will update their IDC supervisory and reporting practices under the I MEF IDC program to ensure that:

(a) Each IDC practices under a physician supervisor who is designated in writing. Licensed Independent Practitioner's may serve in lieu of a physician for the direct supervision of IDC's.

(b) Each Physician Supervisor submits required documentation to their respective Program Manager or Assistant Program Manager. Enclosure (1) provides sample letters of appointment and other details pertinent to the establishment and management of this program.

(c) All IDCs will have a training record consisting of six sections as per reference (a). Enclosure (2) provides a training tracking matrix that can be used to manage this portion of the program.

(d) All IDCs certified to practice independently will have a current written certification in their training record authorizing independent practice. IDCs not currently certified for independent practice for any reason must have a written plan of supervision in effect, mandating 100 percent direct/observed supervision.

b. Tasks

(1) Force Surgeon

(a) Be appointed by the Commanding General of I MEF, in writing, to serve as the I MEF IDC Program RMA and be responsible for the program's administration and compliance with Navy and Marine Corps guidelines specified or implied in the references.

(b) Provide oversight of the IDC Program of I MEF. This will be accomplished via the following specified tasks:

1. Designate, in writing, the I MEF Program Director. The Program Director will be a senior medical or dental officer with operational experience, privileged to practice medicine or dentistry within I MEF, with significant knowledge of the IDC role in the delivery of primary and urgent care.

2. The I MEF IDC Program Manager will be a senior enlisted IDC (normally E-7 to E-9) with significant clinical experience and demonstrated leadership skills. The choice of the I MEF Program Manager should be done in consultation with the Force Command Master Chief.

3. Designate, in writing, a Program Director, for each MSC and MSE within I MEF. 1st Marine Logistics Group (1st MLG), 1st Marine Division, 3d Marine Aircraft Wing and I Marine Expeditionary Force Headquarters Group (I MHG) Surgeons will normally be designated. The MLG Surgeon will serve as Program Director for IDCs serving with the Marine Expeditionary Unit (MEU).

4. Monitor compliance with the requirements of the references and paragraph 3.a.(2) above via review of quarterly reports from the respective MSC and MSE Assistant Program Managers submitted through the appropriate IDC Program Assistant Directors. Enclosure (3) shall be used to track/report the status of all IDCs' Competency Compliance.

5. Work with I MEF Executive Committee of the Medical Staff (ECOMS) to issue plans of direct physician supervision when necessary for IDCs who fail to comply with training, certification, supervision, or continuing education requirements listed in reference (a), or who cannot meet the expected standard of care for independent practice.

(2) Chair, Executive Committee of the Medical Staff

(a) Ensure I MEF IDC Program Director is active member of the ECOMS and IDC Program matters are part of ECOMS activities.

(b) Forward reports from I MEF IDC Program Director and minutes (and recommendations when appropriate) from ECOMS meeting relevant to the IDC Program to the I MEF Surgeon.

(3) I MEF IDC Program Director

(a) Assigns an IDC Program Manager to assist them in their duties.

(b) Collects reports from MSC/MSE IDC Program Directors and reports to ECOMS, and reports compliance with the program and any issues of concern regarding quality of care to the Force Surgeon. Also, prepares quarterly reports for the Force Surgeon as required by higher headquarters.

(4) MSC and MSE IDC Program Directors

(a) Appoint, in writing, an Assistant Program Manager. Qualifications will be the same as those outlined for the I MEF Program Manager. Consultation with the Command Master Chief is recommended.

(b) Ensure IDCs are properly supervised pursuant to the requirements described in reference (a) and this Order.

(c) Designate a Physician Supervisor and Alternate Physician Supervisor for each certified IDC.

(d) Ensure IDC training, certification, and supervision are conducted in accordance with reference (a) and enclosures (2) through (6).

(e) Maintain IDC Training Records as required by reference (a).

(f) Complete and forward enclosure (3) each quarter to the MEF IDC Program Director for forward to the RMA (I MEF Surgeon). MEU Surgeons will coordinate with the I MHG Surgeon and collate reports completed for IDCs during embarked periods.

(5) Assistant Program Managers

(a) Conduct a quarterly review of the status of training records and certification on all IDCs under their purview. Complete enclosure (3) and submit to the I MEF Program Manager via the Assistant Program Director.

(b) Ensure that each IDC completes 15 CME units annually.

(c) Assist the Physician Supervisor in completing the recertification process every two years per reference (a).

