

# GOVERNMENT OF NUNAVUT

## DRUG FORMULARY



**2021**

Prepared by the  
Department of Pharmacy  
Under the direction of the  
Pharmacy & Therapeutics Committee

Special thanks to  
The Ottawa Hospital  
for sharing content from  
The Ottawa Hospital Drug Formulary

## PHARMACY SERVICES

**Hours of Operation:** Monday to Friday 8:30 am to 5:00 pm (excluding statutory holidays)

**Territorial Director of Pharmacy**

Telephone: 867-975-8600 ext 6302

**Hospital Pharmacist (Jenna Jenkins)**

Telephone: 867-975-8600 ext 6351

**The Ottawa Hospital Remote Pharmacist (Christine Weatherston)**

Telephone: 613-737-8899 ext 72256

### 1) Qikiqtaaluk Region Pharmacy

- Located in the Qikiqtani General Hospital
- Telephone: 867-975-8600 ext 6352 (Michael Gauvin)  
Fax: 867-975-8606
- After-hours on-call pharmacy technician:
  - Pager #126
  - Call extension 7646 from any phone within the hospital or dial 979-7646 from outside of the hospital and follow voice prompts.

### 2) Kivalliq Region Pharmacy

- Located in the Kivalliq Health Centre in Rankin Inlet
- Telephone: 867-645-8334  
Fax: 867-645-8348

### 3) Kitikmeot Region Pharmacy

- Located in the Kitikmeot Health Centre in Cambridge Bay
- Telephone: 867-983-4526  
Fax: 867-983-4201

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**PREAMBLE**

The purpose of this Formulary is to define the list of medications the Government of Nunavut (GN) stocks in its Health Care Facilities (Hospitals, Health Centres, Public Health Units), as well as to support health care professionals in the Territory by providing general formulary policies and drug-related guidelines, and protocol. The scope of this Formulary encompasses all practice settings across the Territory.

While the Formulary is designed primarily for use by GN Health Care Professionals, the Formulary Drug Listing will be available to the public; however, it is important to note that the Formulary Drug Listing is not a listing of medications under a publicly-funded drug plan. Therefore, the drugs supplied in GN Health Care Facilities will only be used at the time of care in a health centre, hospital or public health unit, as well as may be provided in a small supply to treat patients for a short period after the patient returns home. All medications outside this mandate will be supplied by the retail pharmacy providers.

# GENERAL FORMULARY POLICIES & PROCEDURES

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## 1. PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

### TERMS OF REFERENCE

#### 1.0 PURPOSE

- 1.1 Develops and recommends policies regarding the evaluation, selection and therapeutic use of drugs.
- 1.2 Evaluates if drug utilization is safe, effective, ethical and fiscally responsible.
- 1.3 Recommends the development of educational programs to meet the needs of all professional staff involved with the distribution, prescribing and administration of drugs.

#### 2.0 OBJECTIVES

- 2.1 To provide expert advice and recommendations through the Medical Advisory Committee (MAC) to Department of Health administration in all matters pertaining to the use of drugs.
- 2.2 To develop a Formulary of drugs accepted for use in Nunavut hospitals and health centres and provide for its timely and systematic revision. The selection of items to be included in the Formulary will be based on objective evaluation of the therapeutic value, safety and cost.
- 2.3 To recommend education programs for the hospital and health centre's professional staff on matters pertaining to drug use.
- 2.4 To study problems related to the distribution, administration and prescription of medications.
- 2.5 To initiate and/or direct drug utilization reviews and analyze their results.

#### 3.0 ACCOUNTABILITY

- 3.1 The P&T Committee is a subcommittee of and reports to the Territorial MAC.

#### 4.0 MEMBERSHIP

- 4.1 Voting membership, or a designate, will be comprised of the following:
  - 2 Pharmacy representatives (Territorial Director of Pharmacy and DUE Pharmacist)
  - 4 Physician representatives (one from each region if feasible and one from hospital)
  - 4 Nursing representatives (one from each region if feasible and one from hospital)
  - 1 Nurse Practitioner representative
  - 1 Midwife representative
  - Chief Nursing Officer
- 4.2 Non-voting ex-officio membership will be comprised of the following:
  - Territorial Chief of Staff
  - Chief Public Health Officer
- 4.3 The Committee will be chaired by the Territorial Director of Pharmacy.
- 4.4 A Pharmacy representative will act as the Secretary for the committee.
- 4.5 Other stakeholders may be invited to attend on an ad hoc basis to address relevant issues.

**5.0 SUBCOMMITTEES**

- 5.1 Special Subcommittees or Task Forces may be appointed by the Committee.
- 5.1 The Antimicrobial Stewardship Subcommittee reports to the P&T Committee.

**6.0 RESPONSIBILITIES OF THE CHAIRPERSON**

- 6.1 Provides leadership and direction, to members, towards achieving Committee objectives.
- 6.2 Proposes motions to MAC.

**7.0 RESPONSIBILITIES OF THE SECRETARY**

- 7.1 Sets the agenda for regular meetings.
- 7.2 Prepares and distributes the agenda, minutes and other related documents to committee members, prior to scheduled meetings.
- 7.3 Coordinates all Pharmacy and Therapeutic (P&T) Committee meetings and mailings.
- 7.4 Ensures that the minutes and recommendations are forwarded to MAC in a timely manner.

**8.0 RESPONSIBILITIES OF MEMBERS**

- 8.1 Participates at meetings and works with other members on various issues as directed by the committee Chairperson. A member who misses three (3) consecutive meetings will be sent a note from the Chair asking if they wish to continue on the committee. A member who misses a fourth meeting will be retired from the committee.
- 8.2 Reports on committee activities to those whom they represent.
- 8.3 Identifies a designate (where applicable and with approval of the Chair) who would attend in their absence.

**9.0 RESPONSIBILITY OF SUBCOMMITTEE OR TASK FORCE**

- 9.1 Plans, deliberates and reports on issues, studies or to other matters as directed by the Chairperson.

**10.0 PROCESS FOR ADDITION OF NEW DRUGS TO FORMULARY**

- 10.1 A “Request for Addition to Formulary” form (see page 10) is completed by a member of the medical staff or a pharmacist and co-signed by the Division/Department Head and forwarded to the Chairperson of the committee.
- 10.2 A summary (see page 11) of the relevant efficacy, safety and cost data is prepared by the appropriate Subcommittee. The requestor would have the opportunity to review the evaluation prior to forwarding to the P&T Committee. The summary is circulated to committee members with the meeting agenda.
- 10.2 Committee members discuss the submission at a Committee meeting and provide a recommendation to the MAC to either add or to not add the drug to formulary on the basis of its therapeutic value. The recommendation may include prescribing restrictions. For each recommendation, Committee members also rate the agent based on a therapeutic and cost assessment (see page 12).



- 10.3 If the recommendation from P&T is to NOT APPROVE addition to formulary, the Chair informs the requestor in writing of the decision and its rationale.
- 10.4 If the recommendation is to APPROVE the drug to formulary, and with MAC approval, the requestor will be notified and Pharmacy will stock and dispense the drug.
- 10.5 The requestor can initiate an appeal within 60 days of the decision if the Committee did not follow the process set for approval or if new information made available may affect the prior decision. The appeal should be addressed to the Chair of P&T.
- 10.6 The Pharmacist will communicate the decision to approve or not approve a drug to formulary to all internal and external stakeholders.

### **11.0 MEETINGS**

- 11.1 The Pharmacy and Therapeutics Committee shall meet a minimum of four times a year and more frequently based on need.

### **12.0 QUORUM**

- 12.1 A majority (50% + 1) of all members shall constitute a quorum. In the event that less than 50% of members are able to attend, the meeting will be postponed. If a topic arises where members feel they are not prepared to vote at the current meeting, an electronic vote will take place before the next meeting.

### **13.0 VOTING**

- 13.1 To pass a motion, a majority of the voting committee members (50% + 1) must be in favour. In the event of a deadlock, the chair will cast the deciding vote.
- 13.2 Electronic votes may be held between meetings if a matter requires addressing more urgently.

**1.2 REQUEST FOR ADDITION TO FORMULARY**

Complete and forward to Territorial Director of Pharmacy or Committee Chair

**DRUG NAME:**

**THERAPEUTIC ADVANTAGES:**

**PRECAUTIONS/ADVERSE EFFECTS:**

**IF ADDED TO FORMULARY DRUGS WHICH COULD BE DELETED:**

**ESTIMATED ANNUAL USAGE:**

**DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST:**

Full disclosure is required on the part of a requester regarding any potential conflict of interest situations that this request may create. In the past three years, have you, or to your knowledge, your department received from the company which manufactures and/or markets this product:

Research funding/grants?	Yes _____	No _____
Professional retainers?	Yes _____	No _____
Consultant's fees?	Yes _____	No _____
Educational support?	Yes _____	No _____

If yes to any of the above, provide brief details:

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

Requested by: \_\_\_\_\_

\_\_\_\_\_  
Division/Department Head

**1.3 DRUG EVALUATION**

<b>GENERIC NAME:</b>	<b>BRAND NAME:</b>
<b>CLASSIFICATION:</b>	<b>SUPPLIED AS:</b>
<b>COMPARATIVE AGENTS:</b>	
<b>INDICATION:</b>	
<b>PHARMACOLOGY &amp; KINETICS:</b>	
<b>EFFICACY:</b>	
<b>ADVERSE EFFECTS:</b>	
<b>DOSAGE:</b>	
<b>COST DATA:</b>	
<b>STATUS WITH AGENCIES (NIHB AND OTHER MAJOR THIRD PARTY PLANS):</b>	
<b>REFERENCES:</b>	

For Committee Use

Therapeutic Assessment: 1 2 3 4

Cost Assessment: \$ \$\$ \$\$\$ \$\$\$\$

Formulary Status: H\_\_\_ HC\_\_\_ Code:\_\_\_

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

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## 1.4 ASSESSMENT CRITERIA FOR DRUG ADDITION TO FORMULARY

### Therapeutic Assessment

1. Use of drug will lead to clinically significant improvement in patient mortality, morbidity or quality of life.
2. Clinical studies indicate therapeutic advantage over available modalities, but:
  - a. there is questionable/marginal improvement in patient outcomes, and/or
  - b. efficacy advantage somewhat offset by toxicity disadvantage.
3. No therapeutic advantage but secondary characteristics confer some advantage (e.g., dosage form, route/frequency of administration, pharmacokinetics, convenience).
4. Drug has no demonstrated advantage over available agents.

### Cost Assessment

- \$ Drug will significantly reduce health program costs (direct drug costs, indirect utilization/resource costs) (> \$50,000).
- \$\$ Drug will modestly reduce health program costs (\$5,000 - \$50,000).
- \$\$\$ Drug will have minimal cost impact (< \$5,000).
- \$\$\$\$ Drug will modestly increase health program costs (\$5,000 - \$50,000).

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## 2. THE FORMULARY

The formulary system is an ongoing process whereby the Pharmacy and Therapeutics Committee evaluates and selects pharmaceuticals from the marketplace for inclusion in Nunavut's Formulary. The Formulary provides the medical staff and other health care personnel with a list of drugs that have been approved for use by the Pharmacy and Therapeutics Committee.

Any staff physician, nurse practitioner, midwife, community health nurse or pharmacist may request the addition of a drug to the Formulary by submitting a request to the Territorial Director of Pharmacy or Chair of the Pharmacy and Therapeutics Committee. The request will be evaluated at a subsequent meeting of the Committee and a decision on the status of the drug will be made.

The medications included in the Government of Nunavut's Formulary are for use by GN health care professionals and their contracted affiliates in Nunavut hospitals, health centres, home care, continuing care, public health units and correctional services only.

The following are the categories of drugs with respect to the Formulary.

### ***Formulary***

The drug will be routinely maintained in inventory by the Pharmacy Department and is available for dispensing upon prescribing by any physician, midwife or nurse practitioner. Registered Nurses working in Community Health Nursing positions will be able to dispense a subset of the formulary drugs.

### ***Formulary – Restricted***

The drug will be routinely maintained in inventory by the Pharmacy Department, but availability is restricted to prescribing for specific indications and/or selected physicians or services/departments. The specifics of each restriction are included in the Formulary.

### ***Non-Formulary***

The drug will not ordinarily be maintained in inventory by the Pharmacy Department. A non-formulary drug may be requested by a physician to the Director of Pharmacy or delegate for a specific patient. If the Director/delegate agrees, the drug is obtained and provided, though there may be some delay in obtaining the drug. If the physician and Director/delegate do not agree on the need to provide the non-formulary drug or the request is for a treatment >\$50,000, the request is referred to the ADM of Operations for final decision.

### 3. PRESCRIBING AND DISPENSING PRIVILEGES

Physicians, dentists, nurse practitioners (NP) and registered midwives (RM) have prescribing privileges in both inpatient and outpatient settings, within their respective territorial Acts.

The Prescribing RESTRICTIONS listed in this Formulary must be followed by Physicians, Dentists, NPs and RMs when prescribing, dispensing or administering restricted medications obtained from GN PHARMACEUTICAL INVENTORY. The prescribing restrictions do not apply when the Physician, Dentist, NP or RM writes a prescription that will be filled in a retail pharmacy setting.

The Therapeutic SUBSTITUTIONS listing in this Formulary must be followed by Physicians, Dentists, NPs and RMs when prescribing, dispensing or administering medications obtained from GN PHARMACEUTICAL INVENTORY. The therapeutic substitutions do not apply when the Physician, Dentist, NP or RM writes a prescription that will be filled in a retail pharmacy setting.

The following health care providers are permitted to prescribe medications as defined within their respective territorial Acts and guided by this Formulary.

#### 3.1 Nurse Practitioners

*Nurse Practitioner (NP) Prescriptive Authority:*

Based on their patient population and as part of their practice, nurse practitioners have the authority to prescribe:

- a. Drugs listed in Schedule 'F' of the Food and Drugs Act (Canada);
- b. Drugs listed in Schedule I of the National Association of Pharmacy Regulatory Authorities (NAPRA) National Drug Schedules ([www.napra.ca/pages/Schedules/Search.aspx](http://www.napra.ca/pages/Schedules/Search.aspx));
- c. Controlled substances as per the Controlled Drug and Substances Act (CDSA) (Canada);
- d. Vaccines as outlined in the Canadian Immunization Guide, as revised from time to time;
- e. Treatments such as massage therapy, acupuncture, etc.

NPs may also write prescriptions for drugs that can be obtained without a prescription, if required (NAPRA Schedule II and III). This also includes various devices (e.g., colostomy equipment).

When prescribing drugs, an NP assesses the patient's needs, considers the risks and benefits of drug therapy for each patient; is aware of the evidence on outcomes and cost-effective alternative choices; and monitors and documents the patient's response to drug therapy.

### 3.2 Registered Midwives

Midwives have prescribing privileges in both an inpatient and outpatient setting and may prescribe and administer the following medications/substances as defined below and as specified in the White Section of this Formulary.

Midwives are permitted to access the medication room to dispense only those medications indicated with a “•” in the RM column in this Formulary. Dispensing from the medication room must be restricted to times when the delay to write a prescription and have the prescription filled and delivered to a client would have a negative impact on patient care. Under these circumstances, midwives must only dispense enough supply until the retail pharmacy can fill the prescription and deliver it to the client.

- Antibiotics
- Antiemetics
- Antifungal agents
- Antihemorrhoidal agents
- Contraceptives
- Corticosteroids (topical)
- Crystalloid or colloid intravenous solutions
- Dextrose 10%
- Immune globulin
- Inhalation analgesics
- Local anaesthetics for injection or transcutaneous use
- Phytonadione
- Sympathomimetics
- Therapeutic oxygen
- Uterotonic agents for postpartum use
- Vaccines for women of reproductive age and infants
- Vitamin and mineral supplements

### 3.3 Registered Nurses working in Community Health Nurse Positions

Community Health Nurses (CHN) employed by the Government of Nunavut may fulfill an expanded scope of practice to dispense medications in an outpatient setting following the treatment codes defined in the Formulary and following authorized *Clinical Practice Guidelines*.

The recommended *Clinical Practice Guidelines* are as follows:

- First Nations and Inuit Health Branch (FNIHB) - Clinical Practice Guidelines for Nurses in Primary Care;
- First Nations and Inuit Health Branch (FNIHB) - Pediatric Clinical Practice Guidelines for Nurses in Primary Care;
- Clinical Practice Guidelines in the Drug-Related Policies and Guidelines section of the GN Drug Formulary;
- Nunavut Communicable Disease Manual;
- Anti-infective Guidelines for Community-acquired Infections [Ontario Anti-infective review panel];
- Advances in Labour and Risk Management (ALARM) [SOGC];
- Compendium of Therapeutic Choices (*formerly known as Therapeutic Choices*);
- ACLS (Advanced Cardiovascular Life Support), ENPC (Emergency Nursing Pediatric Course), NRP (Neonatal Resuscitation Program), TNCC (Trauma Nursing Core Course);
- NOTE: The most recently published guidelines will supersede older guidelines.

Every effort has been made to align the same treatment codes as those specified in the FNIHB Clinical Practice Guidelines; however, where differences were necessary to adapt to practice in Nunavut, the treatment codes listed in the GN Drug Formulary will apply.

Nurses, other than those working in Community Health Nursing positions may not work within this expanded scope of practice.

In addition to the authorized *Clinical Practice Guidelines*, the Prescribing RESTRICTIONS and the Therapeutic SUBSTITUTIONS listed in this Formulary must be followed when dispensing or administering medications in an outpatient setting.

Please refer to the Automatic Therapeutic Substitution Policy or the Stores Supply List when a medication, listed in the authorized *Clinical Practice Guidelines*, is not available in the Health Centre stock.



### 3.4 Registered Nurses (RN) or Registered Psychiatric Nurses (RPN) working in Community Psychiatric Nurse (CPN) role

The GN health centre stock medications listed below may be dispensed from a community health centre medication room by an RN or RPN working in a CPN role subsequent to prescription from a physician or nurse practitioner for treatment that must be started immediately and for up to a maximum of 14 days.

The physician or nurse practitioner must write a prescription at the time of consultation and direct it to a retail pharmacy for processing when:

- Treatment can wait until the patient receives the medication from the retail pharmacy
- A medication is required for longer than 14 days

GENERIC NAME	DOSAGE FORM	H	HC
Amitriptyline	10 mg tab	•	B
Benztropine	1 mg tab 2 mg/2 mL inj vial	• •	B B
CarBAMazepine	200 mg tab	•	B
Citalopram	20 mg tab	•	B
DiazePAM	5 mg tab 10 mg/2 mL inj amp	• •	B B
Haloperidol	5 mg tab 5 mg/1 mL inj	• •	B B
LORazepam	1 mg SL tab 4 mg/1 mL inj *FRIDGE*	• •	B B
Loxapine	10 mg tab 50 mg/1 mL inj amp	• •	B B
OLANZapine	5 mg orally disintegrating tab	•	B
QUEtiaPine	25 mg tab	•	B
RisperiDONE	1 mg tab	•	B
TraZODone	50 mg tab	•	B

### 3.5 Registered Nurses (RN) working as Public Health Nurses (PHN)

Public Health Nurses (PHN) employed by the Government of Nunavut may fulfill an expanded scope of practice to dispense medications in an outpatient setting for Sexually Transmitted Infections (STI) as per:

#### 1) The Medical Directives:

- Testing, Diagnosing and Treating *Chlamydia trachomatis* and *Neisseria gonorrhoea* Infections
- Testing, Diagnosing and Treating Syphilis Infections

#### 2) The authorized *Clinical Practice Guidelines*:

- Nunavut Communicable Disease Manual

The following medications may be dispensed by a PHN for an STI as outlined above:

GENERIC NAME	DOSAGE FORM
Azithromycin	250 mg tab
Cefixime	400 mg tab
CefTRIAxone	250 mg/vial
Doxycycline	100 mg cap
Long-acting Benzathine Penicillin G (Bicillin® L-A)	1.2 million units/2 mL inj *FRIDGE* (Note: typical dose is 2.4 million units)

### 3.6 Dispensing Medications

Medications which are dispensed from community health centres will be labeled in a standardized manner according to the Government of Nunavut Community Health Nursing Standards, Policies and Guidelines, Policy Number: 09-011-00.

Sample label:

Patient Name	September 1, 2021
Ibuprofen 400 mg tablets	
Take one tablet by mouth every 6 hours when needed for back pain for 5 days.	
Quantity: 10 tablets	RN Initials

#### 4. FORMULARY DRUG TREATMENT CODES<sup>1</sup>

The medications in the Formulary are intended for use in an inpatient or outpatient setting for immediate or short-term care. Clients in an outpatient setting who require long-term therapy with any medication should have a prescription sent to the retail pharmacy of the client's choice.

The following are the treatment codes adapted for use in all Government of Nunavut Health Centres.

**A = CHN initiated, based on nurse assessment of patient (maximum duration ONE MONTH)**

GN medication stock coded as "A" may be dispensed by a CHN for up to a maximum of 30 days. If a patient is to be treated for more than 30 days, a prescription must be written, directed to a retail pharmacy, and delivered to the patient within the first 30 days.

**B = Physician or Nurse Practitioner initiated, based on consultation with MD or NP (maximum duration TWO WEEKS)**

GN medication stock coded as "B" may be dispensed by a CHN for treatment that must be started immediately and for up to a maximum of 14 days.

The physician or nurse practitioner must write a prescription at the time of consultation and direct it to a retail pharmacy for processing when:

1. Treatment can wait until the patient receives the medication from the retail pharmacy.
2. A medication is required for longer than 14 days.

**B+ =** In an emergency situation where an immediate urgent and critical health concern may seriously endanger or threaten the life, health or safety of the client **and** where immediate access to a physician/dentist/nurse practitioner is not available, CHNs are authorized to administer **a maximum of one dose** of a controlled substance, pending communication with a physician/dentist/nurse practitioner if the following criteria are present:

1. The CHN has the knowledge, skill and judgement to determine whether the client's condition warrants the use of a controlled substance;
2. The CHN knows the risks and benefits to the client; and
3. The CHN can reasonably predict the outcome.

**C = CHN may initiate one course**

GN medication stock coded as “C” may be dispensed by a CHN for up to a maximum of 14 days. If the patient’s symptoms recur, the condition does not resolve or first-line therapy fails, a physician must be consulted.

If a patient is to be treated for more than 14 days, a prescription must be written, directed to a retail pharmacy, and delivered to the patient within the first 14 days.

**D = CHN may initiate one dose**

GN medication stock coded as “D” may be dispensed by a CHN for ONE DOSE. The CHN must reassess the patient after the first dose and contact the MD if further treatment is required.

**D+ = CHN may provide up to eight (8) tablets one time only**

If patient returns for the same condition, the CHN must consult with the MD or NP.

**Note:** this code applies only to Tylenol #3 and Codeine 15 mg tablets.

**4.1 Treatment Code EXCEPTIONS:**

MEDICATION	STANDARD TREATMENT CODE	TREATMENT CODE EXCEPTION
Amoxicillin/Clavulanate 875 mg/125 mg	<b>B</b>	<b>C</b> ⇨ For human and animal bites
Amoxicillin/Clavulanate 400 mg/57 mg/5 mL susp	<b>B</b>	<b>C</b> ⇨ For human and animal bites
Azithromycin 250 mg tab	<b>B</b>	<b>C</b> ⇨ For STIs
Azithromycin 200 mg/5 mL susp	<b>B</b>	<b>C</b> ⇨ For STIs
Calcium Gluconate 1,000 mg/10 mL inj vial	<b>B</b>	<b>D</b> ⇨ For emergency use in Magnesium Sulfate or Calcium Channel Blocker toxicity
Cefixime 400 mg tab	<b>B</b>	<b>D</b> ⇨ For STIs
Lactulose 10 g/15 mL syrup	<b>A - LAXATIVE</b>	<b>B</b> ⇨ For other indication

## 4.2 Products available through the Stores Department

The following products are available through the **Stores Department**:

Product	FNIHB Treatment Code
Aerochamber Adult Mouthpiece	A
Aerochamber Adult Mask	A
Aerochamber Child Mask	A
Aerochamber Infant Mask	A
Aveeno daily moisturizing bath (8 x 21 g packets)	
Bactigras (chlorhexidine acetate) 0.5% dressing 15 x 20 cm	A
Barriere (silicone) skin cream 50 g	
Calamine lotion 225 mL	A
Dermatologic base cream (Atlas Base) 450 g	A
Dexidin 0.5 Antiseptic Solution Colourless 500 mL (Chlorhexidine Gluconate 0.5%/Isopropyl Alcohol 70%)	
Dexidin 0.5 Antiseptic Solution Tinted 500 mL (Chlorhexidine Gluconate 0.5%/Isopropyl Alcohol 70%)	
Dexidin 2 Tinted Antiseptic Solution 450 mL (Chlorhexidine Gluconate 2%)	
Epsom Salt	
E-Z Lubricating Jelly 5 g	
Friar's Balsam (Compound Benzoin Tincture) 2/3 mL single use sterile	
Gastrolyte (Electrolyte and Dextrose Oral Powder) 10 x 4.9 g sachets	A
Glucose oral solution (Glucodex) 50 g	D
Glucose oral solution (Glucodex) 75 g	D
Histofreezer spray	
Hydralyte (Electrolyte Solution) 500 mL	A
Hydrogen peroxide 3% solution 450 mL	A
Instant Food Thickener	
Isopropyl Alcohol 70% 500 mL	
K-Y Jelly 113 g	
Lanolin cream (Triple Zero Lanolin) <b>**QGH ward only**</b>	A
Lemon Glycerin Swabsticks	
Pedialyte Freezer Pops	
PegLyte (polyethylene glycol + electrolyte solution) colonic lavage 280 g/4L jug	<b>B</b>
PegLyte (polyethylene glycol + electrolyte solution) colonic lavage 4 x 70 g sachets	<b>B</b>

## 4.2 Products available through the Stores Department (cont'd)

Product	FNIHB Treatment Code
Selenium Sulphide 2.5% shampoo (Selsun Blue) 200 mL	A
Sodium Chloride 0.9% 10 mL vial	A
Sodium Chloride 0.9% inhalation solution 5 mL	A
Sodium Chloride 0.9% irrigation bottle 1000 mL	A
Sodium phosphate enema (adult) (Fleet Enema)	A
Sodium phosphate enema (pediatric) (Fleet Enema)	B
Sterile water for injection 10 mL vial	A
Topical Skin Adhesive (SwiftSet)	
Vaseline Intensive Rescue Lotion 295 mL	
Vaseline 28 g tube	A
Vaseline ointment 375 g jar	A
Zinc oxide 15% cream (Zincofax, Zinaderm) 50 g	A

The following Small and Large Volume Intravenous (IV) Bags are available through the **Stores Department**:

Solution	Size
0.9% Sodium Chloride (Normal Saline; NS)	50 mL
	100 mL
	250 mL
	500 mL
	1000 mL
Dextrose 5% in Water (D5W)	50 mL
	100 mL
	500 mL
	1000 mL
Dextrose 10% in Water (D10W)	500 mL
Ringer's Lactate (RL)	500 mL
	1000 mL
3.3% Dextrose / 0.3% NaCl (2/3-1/3)	500 mL
	1000 mL
D5W / 0.45% NaCl (D5½NS)	1000 mL
D5W / 0.9% NaCl (D5NS)	500 mL

**Note:** Dextrose 5% in Water (D5W) 500 mL **PVC-free** is available from Pharmacy

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## 5. AUTHORITY TO ACCESS A GN MEDICATION ROOM

Authority to access a GN medication room is granted to the following health care professionals:

- Licensed Practical Nurses
- Midwives
- Nurse Practitioners
- Pharmacists
- Pharmacy Technicians/Assistants
- Physicians
- Registered Nurses
- Registered Psychiatric Nurses
- Registered Respiratory Therapists

Any other individual requiring access to a GN medication room may do so only under the direct supervision of one of the above listed health care professionals.

