



ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

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and will be provided upon request*

Application for Bridge Year Graduate Physician Permit: Approved Formulary For Non-Controlled Prescribing

Supervising Physician _____ AL Med. Lic. Number _____

Bridge Year Graduate Physician _____ AL Permit Number _____
(if applicable)

All written prescriptions will adhere to the standard, recommended doses of legend drugs, as identified in the Package Insert or Product Information Insert, not to exceed the recommended treatment regimen periods.

Authorized categories of drugs should reflect the needs of the medical practice in which the bridge year graduate physician is working. Botox, Restylane, Collagen and Mesotherapy are not approved for bridge year graduate physician prescriptive privileges nor are they to be administered by a bridge year graduate physician.

Standard Legend Drugs (Non-Controlled)
1. Anti-Infective Agents
2. Birth Control Drugs, Contraceptive Agents, and Devices: Prescribing birth control drugs and devices is approved with the stipulation that an appropriate history and physical is performed and documented prior to the prescribing of any birth control drug. The history and physical must document the performance of a pelvic exam prior to the prescribing and insertion of a birth control device.
3. Cardiovascular Agents
4. Central Nervous System Agents, including Psychiatric Agents
5. Dermatological Agents
6. Diagnostic Agents
7. Endocrine and Metabolic Agents * Medications for weight loss are to be prescribed pursuant to Chapter 540-X-17 <i>Guidelines and Standards for the Utilization of Controlled Substances for Weight Reduction</i> . Thyroid medications are not approved for use as weight control.
8. Expectorants and Cough Preparations
9. Gastrointestinal Agents
10. Hematological Agents, including Antiplatelet and Anticoagulants & Related Agents
11. Local Anesthetics
12. Musculoskeletal Agents
13. Nutrition and Electrolyte Agents
14. Obstetrical and Gynecological Agents, including Hormones * Excluding misoprostol, misoprostol containing combinations, Mifepristone, and Hormone Pellets
15. Ophthalmic and Otic Agents
16. Prosthetics/Orthotics
17. Pulmonary and Respiratory Agents
18. Renal and Genitourinary Agents
19. Serums, Toxoids, and Vaccines
20. Vitamins

Specialty Legend Drugs	Physician Initials Indicate Skill and Formulary Protocols Allowed at Practice Site		Education and Competency Validation √ or Date= Previous Validation N/A = Not applicable		
	Permitted (Yes)	Not Allowed (No)	Basic Education	Previous Validation	Instruction to be Scheduled
1. Methotrexate					
2. Non-biologic disease-modifying anti-rheumatic drugs (DMARDs)					
3. Biologic or Biosimilar DMARDs and Anti-tumor necrosis factor drugs (anti-TNF)					
4. Other Biologics or Biosimilars (excluding anti-TNF)					
All Specialty Legend Drugs listed above must be given within the scope of the supervising physician's specialty. The initial dose must be prescribed by a physician, with authorization to prescribe continuing maintenance doses according to written protocol (available for review on site) or direct order of the physician.					

This formulary does not authorize the bridge year graduate physician named in this document to prescribe controlled drugs. The supervising physician shall be held liable or responsible for any act or omission of the bridge year graduate physician arising out of the bridge year graduate physician's prescribing to patients.

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7.

I hereby certify that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information, and belief. Knowingly providing false information to the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama could result in disciplinary action.

Supervising Physician Signature _____ Date _____

Bridge Year Graduate Physician Signature _____ Date _____