(6) Physician Supervisors

(a) Provide supervision and training following the guidelines outlined in reference (a), enclosure (3), IDC Training, Certification, and Supervision Guidelines. Be readily available to the practicing IDC to foster a close working relationship and to provide professional support thru instruction, hands on assistance, and clinical advice. Ensure that IDCs are afforded the opportunity to train in all required areas of medical competency.

(b) Provide a written quarterly evaluation report using enclosure (4) to the Assistant Program Director.

(c) Perform a quarterly documented health record review of at least ten of the IDC's patient contact records to assess clinical performance. Included in each review are: a review of administrative content, appropriate clinical documentation, appropriate clinical history, diagnosis, and prescribed treatment plan, including referral(s). Enclosure (5) shall be used to document all health record reviews, and discuss clinical issues and opportunities to improve care with the IDC. Both the IDC and Physician Supervisor must sign enclosure (5) after the review.

(d) Authorize, in writing, the IDC to prescribe medications on the allowed I MEF IDC formulary list to include any exceptions or limitations. Use Appendix C to enclosure (1) and place a copy in the training folder.

(e) Perform required two year IDC re-certifications when indicated according to the process outlined in reference (a). A review of enclosure (3) and any associated training records, and completion of enclosure (6) must be performed. When all categories in enclosure (6) have been completed and the Physician Supervisor has confidence in the IDC's ability to independently provide care, he or she must document the certification on a page 13, Administrative Remarks Form that the certification was renewed. Enclosure (1), appendices F and G, provide sample Page 13s.

(7) Independent Duty Corpsmen

(a) Must maintain the highest level of ethics and personal conduct, and always strive for the highest level of clinical ability and acumen.

(b) Maintain a personal training file with the appropriate elements.

(c) Adhere strictly to guidelines for Physician Referral [enclosure (1), Appendix H] and medication prescribing [enclosure (1), Appendix I].

(d) Maintain a National Provider Identifier Code.

c. Coordinating Instructions

(1) The I MEF IDC Program will be aligned with the IDC Programs at local supporting military medical treatment facilities.

(2) When deployed, I MEF IDCs will comply with policies, procedures, supervision and reporting requirements of the local command element to which they are assigned. However, the IDC Program Director shall receive copies of all required reports and documentation from the RMA for the deployed unit.

4. Administration and Logistics

a. IDC Program Correspondence

(1) All appointments, authorizations, notifications, and letters will follow the format outlined in enclosure (1), appendices A through G.

(2) Per reference (a), copies of all training records, and clinical record and provider reviews generated under the auspices of this program shall be incorporated into each respective IDC's clinical file.

b. Reporting

(1) Commanders will be provided with copies of all quarterly, semiannual, and annual reports and evaluations applicable to IDCs under their command.

(2) All reports required by this order shall be submitted within 30 days of the end of each quarter (i.e., due end of January, April, July, and October), throughout the calendar year.

5. Command and Signal

a. Command. This Order is applicable to all units within I MEF with assigned or attached IDCs.

b. Signal. This Order is effective the date signed.



R. F. CASTELLVI  
Chief of Staff

DISTRIBUTION LIST: I, II

ADMINISTRATIVE APPENDICIES

- Appendix A - Sample Appointment Letter for Program Director and Manager
- Appendix B - Sample Appointment Letter Physician Supervisor and Assistant Program Manager Appointment
- Appendix C - Sample Notification Letter IDC Physician Supervisor Appointment
- Appendix D - Sample Authorization Letter to Prescribe Medications
- Appendix E - Sample Request Letter for IDC Continuing Education Funding
- Appendix F - Sample page 13 for IDC to Provide Clinical Care
- Appendix G - Sample page 13 for Renewal of IDC Certification
- Appendix H - Guidelines for Consultation with a Physician
- Appendix I - IDC Formulary

Enclosure (1)

SAMPLE APPOINTMENT LETTER FOR PROGRAM DIRECTOR AND MANAGER

SSIC  
Orig Code  
Date

From: (Commanding Officer/OIC)

To: (Name of Medical Officer/Senior Enlisted)

Subj: APPOINTMENT AS IDC SUPERVISION PROGRAM DIRECTOR/PROGRAM  
MANAGER

Ref: (a) MCO 6400.1

1. Per reference (a), you have been appointed as the IDC Program Director/Program Manager of the IDC Supervision Program.
2. As the IDC Program Director/Program Manager, you are hereby directed to adhere to the duties and responsibilities outlined in reference (a).
3. You are directed to become completely familiar and knowledgeable with reference (a) and ensure that the IDC Supervision Program meets all requirements of this directive.