## 6. HEALTH CENTRE REFERENCES

GN Manuals/ Documents	Online Resources	Book Resources
<b>1. General References</b>		
Government of Nunavut Drug Formulary	Lexicomp®	Compendium of Pharmaceuticals and Specialties (CPS), published yearly
	UpToDate®	Compendium of Therapeutic Choices, published every 2-3 years
		Parenteral Drug Therapy Manual, The Ottawa Hospital, published yearly
		The Ottawa Hospital Infusion Charts (last published February 2014; Nunavut-specific infusion charts to be created)
<b>2. Emergency Courses/Manuals</b>		
		ACLS (Advanced Cardiovascular Life Support)
		ENPC (Emergency Nursing Pediatric Course)
		NRP (Neonatal Resuscitation Program)
		PALS (Paediatric Advanced Life Support)
<b>3. First Nations and Inuit Health Branch (FNIHB) and Non-insured Health Benefits (NIHB)</b>		
	FNIHB Adult and Pediatric Clinical Practice Guidelines for Nurses in Primary Care OneHealth Web Portal (coming soon)	
	NIHB Drug Benefit List <a href="https://www.sac-isc.gc.ca/eng/1572888328565/1572888420703">https://www.sac-isc.gc.ca/eng/1572888328565/1572888420703</a>	
<b>4. Immunization</b>		
Nunavut Immunization Manual <a href="https://www.gov.nu.ca/health/information/manuals-guidelines">https://www.gov.nu.ca/health/information/manuals-guidelines</a>	Canadian Immunization Guide <a href="https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html">https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html</a>	
<b>5. Infectious Diseases</b>		
Nunavut Communicable Disease Manual <a href="https://www.gov.nu.ca/health/information/manuals-guidelines">https://www.gov.nu.ca/health/information/manuals-guidelines</a>	Bugs and Drugs <a href="http://www.bugsanddrugs.org/">http://www.bugsanddrugs.org/</a> Also available as a free app.	Anti-infective Guidelines for Community-acquired Infections, 2019 Edition (or most recent). Also available as an app (\$).



GN Manuals/ Documents	Online Resources	Book Resources
<b>6. Obstetrics and Contraception</b>		
	Johns Hopkins Family Planning Handbook <a href="https://www.fphandbook.org/">https://www.fphandbook.org/</a>	Advances in Labour and Risk Management (ALARM) Course Manual
	Medical eligibility criteria for contraceptive use (World Health Organization) <a href="https://www.who.int/publications/i/item/9789241549158">https://www.who.int/publications/i/item/9789241549158</a>	
	Sex & U (an initiative of the Society of Obstetricians and Gynaecologists of Canada) <a href="https://www.sexandu.ca/">https://www.sexandu.ca/</a>	
	US Medical Eligibility Criteria for Contraceptive Use (Centers for Disease Control and Prevention) <i>Full document:</i> <a href="https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf">https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf</a> <i>Summary Chart:</i> <a href="https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria_508tagged.pdf">https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria_508tagged.pdf</a> Also available as a free app (US MEC CDC).	
<b>7. Palliative Care</b>		
	Canadian Virtual Hospice <a href="https://www.virtualhospice.ca">https://www.virtualhospice.ca</a> Section for Professionals – Quick Consults – Medications	
<b>8. Pediatrics</b>		
	CHEO Outreach <a href="https://outreach.cheo.on.ca/">https://outreach.cheo.on.ca/</a> Includes: Pediatric Parenteral Manual, Neonatal Drug Therapy Manual and IV Drug Calculator (for IV infusion rates) Pedi STAT app Quick drug dose reference for pediatric emergency and critical care. The Hospital for Sick Children Electronic Formulary available through Lexicomp	

GN Manuals/ Documents	Online Resources	Book Resources
<b>9. Pregnancy and Lactation</b>		
	Drugs and Lactation Database (LactMed) <a href="https://www.ncbi.nlm.nih.gov/books/NBK501922/">https://www.ncbi.nlm.nih.gov/books/NBK501922/</a> Drugs in Pregnancy and Lactation: A Reference Guide to Fetal and Neonatal Risk by Gerald Briggs, available through Lexicomp.	Medications and Mother’s Milk by Thomas Hale, published every two years. Also available as an app (\$).
<b>10. Additional Contact Numbers</b>		
British Columbia Centre for Excellence in HIV/AIDS Monday to Friday 0800 – 1700 Tel: 1-604-806-8429 After hours and weekends Tel: 1-604-341-1410		
Ontario Poison Centre (OPC) 1-866-913-7897 (Nunavut-specific line)		
Ottawa Valley Regional Drug Information Service (OVRDIS) 1-800-267-4707 option #2 Monday to Friday 8:30 am to 5:00 pm (closed weekends and statutory holidays)		

Please contact your Regional Nurse Educator or Director of Health Programs to order the required references.

**P & T COMMITTEE  
APPROVED  
DRUG-RELATED  
POLICIES / GUIDELINES**

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## 7. MEDICATION POLICIES AND PROCEDURES

## 7.1 Standard Medication Administration Schedule

	0200	0300	0400	0600	0800	0900	1000	1200	1400	1500	1600	1700	1800	2000	2100	2200	2400
daily / qam							X										
qpm / qhs																X	
bid / q12h							X									X	
tid with meals					X			X				X					
tid before meals					0730			1130				1630					
tid after meals					0830			1230				1730					
tid / q8h				X					X							X	
qid / q6h				X				X					X				X
5 x daily					X			X			X			X			X
q4h	X			X			X		X				X			X	
q3h		X		X		X		X		X			X		X		X
q2h	X		X	X	X		X	X	X		X		X	X		X	X

**Exceptions:**

- Antibiotics** (e.g., gentamicin – ordered q24h, calculated from time of administration of first dose).
- Low Molecular Weight Heparin** (e.g., enoxaparin – ordered q24h, calculated from time of administration of first dose).
- Furosemide** twice daily – administered at 0800hr and 1400hr.
- Oral nitrates** ordered tid – give at meal time.
- Oral Hypoglycemic agents** (e.g., acarbose, gliclazide, glyBURIDE, metFORMIN, rosiglitazone, SItagliptin) – give at meal time.
- Insulins**
  - Insulin Lispro [Humalog®] and Insulin Aspart [NovoRapid®] – to be administered immediately before a meal.
  - Insulin Regular and Insulin 30/70 – to be administered 30 minutes before a meal.
- Proton Pump Inhibitors** (e.g., lansoprazole, pantoprazole) – ordered daily, given 30 minutes prior to breakfast and ordered twice daily, given 30 minutes prior to breakfast and 30 minutes prior to supper.
- Anti-inflammatories (e.g., naproxen), steroids (e.g., prednisone)** ordered PO – to be given with a meal.
- Levothyroxine** – to be given 1 hour prior to breakfast or in the same manner (with respect to food and other medications) as the patient has been taking at home.
- Tuberculosis medications** – to be given at 10:00 (in between breakfast and lunch); when initially ordered, give immediately and continue at 10:00 daily thereafter.

\*\* This information is to be used as a guide and may require modification for individual patient's needs. Use clinical judgement and obtain advice from pharmacy if needed \*\*

## 7.2 Automatic Therapeutic Substitutions

### Class Groupings:

#### Benzodiazepines

DRUG	SUBSTITUTION
Clorazepate 7.5 mg Flurazepam 15 mg	Diazepam 5 mg
Bromazepam 3 mg Temazepam 15 mg Triazolam 0.25 mg	Oxazepam 15 mg
Chlordiazepoxide PO	Lorazepam PO at 1/10 the original chlordiazepoxide dose <b>Example:</b> Chlordiazepoxide 10 mg ⇨ Lorazepam 1 mg
Nitrazepam PO	Lorazepam PO at 1/5 the original nitrazepam dose <b>Example:</b> Nitrazepam 5 mg ⇨ Lorazepam 1 mg

#### Oral H<sub>2</sub>-Receptor Antagonists (H<sub>2</sub>RAs)

DRUG	SUBSTITUTION
Cimetidine PO < 800 mg/day	Ranitidine PO 150 mg/day
Cimetidine PO 800-1200 mg/day Famotidine PO 40 mg/day Nizatidine PO 300 mg/day	Ranitidine PO 300 mg/day

#### Proton Pump Inhibitors (PPIs)

DRUG	SUBSTITUTION
Dexlansoprazole 60 mg daily or BID Esomeprazole 40 mg daily or BID Omeprazole 20 mg/40 mg daily or BID Rabeprazole 20 mg daily or BID	Pantoprazole 40 mg daily or BID if <b>NO</b> enteral tube <u>OR</u> Lansoprazole 30 mg FasTab daily or BID if enteral tube and cannot tolerate PO medications
Lansoprazole 30 mg FasTab in patients who can tolerate food or PO medications	Pantoprazole 40 mg
Pantoprazole 40 mg in patients with an enteral tube and cannot tolerate PO medications	Lansoprazole 30 mg FasTab

DRUG	SUBSTITUTION
Acetaminophen extended release 650 mg po q8h (Tylenol Arthritis Extended Relief®)	Acetaminophen regular tab 325 mg po q4h
Ampicillin 500 mg po q6h	Amoxicillin 250 mg po q8h
Antacid (any order)	Antacid stocked by Pharmacy
Artificial Tears (any order)	Carboxymethylcellulose 0.5% (Isopto Tears®) Eye Drops
Bismuth subsalicylate 524 mg (2 tabs)	Bismuth subsalicylate suspension 528 mg/30 mL
Calcium Citrate	Calcium Carbonate at the same dose of elemental calcium (e.g., 950 mg Calcium Citrate = 500 mg Calcium Carbonate = 200 mg elemental Calcium)
CeFAZolin IV more frequently than q8h	CeFAZolin IV minimum interval q8h
Cefotaxime 1 g IV q8h (or less frequent due to renal dysfunction)	CefTRIAxone 1 g IV q24h (Exception: in Neonates < 6 weeks of age)
Cefotaxime 2 g IV q8h (or less frequent due to renal dysfunction)	CefTRIAxone 2 g IV q24h (Exception: in Neonates < 6 weeks of age)
Cefotaxime 2 g IV q6h (or less frequently due to renal dysfunction) for the management of meningitis	CefTRIAxone 2 g IV q12h (Exception: in Neonates < 6 weeks of age)
CefTAZidime IV more frequent than q8h	CefTAZidime IV minimum interval q8h (Exception: CF patients)
Ciclesonide Inhaler 200 mcg once daily (Alvesco®)	Fluticasone Inhaler 125 mcg per metered dose twice daily
Ciprofloxacin XL once daily	Ciprofloxacin regular release bid (for the same total daily dose)
Clindamycin IV more frequently than q8h	Clindamycin IV minimum interval q8h
Clotrimazole 200 mg vaginal insert x 3 days	Clotrimazole 500 mg vaginal insert x 1 day (for vaginitis only)
Combivent 1 nebule	Salbutamol 2.5 mg nebule + ipratropium 0.5 mg nebule
Combivent Respimat 1 puff	Salbutamol 100 mcg MDI 1 puff + ipratropium 20 mcg MDI 1 puff
Diclofenac	Naproxen as indicated below: 25 mg TID ⇔ 125 mg TID 50 mg TID or 75 mg BID ⇔ 250 mg TID 100 mg supp ⇔ 500 mg supp
DilTIAZem ER (Tiazac®)	DilTIAZem CD (Cardizem®) at the same dose
DilTIAZem XC (Tiazac XC®)	DilTIAZem CD at the same dose
Ditropan XL once daily	Oxybutynin regular release bid (for the same total daily dose)

DRUG	SUBSTITUTION
Eplerenone	Spirolactone at the same dose
Fluticasone Nasal Spray (Flonase®) 100 mcg in each nostril once daily	Beclomethasone Nasal Spray 50 mcg, 2 sprays in each nostril bid
Fusidic Acid ointment or cream	Mupirocin (Bactroban®) ointment or cream
Gentamicin 0.3% ophth drops and ointment	Tobramycin 0.3% ophth drops and ointment
Gentamicin/Betamethasone ophth (Garasone®)	Tobramycin/Dexamethasone ophth (Tobradex®)
Imipenem 500 mg q6h	Meropenem 500 mg q6h
Ketoconazole topical	Clotrimazole topical
Loratadine 10 mg once daily	Cetirizine 10 mg once daily
MetFORMIN long acting once daily (Glumetza®)	MetFORMIN regular release bid (for the same total daily dose)
Meropenem 1 g IV q8h or 1 g IV q6h	Meropenem 500 mg IV q6h (exception: meningitis)
Metoprolol LA or SR once daily	Metoprolol regular release bid (for the same total daily dose)
MetroNIDAZOLE more frequent than q8h	MetroNIDAZOLE minimum interval q8h
Miconazole topical	Clotrimazole topical equivalent dose
Mineral oil & Magnesium Hydroxide (Magnolax®)	Magnesium Hydroxide
Mometasone Furoate 50 mcg Nasal Spray (Nasonex®) 2 sprays in each nostril once daily or 1 spray in each nostril bid	Beclomethasone 50 mcg Nasal Spray, 2 sprays in each nostril bid
MS-Contin® (long acting morphine)	M-Eslon® (long-acting morphine) at same dose
Mupirocin (Bactroban®) ointment for intranasal use	Mupirocin (Bactroban®) cream
Norfloxacin 400 mg po bid	Ciprofloxacin 250 mg po bid
Nystatin suspension any dosage (adult)	Nystatin suspension 500,000 units po qid
Oxybutinin XL (Ditropan XL®)	Oxybutinin regular release bid (for the same total daily dose)
Pancrelipase (Cotazym®) no strength ordered	Pancrelipase EC (Cotazym® ECS 8) 10,800 units lipase activity/ 42,000 units amylase activity/ 45,000 units protease activity
Pantoprazole magnesium (Tecta®) 40 mg	Pantoprazole sodium (Pantoloc®) 40 mg
PARoxetine CR (Paxil® CR) 12.5 mg once daily	PARoxetine regular release (Paxil®) 10 mg once daily
PARoxetine CR (Paxil® CR) 25 mg once daily	PARoxetine regular release (Paxil®) 20 mg once daily
Penicillin G 500,000 units po	Penicillin V 300 mg po
Piperacillin/Tazobactam IV more frequent than q6h	Piperacillin/Tazobactam IV minimum interval q6h (Exception: CF patients)



DRUG	SUBSTITUTION
PredniSONE suspension	PrednisoLONE liquid equivalent dose
Terbutaline Inhaler 500 mcg (Bricanyl®)	Salbutamol 100 mcg Inhaler 2 puffs
Terconazole topical	Clotrimazole topical equivalent dose
Throat Lozenges (any order)	Cetylpyridium Chloride (Cepacol®) Lozenges
Timolol XE 0.5% (Timoptic XE®) eye drops once daily	Timolol 0.5% eye drops bid
Valproic Acid caps (Depakene®)	Divalproex Sodium (Epival®)

## 7.3 Prescribing Restrictions on Drugs

DRUG	RESTRICTION
Alteplase	Restricted to: <ol style="list-style-type: none"> <li>1. Acute stroke when initiated within 4.5 hrs of symptom onset (Activase® rt-PA; QGH only).</li> <li>2. Thrombolysis of peripheral artery or catheter occlusion (Cathflo®).</li> </ol>
Amikacin	Restricted to treatment of drug-resistant TB.
Artesunate IV	Restricted to the treatment of severe and complicated malaria and for malaria patients who are not able to take oral therapy in consultation with an Infectious Disease Specialist.
Cefotaxime	Restricted for treatment of infections in neonates < 6 weeks of age.
CefTAZidime	Restricted to treatment of proven or highly suspected Pseudomonas infections (e.g., cystic fibrosis, bronchiectasis patients) when used in combination with another agent.
Celecoxib	Restricted to use in patients 18 years of age and older.
Cisatracurium IV	Restricted to use by Anaesthesia.
DexMEDEtomidine IV	Restricted to use by Anaesthesia in the OR.
Ertapenem IV	Ertapenem is restricted to use when: <ol style="list-style-type: none"> <li>1. It has been recommended by an Infectious Disease specialist, OR</li> <li>2. The patient requires carbapenem therapy as an outpatient.</li> </ol>
Erythromycin IV	Restricted to: <ol style="list-style-type: none"> <li>1. Neonates</li> <li>2. Labour and Delivery</li> <li>3. Treatment of gastrointestinal dysmotility in consultation with critical care.</li> </ol>
Etomidate	Restricted to the Emergency Department and Operating Room for rapid sequence intubation in hemodynamically unstable patients.
Fluconazole IV	Fluconazole IV is reserved for patients unable to take oral fluconazole and who meet one of the following indications: <ol style="list-style-type: none"> <li>1. Documented or highly suspected candida infections;</li> <li>2. Empiric treatment of symptomatic patients at high risk of disseminated candidiasis/candidemia (ICU patients, high risk surgical patients, renal failure, central lines, extended use of antimicrobials) AND having positive cultures from 3 sites;</li> <li>3. Treatment of candidemia for susceptible strains;</li> <li>4. Treatment of hepatosplenic candidiasis;</li> <li>5. Alternative to nystatin for the treatment of mucocutaneous candidiasis, because of lack of efficacy, or intolerance;</li> <li>6. Treatment of candiduria in patients with symptoms of pyelonephritis (usually ICU or immunocompromised patients);</li> </ol>

DRUG	RESTRICTION
Fluconazole IV (cont'd)	<p>7. Treatment of respiratory or cutaneous cryptococcal infection as well as meningeal disease following the initial induction phase.</p> <p>Fluconazole IV is NOT indicated for positive single site culture in any asymptomatic patient (e.g., sputum culture, urine culture in a catheterized patient).</p>
Ketamine	Restricted to ER, Anesthesia, Critical Care, Palliative Care and Acute Pain Service.
Ketorolac	Therapy to be reassessed after 48 hours.
Lansoprazole FasTab	Restricted to patients with an enteral tube and cannot take po medications.
Lansoprazole 30 mg capsules	For the preparation of lansoprazole oral suspension.
LevoFLOxacin	<p>Restricted to:</p> <p>When other first-line therapies have failed or are contraindicated and there is absolutely no suspicion of TB.</p>
Meropenem	<p>Restricted to:</p> <ol style="list-style-type: none"> <li>1. Suspected or proven polymicrobial infection when combination therapy with other antibiotics or piperacillin-tazobactam monotherapy is not desirable because organism is documented or likely resistant to all alternatives, risk of toxicity with aminoglycosides, or clinical failure;</li> <li>2. Infection involving an organism documented or likely resistant to all alternatives;</li> <li>3. Extremely ill patient with previous multiple courses of antibiotics.</li> </ol>
Moxifloxacin PO	Restricted to use in the treatment of tuberculosis.
OLANzapine Injection	Restricted to psychiatry patients in Emergency and Inpatient Units in patients who are not candidates to receive the standard combination of haloperidol and LORazepam. Not to be used in elderly demented patients as per Health Canada warning.

DRUG	RESTRICTION
Piperacillin and Tazobactam	Restricted to: <ol style="list-style-type: none"> <li>1. Treatment of suspected or proven polymicrobial infection when combination therapy with other antibiotics is not desirable because organisms are documented or likely resistant to more narrow spectrum antibiotics or risk of toxicity with aminoglycosides;</li> <li>2. Therapy of febrile neutropenic episodes with or without aminoglycosides;</li> <li>3. Treatment of suspected or proven severe nosocomial pneumonia where organisms are documented or likely resistant to more narrow spectrum antibiotics.</li> </ol>
Quinine IV	Restricted to the treatment of severe and complicated malaria and for malaria patients who are not able to take oral therapy in consultation with an Infectious Disease Specialist.
RisperidONE Injectable	Restricted to inpatients who were previously on Risperidone injectable in the community or in consultation with a psychiatrist.
Sugammadex IV	Restricted to situations where reversal of rocuronium-induced neuromuscular blockade is not possible with neostigmine or if there is inadequate reversal with neostigmine.
Tenecteplase	Restricted to treatment of acute myocardial infarction.
Ulipristal (Ella®)	For use in place of Levonorgestrel (Plan B®) for: <ul style="list-style-type: none"> <li>• Women presenting 72-120 hours after unprotected intercourse or known/suspected contraceptive failure; or</li> <li>• Women with a BMI greater than or equal to 25.</li> </ul>
Vancomycin	Restricted to: <ol style="list-style-type: none"> <li>1. Treatment of serious infections due to beta-lactam resistant gram-positive organisms;</li> <li>2. Treatment of infections due to gram-positive organisms in patients with serious allergy to beta-lactam antibiotics;</li> <li>3. Empiric treatment pending susceptibility for <i>Staphylococcus aureus</i> identified from a sterile site;</li> <li>4. Empiric therapy for infections in which <i>Staphylococcus aureus</i> is suspected AND patient presents with severe disease (e.g., sepsis, necrotizing pneumonia, etc);</li> <li>5. Empiric therapy of bacterial meningitis (in combination with ceftriaxone/cefotaxime +/- ampicillin);</li> <li>6. Surgical prophylaxis in patients with a life-threatening allergy to beta-lactam antibiotics or known MRSA colonization;</li> <li>7. Empiric treatment of febrile neutropenic patients with evidence of a gram-positive infection (e.g., inflamed IV site);</li> </ol>

DRUG	RESTRICTION
	<p data-bbox="553 275 1338 344">8. Vancomycin PO: For the treatment of <i>Clostridium difficile</i> infection.</p> <p data-bbox="506 392 1146 422"><b>Situations where vancomycin use is discouraged:</b></p> <ol data-bbox="553 432 1421 888" style="list-style-type: none"><li data-bbox="553 432 1365 501">1. Surgical prophylaxis other than in life-threatening allergy to beta-lactam antibiotic;</li><li data-bbox="553 510 1235 539">2. Empiric therapy for a febrile neutropenic patient;</li><li data-bbox="553 548 1398 617">3. Treatment in response to a single blood culture for coagulase-negative staphylococcus;</li><li data-bbox="553 625 1365 695">4. Continued empiric use when cultures are negative for beta-lactam resistant gram-positive organisms;</li><li data-bbox="553 703 1284 732">5. Routine prophylaxis for very low birth weight infants;</li><li data-bbox="553 741 1421 848">6. Treatment (chosen for dosing convenience) of infections due to beta-lactam sensitive gram-positive organisms in patients with renal failure;</li><li data-bbox="553 856 1117 888">7. Use for topical applications or irrigation.</li></ol>

## 8. SAFE MEDICATION PRACTICES

### 8.1 Acceptable Abbreviations, Symbols and Dose Designations

ABBREV	MEANING	ABBREV	MEANING
<b>ac</b>	Before meals	<b>NPO</b>	Nothing by mouth
<b>bid</b>	Twice daily	<b>NS</b>	Normal saline
<b>cm</b>	Centimeter(s)	<b>NSAID</b>	Nonsteroidal anti-inflammatory drugs
<b>EC</b>	Enteric coated	<b>ophth</b>	Ophthalmic (for eye)
<b>g/gm</b>	Gram(s)	<b>otic</b>	For ear
<b>G-Tube</b>	Gastronomy tube	<b>pc</b>	After meals
<b>hs</b>	At bedtime	<b>PEG</b>	Percutaneous endoscopic gastrostomy
<b>IM</b>	Intramuscular	<b>PEJ</b>	Percutaneous endoscopic jejunostomy
<b>IV</b>	Intravenous	<b>PICC</b>	Peripherally inserted central line
<b>J-Tube</b>	Jejunostomy tube	<b>po</b>	By mouth
<b>KCl</b>	Potassium chloride	<b>pr</b>	Per rectum/rectally
<b>kg</b>	Kilogram(s)	<b>prn</b>	As needed
<b>kJ</b>	Kilojoule(s)	<b>qid</b>	Four times daily
<b>L</b>	Litre(s)	<b>q( )h</b>	Every ( ) hour(s)
<b>mcg</b>	Microgram(s)	<b>qam</b>	Every morning
<b>MDI</b>	Metered dose inhaler	<b>qhs</b>	Every night at bedtime
<b>mEq</b>	Milliequivalent(s)	<b>qs</b>	A sufficient quantity
<b>mg</b>	Milligram(s)	<b>Rx</b>	Prescription
<b>mL</b>	Milliliter(s)	<b>stat</b>	At once (give within 30 mins)
<b>mmol</b>	Millimole(s)	<b>supp</b>	Suppository
<b>NaCl</b>	Sodium chloride	<b>susp</b>	Suspension
<b>NaHCO<sub>3</sub></b>	Sodium bicarbonate	<b>sc</b>	Subcutaneous
<b>neb</b>	Nebule	<b>sl</b>	Sublingual
<b>NG</b>	Nasogastric	<b>tid</b>	Three times daily
<b>NKA</b>	No known allergies	<b>ung</b>	Ointment
<b>NKDA</b>	No known drug allergies	<b>VO</b>	Verbal order

Please refer to the Government of Nunavut Community Health Nursing Standards, Policies and Guidelines 2011 (Reformatted 2018) for additional abbreviations and acronyms used in clinical documentation.

## 8.2 Do Not Use

Abbreviation	Intended meaning	Problem	Correction
U	unit	Mistaken for “0”, “4”, or cc.	Use “unit”
IU	international unit	Mistaken for “IV” or “10”.	Use “unit”
<b>Abbreviations for drug names</b>		Misinterpreted because of similar abbreviations for multiple drugs; e.g., MS, MSO4 (morphine sulfate), MgSO4 (magnesium sulfate) may be confused with one another.	Do not use abbreviated drug names.
<b>QD</b> <b>QOD</b>	every day every other day	QD and QOD have been mistaken for each other, or as “qid”. The Q has also been interpreted as “2”.	Use “daily” or “q24h” Use “every other day” or “q48h”.
<b>OD</b>	every day	Mistaken for “right eye”.	Use “daily”
<b>AS, AD, AU</b>	left ear, right ear, both ears	May be confused with one another.	Use “left ear”, “right ear” or “both ears”.
<b>OS, OD, OU</b>	left eye, right eye, both eyes	May be confused with one another.	Use “left eye”, “right eye” or “both eyes”.
<b>D/C</b>	discharge or discontinue	Misinterpreted for each other.	Use “discharge” and “discontinue”.
<b>cc</b>	cubic centimeter	Mistaken for U (units)	Use “mL”.
<b>µg</b>	microgram	Mistaken for “mg” resulting in one-thousand-fold overdose.	Use “mcg”
<b>d</b>	days	Mistaken for “dose”.	Use “days”.
Symbol	Intended Meaning	Potential Problem	Correction
@	at	Mistaken for “2” or “5”.	Use “at”.
> <	greater than less than	Mistaken for “7” or the letter “L”. Confused with each other.	Use “greater than/more than” or “less than/lower than”.
Dose Designation	Intended Meaning	Potential Problem	Correction
<b>Trailing zero</b>	χ.0 mg	Decimal point is overlooked resulting in 10-fold dose error.	Never use a zero by itself after the decimal point. Use “χ mg”.
<b>Lack of leading zero</b>	.χ mg	Decimal point is overlooked resulting in 10-fold dose error.	Always use a zero before a decimal point. Use “0.χ mg”.

Adapted from ISMP’s List of Error-Prone Abbreviations, Symbols, and Dose Designations 2015.

### **8.3 High-Alert Medications**

See pages 41-49 for Policy and Procedure for High-Alert Medications



# DEPARTMENT OF HEALTH GOVERNMENT OF NUNAVUT

## Policy and Procedure for High-Alert Medications

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### 1. POLICY STATEMENT

The Government of Nunavut (GN) is committed to ensuring safe medication practices are followed for high-alert medications. The GN will ensure safeguards are followed for prescribing, preparing, dispensing, administering, monitoring and documenting high-alert medications as outlined in this policy.

The Pharmacy and Therapeutics Committee is responsible for the development and maintenance of the High-Alert Medications Policy. The Territorial Director of Pharmacy and the Directors of Health Programs are responsible for ensuring that the policy is implemented in all GN Department of Health facilities.

### 2. DEFINITIONS

- 2.1. **High-Alert Medications:** Medications that have a higher risk of causing significant patient harm or fatality when used incorrectly. Heightened vigilance is required when preparing, handling, and administering these medications. They include but are not limited to: antithrombotic agents, adrenergic agents, chemotherapy agents, concentrated electrolytes, insulin, narcotics/opioids, and neuromuscular blocking agents (see Appendix A).
- 2.2. **Health Care Practitioner (HCP):** For the purpose of this policy, a HCP refers to any regulated health care provider whose legislated scope of practice includes authority to order and/or dispense and/or administer medications. This includes, but is not limited to nurses, pharmacists, and physicians.
- 2.3. **Independent Double-Check:** Following an initial verification by a HCP, a second HCP conducts an independent verification of the medication without any prior knowledge of the preparatory steps or calculations performed by the first practitioner. The independent double-check occurs prior to medication administration. The independent double-check is documented as a second signature on the patient's Medication Administration Record (MAR).
- 2.4. **Look Alike, Sound Alike (LASA):** Medications that are very close in appearance and/or pronunciation/spelling and have the potential to be mixed up. See Appendix B.

# DEPARTMENT OF HEALTH GOVERNMENT OF NUNAVUT

## Policy and Procedure for High-Alert Medications

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2.5. **Tall Man Lettering:** Bolded tall man (uppercase) letters of medication spelling used to help draw attention to the dissimilarities in look-alike drug names. For example, chlorpro**MAZINE** and chlorpro**PAMIDE**.

### 3. ALERTS

3.1. At any time, a HCP can request a second HCP to complete an independent double-check for ANY medication prior to administration.

3.2. All parenteral medications administered to pediatric patients (12 years of age and under) are considered high-alert and require an independent double-check (exception: vaccines administered as per the Nunavut Immunization Schedule).

3.3. All high-alert parenteral medications administered by infusion should be administered with an infusion pump.

3.4. Resources available for medication review/consultation include (but not limited to):

- a) The Ottawa Hospital Parenteral Drug Therapy Manual
- b) CHEO Neonatal Drug Therapy Manual
- c) CHEO Parenteral Manual
- d) CHEO Outreach website for access to the Drug Dosage Calculation Programs
- e) CPS/eCPS
- f) Lexicomp
- g) UpToDate
- h) A Pharmacist
- i) A Nurse Educator

3.5. Discuss any concerns regarding medications with the most appropriate HCP(s) prior to administration of the medication.

**Note:** Students cannot perform an independent double-check as they are not regulated health care providers. Students are permitted to prepare high-alert medications provided two HCPs complete the independent double-check prior to administration.

# DEPARTMENT OF HEALTH GOVERNMENT OF NUNAVUT

## Policy and Procedure for High-Alert Medications

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### 4. PROCEDURE

#### 4.1. Prescribing

- 4.1.1. IV/parenteral/epidural high-alert medications will only be prescribed in standard concentrations.
- 4.1.2. High-alert medications will be ordered using preprinted order sets, when available.

#### 4.2. Storage

- 4.2.1. Storage locations for high-alert medications in the pharmacy are clearly labelled with a “High-Alert” shelf label. Where there is potential for confusion between medications or concentrations, these drugs will be separated and “name alert” labels affixed, see High-Alert med list as outlined in Appendix A.
- 4.2.2. The number of concentrations and/or volume options available for all high-alert medications in patient care areas shall be limited.
- 4.2.3. High-alert medications shall not be stocked in patient care areas except as determined essential for timely or emergency patient care. An annual review by pharmacy staff will be completed to ensure that a minimal variety of high-alert medications are stocked.
  - Where stocking of a high-alert medication is required, approval will be obtained from the pharmacy or when required, the Pharmacy and Therapeutics committee, and appropriate risk mitigation strategies will be employed.
  - All requests to stock high-alert medications in a patient care area shall include a rationale/justification and proposed strategies to mitigate risk.
- 4.2.4. High-alert medications stocked in a patient care area will have distinct labelling to identify that it is a High-Alert agent. These drugs will be separated from regular stock and kept in a secure location.
- 4.2.5. Pharmacy staff will complete routine audits (minimum annually) for high-alert medications in patient care areas.

# DEPARTMENT OF HEALTH GOVERNMENT OF NUNAVUT

## Policy and Procedure for High-Alert Medications

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### 4.3. Dispensing

- 4.3.1. Wherever possible, clinical decision support alerts such as identification of and dose ranges for high-alert medications will be programmed into the pharmacy information system.
- 4.3.2. Commercially packaged pre-mixed solutions of high-alert medications will be used when possible.
- 4.3.3. The use of multi-dose vials in patient care areas will be minimized or eliminated where possible.
- 4.3.4. Patient care areas shall be notified by Pharmacy of changes in labelling or packaging of high-alert medications.

### 4.4. Labelling

- 4.4.1. A “High-Alert” auxiliary label will be added to select high-alert medications. Refer to Appendix A.
- 4.4.2. A “High-Alert/Risk Drug” warning is present in The Ottawa Hospital Parenteral Drug Therapy Manual monographs for parenterally administered high-alert medications.

### 4.5. Administration

- 4.5.1. An independent double-check will be performed before administering all high-alert medications (this includes any and all rate changes), as listed in Appendix A.
- 4.5.2. The following items are required for use in the independent double-check:
  - a) The original medication package or vial from which the medications were drawn (if prepared by RN).
  - b) The prescriber’s order and the patient’s medication administration record (MAR).
  - c) The final labelled medication syringe or bag.

# DEPARTMENT OF HEALTH GOVERNMENT OF NUNAVUT

## Policy and Procedure for High-Alert Medications

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- 4.5.3. Any discrepancies noted in the independent double-check must be resolved before the medication is administered. If required, a third practitioner may be asked to perform an independent check.
- 4.5.4. There are exceptions when independent double-checks do not need to be performed. These include:
- a) In emergency situations (e.g., Code Blue) where safety labelling and handling precautions would delay treatment and negatively impact care delivery. The practitioner administering the high-alert medications will announce aloud all drugs prior to administration.
  - b) In situations where an independent double-check is not feasible, practitioners are individually responsible for double-checking their own medication preparations and documenting accordingly (e.g., perioperative domain, one-nurse health centre).

### 4.6. Education

- 4.6.1. Initial orientation and ongoing education is provided to GN HCPs on the management of high-alert medications. This is provided in the format of memos and formal in-services.

### 4.7. Documentation

- 4.7.1. The independent double-check is documented on the MAR, or other corresponding medication administration records.
- 4.7.2. In situations where an independent double-check is not possible, the HCP will document that the independent double-check was not possible and the rationale/explanation in the integrated progress notes or other corresponding patient health record section.

## 5. APPENDICES

- 5.1. Appendix A: The Government of Nunavut High-Alert Medications  
5.2. Appendix B: Medications requiring “look alike sound alike” label

# DEPARTMENT OF HEALTH GOVERNMENT OF NUNAVUT

## Policy and Procedure for High-Alert Medications

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### 6. REFERENCES

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## Policy and Procedure for High-Alert Medications

### Appendix A: The Government of Nunavut High-Alert Medications List

Classification	On GN Drug Formulary	H	HC
Adrenergic agonists, IV	DOBUTamine 250 mg/20 mL inj vial DOPamine 400 mg/250 mL D5W inj bag ePHEDrine 50 mg/1 mL inj amp EPINEPHrine 1 mg/1 mL inj amp EPINEPHrine 1 mg/10 mL inj syr Isoproterenol 1 mg/5 mL inj vial Norepinephrine 4 mg/4 mL inj vial Phenylephrine 10 mg/1 mL inj vial	• • • • • • • •	- B B C D - B B
Adrenergic antagonists, IV	Esmolol 100 mg/10 mL inj vial Labetalol 100 mg/20 mL inj vial Metoprolol 5 mg/5 mL inj vial	• • •	- B B
Anesthetic Agents, general and IV	Etomidate 20 mg/10 mL inj vial Ketamine 20 mg/2 mL inj vial Ketamine 100 mg/2 mL inj vial Propofol 200 mg/20 mL inj vial Ropivacaine 100 mg/20 mL inj polyamp	• • • • •	- B B B -
Antiarrhythmics, IV	Adenosine 6 mg/2 mL inj syr Adenosine 12 mg/4 mL inj syr Adenosine 6 mg/4 mL inj vial Amiodarone 150 mg/3 mL inj vial Lidocaine 100 mg/5 mL inj syr Lidocaine 100 mg/5 mL inj amp Lidocaine 1,000 mg/250 mL D5W inj bag Procainamide 1,000 mg/10 mL inj vial	• • • • • • • •	B B B B B - B B
Antithrombotic agents <ul style="list-style-type: none"> <li>Anticoagulants, IV infusion or SC</li> </ul>	Enoxaparin 30 mg/0.3 mL inj syr Enoxaparin 40 mg/0.4 mL inj syr Enoxaparin 300 mg/3 mL inj vial Heparin 100 units/mL inj vial (10 mL) Heparin 1,000 units/mL inj vial (10 mL) Heparin 5,000 units/0.5 mL inj syr Heparin 25,000 units/250 mL D5W inj bag	• • • • • • •	- - B - - - -
Antithrombotic agents <ul style="list-style-type: none"> <li>Oral anticoagulants, direct oral anticoagulants and factor Xa inhibitors</li> </ul>	Apixaban 2.5 mg and 5 mg tabs Dabigatran 150 mg cap Rivaroxaban 15 mg and 20 mg tabs Warfarin 1 mg, 2 mg and 5 mg tabs	• • • •	- - - B
Antithrombotic agents <ul style="list-style-type: none"> <li>Thrombolytics</li> </ul>	Alteplase 100 mg/vial inj Tenecteplase 50 mg/vial inj	• •	- B

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Classification	On GN Drug Formulary	H	HC
Chemotherapeutic agents (oral and parenteral); when used for the treatment of cancer or non-cancer indications	Methotrexate 2.5 mg tab Methotrexate pre-filled syringes (7.5 mg, 10 mg, 15 mg, 20 mg and 25 mg)	• •	- -
Concentrated electrolytes, IV infusion	Calcium Chloride 1,000 mg/10 mL inj syr Calcium Gluconate 1,000 mg/10 mL inj vial Magnesium Sulfate 5,000 mg/10 mL inj vial Potassium Acetate 100 mmol/50 mL inj vial Potassium Chloride 10 mmol in 100 mL sterile water Potassium Phosphate 30 mmol/10 mL inj vial Sodium Chloride 3% infusion bag (250 mL) Sodium Chloride 4 mmol/mL inj vial (30 mL) Sodium Phosphate 30 mmol/10 mL inj vial	• • • • • • • • •	B B/D B - - - - - -
Dextrose	Dextrose 50% inj syr (25 g/50 mL)	•	D
Inotropic medications, IV	Digoxin 0.5 mg/2 mL inj amp Milrinone 10 mg/10 mL inj vial	• •	- -
Insulin; all routes and types where dose is withdrawn from vials and pens (Exception: patients self-administering with a pen)	Insulin Aspart 100 units/mL inj vial Insulin Detemir 100 units/mL inj penfill Insulin Glargine 100 units/mL inj vial Insulin Human NPH 100 units/mL inj vial Insulin Human Regular 100 units/mL inj vial Insulin Human Reg/NPH 30/70 100 units/mL inj vial Insulin Lispro 100 units/mL inj vial	• • • • • • •	B - B B B B -
Moderate sedation agents, IV	Dexmedetomidine 200 mcg/2 mL inj vial Midazolam 5 mg/5 mL inj vial Midazolam 10 mg/2 mL inj vial Midazolam 50 mg/10 mL inj vial	• • • •	- - B -
Moderate and minimal sedation agents, oral, for children	Chloral hydrate 100 mg/mL liquid Ketamine 20 mg/2 mL inj vial Ketamine 100 mg/2 mL inj vial Midazolam 5 mg/5 mL inj vial Midazolam 10 mg/2 mL inj vial Midazolam 50 mg/10 mL inj vial	• • • • • •	- B B - B -
Neuromuscular blocking agents	Cisatracurium 20 mg/10 mL inj vial Rocuronium 50 mg/5 mL inj vial Succinylcholine 400 mg/20 mL inj vial	• • •	- B B



# DEPARTMENT OF HEALTH GOVERNMENT OF NUNAVUT

## Policy and Procedure for High-Alert Medications

Classification	On GN Drug Formulary	H	HC
Opioids <ul style="list-style-type: none"> <li>When given by intravenous or subcutaneous infusion</li> </ul>	FentaNYL 100 mcg/2 mL inj vial FentaNYL 250 mcg/5 mL inj vial FentaNYL 1 mg/20 mL inj vial HYDROmorphine 2 mg/1 mL inj amp HYDROmorphine 10 mg/1 mL inj vial Morphine 10 mg/1 mL inj amp Morphine 50 mg/1 mL inj vial Nalbuphine 10 mg/1 mL inj amp Remifentanil 1 mg/vial inj	• • • • • • • • •	B - - - - B+ - - -
Opioids <ul style="list-style-type: none"> <li>Transdermal</li> </ul>	FentaNYL transdermal patch 12 mcg/hr FentaNYL transdermal patch 25 mcg/hr FentaNYL transdermal patch 50 mcg/hr FentaNYL transdermal patch 75 mcg/hr FentaNYL transdermal patch 100 mcg/hr	• • • • •	- - - - -
Other Medications	Alprostadil 500 mcg/1 mL inj amp Iloprost 50 mcg/0.5 mL amp Mannitol 20%, 500 mL inj bag Vasopressin 20 units/1 mL inj vial	• • • •	- - B B

### Appendix B: Medications requiring the “look alike sound alike” label

ARIPiprazole 5 mg tab	and	Apixaban 5 mg tab
Bisacodyl 5 mg tab	and	Bisoprolol 5 mg tab
Cefuroxime tabs	and	Cephalexin tabs
CeFAZolin	and	CefOXitin CefTAZidime CeftRIAXone
DimenhyDRINATE	and	DiphenhydrAMINE
LevETIRAcetam tabs	and	LevoFLOXacin tabs
MetFORMIN tabs	and	MetroNIDAZOLE tabs/caps
RifAMPin	and	Rifapentine
Solu-CORTEF inj	and	SOLU-Medrol inj
SOLU-Medrol inj	and	DEPO-Medrol inj
Valsartan 80 mg tab	and	Verapamil 80 mg tab

## 8.4 Patient's Own Medications (Hospital-specific policy)

### 1.0 POLICY STATEMENT

1.1 To ensure safe medication administration, the use of patient's own medications while admitted to hospital is restricted.

### 2.0 DEFINITIONS

2.1 **Patient's Own Medications:** Any product containing a medicinal ingredient that has not been dispensed by the hospital pharmacy department.

### 3.0 PRINCIPLES

3.1 Use of a patient's own medication(s) is to be avoided while in hospital. The pharmacist, physician and nurse will work together to find a suitable alternative from the drug formulary.

3.2 A patient's own medication(s) may only be used if the physician orders a non-formulary medication and there is no suitable alternative. In this case, the following requirements **MUST BE MET:**

3.2.1 The product is identified by a physician/nurse/pharmacist, in a clearly labeled individual container, dispensed from a commercial pharmacy or re-packaged by the onsite pharmacist.

If there is any doubt as to the identity of the medication (i.e., if the medication is in a blister pack), verification should be done by the pharmacist prior to administration.

In the event that identification by a pharmacist is delayed or there are handling restrictions (i.e., cytotoxic medications), the physician can order that the patient may "self-administer" their medication(s) with direct observation from the nurse and documentation accordingly.

3.2.2 The product may be used legally in Canada.

3.2.3 The integrity of the product has not been compromised, e.g., frozen liquids.

3.2.4 The patient has sufficient supply.

3.3 Physician orders stating may use "patient's own medication" must include drug, dose, route, frequency, directions for use and duration of therapy, if applicable.

- 3.4 The patient's own medication will be administered and charted in the same manner as if the medication were supplied by the pharmacy department, with the patient's MAR (medication administration record) clearly indicating that the patient's own medication is being used.
- 3.5 Patient's own narcotic/controlled medications are addressed separately in the Nunavut Narcotic and Controlled Substances Policy.
- 3.6 Patient's own medications will be kept in the medication room on the nursing unit and will be given to the patient upon discharge.
- 3.7 Patient's own medications may be sent to pharmacy for destruction if:
- 3.7.1 The patient gives approval because they are no longer on the medication.
  - 3.7.2 The patient is no longer admitted and did not take their medications with them.  
  
Note: pharmacy will keep patient medications for a period of three (3) months, in case the patient comes back to retrieve them, after which time they will be destroyed.
  - 3.7.3 The patient expires.

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## 8.5 Disposal of Medications

### Health Centre Setting

- 1) All GN stock medications which have expired or otherwise become unusable should be returned to the Regional Pharmacy for destruction.
- 2) All retail pharmacy medications which are no longer required should be preferentially returned to the retail pharmacy for destruction. Any retail pharmacy medications that are received by a Regional Pharmacy will be destroyed by incineration.
- 3) Refer to the Nunavut Narcotic and Controlled Drugs Policy for details on the destruction of narcotics and controlled drugs. Any retail pharmacy narcotics or controlled drugs that are being returned to a Regional Pharmacy for destruction must comply with the Nunavut Narcotic and Controlled Drugs Policy (i.e., the **Request to Return Narcotic & Controlled Drugs to Pharmacy** form must be completed and faxed to the QGH pharmacy).

### Hospital Setting

- 1) Patient-specific medications that have been refused by patients or are no longer required for the patient should be returned to Pharmacy.
- 2) Open ampoules, vials and syringes should be disposed of in a “sharps container”.
- 3) On discharge from hospital, patient-specific medications must be returned to Pharmacy for recycling or proper disposal.
- 4) Refer to the Patient’s Own Medication Policy for details on what to do with patient’s own medications when the patient is discharged.
- 5) Refer to the Nunavut Narcotic and Controlled Drugs Policy for details on the destruction of narcotics and controlled drugs.

## 9. STOCKING REQUIREMENTS

9.1 Antidote Stocking Requirements<sup>1,2</sup>

Therapeutic Agent	Treatment of Poisoning by:	Minimum # of units	
		Regional Pharmacy	Hospital ER or Health Centre
Acetylcysteine 6,000 mg/30 mL inj vial	Acetaminophen	40	20
Botulism Antitoxin Heptavalent (BAT®) 50 mL vial	Botulism	2-6	1
Calcium Chloride 1,000 mg/10 mL inj syr	Calcium channel blockers, hydrofluoric acid burns	20	10
Calcium Gluconate 1,000 mg/10 mL inj vial		30	30
Charcoal, activated ( <i>without</i> Sorbitol) 50 g/250 mL susp	Toxins which are bound by charcoal (numerous)	36	12
Dantrolene 20 mg/vial inj	Malignant hyperthermia secondary to anesthetic	40-80 (QGH and Rankin)	0
Deferoxamine 500 mg/vial inj	Iron	48	24
Dextrose/Water 50% inj (50 mL PFS)	Hypoglycemic drugs (or use with insulin therapy)	50	25
Digoxin Immune Fab 40 mg/vial inj (DigiFab®)	Digoxin/digitalis glycosides	20	0
DMPS (2,3-dimercapto-1-propane sulfonate) 250 mg/5 mL inj amp	Lead, mercury, arsenic	10	0
Flumazenil 0.5 mg/5 mL inj vial	Benzodiazepines	10	10
Folic acid 50 mg/10 mL inj vial	Methanol	8	6
Fomepizole 1.5 g/vial inj	Methanol, ethylene glycol	4	2
Glucagon 1 mg/vial inj	Calcium channel blockers, beta blockers	60	20
Hydroxocobalamin inj kit (2 x 2.5 g) (Cyanokit®)	Cyanide, acetonitrile	4 kits	2 kits Baker Lake Only
Human Prothrombin Complex Concentrate (PCC)* (supplied by Lab)	Apixaban, Rivaroxaban	1	0

\*Refer to Nunavut Life-threatening Bleeding Algorithm and PCC Policy and Procedure documents for guidance on the use of these products

## 9.1 Antidote Stocking Requirements (cont'd)

Therapeutic Agent	Treatment of Poisoning by:	Minimum # of units	
		Regional Pharmacy	Hospital ER or Health Centre
IdaruCIZUmab (2 x 2.5 g vials) (Praxbind®)	Dabigatran	1 (2 x 2.5 g)	0
Insulin Regular 100 units/mL vial	Beta blockers, Calcium channel blockers	20	5
Leucovorin 50 mg/5 mL inj vial	Methotrexate, methanol	12	6
Lipid Emulsion 20% bag (250 mL)	Local anesthetics, other cardiotoxic medications	10	5
Methylene Blue 50 mg/5 mL inj vial	Methemoglobinemia (e.g., due to nitrites, dapsone, local anesthetics, phenazopyridine)	16	8
Naloxone 0.4 mg/mL inj amp	Opiates, opioids	100	40
Octreotide 0.1 mg/mL inj vial	Sulfonylureas (hypoglycemia)	10	3
PEG solution (4 L) (supplied by Stores)	Iron, some SR preparations	6	2
Protamine Sulfate 50 mg/5 mL inj vial	Heparin (including LMWH)	10	3
Pyridoxine 3,000 mg/30 mL inj vial	High dose Isoniazid (seizures)	10	4
Sodium Bicarbonate 8.4% 50 mmol/50 mL inj syr	TCA's, Cocaine, Salicylates	40	20
Thiamine 100 mg/1 mL amp	Ethanol (thiamine deficiency associated with chronic alcoholism), ethylene glycol (cofactor)	20	5
Vitamin K1 10 mg/mL inj amp	Warfarin, rodenticides	20	10

## 9.2 Medication Content of the Crash Carts - Adults

MEDICATION	Quantity
Adenosine 6 mg/2 mL inj syr	1
Adenosine 12 mg/4 mL inj syr	1
Amiodarone 150 mg/3 mL inj vial	3
Atropine 1 mg/10 mL inj syr	3
Calcium Chloride 1,000 mg/10 mL inj syr	2
Dextrose 50% 50 mL inj syr	2
DOPamine 400 mg/250 mL D5W inj bag	1
EPINEPHrine 1 mg/10 mL inj syr	6
Lidocaine 100 mg/5 mL inj syr	3
Magnesium Sulfate 5,000 mg/10 mL inj vial	3
Norepinephrine 4 mg/4 mL inj vial	2
Phenylephrine 10 mg/mL inj vial	<u>KIT</u> : 2 x 10 mg/mL vials PLUS 1 x 100 mL NS minibag, 1 x 10 mL syringe, 1 x blunt fill needle, and 2 x medication added labels
Procainamide 1,000 mg/10 mL inj vial	2
Sodium Bicarbonate 50 mmol/50 mL (8.4%) inj syr	1

**Note:** Medications not listed above should not be stocked in the crash cart.



## 9.3 Medication Content of the Emergency Drug Boxes

MEDICATION	High Alert	Quantity
Acetylsalicylic Acid (ASA) 80 mg chew tab		4 tabs
Calcium Gluconate 10% 1 g/10 mL vial	<b>**High Alert**</b>	2
Dextrose/Water (D50W) 50% inj syr	<b>**High Alert**</b>	2
DiphenhydrAMINE 50 mg/ mL inj vial		2
EPINEPHrine 1 mg/mL inj amp	<b>**High Alert**</b>	6
Flumazenil 0.5 mg/5 mL inj vial		1
Furosemide 40 mg/4 mL inj amp		3
Glucagon 1 mg/vial inj		1
Haloperidol 5 mg/mL inj amp		5
HydrALAZINE 20 mg/mL inj vial		1
Labetalol 100 mg/20 mL inj vial	<b>**High Alert**</b>	1
MethylPREDNISolone 125 mg/vial inj		1
Metoprolol 5 mg/5 mL inj vial	<b>**High Alert**</b>	3
Naloxone 0.4 mg/mL inj amp		2
Nitroglycerin 0.4 mg/MD aerosol spray		1
Nitroglycerin 50 mg/250 mL D5W inj		1
Pantoprazole 40 mg/vial inj		1
Phenylephrine 10 mg/mL inj vial	<b>**High Alert**</b>	2
Phenytoin 100 mg/2 mL inj vial		15
Sodium Bicarbonate 50 mmol/50 mL (8.4%) inj syr		2
Tranexamic acid 1 g/10 mL inj vial		1

**Notes:**

- The above medications are arranged alphabetically in a tackle box that is secured with a green zip tie.
- Boxes also include:
  - Copies of the Adult and Pediatric Anaphylaxis Algorithms
  - 2 x BD Plastic Blunt Cannulas
  - 2 x BD 10 mL Luer-Lok Tip Syringes
- The box is stored in the medication room of the health centre, but can be taken to a treatment room when required for an emergency situation.