Signature

Copy to:  
Service Record  
Program Director  
Program Manager

Appendix A to  
Enclosure (1)

SAMPLE APPOINTMENT LETTER FOR PHYSICIAN SUPERVISOR  
AND ASSISTANT PROGRAM MANAGER APPOINTMENT

SSIC  
Orig Code  
Date

From: (Appointing Authority IDC Supervision Program  
Director/Manager)

To: (Name of Medical Officer)

Subj: APPOINTMENT INDEPENDENT DUTY CORPSMAN (IDC) PHYSICIAN  
SUPERVISOR/ASSISTANT PROGRAM MANAGER

Ref: (a) MCO 6400.1

1. Per reference (a), you have been appointed as the IDC  
Physician Supervisor/Assistant Program Manager for (name of  
IDC).
2. As the appointed Physician Supervisor/Assistant Program  
Manager, you are hereby directed to adhere to the duties and  
responsibilities outlined in reference (a).
3. You are directed to become completely familiar and  
knowledgeable with reference (a) and ensure that the IDC  
Supervision Program meets all requirements of this directive.

Signature

Copy to:  
Service Record  
Program Director  
Program Manager

Appendix B to  
Enclosure (1)

SAMPLE NOTIFICATION LETTER  
IDC PHYSICIAN SUPERVISOR APPOINTMENT

SSIC  
Orig Code  
Date

From: (Appointing Authority IDC Supervision Program  
Director/Manager)

To: (Name of IDC)

Subj: ASSIGNMENT OF INDEPENDENT DUTY CORPSMAN (IDC) PHYSICIAN  
SUPERVISOR

Ref: (a) MCO 6400.1

1. Per reference (a), (name of medical officer), has been designated to serve as your Physician Supervisor. In the absence of your Physician Supervisor, a designated medical officer assigned to your clinic will serve in lieu of your Physician Supervisor.
2. Your designated Physician Supervisor has been directed to provide certification, ongoing review of, and assist with, your delivery of health care to patients.
3. Your designated Physician Supervisor has been specifically directed to meet with you on a periodic basis to review a sufficient number of medical records you have completed. The Physician Supervisor is directed to support your request for assistance in providing health care and is responsible medicolegally for the health care you provide.

Signature

Copy to:  
Service Record  
Program Director  
Program Manager  
Physician Supervisor  
IDC Certification Record

Appendix C to  
Enclosure (1)

SAMPLE AUTHORIZATION LETTER  
TO PRESCRIBE MEDICATIONS

SSIC  
Orig Code  
Date

From: (Physician Supervisor)  
To: (Name of IDC)

Subj: AUTHORIZATION TO PRESCRIBE MEDICATION

Ref: (a) MCO 6400.1  
(b) IDC Specific Formulary/AMAL

1. As a result of your certification per reference (a), you are authorized to prescribe medications contained within reference (b).

2. Additional restrictions are listed below:

Signature

Copy to:  
Service Record  
Program Director  
Program Manager  
IDC Certification and Training Record  
Pharmacy

Appendix D to  
Enclosure (1)

SAMPLE REQUEST LETTER FOR IDC CONTINUING EDUCATION FUNDING

SSIC  
Orig Code  
Date

From: (Name of Applicant)  
To: Commanding Officer, Navy Medicine Manpower, Personnel,  
Training and Education Command, (Code \_\_\_\_\_), 8901  
Wisconsin Avenue, Bethesda, MD 20889-5611  
Via: Commanding Officer (Applicant's Command)  
Subj: REQUEST FOR FUNDING OF INDEPENDENT DUTY CORPSMAN  
CONTINUING EDUCATION

Ref: (a) BUMEDINST 5050.6  
(b) Joint Federal Travel Regulations

Encl: (1) Course or Meeting Registration Form

1. Per reference (a), I request approval to attend (the short course, workshop, seminar, conference, and meeting) described in enclosure (1) and listed below on TAD orders.

- a. Title of course or meeting.
- b. Location of course or meeting.
- c. Inclusive dates of course or meeting (not including travel).
- d. Cut-off date for registration.
- e. Sponsor of course or meeting.
- f. Course or meeting fees (highlight on enclosure (1)).
- g. Estimated travel cost:

(1) Travel is requested from (location) to (location)  
And return to (location).

(2) Contract airfare is available and desired: Yes / No  
(If yes, indicate the fare.)

(3) GTR is available and desired: Yes / No  
(If yes, indicate the fare.)