## NURSE INITIATED ANAPHYLAXIS ALGORITHM – ADULTS

If patient develops **HYPOTENSION** (SBP less than 90 mmHg) and/or  
**ANGIOEDEMA** (swelling of lips/tongue/throat) and/or  
**SHORTNESS OF BREATH** (wheezing, tachypnea)

**ABC's**

**EPINEPHRINE 0.3 mg IM\* (= 0.3 mL from 1 mg/mL ampoule)**

\*Never use SC epinephrine due to inconsistent absorption. Administer IM, deltoid or thigh.  
In patients on beta-blockers, beware of poor response to epinephrine;  
consider using **GLUCAGON 1 mg IV/IM in addition**.

**CALL FOR BACK-UP and ACCESS PHYSICIAN ON CALL**

**CARDIAC MONITOR** (if available)  
plus  
**1 LITRE NORMAL SALINE BOLUS**  
plus  
**DIPHENHYDRAMINE 50 mg IV**  
plus  
**SALBUTAMOL INHALER 6 puffs by MDI or SALBUTAMOL NEBULIZER 5 mg for wheezing**  
then  
**RANITIDINE 50 mg IV or FAMOTIDINE 20 mg IV** (Physician order required)  
**METHYLPREDNISOLONE 125 mg IV** (Physician order required)

**If NO or INADEQUATE response after 5 minutes**

Repeat **EPINEPHRINE 0.3 mg IM (= 0.3 mL from 1 mg/mL ampoule)**  
plus  
**SALBUTAMOL INHALER 6 puffs by MDI or SALBUTAMOL NEBULIZER 5 mg if wheezing persists**

**If poor response after another 5 minutes**

**EPINEPHRINE 0.1 mg in 10 mL NS IV\*\* over 10 minutes**  
(Dilute 0.1 mL [0.1 mg] from 1 mg/mL amp in 10 mL NS and run at 1 mL/min, total 10 mL)  
**\*\* Must have cardiac monitor and back-up present for IV epinephrine administration**



# NURSE INITIATED ANAPHYLAXIS ALGORITHM – PEDIATRICS

**Note:** This is a guide for the treatment of anaphylaxis in children. This is not meant to be a comprehensive treatment guide as there is variability based on individual presentation. This is not a substitute for sound clinical decision making.

**Anaphylaxis is highly likely when any one of the following three criteria are fulfilled:**

1. Acute onset of illness involving skin, mucosal tissue or both **and at least one of:** respiratory compromise or reduced BP.
2. **Two or more of the following** that occur after exposure to a likely allergen: skin/mucosal involvement and/or respiratory compromise and/or reduced BP and/or persistent GI symptoms.
3. Reduced BP after exposure to a known allergen.

**EPINEPHRINE 0.01 mg/kg/dose IM\* (from 1 mg/mL ampoule)**  
**Maximum dose: 0.5 mg (0.5 mL)**

\*Never give epinephrine SC due to inconsistent absorption.  
 Administer IM, anterolateral aspect of the thigh.

**Repeat IM EPINEPHRINE every 5-10 minutes if symptoms persist**

**ABC's  
 Monitors  
 IV Access  
 Consult Physician**

**Airway compromise or respiratory failure?**

Manage airway and prepare all necessary equipment.  
 Assess circulation.  
**Consult physician immediately.**  
 If persistent arrange Medevac.

**Hemodynamic Instability?**

**Fluid management:**  
 IV NS bolus 20 mL/kg.  
 Repeat as needed for hypotension to max of 3 boluses then consider IV EPINEPHRINE.

**Consult physician immediately**

If persistent arrange Medevac and consider IV EPINEPHRINE on discussion with physician.

**Consider Second-line agents:**

*H1 Antagonist:*  
**OR** DiphenhydrAMINE 1 mg/kg/dose IV, max: 50 mg  
 Cetirizine 6 mos to less than 2 yrs: 2.5 mg PO  
 2-5 yrs: 2.5-5 mg PO  
 5 yrs and older: 5-10 mg PO

*H2 Antagonist:*  
**OR** Famotidine 0.25 mg/kg IV, max: 20 mg\*  
 RaNITidine 1 mg/kg/dose PO, max: 50 mg\*

MethylPREDNISolone 1 mg/kg/dose IV, max: 125 mg\*  
 Salbutamol 5-10 puffs using MDI or 2.5-5 mg by nebulization

\*Physician order required

**REASSESS Patient**

If symptoms persist repeat IM EPINEPHRINE and call physician

If clinical symptoms improve observe in health centre for 6 hours from last IM EPINEPHRINE dose

If asymptomatic after observation, can be discharged with education, follow-up and Epi-Pen®

Any symptoms present again start at top of algorithm



## NURSE INITIATED ANAPHYLAXIS ALGORITHM – PEDIATRICS

**Note:** This is a guide for the treatment of anaphylaxis in children. This is not meant to be a comprehensive treatment guide as there is variability based on individual presentation. This is not a substitute for sound clinical decision making.

### EPINEPHrine Dosing Guides

#### IM EPINEPHrine Dosage Chart: (0.01 mg/kg/dose)

Weight (Kg)	EPINEPHrine Dose (1 mg/mL ampoule)
2 kg	0.02 mg (0.02 mL)
3 kg	0.03 mg (0.03 mL)
4 kg	0.04 mg (0.04 mL)
5 kg	0.05 mg (0.05 mL)
6 kg	0.06 mg (0.06 mL)
7 – 8 kg	0.08 mg (0.08 mL)
9 – 10 kg	0.1 mg (0.1 mL)
11 – 15 kg	0.15 mg (0.15 mL)
16 – 20 kg	0.2 mg (0.2 mL)
21 – 25 kg	0.25 mg (0.25 mL)
26 – 30 kg	0.3 mg (0.3 mL)
31 – 35 kg	0.35 mg (0.35 mL)
36 – 40 kg	0.4 mg (0.4 mL)
41 – 45 kg	0.45 mg (0.45 mL)
46 kg and greater	0.5 mg (0.5 mL)

#### If unable to determine weight:

Age	EPINEPHrine Dose (1 mg/mL ampoule)
2 – 6 months	0.07 mg (0.07 mL)
7 – 12 months	0.1 mg (0.1 mL)
13 months – 4 years	0.15 mg (0.15 mL)
5 years	0.2 mg (0.2 mL)
6 – 9 years	0.3 mg (0.3 mL)
10 – 13 years	0.4 mg (0.4 mL)
14 years and greater	0.5 mg (0.5 mL)

#### If using an Epi-Pen®:

(only to be used if EPINEPHrine ampoules not available/accessible)

Weight	EPINEPHrine Auto-Injector Dose
10 to 25 kg	Epi-Pen® Jr (0.15 mg EPINEPHrine)
Greater than 25 kg	Epi-Pen® (0.3 mg EPINEPHrine)

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## 11. NUNAVUT NARCOTIC AND CONTROLLED DRUGS POLICY

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**1. Scope**

Pharmacy, nursing and medical staff are responsible for ensuring that the acquisition, storage, prescribing, administration, record keeping and disposal of narcotics and controlled drugs complies with the Federal Controlled Drugs and Substances Act.

Controlled substances can be dispensed to a patient only on the order or prescription of a physician or as per the latest Pharmacy and Therapeutics Committee Formulary guidelines.

**2. Definition**

For the purposes of this document, a “Controlled Substance” means a narcotic, controlled drug, benzodiazepine or other targeted medication.

**3. Government of Nunavut (GN) Narcotic and Controlled Drug Listing:**

GENERIC NAME	DOSAGE FORM	H	HC
Acetaminophen/Codeine/Caffeine	15 mg (codeine) tab (Tylenol #2)	●	-
	30 mg (codeine) tab (Tylenol #3)	●	D+
Acetaminophen/OxyCODONE	325 mg/5 mg tab	●	-
Alprazolam	0.5 mg tab	●	-
CloBAZam	10 mg tab	●	-
ClonazEPAM	0.5 mg tab	●	-
	2 mg tab	●	-
Codeine	15 mg tab	●	D+
	50 mg SR tab	●	-
	5 mg/mL syrup	●	B+
	30 mg/mL inj amp	●	-
DiazePAM	5 mg tab	●	B+
	10 mg/2 mL inj amp	●	B+
FentaNYL	12 mcg/hr transdermal patch	●	-
	25 mcg/hr transdermal patch	●	-
	50 mcg/hr transdermal patch	●	-
	75 mcg/hr transdermal patch	●	-
	100 mcg/hr transdermal patch	●	-
	0.1 mg/2 mL inj vial	●	B
	0.25 mg/5 mL inj vial	●	-
	1 mg/20 mL inj vial	●	-
HYDROmorphone	1 mg tab	●	-
	4 mg tab	●	-
	3 mg SR cap	●	-
	12 mg SR cap	●	-
	1 mg/mL oral soln	●	-
	2 mg/mL inj amp	●	-
	10 mg/mL inj vial	●	-
Ketamine	20 mg/2 mL inj vial	●	B
	100 mg/2 mL inj vial	●	B

GENERIC NAME	DOSAGE FORM	H	HC
LORazepam	1 mg SL tab	•	B+
	2 mg SL tab	•	-
	4 mg/mL inj vial *FRIDGE*	•	B+
Meperidine	50 mg/mL inj amp	•	-
Midazolam	5 mg/5 mL inj vial	•	-
	10 mg/2 mL inj vial	•	B
	50 mg/10 mL inj vial	•	-
Morphine	5 mg tab	•	B
	10 mg tab	•	-
	10 mg SR cap	•	-
	15 mg SR cap	•	B
	60 mg SR cap	•	-
	1 mg/mL syrup	•	B+
	10 mg/mL inj amp	•	B+
	5 mg/10 mL epidural inj	•	-
Nabilone	1 mg cap	•	-
Nalbuphine	10 mg/mL inj amp	•	-
Oxazepam	15 mg tab	•	-
OxyCODONE	5 mg tab	•	-
	10 mg SR tab	•	-
PHENobarbital	30 mg tab	•	-
	100 mg tab	•	-
	5 mg/mL elixir	•	B
	120 mg/mL inj amp	•	B
Remifentanil	1 mg/vial inj	•	-

**B = Physician or Nurse Practitioner initiated, based on consultation with MD or NP (maximum duration TWO WEEKS)**

GN medication stock coded as “B” may be dispensed by a CHN for treatment that must be started immediately and for up to a maximum of 14 days. The physician or nurse practitioner must write a prescription at the time of consultation and direct it to a retail pharmacy for processing when:

1. Treatment can wait until the patient receives the medication from the retail pharmacy.
2. A medication is required for longer than 14 days.

**B+ =** In an emergency situation where an immediate urgent and critical health concern may seriously endanger or threaten the life, health or safety of the client **and** where immediate access to a physician/dentist/NP is not available, CHNs are authorized to administer **a maximum of one dose** of a controlled substance, pending communication with a physician/dentist/NP if the following criteria are present:

1. The CHN has the knowledge, skill and judgement to determine whether the client’s condition warrants the use of a controlled substance;
2. The CHN knows the risks and benefits to the client; and
3. The CHN can reasonably predict the outcome.

**D+ = CHN may provide up to eight (8) tablets one time only**

If patient returns for the same condition, the CHN must consult with the MD or NP.

**Note:** this code applies only to Tylenol #3 and Codeine 15 mg tablets.

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#### 4. Narcotic Ordering / Distribution

- a) In the Qikiqtani General Hospital (QGH), Kivalliq Regional Health Centre and Kitikmeot Regional Health Centre, the pharmacy technician monitors the supply of controlled substances and replenishes stock following the ward stocking schedule. The pharmacy technician requires a nurse to co-sign the pharmacy issue on the register and witness the inventory transfer into the narcotic cabinet.
- b) In a health centre, the nurse must fax or scan and email a **Pharmaceutical Order Form** (see Appendix 1) to their regional pharmacy. The regional pharmacy arranges the shipment of the controlled substance and requires the nurse to sign and fax back the Narcotic and Controlled Drug Section of the Pharmaceutical Order Form that arrives with the controlled substances. Once the safe arrival of the controlled substances is confirmed via fax, the signed record must be kept on file at the health centre for seven (7) years.

#### 5. Narcotic Security

- a) GN controlled substances must be kept in a locked cupboard, cabinet or cart. The cupboard, cabinet or cart must be securely attached to the wall or floor so it cannot be readily removed. A “double lock” must be in place in the form of a locked medication room door or a second locked narcotic cupboard door.
- b) There is to be only one “operational” “Do Not Duplicate” key to the locked cupboard, cabinet or cart. A “non-operational” key is to be securely stored by a person of responsibility in a locked drawer, cupboard or cabinet and is to be used only in the event the operational key is missing or lost.
- c) In a hospital, the charge nurse will be responsible for the narcotic key and must be in possession of the key at all times, except when another registered nurse needs to access medication for her patient or the charge nurse is on a break. The key must be promptly returned to the charge nurse when the patient’s dose has been prepared or when the charge nurse returns from a break.
- d) In a health centre setting, the nurse-in-charge must be in possession of the key at all times unless the key is secured in a locked and restricted location. Each health centre will have a secured coded lock box to store the key during after-hours.

- e) Community Psychiatric Nurses (CPN) will have access to the locked narcotic cupboard when a controlled medication is needed for a client by asking the nurse-in-charge for the key, or by accessing the secured coded lock box, to which they will have the code.
- f) If a key is lost, it must be reported to the supervisor/manager immediately and an incident report filled out.
- g) A modification of this narcotic security policy may be approved by the Territorial Director of Pharmacy or designate in the event there is an equally secure alternative process in place.

## 6. Counting Medication

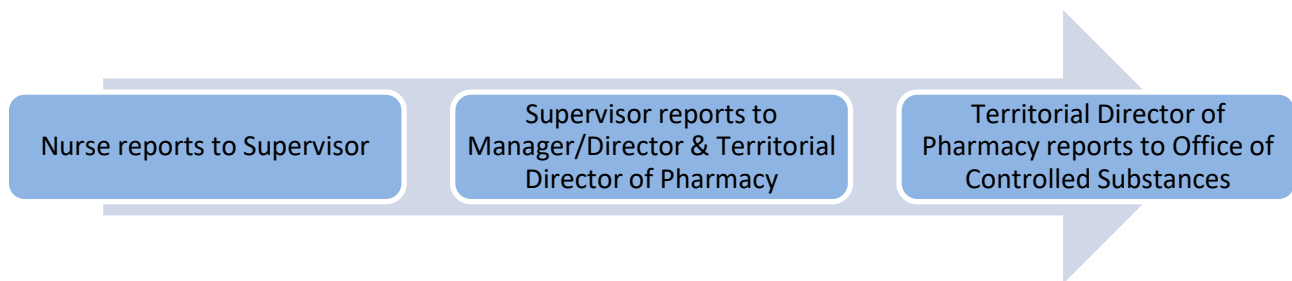
- a) In a hospital, all controlled substances listed above must be counted and recorded **twice daily**, at the end of each nursing shift.
- b) In the operating room, all controlled substances listed above must be counted and recorded **once daily** at the end of the day shift and **at the end of a call back** if an emergency surgery is performed after hours.
- c) The count in a hospital or long-term care setting is to be performed by two (2) nurses (either two registered nurses or 1 registered nurse and 1 licensed practical nurse), with a preference towards the charge nurse if possible.
- d) In a health centre setting, all controlled substances listed above must be counted and recorded, at a minimum, **once weekly and when staff are leaving their positions and new staff are arriving**. The count is to be performed by two (2) registered nurses (this includes CHNs and CPNs) except in a one-nurse health centre.
  - Note: Counts in health centres are not required on weekends or statutory holidays.
- e) The Supervisor of Community Health Programs (SHP) may recommend an increased frequency of narcotic counts at their health centre. This decision should be communicated to the Territorial Director of Pharmacy or designate and the Director of the health centre in a timely manner.
- f) All controlled substance counts must be recorded on the **Controlled Substances Register** in RED INK.
- g) When a page is finished the “Brought Forward Balance” should be signed by two (2) nurses except for the one-nurse health centres.



- h) Nurses in one-nurse health centres should seek direction from their supervisor or regional pharmacist regarding drug counts. At a minimum, a nurse in a one-nurse health centre should perform a count with a second nurse at the time of handover or with a physician at the time of their community visit.
- i) In a health centre, when an individual responsible for controlled substances is relieved or replaced by another person, both individuals will conduct a count of controlled substances to confirm the stock and register balances are correct. The individual assuming responsibility should do the physical count, and acknowledge receipt of the inventory by signing and dating the stock balance for each drug, in the facility's Controlled Substances Register.
- j) In a health centre, when new stock of controlled substances is received and entered into the register, a count must be performed for that medication.
- h) Oral liquid narcotics are allowed 10% wastage. The count must be corrected by two (2) registered nurses if the discrepancy is noted either immediately after dispensing the medication or upon completion of each bottle. The total allowed wastage is not to exceed 10%, even with multiple corrections.

## 7. Count Discrepancies

- a) Identified controlled substance discrepancies must be investigated immediately and reported to the nurse supervisor or charge nurse.
- b) The nurse supervisor or charge nurse must **immediately report** the loss to their manager/director, who must complete a Loss or Theft Report Form for Controlled Substances (see Appendix 2), directing it to the Territorial Director of Pharmacy or designate **within 72 hours**.
- c) The Territorial Director of Pharmacy or designate must forward a copy of the report to the Compliance Monitoring and Liaison Division, Office of Controlled Substances **within 10 days** of discovering the loss.
- d) A review of the incident must be undertaken by the Territorial Director of Pharmacy or designate to identify measures that can be implemented to prevent similar count discrepancies in the future.
- e) The count may only be adjusted by the nurse supervisor or manager and co-signed by a second nurse.



## 8. Medication Wastage

- a) If any controlled substances are wasted (partial ampoule used, patient refusing medication, medication dropped on floor), this fact must be recorded on the Controlled Substances Register and co-signed by a second nurse.
- b) In a hospital, the co-signature by a second nurse is mandatory.
- c) In a health centre, this is mandatory during the operational hours at the health centre. A second signature is not required in one-nurse health centres or if a nurse would need to be called in after hours for an emergency situation.
- d) All wasted controlled substances must be safely disposed of in a securely located sharps container at the time of medication preparation. Reasonable attempts should be made to render the wasted drug unusable to eliminate the risk of intentional diversion. Ensure sharps containers are disposed of as per appropriate protocol when full.
- e) Medications that are ordered by a physician to be given at regular intervals (i.e., every 2 hours) are not to be pre-drawn up in a syringe for future doses. The dose is to be drawn up immediately before administration and discarded as per the wastage protocol. The exceptions are Obstetrical and Intensive Care Unit Nurses who are in possession of the syringe at all times and operate on a one-to-one nursing basis with a patient in labour or an acute care patient.

## 9. Safe Disposal of Fentanyl Patches

- a) When old fentanyl patches are removed from a patient in an inpatient setting, the patch must be folded in half toward the adhesive side and pressed firmly before placing it in a sharps container. Gloves must be worn by the nurse during the patch removal.
- b) If a patient in a health centre or home care setting has requested assistance with the removal of a “patient’s own” fentanyl patch, ensure the safe disposal of the fentanyl patch as in paragraph (a) above.

---

**10. Dispensing Controlled Substances from GN Inventory**

- a) All controlled substances must be issued from pharmacy in approved packaging and in appropriate quantities for convenient counting.
- b) Controlled substances must only be repackaged by nurses when preparing for patient-specific use outside the health centre or hospital.
- c) The quantity to be repackaged in the health centre is limited by the Pharmacy and Therapeutics Committee Formulary Treatment Codes.
- d) The quantity to be dispensed in a hospital setting must be ordered by a physician and only for the purpose of providing a bridging dose until either 1) the retail pharmacy opens or 2) a 12-hour supply.

**11. Quantity of Medication**

- a) In a hospital setting, the pharmacy technician monitors the controlled substance supply based on a predetermined minimum stock level suitable to the patient care area or a specific patient's medication orders.
- b) In a health centre or long-term care facility, each location should establish appropriate minimum and maximum quantities of each controlled substance to stock. It is recommended to perform a review of the stocking parameters at least twice yearly to eliminate the risk of understocking and overstocking.
- c) Only controlled substances listed on the GN Formulary may be ordered and kept in stock.

**12. Patient's Chart**

- a) Entries must be made in the patient's Medication Administration Record (MAR) (hospital) or chart (health centre) as soon as possible after the controlled substance is dispensed.
- b) Entries on the MAR are to include the date, time, drug name, dose, route, frequency and the administering nurse's initials.
- c) Entries in the patient's chart must include:
  - date and time;
  - drug name, strength, route and frequency;

- amount dispensed (the actual amount of medication dispensed i.e. “9 tablets given” rather than the time period –“TID x 3/7”);
- instructions given to the patient;
- dispenser’s name;
- dispenser’s designation (e.g., RN); and
- name of the physician ordering the drug, where applicable.

### 13. Controlled Substances Audits

- a) The Territorial Director of Pharmacy or designate will conduct audits of controlled substances in each hospital ward and health centre every two (2) years to:
  - Ensure that controlled substances are being dispensed appropriately.
  - Deter their misuse and abuse.
- b) The key to the locked location must be kept secured. GN-employed pharmacy personnel or other auditors with appropriate training who have been approved by the Territorial Director of Pharmacy or designate may have access to the key for the purpose of controlled substances audits.
- c) The Territorial Director of Pharmacy or designate will prepare a written audit report and forward it to the Assistant Deputy Minister of Operations for review.
- d) Timely verbal and written feedback regarding the audit results will be provided to the nursing staff.

### 14. Emergency Room and Crash Cart Drugs

- a) Controlled substances kept ready for an emergency must not be stored in an unsecured cart or emergency/medevac bag, but instead must be kept in a locked cupboard or narcotic cabinet within, or in close proximity to, the emergency room or crash cart.
- b) The exception is a Rapid Sequence Intubation (RSI) kit that contains an injectable benzodiazepine. This kit is sealed and kept in the fridge due to the stability of other medications in the kit.

**15. Retail Pharmacy Prescriptions Handled in a Hospital**

- a) Home medications brought into the hospital by patients are normally examined as part of the medication history and returned to a family member or guardian for return home. If the medications are not able to be returned home (i.e., patient is from another community), the medications are to be stored in a designated area of the medication room on the inpatient ward.
- b) The use of a patient's own supply of controlled substance(s) while in hospital is reserved for situations when the drug is non-formulary and a suitable alternative is unavailable from the Pharmacy Department. In this case, the physician should write an order indicating the drug, dose, route, etc., and clarify that the patient's own medication(s) are to be administered by the patient or an escort.
- c) The nurse will not administer the patient's own medication, but will observe the patient taking the medication or the escort administering the medication to the patient. This is to be documented on the MAR as "patient took own".
- d) The patient's own controlled substance prescription from a retail pharmacy is to be kept in the narcotic cupboard within the medication room for safety and security.
- e) A count of the patient's own controlled substance will be performed and documented in a dedicated column on the narcotic register, at the same time as the regular twice daily controlled substance count performed on the ward.

**16. Retail Pharmacy Prescriptions Handled in a Health Centre**

Under development.

**17. Handling of Patient's Own Controlled Substance Prescriptions by Home Care**

- a) Client-specific prescriptions belong to the home care client, including controlled substance prescriptions. If a home care client has a prescription for a controlled substance, which has been dispensed by a retail pharmacy, the legal requirements for counting and dispensing have already been fulfilled.
- b) It is the responsibility of the home care client to safely store the controlled substance prescription at home and to self-administer as prescribed. The home care nurse may not accept a home care client's-controlled substance prescription for storage.

- c) If there are concerns that the home care client may not be capable of self-administering and the designated caregiver is not capable of administering the controlled substance prescribed, the home care nurse has an obligation to: assess the situation; advocate for the appropriate care and administration of the controlled substance to the home care client. If a large amount of a controlled substance is prescribed, it is the responsibility of the physician, in collaboration with the home care nurse, to establish the quantity and frequency of dispensing at the time the prescription is written. This allows the retail pharmacy to dispense the controlled substance in smaller quantities.

E.g.: Acetaminophen with codeine 30 mg  
224 tablets  
Dispensed in quantities of 56 tablets every week

- d) If intentional diversion is suspected, it is the responsibility of the home care nurse to contact the appropriate authorities (Royal Canadian Mounted Police).

#### Relinquishing of Client-specific Controlled Substance Upon Death or Discontinuation of the Prescription

Under development.

### **18. Community Psychiatric Nurses (CPN)**

- a) As outlined in section 3.4 of this Formulary, a Registered Nurse (RN) or Registered Psychiatric Nurse (RPN) working in a CPN role may dispense select medications (see table in 3.4) from a community health centre medication room subsequent to prescription from a physician or nurse practitioner for treatment that must be started immediately and for up to a maximum of 14 days.
- b) CPNs will have access to the locked narcotic cupboard when a controlled medication is required for a client. They will obtain the key from either the nurse-in-charge or the secured coded lock box. The CPN will follow the procedures, including proper documentation in the Controlled Substances Register, as detailed in this policy.

**19. Physicians and Dentists on Site**

- a) Direct access to controlled substances by physicians or dentists is not permitted in a health centre or hospital setting.
- b) If a physician or dentist wishes to prescribe urgent controlled substances for a patient, he/she must write an order in the patient's chart, which the nurse then fills. If the medication order is not urgent, a prescription can be written by the doctor or dentist and faxed to a retail pharmacy.

**20. OR Anesthesia Record**

- a) In a hospital setting, controlled substances used during surgical procedures are debited from the narcotic register and noted on the Anesthesia Record. The Anesthesia Record must include the following documentation:
  - Date of administration;
  - Identity of the patient by name, hospital file number or by territorial health care card number;
  - A clear legible description of the drug given including the name and dose;
  - Signature of the administering physician. The administering physician's name should be clearly printed on the form; and
  - Wastage of unused product.
- b) The completed anesthesia records are returned to the pharmacy for storage for a period of seven (7) years.
- c) A policy for Conscious Sedation in the community health centres exists in the Community Health Nursing Administration Manual in section 07-020-00 to 07-02-03. A similar policy for use at QGH is under development.

**21. Retention of Narcotic Records**

- a) In the QGH, Kivalliq Regional Health Centre and Kitikmeot Regional Health Centre, completed narcotic records must be returned to the pharmacy and must be stored for a period of seven (7) years.
- b) In a health centre, completed narcotic registers and shipping records, must be stored on-site for a period of seven (7) years from the date of the last entry.

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**22. Documenting in the Controlled Substances Register**

- a) Controlled Substances Register entries must be made as soon as controlled substances are dispensed or received.
- b) When starting on a new page in the Controlled Substances Register, ensure the balance of all drugs is carried forward from the previous page and co-signed by a second nurse. The page number is assigned in the bottom right-hand corner of the register.
- c) Where applicable, indicate the health care facility name or ward location in the upper left corner of each page.
- d) Removal of inventory for patient specific use must be documented in the controlled substances register in blue or black ink.
- e) Additions to inventory must be documented in red ink.
- f) Inventory counts must be documented in red ink.
- g) Recording the return of drugs to pharmacy must be documented in red ink.
- h) In order to avoid confusion with different brand names, generic names for controlled substances must be used at all times.
- i) If a drug is a different strength (e.g., HYDROmorphone 10 mg/mL inj) than the current stock (e.g., HYDROmorphone 2 mg/mL inj) it must be recorded on a separate Controlled Substances Register column. Extra columns are provided to the right of the register.



**Removing Drugs for Patient-Specific Use:**

<b>TIPS:</b> <ul style="list-style-type: none"> <li>The “AMOUNT GIVEN” column should include the NUMBER OF UNITS given.</li> <li>Only one entry is permitted for each line. If more than one drug is administered for a specific patient, additional entries must be registered using subsequent lines.</li> <li>Draw lines through the areas not used.</li> </ul>								
<b>Name of Health Centre or Hospital Ward</b>				AMOUNT GIVEN	Diazepam 5 mg tabs	Tylenol #3 tabs	Drug #3	AMOUNT WASTED
BALANCE FORWARD DATE: 01/Jan/14					42	68	5	
<b>DATE</b>	<b>PATIENT</b>	<b>DOCTOR</b>	<b>TIME</b>					<b>NURSE SIGNATURE(S)</b>
01Jan14	Jane Doe	F. Garrett	0830	2 tabs	40	<del>        </del>	<del>        </del>	Nurse #1
01Jan14	Jane Doe	F. Garrett	0830	2 tabs	<del>        </del>	66	<del>        </del>	Nurse #1

**Receiving Drugs from Pharmacy:**

<b>TIPS:</b> <ul style="list-style-type: none"> <li>Use the standard notation “RECEIVED FROM PHARMACY”.</li> <li>The top number reflects the quantity added to inventory and the bottom number reflects the total inventory count after addition.</li> <li>Issues from pharmacy must be documented in RED INK and co-signed by a second nurse or a pharmacy technician.</li> <li>Multiple entries are permitted on one line.</li> <li>Draw lines through areas not used.</li> </ul>								
<b>Name of Health Centre or Hospital Ward</b>				AMOUNT GIVEN	Drug #1	Drug #2	Drug #3	AMOUNT WASTED
BALANCE FORWARD DATE: 01/Jan/14					42	68	5	
<b>DATE</b>	<b>PATIENT</b>	<b>DOCTOR</b>	<b>TIME</b>					<b>NURSE SIGNATURE(S)</b>
01Jan14	RECEIVED FROM PHARMACY		0830		$\frac{50}{92}$		$\frac{5}{10}$	Sign #1 / Sign #2

**Returning Drugs to Pharmacy:**

<p><b>TIPS:</b></p> <ul style="list-style-type: none"> <li>• Use the standard notation “RETURN TO PHARMACY”.</li> <li>• The top number reflects the quantity removed from inventory and the bottom number reflects the total inventory count after removal. Include a minus sign in front of the top number.</li> <li>• Returns to pharmacy must be documented in RED INK and co-signed by a second nurse.</li> <li>• Multiple entries are permitted on one line.</li> <li>• Draw lines through areas not used.</li> </ul>										
<b>Name of Health Centre or Hospital Ward</b>				AMOUNT GIVEN	Drug #1	Drug #2	Drug #3	AMOUNT WASTED		
BALANCE FORWARD DATE: 01/Jan/14					42	68	5			
DATE	PATIENT	DOCTOR	TIME						NURSE SIGNATURE(S)	
01Jan14	RETURN TO PHARMACY		0830	—	—	<del>50</del> 18	—	—	Sign #1 / Sign #2	

**Recording Inventory Counts:**

<p><b>TIPS:</b></p> <ul style="list-style-type: none"> <li>• Use the standard notation “INVENTORY COUNT”</li> <li>• The counts must be co-signed by a second nurse.</li> <li>• Multiple entries on the same line are permitted for Inventory Counts.</li> <li>• Discrepancies found must be investigated immediately. Discrepancies that cannot be reconciled must be reported to the area Supervisor/Manager and the Territorial Director of Pharmacy or designate.</li> <li>• When modification must be made to correct entry errors, lines may be drawn through errors and initialed but errors may not be erased or concealed.</li> </ul>										
<b>Name of Health Centre or Hospital Ward</b>				AMOUNT GIVEN	Drug #1	Drug #2	Drug #3	AMOUNT WASTED		
BALANCE FORWARD DATE: 01/Jan/14					42	68	5			
DATE	PATIENT	DOCTOR	TIME						NURSE SIGNATURE(S)	
01Jan14	INVENTORY COUNT		0830	—	42	68	5	—	Sign #1 / Sign #2	

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**23. Medication Destruction**

- a) Destruction of controlled substances should not be confused with wasting medication which is described above (see #8).
- b) Any GN-controlled substance stock that expires (or for other reasons becomes unusable) from any region must be returned to the QGH Pharmacy.
- c) To begin the narcotic and controlled drug return process in a health centre, fill out the **Request to Return Narcotic & Controlled Drugs to Pharmacy** form (Appendix 3) and fax to the QGH pharmacy. The QGH Pharmacy must fax back a signed copy of the form to acknowledge the return request and to indicate the staff will be monitoring to ensure the returned shipment arrives safely.
- d) When the faxed copy arrives from Pharmacy with the Pharmacy Technician's signature, make a second copy of the signed form and ensure it accompanies the return shipment. For audit purposes, the initial faxed copy of the form, with nursing and pharmacy signatures, must be stored on-site for a period of two (2) years.
- e) When preparing the expired narcotic and controlled drugs for shipment, ensure the expired inventory is signed out of the Narcotic Register and prepared for shipment by two (2) nurses, except in a one nurse health centre.
- f) In a hospital setting, a pharmacy technician assists with the return to pharmacy without need of the return form.

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APPENDIX 1  
PHARMACEUTICAL ORDER FORM

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

Health Centre: \_\_\_\_\_

MT #	NARCOTIC AND CONTROLLED DRUGS	ORDER QUANTITY	ORDERING UNIT	MIN	MAX
056	Acetaminophen 325 mg/Codeine 30 mg /Caffeine 15 mg tab (Tylenol #3)		Card of 10		
960	Codeine 15 mg tab		Card of 10		
170	Codeine 5 mg/mL syrup		100 mL bottle		
199	Diazepam 5 mg tab		Card of 10		
198	Diazepam 5 mg/mL inj ampoule		2 mL amp		
264	Fentanyl 0.05 mg/mL inj ampoule		2 mL amp		
375	Ketamine 10 mg/mL inj vial		2 mL vial		
378	Ketamine 50 mg/mL inj vial		2 mL vial		
415	Lorazepam 1 mg SL tab		Card of 10		
418	Lorazepam 4 mg/mL inj vial <b>*Refrigerate*</b>		1 mL vial		
455	Midazolam 5 mg/mL inj vial		2 mL vial		
975	Morphine 5 mg tab		Card of 10		
466	Morphine 15 mg SR cap		Card of 10		
467	Morphine 1 mg/mL syrup		225 mL bottle		
464	Morphine 10 mg/mL inj ampoule		1 mL amp		
557	Phenobarbital 5 mg/mL elixir		100 mL bottle		
551	Phenobarbital 120 mg/mL inj ampoule		1 mL amp		

Ordered By : \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*We have received the narcotic/controlled substances order and have entered it into our narcotic register\*\**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*Please keep a signed copy and fax back a signed copy to your regional pharmacy upon receipt of your drugs\*\**

Qikiqtani General Hospital: 867-975-8606  
 Kivalliq Regional Pharmacy: 867-645-8348  
 Kitikmeot Regional Pharmacy: 867-983-4201

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**APPENDIX 2  
Loss or Theft Report Form for Controlled Substances**

<i>Name of Health Centre:</i>	<i>Date:</i>
<i>Type of Loss:</i>	
<input type="checkbox"/> Break and Entry <span style="margin-left: 150px;"><input type="checkbox"/> Loss Unexplained</span> <span style="margin-left: 150px;"><input type="checkbox"/> Loss in Transit</span>	
<i>Details of Loss or Theft (include names of any witnesses):</i>	
<i>List of Controlled Substances Lost or Stolen:</i>	
<b><i>Drug Name and Strength</i></b>	<b><i>Quantity</i></b>
<i>Name of Individual Reporting Loss or Theft:</i> _____	
<i>Signature:</i> _____	

**Submit Completed Form to the Narcotic Control Officer (Director of Pharmacy) by Fax at 867-975-8606.**

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**APPENDIX 3  
Request to Return  
Narcotic & Controlled Drugs to Pharmacy**

**COMMUNITY HEALTH CENTRE:** \_\_\_\_\_

Drug Name (including strength and formulation)	Quantity

**NURSING SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Instructions:

1. Fax a copy of this form to the Qikiqtani General Hospital to receive acknowledgement that Pharmacy is aware of the Narcotic & Controlled Drug return request. **Fax #: 867-975-8606**

2. Ensure a copy of this form, with Nursing and Pharmacy signatures, accompanies the returned shipment. Return Address: **Pharmacy Department - QGH  
P.O. Box 1000 Station 1026  
Iqaluit, NU X0A 0H0**

3. For audit purposes, record the waybill # below and store the signed copy on-site for a period of 7 years.

**FREIGHT WAYBILL #**

Pharmacy acknowledges this return request and will be monitoring to ensure the returned shipment arrives safely:

**PHARMACY TECHNICIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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# MAIN LIST OF FORMULARY DRUGS BY GENERIC NAME

**Abbreviations used in this section:**

H	= Hospital
HC	= Health Centre
R	= Restricted Drug
RM	= Registered Midwife
SA	= Special Access Program Drug
V	= Public Health Vaccine Program

**Note:** Tall Man Letters are used throughout the Formulary to help distinguish look-alike drug names (FDA and ISMP Lists of *Look-Alike Drug Names with Recommended Tall Man Letters*, ISMP 2016).

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## Health Centre Treatment Codes

**A = CHN initiated, based on nurse assessment of patient (maximum duration ONE MONTH)**

If patient is to be treated for more than 30 days, a prescription must be written, directed to a retail pharmacy, and delivered to the patient within the first 30 days.

**B = Physician or Nurse Practitioner initiated, based on consultation with MD or NP (maximum duration TWO WEEKS)**

GN medication stock coded as “B” may be dispensed by a CHN for treatment that must be started immediately and for up to a maximum of 14 days.

The physician or nurse practitioner must write a prescription at the time of consultation and direct it to a retail pharmacy for processing when:

Treatment can wait until the patient receives the medication from the retail pharmacy.

A medication is required for longer than 14 days.

**B+ =** In an emergency situation where an immediate urgent and critical health concern may seriously endanger or threaten the life, health or safety of the client **and** where immediate access to a physician/dentist/nurse practitioner is not available, CHNs are authorized to administer **a maximum of one dose** of a controlled substance, pending communication with a physician/dentist/nurse practitioner if the following criteria are present:

1. The CHN has the knowledge, skill and judgement to determine whether the client’s condition warrants the use of a controlled substance;
2. The CHN knows the risks and benefits to the client; and
3. The CHN can reasonably predict the outcome.

**C = CHN may initiate one course (maximum duration TWO WEEKS)**

GN medication stock coded as “C” may be dispensed by a CHN for up to a maximum of 14 days. If the patient’s symptoms recur, the condition does not resolve or first-line therapy fails, a physician must be consulted.

If a patient is to be treated for more than 14 days, a prescription must be written, directed to a retail pharmacy, and delivered to the patient within the first 14 days.

**D = CHN may initiate one dose**

The CHN must reassess the patient after the first dose and contact the MD or NP if further treatment is required.

**D+ = CHN may provide up to eight (8) tablets one time only**

If patient returns for the same condition, the CHN must consult with the MD or NP.

**Note:** this code applies only to Tylenol #3 and Codeine 15 mg tablets.

**FORMULARY VACCINES AND IMMUNE GLOBULINS****PRESCRIBING CODES:**

B: Physician or Nurse Practitioner initiated, based on consultation

V: Vaccines – As per *Nunavut Immunization Manual*

R: Restricted – See below

**PRESCRIBING RESTRICTIONS:**

DRUG	RESTRICTION DETAILS
Botulism Antitoxin Heptavalent (A, B, C, D, E, F, G) (BAtx)	<ul style="list-style-type: none"> <li>Use must be authorized by the Chief Public Health Officer (CPHO).</li> </ul>
Hepatitis A Vaccine (HA) (Avaxim <sup>®</sup> , Havrix <sup>®</sup> )	<ul style="list-style-type: none"> <li>Doses must be authorized by the CPHO.</li> <li>Vaccine is stocked in Regional Pharmacy only.</li> </ul>
Hepatitis B Immune Globulin (HyperHEP B <sup>®</sup> S/D) (HBIG) (supplied by the Lab)	<ul style="list-style-type: none"> <li>Use must be authorized by the CPHO.</li> </ul>
Immune Globulin (GamaSTAN <sup>®</sup> S/D) (Ig) (supplied by the Lab)	<ul style="list-style-type: none"> <li>Use must be authorized by the CPHO.</li> </ul>
Meningococcal Vaccine (Men-C-ACYW) (Menactra <sup>®</sup> )	<ul style="list-style-type: none"> <li>Adolescents 13-16 years at school (grade 9) or at the first opportunity at the health centre.</li> <li>Individuals with risk factors as outlined in the Immunization Protocol.</li> <li>Post-exposure prophylaxis doses must be authorized by the CPHO.</li> </ul>
Palivizumab Passive Immunizing Agent (RSVab) (Synagis <sup>®</sup> )	<ul style="list-style-type: none"> <li>Restricted for use in babies registered in the Synagis<sup>®</sup> Program as authorized by the CPHO.</li> </ul>
Rabies Immune Globulin (Rablg) (HyperRab <sup>®</sup> S/D)	<ul style="list-style-type: none"> <li>Must be authorized by the CPHO as per the rabies exposure protocol.</li> </ul>
Rabies Vaccine (Rab) (Imovax <sup>®</sup> Rabies, RabAvert <sup>®</sup> )	<p>Pre-exposure Prophylaxis:</p> <ul style="list-style-type: none"> <li>Select individuals at increased risk as per the Rabies Immunization Protocol.</li> </ul> <p>Post-exposure Prophylaxis:</p> <ul style="list-style-type: none"> <li>Must be authorized by the CPHO or designate after a rabies risk assessment as per the rabies exposure protocol.</li> </ul>

For further information on vaccines please see the *Nunavut Immunization Manual* available at: <https://www.gov.nu.ca/health/information/manuals-guidelines>

Nurses, who are certified for vaccine administration, may administer all vaccines as per the *Nunavut Immunization Manual* and as defined in this Formulary.

**Listing of Formulary Vaccines and Immune Globulins**

GENERIC NAME (BRAND NAME)	ABBR.	DOSAGE FORM	H	HC	RM
Bacille Calmette-Guérin Vaccine (Freeze-Dried Glutamate BCG Vaccine [Japan])	BCG	20 doses/amp	•	V	V
Botulism Antitoxin Heptavalent (A,B,C,D,E,F,G) (BAT®)	BAtx	50 mL vial	•	R	-
Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio – pediatric (Adacel®-Polio, Boostrix®-Polio)	DTaP-IPV Tdap-IPV	0.5 mL syr	•	V	•
Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio, <i>Haemophilus influenzae</i> type b – pediatric (Pediacef®)	DTaP-IPV-Hib	0.5 mL vial	•	V	V
Hepatitis A Vaccine (Avaxim®, Havrix®)	HA	160 units/0.5 mL syr	R	R	-
Hepatitis B Immune Globulin (HyperHEP B® S/D) (supplied by the Lab)	HBlg	0.5 mL and 1 mL syr 1 mL and 5 mL vials	R+B R+B	R+B R+B	R+B R+B
Hepatitis B Vaccine (Engerix®-B)	HB	10 mcg/0.5 mL inj (ped)	V	V	V
		20 mcg/1 mL inj (adult)	•	V	•
Hepatitis B Vaccine (Recombivax HB®)	HB	5 mcg/0.5 mL inj (ped)	•	V	•
		10 mcg/1 mL inj (adult)	•	V	•
Human Papillomavirus Vaccine (Gardasil® 9)	HPV9	0.5 mL vial/syr	•	V	-
Immune Globulin (GamaSTAN® S/D) (supplied by the Lab)	Ig	2 mL, 5 mL and 10 mL vials	R	R	-
Influenza (Seasonal) Virus Vaccine	IIV4	0.5 mL/dose vial/syr	V	V	V
Measles, Mumps and Rubella Vaccine (M-M-R® II, Priorix®)	MMR	0.5 mL vial	•	V	V
Measles, Mumps, Rubella and Varicella Vaccine (Priorix-Tetra®)	MMRV	0.5 mL vial	•	V	-
Meningococcal C Conjugate Vaccine (Menjugate®)	Men-C-C	0.5 mL syr	•	V	-
Meningococcal Polysaccharide Vaccine, Groups A, C, Y and W-135 (Menactra®)	Men-C-ACYW	0.5 mL vial	•	V	-
Palivizumab Passive Immunizing Agent (Synagis®)	RSVab	50 mg/0.5 mL vial	R	R	R
		100 mg/1 mL vial	R	R	-
Pneumococcal Conjugate Vaccine, 13-valent (Pneumovax®-13)	Pneu-C-13/ PCV13	0.5 mL syr	•	V	V
Pneumococcal Polysaccharide Vaccine, 23-valent (Pneumovax® 23)	Pneu-P-23/ PPV23	0.5 mL vial	•	V	-
Poliomyelitis Vaccine, Inactivated (Imovax® Polio)	IPV	0.5 mL syr	•	V	-

GENERIC NAME (BRAND NAME)	ABBR.	DOSAGE FORM	H	HC	RM
Rabies Immune Globulin (HyperRab® S/D)	Rablg	300 units/1 mL vial	R	R	-
Rabies Vaccine (Imovax® Rabies, RabAvert®)	Rab	2.5 units/1 mL syr	R	R	-
Rotavirus Vaccine (RotaTeq®)	Rot-1	2 mL oral tube	•	V	V
Tetanus, Diphtheria – adult (Td Adsorbed)	Td	0.5 mL vial	V	V	-
Tetanus, Diphtheria, Acellular Pertussis – adult (Adacel®, Boostrix®)	Tdap	0.5 mL syr/vial	•	V	V
Tetanus Immune Globulin (HyperTet® S/D)	Tlg	250 units syr	V	V	-
Tuberculin PPD Skin Test (Tubersol®)	TST	5 Tuberculin units/ 0.1 mL (10 doses/vial)	•	V	-
Varicella Vaccine (Varilrix®)	Var	0.5 mL vial	•	V	-

## A

GENERIC NAME	DOSAGE FORM	H	HC	RM
Acebutolol	100 mg tab	•	-	-
Acetaminophen	160 mg chew tab	•	A	-
	325 mg tab	•	A	•
	500 mg tab	•	A	•
	320 mg/10 mL elixir (100 mL)	•	A	•
	80 mg/mL drops (24 mL)	•	A	•
	120 mg rectal supp	•	A	•
	325 mg rectal supp	•	A	•
650 mg rectal supp	•	A	•	
Acetaminophen/Codeine/ Caffeine	15 mg (codeine) tab	•	-	-
	30 mg (codeine) tab	•	D+	-
Acetaminophen/OxyCODONE	325 mg/5 mg tab	•	-	-
AcetaZOLAMIDE	250 mg tab	•	B	-
	500 mg inj vial	•	-	-
Acetylcysteine	6,000 mg/30 mL inj vial	•	B	-
Acetylsalicylic Acid (ASA)	80 mg chew tab	•	A	•
	81 mg EC tab	•	-	•
	325 mg tab	•	-	-
Acyclovir	200 mg tab	•	B	-
	40 mg/mL susp	•	B	-
	500 mg/10 mL inj vial	•	B	-
Adenosine	6 mg/2 mL inj syr	•	B	-
	12 mg/4 mL inj syr	•	B	-
	6 mg/2 mL inj vial	•	B	-
Alendronate	70 mg tab	•	-	-
Alginic Acid	200 mg chew tab (with Mg)	•	A	-
	oral susp (340 mL) (with Al)	•	-	-
Allopurinol	100 mg tab	•	-	-
	300 mg tab	•	-	-
ALPRAZolam	0.5 mg tab	•	-	-
Alprostadil	500 mcg/1 mL inj amp *FRIDGE*	•	-	-
Alteplase	2 mg/vial inj *FRIDGE*	R	-	-
	100 mg/vial inj	QGH only	-	-