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Enclosure (1)

(4) POV is desired for travel: Yes/ No  
(If yes, indicate the number of miles.)

h. Per diem for meeting site location:

(1) Government quarters are available: Yes / No.

(2) Government messing is available: Yes / No.

i. Estimated miscellaneous expenses:

j. CE units or credits to be awarded:

2. I have or have not received orders for RAD/RET/PCS moves. My PRD from my current duty station is: \_\_\_\_\_.

3. I may be reached at:

a. Voice: DSN \_\_\_\_\_ Commercial (\_\_\_\_) \_\_\_\_\_

b. FAX: DSN \_\_\_\_\_ Commercial (\_\_\_\_) \_\_\_\_\_

c. E-mail: \_\_\_\_\_

d. TAD Office POC/E-mail: \_\_\_\_\_

4. Attendance at the above course or meeting will provide for CE as listed in enclosure (1).

5. I am a member/nonmember (circle one) of the sponsoring agency or organization.

6. I understand any advance payment of fees or related expenses from personal funds will be my responsibility if this is not approved.

7. I understand I must comply with reference (b) by submitting a travel claim to my local personnel support detachment (PSD) within 5 calendar days of return from travel and personally forward a fully liquidated copy of the travel claim to NAVMED MPT&E after my PSD completes liquidation.

\_\_\_\_\_  
Signature

Appendix E to  
Enclosure (1)

SAMPLE PAGE 13 FOR IDC TO PROVIDE CLINICAL CARE

**ADMINSTRATIVE REMARKS**  
 NAVPERS 1070613 (REV.07-06)  
 S/N: 0106-LF-132-8700

SHIP OR STATION:

USS NEVER SAIL DDG 1000 FPO AE 09521

SUBJECT:

PERMANENT       TEMPORARY  
 AUTHORITY IF PERMANENT:

CERTIFICATION REVIEW

\_\_\_\_\_ : This is to certify that I, (Physician Supervisor Name and rank) on this date \_\_\_\_\_ have reviewed the page 4, with (IDC Name and Rank) for initial certification to provide clinical care.

\_\_\_\_\_ : (IDC Name and Rank) is qualified to perform clinical duties independent of direct supervision of a physician when deployed on land or sea or as applicable for a period of 2 years from initial certification.

\_\_\_\_\_  
 IDC Signature

\_\_\_\_\_  
 Physician Supervisor Signature

Copy to file:  
 IDC Training Record

NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER	BRANCH AND CLASS
----------------------------	------------------------	------------------

FOR OFFICIAL USE ONLY  
 WHEN FILLED IN

13

Appendix F to  
 Enclosure (1)

## SAMPLE PAGE 13 FOR RENEWAL OF IDC CERTIFICATION

**ADMINISTRATIVE REMARKS**  
 NAVPERS 1070/613 (REV.07-06)  
 S/N: 0106-LF-132-8700

SHIP OR STATION:

USS NEVER GAIL, DDG 1800, FPO AE 89523

SUBJECT:

 PERMANENT       TEMPORARY  
 AUTHORITY (IF PERMANENT)

IDC CERTIFICATION RENEWAL

\_\_\_\_\_ : This is to certify that I, (Physician Supervisor Name and rank) on this date \_\_\_\_\_ have reviewed the training record and appendix A of enclosure (5) to completion with (IDC Name and Rank) for renewal of certification to provide clinical care.

\_\_\_\_\_ : (IDC Name and Rank) certification was renewed on this date \_\_\_\_\_ and he/she is certified to perform clinical duties independent of direct physician supervision for a period of 2 years.

\_\_\_\_\_  
IDC Signature\_\_\_\_\_  
Physician Supervisor Signature

Copy to file:  
 IDC Training Record

NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER	BRANCH AND CLASS

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 WHEN FILLED IN

13

Appendix G to  
 Enclosure (1)

## GUIDELINES FOR CONSULTATION WITH A PHYSICIAN

After obtaining a history and performing a physical examination, you must seek consultation as appropriate for the severity of the illness or injury, exercising judgment in practicing within the scope of care. Patient conditions exceeding the Independent Duty Corpsman (IDC) scope of care must be referred to a physician. This list is not intended to be all-inclusive, but is designed to provide guidance in types of conditions that must be referred:

1. Any patient that you have any doubt as to the diagnosis or feel uncomfortable about. Any patient outside the scope of care outlined in the IDC recertification package, or any patient who presents twice in a single episode of illness and not previously evaluated by a physician.

\*\*Physician referral does not apply to patients returning for continuing treatment of a previously documented stable, chronic illness, or to patients returning for follow-up evaluation of a resolving acute illness, unless signs and symptoms increase.

2. Any of the following associated with recent trauma (less than seven days)

- a. Drowsiness and confusion
- b. Vertigo, faintness, blackout, pre-syncope, syncope
- c. Headache
- d. Vomiting

3. Severe drowsiness and or confusion not previously evaluated by a physician.

4. Any loss of consciousness not previously evaluated by a physician.

5. Any motor paralysis or weakness not previously evaluated by a physician.

6. Vertigo - patient unable to walk without assistance.

- a. Tinnitus associated with Vertigo

7. Headache accompanied by fever and neck pain/stiffness, or ataxia.
8. Decreased vision with any of the following.
  - a. Rapid or recent onset (less than 30 days)
  - b. Only one eye or only part of the visual field
  - c. Trauma of the eye
  - d. Any eye pain
9. Photopsia (visual sensation of flashing lights).
10. Seeing spots with either eye:
  - a. Recent onset (less than 7 days)
  - b. Associated with loss of vision or photopsia
11. Shortness of breath, difficulty breathing, cyanosis or respiratory rates less than 8 or greater than 28, productive cough, hemoptysis, exposure to toxic fumes, or any patient placed on oxygen.
12. Pulse greater than 120 per minute without apparent reason.
  - a. Persistent diastolic blood pressure greater than 105 mm/hg over a 3 day period.
13. Chest pain associated with: syncope, irregular or rapid heart rate, pulse greater than 100 or less than 50, blood pressure greater than 90 diastolic or less than 90 systolic.
14. Nausea, vomiting and/or diarrhea with any of the following:
  - a. Hematemesis, hemoptysis
  - b. Black and/or bloody emesis
  - c. Black and/or bloody stools
  - d. Severe abdominal pain
  - e. Any abdominal pain with fever or elevated WBC
  - f. Recent head trauma (less than 48 hours)
15. Any patient presenting with hematuria.

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16. Any patient presenting with testicular mass or pain (any sudden testicular pain with possible torsion).
17. Any patient who is unable to void for more than 12 hours.
18. Any abnormal vaginal bleeding.
19. Breast problems with pain and/or fever 100 degrees F or greater.
20. Oral temperature of 101.5 degrees F greater than 48 hours.
21. Oral temperature of 10 degrees F.
22. Patient in sever pain (evidenced by observation).
23. Sever back pain, weakness or numbness in an extremity, inability to move independent of help, or gross deformity of the spine or extremities.
24. Allergic reaction with difficulty breathing or wheezing.
25. Unscheduled return for an identical complaint.
26. Any STD failure for test of cure.
27. Any heat casualty with core temperature of 103 degrees F or greater, or a clinical presentation of altered mental status, (transport to ER).
28. Any suspected case of Hepatitis, Tuberculosis, or Malaria.
29. Any patient with airway compromise (a minimally compromised airway associated with pharyngitis, or other head and neck infections/neck trauma that may rapidly progress to a life-threatening infections/neck trauma that may rapidly progress to a life-threatening emergency). Act expeditiously with an airway compromised patient.
30. Any unresolved condition of 48 hours duration.
31. Any patient presenting with clinical depression or requiring psychotropic medication (antidepressants, anti-

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-manic/Bipolar, antipsychotic, etc.) Any patient who states they are thinking of committing suicide or that you suspect.

32. Any condition that the physician supervisor considers worthy of referral/consultation.

DATE: \_\_\_\_\_

"I HAVE READ AND UNDERSTAND THE GUIDELINES FOR CONSULTATION WITH A PHYSICIAN."