GENERIC NAME	DOSAGE FORM	H	HC	RM
Amikacin	500 mg/2 mL inj vial	R	-	-
Aminosalicylic-5 Acid (Salofalk®)	500 mg EC tab	•	-	-
Amiodarone	200 mg tab	•	-	-
	150 mg/3 mL inj vial	•	B	-
Amitriptyline	10 mg tab	•	B	-
	25 mg tab	•	-	-
AmLODIPine	5 mg tab	•	B	-
Amoxicillin	250 mg cap	•	C	•
	500 mg cap	•	C	•
	50 mg/mL susp (100 mL)	•	C	-
Amoxicillin/Clavulanate*	250 mg/125 mg tab	•	-	•
	500 mg/125 mg tab	•	-	•
	875 mg/125 mg tab	•	B/C*	•
	400 mg/57 mg/5 mL susp (70 mL)	•	B/C*	•
Ampicillin	500 mg/vial inj	•	B	•
	1,000 mg/vial inj	•	-	•
Antacid (Aluminum & Magnesium)	oral susp	•	A	-
Apixaban	2.5 mg tab	•	-	-
	5 mg tab	•	-	-
ARIPiprazole	2 mg tab	•	-	-
	5 mg tab	•	-	-
	15 mg tab	•	-	-
Artesunate	110 mg vial	R	-	-
Artificial Tears	0.5% ophth drops (15 mL)	•	A	-
Atenolol	50 mg tab	•	-	-
Atorvastatin	10 mg tab	•	-	-
	40 mg tab	•	-	-
Atovaquone/Proguanil	62.5 mg/25 mg tab	•	-	-
	250 mg/100 mg tab	•	-	-
Atropine	0.6 mg/1 mL inj amp	•	-	-
	1 mg/10 mL inj syr	•	D	-
	1% ophth drops (0.5 mL minim)	•	B	-
Azithromycin*	250 mg tab	•	B/C*	•
	200 mg/5 mL susp	•	B/C*	-
	500 mg/vial inj	•	B	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
<b>B</b>				
Baclofen	10 mg tab	•	-	-
Beclomethasone	50 mcg/dose nasal spray	•	-	-
Benztropine	1 mg tab	•	B	-
	2 mg/2 mL inj vial	•	D	-
Benzydamine	0.15% oral gargle	•	-	-
Betamethasone Acetate	6 mg/1 mL inj vial	•	B	-
Betamethasone Valerate	0.05% topical cream (454 g)	•	-	•
	0.05% topical ointment (454 g)	•	-	•
	0.1% topical cream (15 g)	•	C	•
	0.1% topical ointment (454 g)	•	C	•
	0.1% topical scalp lotion (75 mL)	•	C	•
Bisacodyl	5 mg EC tab	•	C	-
	10 mg rectal supp	•	-	-
Bismuth Subsalicylate	528 mg/30 mL susp	•	-	-
Bisoprolol	5 mg tab	•	-	-
Botulism Antitoxin Heptavalent (A,B,C,D,E,F,G) (BAT®)	50 mL vial inj *FRIDGE*	•	R	-
Bovine Lipid Extract Surfactant (BLES)	27 mg/mL endotracheal syringe *FREEZER* (5 mL)	•	-	-
Brimonidine	0.2% ophth drops (5 mL)	•	-	-
Bromocriptine	2.5 mg tab	•	-	-
Budesonide	0.25 mg/mL neb soln (2 mL)	•	B	-
	100 mcg/dose turbuhaler	•	-	-
Budesonide/Formoterol (Symbicort®)	100 mcg/6 mcg turbuhaler	•	-	-
	200 mcg/6 mcg turbuhaler	•	-	-
Bupivacaine	0.25% inj vial (20 mL)	•	-	•
	0.5% inj vial (20 mL)	•	B	•
	0.75% inj amp (2 mL) (Spinal)	•	-	-
Bupivacaine / EPINEPHrine	0.25% with epi inj vial (20 mL)	•	-	•
	0.5% with epi inj vial (20 mL)	•	-	•
BuPROPion	100 mg SR tab	•	-	-
	150 mg SR tab	•	-	-
	150 mg XL tab	•	-	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
<b>C</b>				
Caffeine Citrate	20 mg/1 mL inj amp (equivalent to 10 mg/1 mL caffeine base)	•	-	-
Calcitriol	0.25 mcg cap	•	-	-
Calcium Carbonate	750 mg extra strength chew tab (300 mg elem Ca)	•	A	•
	1250 mg tab (500 mg elem Ca)	•	-	•
Calcium Chloride	1,000 mg/10 mL inj syr	•	B	-
Calcium Gluconate*	1,000 mg/10 mL inj vial	•	B/D*	-
Calcium Lactogluconate	20 mg/0.5 mmol/mL (elem Ca) liquid	•	-	-
Candesartan	8 mg tab	•	-	-
Cantharidin	1% topical liquid (7.5 mL)	•	B	-
Capsaicin	0.025% topical cream (60 g)	•	B	-
Captopril	25 mg tab	•	B	-
CarBAMazepine	100 mg chew tab	•	-	-
	200 mg tab	•	B	-
	200 mg CR tab	•	-	-
Carbetocin	100 mcg/1 mL inj amp	•	-	•
Carboprost Tromethamine	250 mcg/1 mL inj amp *FRIDGE*	•	D	•
Carvedilol	6.25 mg tab	•	-	-
CeFAZolin	1 g/vial inj	•	B	•
Cefixime*	400 mg tab	•	B/D*	•
	20 mg/mL susp (50 mL)	•	-	•
Cefotaxime	1 g/vial inj	R	B	-
CefOXitin	1 g/vial inj	•	-	-
CefTAZidime	1 g/vial inj	R	-	-
CefTRIAXone*	250 mg/vial inj	•	B/D*	•
	1 g/vial inj	•	B	•
Cefuroxime axetil	250 mg tab	•	B	-
	25 mg/mL susp (100 mL)	•	B	-
Cefuroxime sodium	750 mg/vial inj	•	B	-
Celecoxib	100 mg cap	R	-	-
Cephalexin	250 mg tab	•	C	•
	500 mg tab	•	C	•
	50 mg/mL susp (100 mL)	•	C	•
Cetirizine	10 mg tab	•	A	-
	5 mg/mL oral liquid	•	A	-
Charcoal, Activated	22.22 mg/mL susp (225 mL)	•	D	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
Chloral Hydrate	100 mg/mL liquid	●	-	-
Chlorhexidine	0.12% oral rinse (475 mL)	●	C	-
Chloroquine	250 mg tab	●	-	-
Chlorpheniramine	4 mg tab	●	-	-
ChlorproMAZINE	25 mg tab	●	-	-
Chlorthalidone	50 mg tab	●	-	-
Cholestyramine Resin	4 g/5 g powder pouch	●	-	-
Cilazapril	5 mg tab	●	-	-
Ciprofloxacin	500 mg tab	●	B	●
	400 mg/200 mL D5W inj bag	●	B	-
Ciprofloxacin/Dexamethasone	0.3%/0.1% otic drops (7.5 mL)	●	C	-
Cisatracurium	20 mg/10 mL inj vial	R	-	-
Citalopram	20 mg tab	●	B	-
Clarithromycin	250 mg tab	●	B	-
	500 mg XL tab	●	B	-
	25 mg/mL susp (105 mL)	●	B	-
Clindamycin	150 mg cap	●	B	●
	300 mg cap	●	-	-
	15 mg/mL susp (100 mL)	●	B	●
	300 mg/2 mL inj vial	●	B	●
CloBAZam	10 mg tab	●	-	-
Clobetasol Propionate	0.05% topical cream (15 g)	●	B	-
ClonazEPAM	0.5 mg tab	●	-	-
	2 mg tab	●	-	-
CloNIDine	0.025 mg tab	●	-	-
	0.1 mg tab	●	B	-
Clopidogrel	75 mg tab	●	B	-
Clotrimazole	1% topical cream (20 g)	●	A	●
	500 mg vaginal tab	●	A	●
	1% vaginal cream applicator	●	A	●
Cloxacillin	250 mg cap	●	C	●
	2 g/vial inj vial	●	-	-
CloZAPine	25 mg tab	●	-	-
	100 mg tab	●	-	-
Codeine	15 mg tab	●	D+	-
	50 mg SR tab	●	-	-
	5 mg/ml syrup	●	B+	-
	30 mg/1 mL inj amp	●	-	-
Colchicine	0.6 mg tab	●	B	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
Collodion Flexible	topical liquid USP (100 mL)	•	-	-
Cosyntropin	0.25 mg/vial inj	•	-	-
Cyclobenzaprine	10 mg tab	•	-	-
Cyclopentolate	1% ophth drops (0.5 mL minim)	•	-	-
<b>D</b>				
Dabigatran	150 mg cap	•	-	-
Dantrolene	20 mg/vial inj	•	-	-
Deferoxamine	500 mg/vial inj	•	B	-
Desflurane	inhalation gas (240 mL)	•	-	-
Desmopressin	10 mcg/dose nasal spray 4 mcg/1 mL inj amp *FRIDGE* 15 mcg/1 mL inj amp*FRIDGE*	• • •	- - -	- - -
Desonide	0.05% cream	•	-	-
Dexamethasone	0.5 mg tab 4 mg tab 20 mg/5 mL inj vial 10 mg/mL inj vial (preservative-free) 0.1% ophth drops (5 mL)	• • • • •	- - B - -	- - - - -
DexMEDEtomidine	200 mcg/2 mL inj vial	R	-	-
Dextrose/Water (D50W)	50% inj syringe (25 g/50 mL)	•	D	-
DiazePAM	5 mg tab 10 mg/2 mL inj amp	• •	B+ B+	- -
Diclofenac diethylamine	1.16% topical gel (50 g)	•	C	-
Diclofenac/miSOPROStol	50 mg/200 mcg tab	•	-	-
Digoxin	0.0625 mg tab 0.125 mg tab 0.05 mg/mL elixir 0.5 mg/2 mL inj amp	• • • •	- B - -	- - - -
Digoxin Immune Fab	40 mg/vial inj *FRIDGE*	•	-	-
Dihydroergotamine	1 mg/1 mL inj amp	•	B	-
DILTIAZem	30 mg tab 120 mg CD cap 180 mg CD cap 25 mg/5 mL inj vial *FRIDGE*	• • • •	B - - B	- - - -
DimenhyDRINATE	50 mg tab 3 mg/mL liquid 25 mg rectal supp 50 mg/1 mL inj amp	• • • •	C C C C	• • • •

GENERIC NAME	DOSAGE FORM	H	HC	RM
Dinoprostone *FREEZER*	10 mg vaginal insert	•	-	-
Dinoprostone *FRIDGE*	0.5 mg/2.5 mL cervical gel syringe 1 mg/2.5 mL vaginal gel syringe 2 mg/2.5 mL vaginal gel syringe	• • •	- - -	- - -
DiphenhydrAMINE	25 mg cap 2.5 mg/mL elixir 50 mg/1 mL inj vial	• • •	A A C	- - •
Divalproex Sodium	125 mg EC tab 250 mg EC tab 500 mg EC tab	• • •	- - -	- - -
DMPS (2,3-dimercapto-1-propane sulfonate)	250 mg/5 mL inj amp	SA	-	-
DOBUTamine	250 mg/20 mL inj vial	•	-	-
Domperidone	10 mg tab	•	-	-
Donepezil	5 mg tab	•	-	-
DOPamine	400 mg/250 mL D5W inj bag	•	B	•
Dorzolamide	2% ophth drops (0.2 mL minim)	•	-	-
Doxycycline	100 mg cap	•	C	-
Doxylamine/Pyridoxine	10 mg/10 mg tab	•	C	•
DULoxetine	30 mg cap	•	-	-
<b>E</b>				
Emtricitabine/Tenofovir DF	200 mg/300 mg	•	B	-
Enalapril	5 mg tab 10 mg tab	• •	- -	- -
Enoxaparin	300 mg/3 mL inj vial 30 mg/0.3 mL inj syr 40 mg/0.4 mL inj syr	• • •	B - -	- - -
ePHEDrine	50 mg/1 mL inj amp	•	B	-
EPINEPHrine	1 mg/1 mL (1:1,000) inj amp 1 mg/10 mL (1:10,000) inj syr 0.3 mg/0.3 mL inj (Epipen®) 0.15 mg/0.3 mL inj (Epipen® JR)	• • • •	C D D D	• • - -
EPINEPHrine	30 mg/30 mL topical solution vial	•	C	-
Ergonovine	0.25 mg/1 mL inj amp *FRIDGE*	•	D	•
Ertapenem	1 g/vial inj	R	-	-
Erythromycin	0.5% ophth ointment (1 g) 0.5% ophth ointment (3.5 g)	• •	C C	• •

GENERIC NAME	DOSAGE FORM	H	HC	RM
Erythromycin Base	250 mg tab	●	B	●
Erythromycin Lactobionate	500 mg/vial inj	R	-	●
Escitalopram	10 mg tab	●	-	-
Esmolol	100 mg/10 mL inj vial	●	-	-
Estrogens, Conjugated	0.625 mg	●	-	-
	25 mg/vial inj *FRIDGE*	●	B	-
Ethambutol	100 mg tab	●	B	-
	400 mg tab	●	B	-
Etomidate	20 mg/10 mL inj vial	R	-	-
Etonogestrel (Nexplanon®)	Implant	●	-	-
Ezetimibe	10 mg tab	●	-	-
<b>F</b>				
Famotidine	20 mg/2 mL inj vial *FRIDGE*	●	B	-
Fenofibrate	200 mg micronized cap	●	-	-
FentaNYL	12 mcg/hr transdermal patch	●	-	-
	25 mcg/hr transdermal patch	●	-	-
	50 mcg/hr transdermal patch	●	-	-
	75 mcg/hr transdermal patch	●	-	-
	100 mcg/hr transdermal patch	●	-	-
	100 mcg/2 mL inj vial	●	B	-
	250 mcg/5 mL inj vial	●	-	-
1 mg/20 mL inj vial	●	-	-	
Ferric Sub sulfate (Monsel's)	solution (USP)	●	-	-
Ferrous Fumarate	300 mg tab (100 mg elem Fe)	●	B	●
Ferrous Gluconate	300 mg tab (33 mg elem Fe)	●	A	●
Ferrous Sulfate	300 mg tab (60 mg elem Fe)	●	-	●
	75 mg/mL drops (15 mg/mL elem Fe) (50 mL)	●	A	-
Finasteride	5 mg tab	●	-	-
Fluconazole	100 mg tab	●	-	●
	150 mg cap	●	C	●
	200 mg/100 mL inj vial	R	-	-
Fludrocortisone	0.1 mg tab *FRIDGE*	●	-	-
Flumazenil	0.5 mg/5 mL inj vial	●	B	-
Fluorescein	2% ophth soln (0.5 mL minim)	●	A	-
Fluorometholone	0.1% ophth drops (5 mL)	●	-	-
FLUoxetine	10 mg cap	●	-	-
Flupenthixol Decanoate	20 mg/1 mL inj amp	●	-	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
Fluticasone	50 mcg/dose inhaler	●	B	-
	125 mcg/dose inhaler	●	B	-
	250 mcg/dose inhaler	●	-	-
Fluticasone/Salmeterol	100 mcg/50 mcg diskus	●	-	-
	250 mcg/50 mcg diskus	●	-	-
	500 mcg/50 mcg diskus	●	-	-
Fluticasone/Salmeterol	125 mcg/25 mcg MDI inhaler	●	-	-
	250 mcg/25 mcg MDI inhaler	●	-	-
Folic Acid	1 mg tab	●	A	●
	5 mg tab	●	-	●
	50 mg/10 mL inj vial	●	B	-
Fomepizole	1 g/mL inj vial (1.5 mL)	●	B	-
Fosinopril	10 mg tab	●	-	-
Fosphenytoin	75 mg/mL inj vial (10 mL) *FRIDGE*	●	B	-
Furosemide	20 mg tab	●	-	-
	40 mg tab	●	B	-
	10 mg/mL oral soln	●	-	-
	40 mg/4 mL inj amp	●	B	-
<b>G</b>				
Gabapentin	100 mg cap	●	-	-
	300 mg cap	●	-	-
Gentamicin	20 mg/2 mL inj vial	●	B	-
	80 mg/2 mL inj vial	●	B	-
Gliclazide	80 mg tab	●	B	-
	30 mg MR tab	●	-	-
Glucagon	1 mg/vial inj	●	C	-
Glucose	oral gel (31 g)	●	D	-
GlyBURIDE	5 mg tab	●	B	-
Glycerin	1.44 g rectal supp (infant)	●	A	●
	2.7 g rectal supp (adult)	●	A	-
Glycopyrrolate	0.2 mg/1 mL inj vial	●	-	-
<b>H</b>				
Haloperidol	1 mg tab	●	-	-
	5 mg tab	●	B	-
	5 mg/1 mL inj amp	●	B	-
Haloperidol Decanoate	500 mg/5 mL inj vial	●	-	-



GENERIC NAME	DOSAGE FORM	H	HC	RM
Heparin	100 units/mL inj vial (10 mL)	●	-	-
	1,000 units/mL inj vial (10 mL)	●	-	-
	5,000 units/0.5 mL inj syr	●	-	-
	25,000 units/250 mL D5W inj bag	●	-	-
HydrALAZINE	10 mg tab	●	-	-
	25 mg tab	●	-	-
	20 mg/1 mL inj vial	●	B	-
HydroCHLOROthiazide	25 mg tab	●	B	-
HydroCHLOROthiazide/Triamterene	25 mg/50 mg tab	●	-	-
Hydrocortisone	0.5% topical cream (15 g)	●	C	●
	0.5% topical oint (15 g)	●	C	●
	1% topical cream (15 g)	●	C	●
	1% topical ointment (454 g)	●	C	●
Hydrocortisone/Cinchocaine/ Framycetin/Esculin (Proctosedyl®)	rectal ointment (15 g)	●	-	●
	2.65 g rectal supp	●	-	●
Hydrocortisone/Zinc (Aunsol-HC™)	0.5%/0.5% rectal oint (15 g)	●	A	●
	10 mg/10 mg rectal supp	●	A	●
Hydrocortisone Sodium Succinate	100 mg/vial inj	●	B	-
	500 mg/vial inj	●	-	-
HYDROmorphone	1 mg tab	●	-	-
	4 mg tab	●	-	-
	3 mg SR cap	●	-	-
	12 mg SR cap	●	-	-
	1 mg/mL oral soln	●	-	-
	2 mg/1 mL inj amp	●	-	-
	10 mg/1 mL inj vial	●	-	-
Hydroxocobalamin (Cyanokit®)	Inj kit (2 x 2.5 g)	●	B Baker Lake only	-
Hydroxyethyl Starch in 0.9% NaCl (Voluven®)	6% inj bag (500 mL)	●	B	-
Hydroxyethyl Starch in an isotonic electrolyte solution (Volulyte®)	6% inj bag (500 mL)	●	B	-
HydrOXYzine	10 mg cap	●	C	-
	25 mg cap	●	-	-
	2 mg/mL syrup	●	C	-
Hyoscine Butylbromide	10 mg tab	●	C	-
	20 mg/1 mL inj amp	●	D	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
<b>I</b>				
Ibuprofen	200 mg tab 400 mg tab 20 mg/mL susp (100 mL)	• • •	C C C	• • •
IdaruCIZUmab (Praxbind®)	2.5 g/50 mL vial *FRIDGE*	•	-	-
Iloprost	50 mcg/1 mL inj amp	SA	-	-
Imipramine	25 mg tab	•	-	-
Indapamide	1.25 mg tab 2.5 mg tab	• •	- -	- -
Indomethacin	25 mg cap 50 mg rectal supp 100 mg rectal supp	• • •	B - B	- - -
Insulin Aspart (NovoRapid®)	100 units/mL inj vial *FRIDGE*	•	B	-
Insulin Detemir (Levemir®)	100 units/mL inj penfill *FRIDGE*	•	-	-
Insulin Glargine (Lantus®)	100 units/mL inj vial *FRIDGE*	•	B	-
Insulin Human NPH	100 units/mL inj vial *FRIDGE*	•	B	-
Insulin Human Regular	100 units/mL inj vial *FRIDGE*	•	B	-
Insulin Human Reg/NPH 30/70	100 units/mL inj vial *FRIDGE*	•	B	-
Insulin Lispro (HumaLOG®)	100 units/mL inj vial *FRIDGE*	•	-	-
Intralipid	20% bag (250 mL)	•	B	-
Ipratropium	0.25 mg/1 mL neb soln 20 mcg/dose inhaler	• •	C C	- -
Irbesartan	150 mg tab	•	-	-
Iron Sucrose	100 mg/5 mL inj vial	•	-	-
Isoflurane	99% inhalation gas (100 mL)	•	-	-
Isoniazid	100 mg tab 300 mg tab 10 mg/mL liq	• • •	B B B	- - -
Isoproterenol	1 mg/5 mL inj vial	•	-	-
Isosorbide Dinitrate	10 mg tab	•	-	-
Ivabradine	5 mg tab	•	-	-
Ivermectin	3 mg tab **only released to health centres upon special request for outbreaks**	•	B	-
<b>K</b>				
Ketamine	20 mg/2 mL inj vial 100 mg/2 mL inj vial	R R	B B	- -
Ketorolac	0.5% ophth drops (5 mL) 30 mg/1 mL inj vial	• R	B D	- -

GENERIC	DOSAGE FORM	H	HC	RM
<b>L</b>				
Labetalol	100 mg tab 100 mg/20 mL inj vial	• •	B B	- -
Lactulose*	10 g/15 mL syrup	•	A/B*	-
LamiVUDine	150 mg cap	•	B	-
LamoTRlgine	25 mg tab	•	B	-
Lansoprazole	15 mg orally disintegrating tab 30 mg orally disintegrating tab 30 mg cap	R R R	- - -	- - -
Leucovorin	50 mg/5 mL inj vial *FRIDGE*	•	B	-
LevETIRAcetam	250 mg tab 500 mg tab 750 mg tab 500 mg/5 mL inj vial	• • • •	B - - B	- - - -
Levodopa/Carbidopa	100 mg/25 mg 200 mg/50 mg SR tab	• •	- -	- -
LevoFLOXacin	500 mg tab 750 mg tab 500 mg/100 mL D5W inj bag 750 mg/150 mL D5W inj bag	R R R R	- B - -	- - - -
Levonorgestrel (Plan B®)	1.5 mg tab (1 tab/package)	•	A	•
Levonorgestrel/Ethinyl Estradiol (Alesse®)	100 mcg/20 mcg tab	•	A	•
Levothyroxine	0.025 mg tab 0.05 mg tab 0.088 mg tab 0.1 mg tab 0.112 mg tab	• • • • •	- B - - -	- - - - -
Lidocaine	2% oral viscous (100 mL) 2% topical jelly (30 mL) 2% jelly syringe (10 mL) 4% topical (50 mL) 10 mg/dose endotracheal spray Endotracheal spray nozzles 1% inj polyamp (5 mL) 2% inj polyamp (5 mL) 100 mg/5 mL inj syr 100 mg/5 mL inj amp 1,000 mg/250 mL D5W inj bag	• • • • • • • • • • • • • •	B A C - - C C C C B - B	- • - - - - - • • - - -

GENERIC NAME	DOSAGE FORM	H	HC	RM
Lidocaine/EPINEPHrine	1% with epi 1:100,000 inj vial (20 mL)	●	C	●
	2% with epi 1:100,000 inj vial (20 mL)	●	-	●
Lidocaine/Prilocaine (Emla®)	2.5%/2.5% topical cream (2.5 g)	●	A	●
	2.5%/2.5% topical patch	●	-	-
Lisinopril	5 mg tab	●	-	-
Lithium Carbonate	300 mg cap	●	-	-
Loperamide	2 mg tab	●	C	●
	0.2 mg/mL liquid	●	-	-
Lopinavir/Ritonavir	200 mg/50 mg tab	●	B	-
LORazepam	1 mg SL tab	●	B+	-
	2 mg SL tab	●	-	-
	4 mg/1 mL inj vial *FRIDGE*	●	B+	-
Losartan	50 mg tab	●	-	-
Loxapine	10 mg tab	●	B	-
	25 mg tab	●	-	-
	50 mg/1 mL inj amp	●	B	-
<b>M</b>				
Magnesium Citrate	5 mg/mL soln (300 mL)	●	-	-
Magnesium Glucoheptonate	100 mg/mL liquid (5 mg/mL elem Mg)	●	-	-
Magnesium Hydroxide	80 mg/mL oral susp	●	A	-
Magnesium Sulfate	5,000 mg/10 mL inj vial	●	B	-
Mannitol	20%/500 mL inj bag	●	B	-
Mebendazole	100 mg tab	●	B	-
MedroxyPROGESTERone	5 mg tab	●	B	-
	150 mg/1 mL inj vial/syr	●	D	●
Meperidine	50 mg/1 mL inj amp	●	-	-
Meropenem	500 mg/vial inj	R	-	-
Mesalamine (5-ASA) (Salofalk®)	500 mg EC tab	●	-	-
MetFORMIN	500 mg tab	●	B	-
	850 mg tab	●	-	-
MethIMAzole	5 mg tab	●	-	-
Methotrexate	2.5 mg tab	●	-	-
	7.5 mg/0.3 mL pre-filled syringe	●	-	-
	10 mg/0.4 mL pre-filled syringe	●	-	-
	15 mg/0.6 mL pre-filled syringe	●	-	-
	20 mg/0.8 mL pre-filled syringe	●	-	-
	25 mg/1 mL pre-filled syringe	●	-	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
Methotrimeprazine	5 mg tab	●	-	-
	25 mg/1 mL inj amp	●	-	-
Methyldopa	250 mg tab	●	B	-
Methylene Blue	50 mg/5 mL inj vial	●	B	-
MethylPREDNISolone Sodium Succinate	40 mg/vial inj	●	-	-
	125 mg/vial inj	●	B	-
	500 mg/vial inj	●	-	-
MethylPREDNISolone Acetate	40 mg/1 mL inj vial (Depot)	●	B	-
Methyl Salicylate/Eucalyptus/ Menthol/Camphor (Rub A-535®)	topical ointment (50 g)	●	C	-
Metoclopramide	5 mg tab	●	C	-
	1 mg/mL syrup	●	-	-
	10 mg/2 mL inj vial	●	C	-
MetOLazone	2.5 mg tab	●	-	-
Metoprolol	25 mg tab	●	B	-
	50 mg tab	●	-	-
	5 mg/5 mL inj vial	●	B	-
MetroNIDAZOLE	250 mg tab	●	C	●
	10% vaginal cream/appl	●	-	●
	500 mg/100 mL inj bag (premixed)	●	B	●
Midazolam	5 mg/5 mL inj vial	●	-	-
	10 mg/2 mL inj vial	●	B	-
	50 mg/10 mL inj vial	●	-	-
MiFEPRIStone/ miSOPROStol (Mifegymiso®)	200 mg (1 tab) and 200 mcg (4 tabs) per package	●	-	-
Milrinone	10 mg/10 mL inj vial	●	-	-
Mineral Oil (Heavy)	100% oil (500 mL)	●	-	-
Mineral Oil (Light)	topical liquid (500 mL)	●	A	-
Mirtazapine	15 mg tab	●	-	-
MiSOPROStol	200 mcg tab	●	B	●
Montelukast	10 mg tab	●	-	-
Morphine	5 mg tab	●	B	-
	10 mg tab	●	-	-
	10 mg SR cap	●	-	-
	15 mg SR cap	●	B	-
	60 mg SR cap	●	-	-
	1 mg/mL syrup	●	B+	-
	10 mg/1 mL inj amp	●	B+	-
	50 mg/1 mL inj vial	●	-	-
	5 mg/10 mL epidural inj	●	-	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
Moxifloxacin	400 mg tab	R	-	-
Moxifloxacin	0.5% ophth solution	•	B	-
Mupirocin	2% topical cream (15 g)	•	C	•
	2% topical ointment (15 g)	•	C	•
<b>N</b>				
Nabilone	1 mg cap	•	-	-
Nadolol	40 mg tab	•	-	-
Nalbuphine	10 mg/1 mL inj amp	•	-	-
Naloxone	0.4 mg/1 mL inj amp	•	A	-
	2 mg/2 mL inj vial	•	D	-
Naproxen	250 mg tab	•	C	-
Nasal Lubricant	nasal gel (30 g)	•	-	-
Neostigmine	12.5 mg/5 mL inj vial	•	-	-
Nicotine	2 mg gum	•	C	-
	7 mg transdermal patch	•	C	-
	14 mg transdermal patch	•	C	-
	21 mg transdermal patch	•	C	-
	10 mg/cartridge inhaler	•	C	-
NIFEdipine	5 mg cap	•	-	-
	10 mg cap	•	B	-
	20 mg XL tab	•	-	-
	30 mg XL tab	•	-	-
NiMODipine	30 mg tab	•	-	-
Nitrofurantoin (MacroBID®)	100 mg cap	•	C	•
Nitroglycerin	0.4 mg/dose aerosol spray	•	C	-
	0.2 mg/hr transdermal patch	•	B	-
	0.4 mg/hr transdermal patch	•	-	-
	0.6 mg/hr transdermal patch	•	-	-
	50 mg/10 mL inj vial	•	-	-
	50 mg/250 mL D5W inj bag	•	B	-
Norepinephrine	4 mg/4 mL inj vial	•	B	-
Norethindrone (Micronor®)	0.35 mg tab	•	A	•
Nortriptyline	25 mg cap	•	-	-
Nystatin	100,000 units/mL susp (100 mL)	•	C	•
	100,000 units/g topical cream (15 g)	•	A	•
	25,000 units/g vaginal cream (120 g)	•	-	•