\_\_\_\_\_  
IDC PRINTED NAME

\_\_\_\_\_  
IDC SIGNATURE

\_\_\_\_\_  
PHYSICIAN SUPERVISOR NAME

\_\_\_\_\_  
PHYS SUPERVISOR SIGNATURE

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## IDC FORMULARY

<p><u>Oral Antibiotics</u></p> <ul style="list-style-type: none"> <li>• amoxicillin 250mg &amp; 500mg caps</li> <li>• amoxicillin/clavulanate (Augmentin) 250mg, 500mg, 875mg tabs</li> <li>• azithromycin (Zithromax) 1g powder packets, 250mg tabs</li> <li>• ceftriaxone (Rocephin) 1g inj.</li> <li>• cephalexin 250mg &amp; 500mg caps</li> <li>• ciprofloxacin 250, 500mg tabs</li> <li>• dicloxacillin 250mg caps</li> <li>• doxycycline 100mg caps</li> <li>• erythromycin base 250mg tabs</li> <li>• isoniazid 300mg tabs</li> <li>• metronidazole (Flagyl) 250mg tabs</li> <li>• nitrofurantoin (Macrobid) 100mg caps</li> <li>• penicillin 250mg, 500mg tabs</li> <li>• rifampin 300mg caps (MRSA treatment regimen only)</li> <li>• tetracycline 250mg caps</li> <li>• tmp-smx (Septra DS, Bactrim DS) 160mg/800mg tabs</li> <li>• Wycillin/Bicillin</li> </ul> <p><u>Oral Antifungals</u></p> <ul style="list-style-type: none"> <li>• fluconazole (Diflucan) 150mg x 1 tab</li> <li>• ketoconazole (Nizoral) 200mg tabs x 2</li> <li>• terbinafine (Lamisil) 250mg tabs</li> </ul> <p><u>Antibiotics - EENT</u></p> <ul style="list-style-type: none"> <li>• bacitracin 500u/g ophth oint</li> <li>• Cortisporin otic susp &amp; soln</li> <li>• erythromycin ophth oint</li> <li>• gentamicin 0.3% ophth oint &amp; soln</li> <li>• Neosporin ophth soln</li> <li>• Polysporin ophth oint</li> <li>• sulfacetamide 10% ophth oint &amp; soln</li> </ul> <p><u>Antivirals</u></p> <ul style="list-style-type: none"> <li>• acyclovir (Zovirax) 200mg caps &amp; 800mg tabs</li> </ul>	<p><u>Antulcer Drugs/GERD Agents</u></p> <ul style="list-style-type: none"> <li>• aluminum hydroxide (Amphojel) susp</li> <li>• Maalox-plus extra strength susp</li> <li>• ranitidine (Zantac) 150mg tabs 300mg</li> <li>• omeprazole (prilosec) 20mg</li> </ul> <p><u>Other GI Agents</u></p> <ul style="list-style-type: none"> <li>• dicyclomine (Bentyl) 10mg caps &amp; tabs</li> <li>• Donnatal tabs</li> <li>• simethicone (Mylicon) 80mg tabs</li> </ul> <p><u>Antidiarrheals</u></p> <ul style="list-style-type: none"> <li>• Kaopectate (new formulation): bismuth subsalicylate 262mg/15ml</li> <li>• loperamide (Imodium) 2mg caps</li> </ul> <p><u>Laxatives/Cathartics</u></p> <ul style="list-style-type: none"> <li>• bisacodyl (Dulcolax) 5mg tabs &amp; 10mg supps</li> <li>• docusate sodium (Colace) 100mg caps</li> <li>• glycerin adult</li> <li>• milk of magnesia susp</li> </ul> <p><u>Urinary Tract/Prostate Agents</u></p> <ul style="list-style-type: none"> <li>• phenazopyridine (Pyridium) 100mg tabs</li> </ul> <p><u>Antitussives/Expectorants</u></p> <ul style="list-style-type: none"> <li>• benzonatate (Tessalon) 100mg</li> <li>• guaifenesin: (Robitussin: plain, DM &amp; AC) syrup</li> <li>• Mucinex-D (guaifenesin 600mg and pseudoephedrine 60mg)</li> </ul> <p><u>Antihistamine/Decongestants</u></p> <ul style="list-style-type: none"> <li>• Actifed tabs &amp; syrup</li> <li>• Cetirizine (Zyrtec) 10mg tabs</li> <li>• chlorpheniramine (CTM) 4mg tabs, 8mg LA Caps</li> <li>• diphenhydramine (Benadryl) 25mg, 50mg caps</li> <li>• Deconamine SR caps</li> <li>• fexofenadine (Allegra) 180mg tabs</li> <li>• hydroxyzine HCl (Atarax) 10mg, 25mg tabs</li> <li>• loratidine (Claritin) 10mg tab</li> <li>• meclizine (Antivert) 25mg tabs</li> <li>• pseudoephedrine (Sudafed): 30mg, 120mg tabs</li> </ul>	<p><u>Muscle Relaxants</u></p> <ul style="list-style-type: none"> <li>• cyclobenzaprine (Flexeril) 10mg tabs</li> <li>• methocarbamol (Robaxin) 500mg tabs</li> </ul> <p><u>Nasal Agents</u></p> <ul style="list-style-type: none"> <li>• fluticasone (Flonase) spray</li> <li>• nasalide (Nasarel) Spray</li> <li>• oxymetazoline (Afrin) 15ml spray</li> <li>• sodium chloride nasal spray</li> </ul> <p><u>Asthma Agents</u></p> <ul style="list-style-type: none"> <li>• albuterol (Ventolin) INH</li> <li>• Combivent *14.7g INH</li> <li>• cromolyn* (Intal) INH</li> <li>• flunisolide* (Aerobid) INH</li> <li>• fluticasone* (Flovent) 110mcg &amp; 220mcg INH</li> <li>• ipratropium* (Atrovent) INH</li> <li>• montelukast* (Singulair) 10mg tab</li> <li>• salmeterol* (Serevent) INH</li> <li>• triamcinolone* (Azmacort) oral INH</li> </ul> <p><u>Anticonvulsants*</u></p> <p><u>Anticoagulants/Blood Modifiers*</u></p> <p><u>Diuretics</u></p> <ul style="list-style-type: none"> <li>• Hydrochlorothiazide* (HCTZ) 25 &amp; 50 mg</li> </ul> <p><u>Vasodilators/Angina Agents</u></p> <ul style="list-style-type: none"> <li>• nitroglycerin:* <ul style="list-style-type: none"> <li>o (Nitrostat) 0.3mg, 0.4mg, 0.6mg SL tabs</li> <li>o (Nitrolingual spray) 0.4mg</li> </ul> </li> </ul> <p><u>Lipid Lowering Agents*</u></p> <ul style="list-style-type: none"> <li>• colestipol (Colestid) granules</li> <li>• fenofibrate (Fenoglide) 40mg, 120mg tabs</li> <li>• gemfibrozil (Lopid) 600mg tabs</li> <li>• niacin 500mg tabs, (sustained release) 500mg SR caps</li> <li>• pravastatin 10mg, 20mg, 40mg, 80mg</li> <li>• simvastatin (Zocor) tabs 10mg, 20mg, 40mg &amp; 80mg tabs</li> <li>• ezetimibe/simvastatin (Vytorin) 10/10mg, 10/20mg, 10/40mg, 10/80mg tabs</li> </ul>
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**Notes:** 1) IDCs cannot prescribe controlled medications other than Midrin, Fiorinal, and guaifenesin w/codeine.