GENERIC NAME	DOSAGE FORM	H	HC	RM
<b>O</b>				
Octreotide	100 mcg/1 mL inj vial *FRIDGE*	●	B	-
Ocular Lubricant (Tear-Gel®)	ophth gel (10 g)	●	A	-
OLANzapine	2.5 mg tab	●	-	-
	5 mg tab	●	-	-
	10 mg tab	●	-	-
	5 mg orally disintegrating tab	●	B	-
	10 mg orally disintegrating tab	●	-	-
	10 mg/vial inj	R	-	-
Ondansetron	4 mg tab	●	-	-
	4 mg orally disintegrating tab	●	D	-
	0.8 mg/mL oral liquid	●	D	-
	4 mg/2 mL inj amp	●	D	-
Oseltamivir	75 mg cap	●	B	-
	6 mg/mL susp (65 mL)	●	B	-
Oxazepam	15 mg tab	●	-	-
Oxybutynin	5 mg tab	●	-	-
OxyCODONE	5 mg tab	●	-	-
	10 mg SR tab	●	-	-
Oxytocin	10 units/1 mL inj amp	●	D	●
<b>P</b>				
Paliperidone prolonged-release (Invega Sustenna®)	75 mg/0.75 mL inj prefilled syringe	●	-	-
	100 mg/1 mL inj prefilled syringe	●	-	-
	150 mg/1.5 mL inj prefilled syringe	●	-	-
Pamidronate	30 mg/vial inj	●	-	-
	90 mg/vial inj	●	-	-
Pancrelipase (Cotazym® ECS 8)	10,800 units lipase activity / 42,000 units amylase activity / 45,000 units protease activity EC cap	●	-	-
Pantoprazole sodium	40 mg tab	●	B	-
	40 mg/vial inj	●	B	-
PARoxetine	20 mg tab	●	-	-
Penicillin G Benzathine (Bicillin® L-A)	1.2 million units/2 mL inj *FRIDGE*	●	D	-
Penicillin G Sodium	1 million units/vial inj	●	-	●
	5 million units/vial inj	●	B	●
Penicillin V Potassium	300 mg tab	●	C	●
Perindopril	4 mg tab	●	-	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
Permethrin	1% cream rinse (56 mL)	●	A	-
	5% topical cream (30 g)	●	A	-
Perphenazine	4 mg tab	●	-	-
PHENobarbital	30 mg tab	●	-	-
	100 mg tab	●	-	-
	5 mg/mL elixir	●	B	-
	120 mg/1 mL inj amp	●	B	-
Phenol	90% USP topical liquid (100 mL)	●	B	-
Phentolamine	5 mg/1 mL inj vial *FRIDGE*	●	D	-
Phenylephrine	10 mg/1 mL inj	●	B	-
	2.5% ophth drops (5 mL)	●	-	-
	2.5% ophth drops (0.5 mL minim)	●	B	-
Phenytoin	50 mg chew tab	●	-	-
	100 mg cap	●	B	-
	25 mg/mL susp	●	B	-
	100 mg/2 mL inj vial	●	B	-
	250 mg/5 mL inj vial	●	-	-
Phosphates for Bowel Evacuation	oral soln (45 mL)	●	-	-
Phosphates Oral Replacement	500 mg effervescent oral tab	●	-	-
Phosphate, as potassium salt	30 mmol PO <sub>4</sub> /10 mL inj vial (also contains 44 mmol K/10 mL)	●	-	-
Phosphate, as sodium salt	30 mmol PO <sub>4</sub> /10 mL inj vial (also contains 40 mmol Na/10 mL)	●	-	-
Pilocarpine	2% ophth drops (0.5 mL minim)	●	B	-
	4% ophth drops (15 mL)	●	-	-
Piperacillin/Tazobactam	3 g/375 mg/vial inj	R	B	-
	4 g/500 mg/vial inj	R	-	-
Polyethylene Glycol (PEG) 3350	powder for oral solution (17 g sachets)	●	C	-
Polymyxin/Bacitracin	topical ointment (15 g)	●	A	●
Polymyxin/Gramicidin	topical cream (15 g)	●	-	●
	ophth / otic drops (10 mL)	●	C	-
Potassium Acetate	100 mmol/50 mL inj vial	●	-	-
Potassium Chloride (oral)	8 mmol SR tab (600 mg)	●	-	-
	20 mmol SR tab	●	B	-
	20 mmol/15 mL liquid	●	-	-



GENERIC NAME	DOSAGE FORM	H	HC	RM
Potassium Chloride (injectable)	10 mmol/100 mL sterile water inj (100 mL)	●	-	-
	20 mmol/L in NS inj (1000 mL)	●	B	-
	20 mmol/L in D5NS inj (1000 mL)	●	-	-
	20 mmol/L in D5½NS inj (1000 mL)	●	-	-
	20 mmol/L in D5W inj (1000 mL)	●	-	-
	20 mmol/L in RL inj (1000 mL)	●	-	-
	20 mmol/L in 2/3-1/3 (1000 mL)	●	-	-
	40 mmol/L in NS inj (1000 mL)	●	-	-
	40 mmol/L in D5NS inj (1000 mL)	●	-	-
	40 mmol/L in D5½NS inj (1000 mL)	●	-	-
	40 mmol/L in D5W inj (1000 mL)	●	-	-
	40 mmol/L in 2/3-1/3 inj (1000 mL)	●	-	-
	Potassium Iodide/Iodine (Lugol's soln)	10 %/5% oral soln (100 mL)	●	-
Pravastatin	20 mg tab	●	-	-
PrednisolONE	1 mg/mL liquid	●	B	-
	1% ophth drops (5 mL)	●	B	-
PredniSONE	1 mg tab	●	-	-
	5 mg tab	●	B	-
	50 mg tab	●	B	-
Pregabalin	25 mg cap	●	-	-
	150 mg cap	●	-	-
Procainamide	1,000 mg/10 mL inj vial	●	B	-
Prochlorperazine	10 mg tab	●	-	-
Progesterone	100 mg cap	●	B	-
Propafenone	150 mg tab	●	-	-
Proparacaine	0.5% ophth drops (15 mL) *FRIDGE*	●	-	-
Propofol	200 mg/20 mL inj vial	●	B	-
Propranolol	10 mg tab	●	-	-
	40 mg tab	●	-	-
Protamine	50 mg/5 mL inj vial	●	B	-
Pseudoephedrine	60 mg tab	●	-	-
Psyllium	5 g granules/packet	●	A	●
Pyrantel Pamoate	125 mg tab	●	C	-
Pyrazinamide	500 mg tab	●	B	-
Pyridoxine (Vitamin B6)	25 mg tab	●	B	-
	3,000 mg/30 mL inj vial	●	B	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
<b>Q</b>				
QUetiapine	25 mg tab	•	B	-
	100 mg tab	•	-	-
	50 mg XR tab	•	-	-
	200 mg XR tab	•	-	-
Quinapril	20 mg tab	•	-	-
QuiNINE Sulfate	200 mg cap	•	-	-
	300 mg cap	•	-	-
QuiNINE Dihydrochloride	600 mg/10 mL inj amp	R	-	-
<b>R</b>				
Ramipril	2.5 mg cap	•	B	-
	5 mg cap	•	-	-
	10 mg cap	•	-	-
Raltegravir	400 mg tab	•	B	-
RaNITidine	150 mg tab	•	C	•
Remifentanil	1 mg/vial inj	•	-	-
Repaglinide	0.5 mg tab	•	-	-
RifAMPin	150 mg cap	•	B	-
	300 mg cap	•	B	-
Risedronate	35 mg tab	•	-	-
RisperiDONE	1 mg tab	•	B	-
	2 mg tab	•	-	-
RisperiDONE *FRIDGE* (Risperdal Consta®)	12.5 mg/vial inj	R	-	-
	25 mg/vial inj	R	-	-
	37.5 mg/vial inj	R	-	-
	50 mg/vial inj	R	-	-
Rivaroxaban	15 mg tab	•	-	-
	20 mg tab	•	-	-
Rizatriptan	5 mg orally disintegrating tab	•	B	-
Rocuronium	50 mg/5 mL inj vial *FRIDGE*	•	B	-
Ropivacaine	100 mg/20 mL inj polyamp	•	-	-
Rosuvastatin	5 mg tab	•	-	-
	10 mg tab	•	-	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
<b>S</b>				
Salbutamol	1.25 mg/2.5 mL neb soln	•	C	-
	2.5 mg/2.5 mL neb soln	•	C	-
	5 mg/2.5 mL neb soln	•	C	-
	50 mg/10 mL neb soln	•	C	-
	100 mcg/dose inhaler	•	C	-
	5 mg/5 mL inj amp	•	-	-
Saliva Substitute	spray pump (120 mL)	•	-	-
Salmeterol	50 mcg/dose diskus	•	-	-
Scopolamine Hydrobromide	1.5 mg transdermal patch	•	-	-
	0.6 mg/1 mL inj vial	•	-	-
Sennosides	8.6 mg tab	•	A	•
	1.7 mg/mL liquid (100 mL)	•	-	•
Sertraline	25 mg cap	•	-	-
	100 mg cap	•	-	-
Sevoflurane	99.9% inhalation gas (250 mL)	•	-	-
Silver Nitrate	0.75% sticks	•	C	-
Silver Sulfadiazine	1% topical cream (50 g)	•	C	-
Simethicone	40 mg/mL drops (15 mL)	•	A	•
Simvastatin	20 mg tab	•	-	-
SITagliptin	50 mg tab	•	-	-
Sodium Bicarbonate	5 mmol/10 mL (4.2%) inj syringe	•	B	-
	50 mmol/50 mL (8.4%) inj syringe	•	B	-
Sodium Chloride	0.9% nasal drops (30 mL)	•	A	-
Sodium Chloride	3% neb soln (4 mL)	•	-	-
	3% hypertonic infusion bag (250 mL)	•	-	-
Sodium Chloride	4 mmol/mL inj vial (30 mL)	•	-	-
Sodium Citrate/Citric Acid	3 g/2 g/30 mL oral liquid	•	-	-
Sodium Picosulfate/Magnesium Oxide/Citric Acid (Pico-Salax®)	10 mg/3.5 g/12 g per sachet (2 sachets/box)	•	C	-
Sodium Polystyrene Sulfonate	15 g/60 mL susp	•	B	-
Spironolactone	25 mg tab	•	B	-
Succinylcholine	400 mg/20 mL inj vial *FRIDGE*	•	B	-
Sucrose	24% oral solution (1 mL)	•	C	•
Sugammadex	500 mg/5 mL inj vial	R	-	-
Sulfamethoxazole/ Trimethoprim	800 mg/160 mg (DS tab)	•	C	•
	100 mg/20 mg (Pediatric tab)	•	C	•
SUMatriptan	6 mg/0.5 mL inj syr	•	B	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
<b>T</b>				
Tamsulosin	0.4 mg SR cap	●	B	-
Telmisartan	40 mg tab	●	-	-
Tenecteplase	50 mg/vial inj	R	B	-
Tenofovir Disoproxil Fumarate	300 mg tab	●	B	-
Terazosin	2 mg tab	●	-	-
	5 mg tab	●	-	-
Tetracaine	0.5% ophth drops (0.5 mL minim)	●	D	-
Tetracycline	250 mg cap	●	C	-
Thiamine (Vitamin B1)	50 mg tab	●	A	-
	100 mg/1 mL inj amp	●	A	-
Throat Lozenge (cetylpyridinium chloride)	1.4 mg throat lozenge	●	C	-
Timolol	0.25% ophth drops (5 mL)	●	-	-
	0.5% ophth drops (5 mL)	●	B	-
Tiotropium	18 mcg inhalation cap	●	-	-
Tobramycin	0.3% ophth drops (5 mL)	●	-	-
	80 mg/2 mL inj vial	●	-	-
Tobramycin/Dexamethasone	0.3%/0.1% ophth drops (5 mL)	●	-	-
	0.3%/0.1% ophth ointment (3.5 g)	●	-	-
Tolterodine	1 mg tab	●	-	-
	2 mg LA cap	●	-	-
Topiramate	25 mg tab	●	-	-
Tranexamic Acid	500 mg tab	●	B	-
	1000 mg/10 mL inj vial	●	B	-
TraZODone	50 mg tab	●	B	-
Triamcinolone Acetonide	50 mg/5 mL inj vial	●	B	-
	200 mg/5 mL inj vial	●	B	-
Trifluridine	1% ophth drops (7.5 mL) *FRIDGE*	●	B	-
Tropicamide	1% ophth drops (0.5 mL minim)	●	B	-
	1% ophth drops (15 mL)	●	-	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
<b>U</b>				
Ulipristal (Ella®)	30 mg tab	R	C	•
Ursodiol	250 mg tab	•	B	-
<b>V</b>				
ValACYclovir	500 mg tab	•	B	-
Valproic acid	50 mg/mL syrup	•	-	-
Valsartan	80 mg tab	•	-	-
Vancomycin	1 g/vial inj	R	B	•
	125 mg cap	R	-	-
Vasopressin	20 units/1 mL inj vial	•	B	-
Venlafaxine XR	37.5 mg XR cap	•	-	-
	75 mg XR cap	•	-	-
	150 mg XR cap	•	-	-
Verapamil	80 mg tab	•	-	-
	120 mg SR tab	•	-	-
	180 mg SR tab	•	-	-
	5 mg/2 mL inj vial	•	-	-
Vitamins A, C and D (Tri-Vi-Sol®)	oral drops	•	-	-
Vitamin B12	100 mcg tab	•	-	-
	1,000 mcg tab	•	-	-
	1,000 mcg/1 mL inj amp	•	-	-
Vitamin C	500 mg tab	•	-	•
Vitamin D3 (cholecalciferol)	400 units tab	•	-	•
	1,000 units tab	•	A	•
	400 units/DROP liquid	•	A	•
	1000 units/DROP liquid	•	-	-
Vitamin K1 (phytonadione)	1 mg/0.5 mL inj amp (PED)	•	D	•
	10 mg/1 mL inj amp (ADULT)	•	B	•
Vitamins, Multiple with Minerals (adult)	oral tab	•	-	•
Vitamins, Multiple with Minerals (child)	chew tab	•	A	•
Vitamins, Multiple for Dialysis Patients (Vitamins B+C with Folate)	oral tab	•	-	-
Vitamins, Multiple	Inj (2 x 5 mL vials) *FRIDGE*	•	-	-
Vitamins, Prenatal	oral tab	•	A	•

GENERIC NAME	DOSAGE FORM	H	HC	RM
<b>W</b>				
Warfarin	1 mg tab 2 mg tab 5 mg tab	• • •	B - B	- - -
<b>X</b>				
Xylometazoline	0.1% nasal spray (20 mL)	•	A	-
<b>Z</b>				
Zinc Gluconate	oral tab (25 mg elem Zn)	•	-	-
Zinc Sulfate	10 mg rectal supp 0.5% rectal ointment (30 g)	• •	- -	• •
Zopiclone	7.5 mg tab	•	-	-

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GENERIC NAME	DOSAGE FORM	H	HC	RM
<b>1. ANTIHISTAMINE DRUGS</b>				
Cetirizine	10 mg tab	•	A	-
	5 mg/mL oral liquid	•	A	-
Chlorpheniramine	4 mg tab	•	-	-
DiphenhydrAMINE	25 mg cap	•	A	-
	2.5 mg/mL elixir	•	A	-
	50 mg/1 mL inj vial	•	C	•
<b>2. ANTI-INFECTIVE AGENTS</b>				
<b>ANTHELMINTICS</b>				
Ivermectin	3 mg tab **only released to health centres upon special request for outbreaks**	•	B	-
Mebendazole	100 mg tab	•	B	-
Pyrantel Pamoate	125 mg tab	•	C	-
<b>AMINOGLYCOSIDES</b>				
Amikacin	500 mg/2 mL inj vial	R	-	-
Gentamicin	20 mg/2 mL inj vial	•	B	-
	80 mg/2 mL inj vial	•	B	-
Tobramycin	80 mg/2 mL inj vial	•	-	-
<b>CEPHALOSPORINS</b>				
CeFAZolin	1 g/vial inj	•	B	•
Cefixime*	400 mg tab	•	B/D*	•
	20 mg/mL susp (50 mL)	•	-	•
Cefotaxime	1 g/vial inj	R	B	-
CefOXitin	1 g/vial inj	•	-	-
CefTAZidime	1 g/vial inj	R	-	-
CefTRIAxone*	250 mg/vial inj	•	B/D*	•
	1 g/vial inj	•	B	•
Cefuroxime axetil	250 mg tab	•	B	-
	25 mg/mL susp (100 mL)	•	B	-
Cefuroxime sodium	750 mg/vial inj	•	B	-
Cephalexin	250 mg tab	•	C	•
	500 mg tab	•	C	•
	50 mg/mL susp (100 mL)	•	C	•
<b>CARBAPENEMS</b>				
Ertapenem	1 g/vial inj	R	-	-
Meropenem	500 mg/vial inj	R	-	-
<b>MACROLIDES</b>				
Azithromycin*	250 mg tab	•	B/C*	•
	200 mg/5 mL susp	•	B/C*	-
	500 mg/vial inj	•	B	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
Clarithromycin	250 mg tab	•	B	-
	500 mg XL tab	•	B	-
	25 mg/mL susp (105 mL)	•	B	-
Erythromycin Base	250 mg tab	•	B	•
Erythromycin Lactobionate	500 mg/vial inj	R	-	•
<b>PENICILLINS</b>				
Amoxicillin	250 mg cap	•	C	•
	500 mg cap	•	C	•
	50 mg/mL susp (100 mL)	•	C	-
Amoxicillin/Clavulanate*	250 mg/125 mg tab	•	-	•
	500 mg/125 mg tab	•	-	•
	875 mg/125 mg tab	•	B/C*	•
	400 mg/57 mg/5 mL susp (70 mL)	•	B/C*	•
Ampicillin	500 mg/vial inj	•	B	•
	1,000 mg/vial inj	•	-	•
Cloxacillin	250 mg cap	•	C	•
	2 g/vial inj	•	-	-
Penicillin G Benzathine (Bicillin® L-A)	1.2 million units/2 mL inj *FRIDGE*	•	D	-
Penicillin G Sodium	1 million units/vial inj	•	-	•
	5 million units/vial inj	•	B	•
Penicillin V Potassium	300 mg tab	•	C	•
Piperacillin/Tazobactam	3 g/375 mg/vial inj	R	B	-
	4 g/500 mg/vial inj	R	-	-
<b>QUINOLONES</b>				
Ciprofloxacin	500 mg tab	•	B	•
	400 mg/200 mL D5W inj	•	B	-
LevoFLOXacin	500 mg tab	R	-	-
	750 mg tab	R	B	-
	500 mg/100 mL D5W inj	R	-	-
	750 mg/150 mL D5W inj	R	-	-
Moxifloxacin	400 mg tab	R	-	-
<b>SULFONAMIDES</b>				
Sulfamethoxazole/Trimethoprim	800 mg/160 mg (DS tab)	•	C	•
	100 mg/20 mg (Pediatric tab)	•	C	•
<b>TETRACYCLINES</b>				
Doxycycline	100 mg cap	•	C	-
Tetracycline	250 mg cap	•	C	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
<b>MISC. ANTIBIOTICS</b>				
Clindamycin	150 mg cap	•	B	•
	300 mg cap	•	-	-
	15 mg/mL susp (100 mL)	•	B	•
	300 mg/2 mL inj	•	B	•
Vancomycin	1 g/vial inj	R	B	•
	125 mg cap	R	-	-
<b>ANTIFUNGAL ANTIBIOTICS</b>				
Fluconazole	100 mg tab	•	-	•
	150 mg cap	•	C	•
	200 mg/100 mL inj vial	R	-	-
Nystatin	100,000 units/mL susp (100 mL)	•	C	•
<b>ANTI-TUBERCULOSIS AGENTS</b>				
Ethambutol	100 mg tab	•	B	-
	400 mg tab	•	B	-
Isoniazid	100 mg tab	•	B	-
	300 mg tab	•	B	-
	10 mg/mL liq	•	B	-
Pyrazinamide	500 mg tab	•	B	-
RifAMPin	150 mg cap	•	B	-
	300 mg cap	•	B	-
<b>ANTIVIRALS</b>				
Acyclovir	200 mg tab	•	B	-
	40 mg/mL susp	•	B	-
	500 mg/10 mL vial inj	•	B	-
Oseltamivir	75 mg cap	•	B	-
	6 mg/mL susp (65 mL)	•	B	-
ValACYclovir	500 mg tab	•	B	-
<b>ANTI-RETROVIRALS</b>				
Emtricitabine/Tenofovir DF	200 mg/300 mg	•	B	-
LamiVUDine	150 mg cap	•	B	-
Lopinavir / Ritonavir	200 mg/50 mg tab	•	B	-
Raltegravir	400 mg tab	•	B	-
Tenofovir Disoproxil Fumarate	300 mg tab	•	B	-
<b>ANTIMALARIAL AGENTS</b>				
Artesunate	120 mg inj vial	R	-	-
Atovaquone/Proguanil	62.5 mg/25 mg tab	•	-	-
	250 mg/100 mg tab	•	-	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
Chloroquine	250 mg tab	•	-	-
QuiNINE Sulfate	200 mg cap 300 mg cap	• •	- -	- -
QuiNINE Dihydrochloride	600 mg/10 mL inj amp	R	-	-
<b>URINARY ANTI-INFECTIVES</b>				
Nitrofurantoin (MacroBID®)	100 mg	•	C	•
<b>MISC. ANTI-INFECTIVES</b>				
MetroNIDAZOLE	250 mg tab 10% vaginal cream/appl 500 mg/100 mL NaCl inj bag (premixed)	• • •	C - B	• • •
<b>3. ANTINEOPLASTIC AGENTS</b>				
Methotrexate	2.5 mg tab 7.5 mg/0.3 mL pre-filled syringe 10 mg/0.4 mL pre-filled syringe 15 mg/0.6 mL pre-filled syringe 20 mg/0.8 mL pre-filled syringe 25 mg/1 mL pre-filled syringe	• • • • • •	- - - - - -	- - - - - -
<b>4. AUTONOMIC DRUGS</b>				
<b>PARASYMPATHOMIMETIC AGENTS</b>				
Donepezil	5 mg tab	•	-	-
Neostigmine	12.5 mg/5 mL inj vial	•	-	-
<b>ANTIMUSCARINICS / ANTISPASMODICS</b>				
Atropine	0.6 mg/1 mL inj amp 1 mg/10 mL inj syr	• •	- D	- -
Glycopyrrolate	0.2 mg/1 mL inj vial	•	-	-
Hyoscine Butylbromide	10 mg tab 20 mg/1 mL inj amp	• •	C D	- -
Ipratropium	0.25 mg/1 mL neb soln 20 mcg/dose inhaler	• •	C C	- -
Scopolamine Hydrobromide	1.5 mg transdermal patch 0.6 mg/1 mL inj vial	• •	- -	- -
Tiotropium	18 mcg inhalation cap	•	-	-
<b>SYMPATHOMIMETIC AGENTS</b>				
Budesonide/Formoterol (Symbicort®)	100 mcg/6 mcg turbuhaler 200 mcg/6 mcg turbuhaler	• •	- -	- -
DOBUtamine	250 mg/20 mL inj vial	•	-	-
DOPamine	400 mg/250 mL D5W inj bag	•	B	•
ePHEDrine	50 mg/1 mL inj amp	•	B	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
EPINEPHrine	1 mg/1 mL (1:1,000) inj amp	•	C	•
	1 mg/10 mL (1:10,000) inj syr	•	D	•
	0.3 mg/0.3 mL inj (EpiPen®)	•	D	-
	0.15 mg/0.3 mL inj (EpiPen® JR)	•	D	-
EPINEPHrine	30 mg/30 mL topical solution vial	•	C	-
Fluticasone/Salmeterol	100 mcg/50 mcg diskus	•	-	-
	250 mcg/50 mcg diskus	•	-	-
	500 mcg/50 mcg diskus	•	-	-
	125 mcg/25 mcg MDI inhaler	•	-	-
	250 mcg/25 mcg MDI inhaler	•	-	-
Isoproterenol	1 mg/5 mL inj vial	•	-	-
Norepinephrine	4 mg/4 mL inj vial	•	B	-
Phenylephrine	10 mg/1 mL inj vial	•	B	-
Pseudoephedrine	60 mg tab	•	-	-
Salbutamol	1.25 mg/2.5 mL neb soln	•	C	-
	2.5 mg/2.5 mL neb soln	•	C	-
	5 mg/2.5 mL neb soln	•	C	-
	50 mg/10 mL neb soln	•	C	-
	100 mcg/dose inhaler	•	C	-
	5 mg/5 mL inj amp	•	-	-
Salmeterol	50 mcg/dose diskus	•	-	-
<b>SYMPATHOLYTIC AGENTS</b>				
Dihydroergotamine	1 mg/1 mL inj amp	•	B	-
Phentolamine	5 mg/1 mL inj vial *FRIDGE*	•	D	-
<b>SKELETAL MUSCLE RELAXANTS</b>				
Baclofen	10 mg tab	•	-	-
Cisatracurium	20 mg/10 mL inj	R	-	-
Cyclobenzaprine	10 mg tab	•	-	-
Dantrolene	20 mg/vial inj	•	-	-
Rocuronium	50 mg/5 mL inj vial *FRIDGE*	•	B	-
Succinylcholine	400 mg/20 mL inj vial *FRIDGE*	•	B	-
<b>MISC. AUTONOMIC DRUGS</b>				
Nicotine	2 mg gum	•	C	-
	7 mg transdermal patch	•	C	-
	14 mg transdermal patch	•	C	-
	21 mg transdermal patch	•	C	-
	10 mg/cartridge inhaler	•	C	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
<b>5. BLOOD FORMATION AND COAGULATION</b>				
<b>IRON PREPARATIONS</b>				
Ferrous Fumarate	300 mg tab (100 mg elem Fe)	•	B	•
Ferrous Gluconate	300 mg tab (33 mg elem Fe)	•	A	•
Ferrous Sulfate	300 mg EC tab (60 mg elem Fe)	•	-	•
	75 mg/mL drops (15 mg/mL elem Fe) (50 mL)	•	A	-
Iron Sucrose	100 mg/5 mL inj	•	-	-
<b>ANTICOAGULANTS</b>				
Apixaban	2.5 mg tab	•	-	-
	5 mg tab	•	-	-
Dabigatran	150 mg cap	•	-	-
Enoxaparin	300 mg/3 mL inj vial	•	B	-
	30 mg/0.3 mL inj syr	•	-	-
	40 mg/0.4 mL inj syr	•	-	-
Heparin	100 units/mL inj (10 mL)	•	-	-
	1,000 units/mL inj (10 mL)	•	-	-
	5,000 units/0.5 mL inj prefilled syringe	•	-	-
	25,000 units/250 mL D5W inj	•	-	-
Rivaroxaban	15 mg tab	•	-	-
	20 mg tab	•	-	-
Warfarin	1 mg tab	•	B	-
	2 mg tab	•	-	-
	5 mg tab	•	B	-
<b>ANTIPLATELETS</b>				
Clopidogrel	75 mg tab	•	B	-
<b>THROMBOLYTIC AGENTS</b>				
Alteplase	2 mg/vial inj *FRIDGE*	R	-	-
	100 mg/vial inj	QGH only	-	-
Tenecteplase	50 mg/vial inj	R	B	-
<b>ANTI-HEPARIN AGENTS</b>				
Protamine	50 mg/5 mL inj vial	•	B	-
<b>HEMOSTATICS</b>				
Ferric Subsulfate (Monsel's)	solution (USP)	•	-	-
Silver Nitrate	0.75% sticks	•	C	-
Tranexamic Acid	500 mg tab	•	B	-
	1000 mg/10 mL inj vial	•	B	-