2) \* - Therapy can NOT be initiated but may be continued.

## IDC FORMULARY

<p><u>NSAIDs/Analgesics</u></p> <ul style="list-style-type: none"> <li>acetaminophen (Tylenol): 325mg &amp; 500mg tabs, 325mg &amp; 650mg supps</li> <li>aspirin 325mg tabs</li> <li>aspirin EC (Ecotrin) 81 &amp; 325mg tabs</li> <li>diclofenac sodium (Voltaren) 75mg tabs</li> <li>ibuprofen (Motrin) 400mg, 600mg &amp; 800mg tabs</li> <li>indomethacin (Indocin) 25mg caps</li> <li>meloxicam (Mobic) 7.5, 15mg tab</li> <li>naproxen (Naprosyn) 500mg tabs</li> <li>piroxicam (Feldene) 20mg caps</li> <li>salsalate (Disalcid) 500mg tabs</li> <li>sulindac (Clinoril) 150mg tabs</li> <li>ketorolac (Toradol) 30mg, 60mg inj</li> </ul> <p><u>Gout Agents*</u></p> <p><u>Antidiabetic Agents*</u></p> <ul style="list-style-type: none"> <li>glyburide (Glyrase PresTab) 6mg</li> <li>glyburide (Micronase) 2.5mg, 5mg tabs</li> <li>glipizide (Glucotrol) 5mg &amp; 10mg tabs</li> <li>insulin (Humulin) regular, NPH &amp; 70/30</li> <li>metformin (Glucophage) 500mg, 850mg, 1000mg tabs</li> <li>rosiglitazone (Avandia) 2mg, 4mg, 8mg</li> </ul> <p><u>Electrolyte Replacement*</u></p> <ul style="list-style-type: none"> <li>potassium chloride: (Slow-K) 8meq tabs; (Klorvess) 20meq packets; (K-dur) 20meq tabs; 10% soln</li> </ul> <p><u>Anxiolytic Agents</u></p> <ul style="list-style-type: none"> <li>hydroxyzine (Atarax) 10mg tabs &amp; (Vistaril) 25mg caps</li> </ul>	<p><u>Antihypertensives/Cardiac Drugs</u></p> <p><u>Beta Blockers*:</u></p> <ul style="list-style-type: none"> <li>atenolol (Tenormin) 50mg tabs</li> <li>metoprolol (Lopressor) 50mg &amp; 100mg tabs</li> <li>metoprolol XL (Toprol XL) 50mg &amp; 100mg tabs</li> <li>propranolol: (Inderal) 10mg, 20mg, 40mg &amp; 80mg tabs, (Inderal LA) 80mg, 120mg &amp; 160mg caps</li> </ul> <p><u>ACE Inhibitors/ARBs*:</u></p> <ul style="list-style-type: none"> <li>captopril (Capoten) 25mg, 50mg &amp; 100mg tabs</li> <li>fosinopril (Monopril) 10mg, 20mg &amp; 40mg tabs</li> <li>lisinopril (Zestril) 5mg, 10mg, 20mg &amp; 40mg tabs</li> <li>Micardis &amp; Micardis HCT</li> <li>Cozaar</li> </ul> <p><u>Calcium Channel Blocker*:</u></p> <ul style="list-style-type: none"> <li>amlodipine 5mg, 10mg tabs</li> <li>diltiazem: 30mg &amp; 60mg tabs 90mg sustained release caps</li> <li>diltiazem extended-release (Tiazac) 120mg, 180mg, 240mg, 300mg &amp; 360mg caps</li> <li>felodipine (Plendil) 2.5mg, 5mg &amp; 10mg tabs</li> <li>nifedipine 10mg caps, (Adalat CC) 30mg, 60mg &amp; 90mg ER tabs</li> <li>verapamil 80mg tab</li> <li>verapamil extended-release (Calan SR) 180mg, 240mg SR tabs</li> </ul> <p><u>Antiarrhythmics:</u></p> <p><b>CANNOT PRESCRIBE</b></p> <p><u>Alpha Blockers*:</u></p> <ul style="list-style-type: none"> <li>doxazosin (Cardura) 2mg, 4mg &amp; 8mg tabs</li> <li>prazosin (Minipress) 1mg, 2mg &amp; 5mg caps</li> <li>terazosin (Hytrin) 1 mg, 2mg, 5mg &amp; 10mg caps</li> <li>alfuzosin (Uroxatral) 10mg tabs</li> </ul>	<p><u>Miscellaneous Antihypertensives*:</u></p> <ul style="list-style-type: none"> <li>clonidine (Catapres) 0.1 mg, 0.2mg &amp; 0.3mg tabs</li> <li>clonidine (Catapres TTS) 0.1 mg, 0.2mg &amp; 0.3mg patches</li> <li>hydralazine (Apresoline) 25mg tabs</li> <li>methyldopa (Aldomet) 250mg &amp; 500mg tabs</li> </ul> <p><u>Antiparkinson's Agents</u></p> <p><b>CANNOT PRESCRIBE</b></p> <p><u>Antidepressants (*All Agents)</u></p> <ul style="list-style-type: none"> <li>amitriptyline (Elavil) 10mg &amp; 25mg tabs</li> <li>bupropion (Wellbutrin SR) 100mg, 150mg SR tabs</li> <li>fluoxetine (Prozac) 10mg, 20mg caps</li> <li>nortriptyline (Pamelor) 10mg &amp; 25mg caps</li> <li>paroxetine (Paxil) 10, 20, 30, 40 mg tabs</li> <li>sertraline (Zoloft) 100mg tabs</li> <li>trazodone (Desyrel) 50mg tabs</li> <li>venlafaxine (Effexor) XR 37.5mg, 75mg 150 mg tabs</li> <li>citalopram (Celexa) 20mg and 40mg</li> </ul> <p><u>Antipsychotics</u></p> <p><b>CANNOT PRESCRIBE</b></p> <p><u>Headache/Migraine Agents</u></p> <ul style="list-style-type: none"> <li>Fiorinal tabs</li> <li>Fioricet tabs</li> <li>Midrin caps</li> <li>Zomig tabs</li> </ul> <p><u>Neurological Agents</u></p> <ul style="list-style-type: none"> <li>Atomoxetine* (Strattera)</li> <li>levodopa/carbidopa (Sinemet)* (restless leg syndrome only)</li> <li>ropinirole* (Requip) (restless leg syndrome only)</li> </ul> <p><u>Narcotic Analgesics</u></p> <p><b>CANNOT PRESCRIBE</b></p>
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