GENERIC NAME	DOSAGE FORM	H	HC	RM
<b>6. CARDIOVASCULAR DRUGS</b>				
<b>ANTI-ARRHYTHMIC DRUGS</b>				
Adenosine	6 mg/2 mL inj syr 12 mg/4 mL inj syr 6 mg/2 mL inj vial	• • •	B B B	- - -
Amiodarone	200 mg tab 150 mg/3 mL inj vial	• •	- B	- -
Lidocaine	100 mg/5 mL inj syr 100 mg/5 mL inj amp 1,000 mg/250 mL D5W inj bag	• • •	B - B	- - -
Procainamide	1,000 mg/10 mL inj vial	•	B	-
Propafenone	150 mg tab	•	-	-
<b>CARDIOTONIC DRUGS</b>				
Digoxin	0.0625 mg tab 0.125 mg tab 0.05 mg/mL elixir 0.5 mg/2 mL inj amp	• • • •	- B - -	- - - -
Milrinone	10 mg/10 mL inj vial	•	-	-
<b>ANTILIPEMIC DRUGS</b>				
Atorvastatin	10 mg tab 40 mg tab	• •	- -	- -
Cholestyramine Resin	4 g/5 g powder pouch	•	-	-
Ezetimibe	10 mg tab	•	-	-
Fenofibrate	200 mg micronized cap	•	-	-
Pravastatin	20 mg tab	•	-	-
Rosuvastatin	5 mg tab 10 mg tab	• •	- -	- -
Simvastatin	20 mg tab	•	-	-
<b>HYPOTENSIVE AGENTS</b>				
CloNIDine	0.025 mg tab 0.1 mg tab	• •	- B	- -
HydrALAZINE	10 mg tab 25 mg tab 20 mg/1 mL inj	• • •	- - B	- - -
Methyldopa	250 mg tab	•	B	-
<b>VASODILATING AGENTS</b>				
Alprostadil	500 mcg/1 mL inj amp *FRIDGE*	•	-	-
Iloprost	50 mcg/1 mL inj amp	SA	-	-
Isosorbide Dinitrate	10 mg tab	•	-	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
Nitroglycerin	0.4 mg/dose aerosol spray	•	C	-
	0.2 mg/hr transdermal patch	•	B	-
	0.4 mg/hr transdermal patch	•	-	-
	0.6 mg/hr transdermal patch	•	-	-
	50 mg/10 mL inj vial	•	-	-
	50 mg/250 mL D5W inj bag	•	B	-
<b>ALPHA BLOCKERS</b>				
Terazosin	2 mg tab	•	-	-
	5 mg tab	•	-	-
<b>BETA-BLOCKERS</b>				
Acebutolol	100 mg tab	•	-	-
Atenolol	50 mg tab	•	-	-
Bisoprolol	5 mg tab	•	-	-
Carvedilol	6.25 mg tab	•	-	-
Esmolol	100 mg/10 mL inj vial	•	-	-
Labetalol	100 mg tab	•	B	-
	100 mg/20 mL inj vial	•	B	-
Metoprolol	25 mg tab	•	B	-
	50 mg tab	•	-	-
	5 mg/5 mL inj vial	•	B	-
Nadolol	40 mg tab	•	-	-
Propranolol	10 mg tab	•	-	-
	40 mg tab	•	-	-
<b>CALCIUM CHANNEL BLOCKERS</b>				
AmLODIPine	5 mg tab	•	B	-
DilTIAZem	30 mg tab	•	B	-
	120 mg CD cap	•	-	-
	180 mg CD cap	•	-	-
	25 mg/5 ml inj vial *FRIDGE*	•	B	-
NIFEdipine	5 mg cap	•	-	-
	10 mg cap	•	B	-
	20 mg XL tab	•	-	-
	30 mg XL tab	•	-	-
NiMODipine	30 mg tab	•	-	-
Verapamil	80 mg tab	•	-	-
	120 mg SR tab	•	-	-
	180 mg SR tab	•	-	-
	5 mg/2 mL inj vial	•	-	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
<b>ACE INHIBITORS</b>				
Captopril	25 mg tab	•	B	-
Cilazapril	5 mg tab	•	-	-
Enalapril	5mg tab	•	-	-
	10 mg tab	•	-	-
Fosinopril	10 mg tab	•	-	-
Lisinopril	5 mg tab	•	-	-
Perindopril	4 mg tab	•	-	-
Quinapril	20 mg tab	•	-	-
Ramipril	2.5 mg cap	•	B	-
	5 mg cap	•	-	-
	10 mg cap	•	-	-
<b>ANGIOTENSIN II RECEPTOR BLOCKERS</b>				
Candesartan	8 mg tab	•	-	-
Irbesartan	150 mg tab	•	-	-
Losartan	50 mg tab	•	-	-
Telmisartan	40 mg tab	•	-	-
Valsartan	80 mg tab	•	-	-
<b>MISC. CARDIAC DRUGS</b>				
Ivabradine	5 mg tab	•	-	-
<b>7. CENTRAL NERVOUS SYSTEM DRUGS</b>				
<b>GENERAL ANESTHETICS</b>				
Desflurane	inhalation gas (240 mL)	•	-	-
Etomidate	20 mg/10 mL inj vial	R	-	-
Isoflurane	99% inhalation gas (100 mL)	•	-	-
Ketamine	20 mg/2 mL inj vial	R	B	-
	100 mg/2 mL inj vial	R	B	-
Propofol	200 mg/20 mL inj vial	•	B	-
Sevoflurane	99.9% inhalation gas (250 mL)	•	-	-
<b>NSAIDS</b>				
Acetylsalicylic Acid (ASA)	80 mg chew tab	•	A	•
	81 mg EC tab	•	-	•
	325 mg tab	•	-	-
Celecoxib	100 mg cap	R	-	-
Diclofenac diethylamine	1.16% topical gel (50 g)	•	C	-
Diclofenac/MiSOPROStol	50 mg/200 mcg tab	•	-	-
Ibuprofen	200 mg tab	•	C	•
	400 mg tab	•	C	•
	20 mg/mL susp (100 mL)	•	C	•

GENERIC NAME	DOSAGE FORM	H	HC	RM
Indomethacin	25 mg cap	•	B	-
	50 mg rectal supp	•	-	-
	100 mg rectal supp	•	B	-
Ketorolac	30 mg/1 mL inj	R	D	-
Naproxen	250 mg tab	•	C	-
<b>OPIATE AGONISTS</b>				
Acetaminophen/Codeine/ Caffeine	15 mg (codeine) tab	•	-	-
	30 mg (codeine) tab	•	D+	-
Acetaminophen/OxyCODONE	325 mg/5 mg tab	•	-	-
Codeine	15 mg tab	•	D+	-
	50 mg SR tab	•	-	-
	5 mg/mL syrup	•	B+	-
	30 mg/mL inj amp	•	-	-
FentaNYL	12 mcg/hr transdermal patch	•	-	-
	25 mcg/hr transdermal patch	•	-	-
	50 mcg/hr transdermal patch	•	-	-
	75 mcg/hr transdermal patch	•	-	-
	100 mcg/hr transdermal patch	•	-	-
FentaNYL (cont'd)	100 mcg/2 mL inj vial	•	B	-
	250 mcg/5 mL inj vial	•	-	-
	1 mg/20 mL inj vial	•	-	-
HYDROmorphone	1 mg tab	•	-	-
	4 mg tab	•	-	-
	3 mg SR cap	•	-	-
	12 mg SR cap	•	-	-
	1 mg/mL oral soln	•	-	-
	2 mg/1 mL inj amp	•	-	-
	10 mg/1 mL inj vial	•	-	-
Meperidine	50 mg/1 mL inj amp	•	-	-
Morphine	5 mg tab	•	B	-
	10 mg tab	•	-	-
	10 mg SR cap	•	-	-
	15 mg SR cap	•	B	-
	60 mg SR cap	•	-	-
	1 mg/mL syrup	•	B+	-
	10 mg/1 mL inj amp	•	B+	-
	50 mg/1 mL inj vial	•	-	-
	5 mg/10 mL epidural inj	•	-	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
Nalbuphine	10 mg/1 mL inj amp	•	-	-
OxyCODONE	5 mg tab	•	-	-
	10 mg SR tab	•	-	-
Remifentanil	1 mg/vial inj	•	-	-
<b>MISC. ANALGESICS &amp; ANTIPYRETICS</b>				
Acetaminophen	160 mg chew tab	•	A	-
	325 mg tab	•	A	•
	500 mg tab	•	A	•
	320 mg/10 mL elixir (100 mL)	•	A	•
	80 mg/mL drops (24 mL)	•	A	•
	120 mg rectal supp	•	A	•
	325 mg rectal supp	•	A	•
	650 mg rectal supp	•	A	•
Sucrose	24% oral solution (1 mL)	•	C	•
<b>OPIATE ANTAGONISTS</b>				
Naloxone	0.4 mg/1 mL inj amp	•	A	-
	2 mg/2 mL inj vial	•	D	-
<b>ANTICONVULSANTS</b>				
CarBAMazepine	100 mg chew tab	•	-	-
	200 mg tab	•	B	-
	200 mg CR tab	•	-	-
CloBAZam	10 mg tab	•	-	-
ClonazEPAM	0.5 mg tab	•	-	-
	2 mg tab	•	-	-
Fosphenytoin	75 mg/mL inj vial (10 mL) *FRIDGE*	•	B	-
Divalproex sodium	125 mg EC tab	•	-	-
	250 mg EC tab	•	-	-
	500 mg EC tab	•	-	-
Gabapentin	100 mg cap	•	-	-
	300 mg cap	•	-	-
LamoTRigine	25 mg tab	•	B	-
LevETIRAcetam	250 mg tab	•	B	-
	500 mg tab	•	-	-
	750 mg tab	•	-	-
	500 mg/5 mL inj vial	•	B	-
Phenytoin	50 mg chew tab	•	-	-
	100 mg cap	•	B	-
	25 mg/mL susp	•	B	-
	100 mg/2 mL inj vial	•	B	-
	250 mg/5 mL inj vial	•	-	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
Pregabalin	25 mg cap	•	-	-
	150 mg cap	•	-	-
Topiramate	25 mg tab	•	-	-
Valproic Acid	50 mg/mL syrup	•	-	-
<b>ANTIDEPRESSANTS</b>				
Amitriptyline	10 mg tab	•	B	-
	25 mg tab	•	-	-
BuPROPion	100 mg SR tab	•	-	-
	150 mg SR tab	•	-	-
	150 mg XL tab	•	-	-
Citalopram	20 mg tab	•	B	-
DULoxetine	30 mg cap	•	-	-
Escitalopram	10 mg tab	•	-	-
FLUoxetine	10 mg cap	•	-	-
Imipramine	25 mg tab	•	-	-
Mirtazapine	15 mg tab	•	-	-
Nortriptyline	25 mg cap	•	-	-
PARoxetine	20 mg tab	•	-	-
Sertraline	25 mg cap	•	-	-
	100 mg cap	•	-	-
TraZODone	50 mg tab	•	B	-
Venlafaxine XR	37.5 mg XR cap	•	-	-
	75 mg XR cap	•	-	-
	150 mg XR cap	•	-	-
<b>TRANQUILIZERS</b>				
ARIPiprazole	2 mg tab	•	-	-
	5 mg tab	•	-	-
	15 mg tab	•	-	-
ChlorproMAZINE	25 mg tab	•	-	-
CloZAPine	25 mg tab	•	-	-
	100 mg tab	•	-	-
Flupenthixol Decanoate	20 mg/mL inj amp	•	-	-
Haloperidol	1 mg tab	•	-	-
	5 mg tab	•	B	-
	5 mg/1 mL inj	•	B	-
Haloperidol Decanoate	500 mg/5 mL inj vial	•	-	-
Loxapine	10 mg tab	•	B	-
	25 mg tab	•	-	-
	50 mg/1 mL inj amp	•	B	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
Methotrimeprazine	5 mg tab 25 mg/1 mL inj amp	• •	- -	- -
OLANZapine	2.5 mg tab 5 mg tab 10 mg tab 5 mg orally disintegrating tab 10 mg orally disintegrating tab 10 mg/vial inj	• • • • • R	- - - B - -	- - - - - -
Paliperidone prolonged-release (Invega Sustenna®)	75 mg/0.75 mL inj prefilled syringe 100 mg/1 mL inj prefilled syringe 150 mg/1.5 mL inj prefilled syringe	• • •	- - -	- - -
Perphenazine	4 mg tab	•	-	-
Prochlorperazine	10 mg tab	•	-	-
QUETiapine	25 mg tab 100 mg tab 50 mg XR tab 200 mg XR tab	• • • •	B - - -	- - - -
RisperiDONE	1 mg tab 2 mg tab	• •	B -	- -
RisperiDONE *FRIDGE* (Risperdal Consta®)	12.5 mg/vial inj 25 mg/vial inj 37.5 mg/vial inj 50 mg/vial inj	R R R R	- - - -	- - - -
<b>RESPIRATORY STIMULANTS</b>				
Caffeine Citrate	20 mg/1 mL inj amp (equivalent to 10 mg/ 1 mL caffeine base)	•	-	-
<b>BARBITURATES</b>				
PHENobarbital	30 mg tab 100 mg tab 5 mg/mL elixir 120 mg/1 mL inj amp	• • • •	- - B B	- - - -
<b>BENZODIAZEPINES</b>				
ALPRAZolam	0.5 mg tab	•	-	-
DiazePAM	5 mg tab 10 mg/2 mL inj amp	• •	B+ B+	- -
LORazepam	1 mg SL tab 2 mg SL tab 4 mg/1 mL inj vial *FRIDGE*	• • •	B+ - B+	- - -

GENERIC NAME	DOSAGE FORM	H	HC	RM
Midazolam	5 mg/5 mL inj vial	•	-	-
	10 mg/2 mL inj vial	•	B	-
	50 mg/10 mL inj vial	•	-	-
Oxazepam	15 mg tab	•	-	-
<b>MISC. SEDATIVES &amp; HYPNOTICS</b>				
Chloral Hydrate	100 mg/mL liquid	•	-	-
DexMEDETomidine	200 mcg/2 mL inj vial	R	-	-
HydroXYzine	10 mg cap	•	C	-
	25 mg cap	•	-	-
	2 mg/mL syrup	•	C	-
Zopiclone	7.5 mg tab	•	-	-
<b>ANTI-MANIC AGENTS</b>				
Lithium Carbonate	300 mg cap	•	-	-
<b>ANTI-MIGRAINE AGENTS</b>				
Rizatriptan	5 mg orally disintegrating tab	•	B	-
SUMATriptan	6 mg/0.5 mL inj syringe	•	B	-
<b>ANTIPARKINSONIAN AGENTS</b>				
Benzotropine	1 mg tab	•	B	-
	2 mg/2 mL inj vial	•	D	-
Bromocriptine	2.5 mg tab	•	-	-
Levodopa/Carbidopa	100 mg/25 mg tab	•	-	-
	200 mg/50 mg SR tab	•	-	-
<b>MISC. CNS AGENTS</b>				
Flumazenil	0.5 mg/5 mL inj vial	•	B	-
<b>8. DIAGNOSTIC AGENTS</b>				
Cosyntropin	0.25 mg/vial inj	•	-	-
Fluorescein	2% ophth soln (0.5 mL minim)	•	A	-
<b>9. ELECTROLYTIC, CALORIC AND WATER BALANCE</b>				
<b>ALKALINIZING AGENTS</b>				
Sodium Bicarbonate	5 mmol/10 mL (4.2%) inj syringe	•	B	-
	50 mmol/50 mL (8.4%) inj syringe	•	B	-
<b>REPLACEMENT PREPARATIONS</b>				
Calcium Carbonate	750 mg extra strength chew tab (300 mg elem Ca)	•	A	•
	1250 mg tab (500 mg elem Ca)	•	-	•
Calcium Chloride	1,000 mg/10 mL inj syr	•	B	-
Calcium Gluconate*	1,000 mg/10 mL inj vial	•	B/D*	-
Calcium Lactogluconate	20 mg/0.5 mmol/mL (elem Ca) liquid	•	-	-





GENERIC NAME	DOSAGE FORM	H	HC	RM
Mannitol	20%/500 mL inj bag	•	B	
MetOLazone	2.5 mg tab	•	-	-
<b>POTASSIUM-SPARING DIURETICS</b>				
Hydrochlorothiazide/ Triamterene	25 mg/50 mg tab	•	-	-
Spirolactone	25 mg tab	•	B	-
<b>LEUKOTRIENE MODIFIERS</b>				
Montelukast	10 mg tab	•	-	-
<b>10. RESPIRATORY TRACT AGENTS</b>				
<b>EXPECTORANTS</b>				
Potassium Iodide/Iodine (Lugol's soln)	10 %/5% oral soln (100 mL)	•	-	-
<b>MUCOLYTIC AGENTS</b>				
Acetylcysteine	6,000 mg/30 mL inj vial	•	B	-
<b>PULMONARY SURFACTANT</b>				
Bovine Lipid Extract Surfactant (BLES)	27 mg/mL endotracheal syringe *FREEZER* (5 mL)	•	-	-
<b>11. EYE, EAR, NOSE &amp; THROAT (EENT) PREPARATIONS</b>				
<b>EENT – ANTIBIOTICS</b>				
Ciprofloxacin/Dexamethasone	0.3 %/0.1% otic drops (7.5 mL)	•	C	-
Erythromycin	0.5% ophth ointment (1 g)	•	C	•
	0.5% ophth ointment (3.5 g)	•	C	•
Moxifloxacin	0.5% ophth solution	•	B	-
Polymyxin/Gramicidin	ophth / otic drops (10 mL)	•	C	-
Tobramycin	0.3% ophth drops (5 mL)	•	-	-
Tobramycin/Dexamethasone	0.3%/0.1% ophth drops (5 mL)	•	-	-
	0.3%/0.1% ophth ointment (3.5 g)	•	-	-
<b>EENT – ANTIVIRALS</b>				
Trifluridine	1% ophth drops (7.5 mL) *FRIDGE*	•	B	-
<b>EENT – MISC. ANTI-INFECTIVES</b>				
Throat Lozenge (cetylpyridinium chloride)	1.4 mg throat lozenge	•	C	-
<b>EENT – ANTI-INFLAMMATORY AGENTS</b>				
Beclomethasone	50 mcg/dose nasal spray	•	-	-
Budesonide	0.25 mg/mL neb soln (2mL)	•	B	-
	100 mcg/dose turbuhaler	•	-	-
Dexamethasone	0.1% ophth drops (5 mL)	•	-	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
Fluorometholone	0.1% ophth drops (5 mL)	●	-	-
Fluticasone	50 mcg/dose inhaler	●	B	-
	125 mcg/dose inhaler	●	B	-
	250 mcg/dose inhaler	●	-	-
Ketorolac	0.5% ophth drops (5 mL)	●	B	-
PrednisoLONE	1% ophth drops (5 mL)	●	B	-
<b>EENT – LOCAL ANESTHETICS</b>				
Proparacaine	0.5% ophth drops (15 mL) *FRIDGE*	●	-	-
Tetracaine	0.5% ophth drops (0.5 mL minim)	●	D	-
<b>EENT – MYDRIATICS</b>				
Atropine	1% ophth drops (0.5 mL minim)	●	B	-
Cyclopentolate	1% ophth drops (0.5 mL minim)	●	-	-
Tropicamide	1% ophth drops (0.5 mL minim)	●	B	-
	1% ophth drops (15 mL)	●	-	-
<b>EENT – MOUTHWASHES</b>				
Chlorhexidine	0.12% oral rinse (475 mL)	●	C	-
<b>EENT – VASOCONSTRICTORS</b>				
Phenylephrine	2.5% ophth drops (0.5 mL minim)	●	B	-
	2.5% ophth drops (5 mL)	●	-	-
Xylometazoline	0.1% nasal spray (20 mL)	●	A	-
<b>EENT – ANTIGLAUCOMA AGENTS</b>				
AcetaZOLAMIDE	250 mg tab	●	B	-
	500 mg inj vial	●	-	-
Brimonidine	0.2% ophth drops (5 mL)	●	-	-
Dorzolamide	2% ophth drops (0.2 mL minim)	●	-	-
Pilocarpine	2% ophth drops (0.5 mL minim)	●	B	-
	4% ophth drops (15 mL)	●	-	-
Timolol	0.25% ophth drops (5 mL)	●	-	-
	0.5% ophth drops (5 mL)	●	B	-
<b>EENT – MISC. EENT DRUGS</b>				
Artificial Tears	0.5% ophth drops (15 mL)	●	A	-
Mineral Oil (Light)	topical liquid (500 mL)	●	A	-
Nasal Lubricant	nasal gel (30 g)	●	-	-
Ocular Lubricant (Tear-Gel®)	ophth gel (10 g)	●	A	-
Saliva Substitute	spray pump (120 mL)	●	-	-
Sodium Chloride	0.9% nasal drops (30 mL)	●	A	-
	3% neb soln (4 mL)	●	-	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
<b>12. GASTROINTESTINAL DRUGS</b>				
<b>ANTACIDS &amp; ADSORBENTS</b>				
Alginic Acid	200 mg chew tab (with Mg) oral susp (340 mL) (with Al)	• •	A -	- -
Antacid (Aluminum & Magnesium)	oral susp	•	A	-
Charcoal, Activated	22.22 mg/mL susp (225 mL)	•	D	-
Sodium Citrate / Citric Acid	3 g/2 g/30 mL oral liquid	•	-	-
<b>ANTIDIARRHEA AGENTS</b>				
Bismuth Subsalicylate	528 mg/30 mL susp	•	-	-
Loperamide	2 mg tab 0.2 mg/mL liquid	• •	C -	- -
<b>ANTIFLATULENT AGENTS</b>				
Simethicone	40 mg/mL drops (15 mL)	•	A	•
<b>CATHARTICS &amp; LAXATIVES</b>				
Bisacodyl	5 mg EC tab 10 mg rectal supp	• •	C -	- -
Glycerin	1.44 g rectal supp (infant) 2.7 g rectal supp (adult)	• •	A A	• -
Lactulose*	10 g/15 mL syrup	•	A/B*	-
Magnesium Citrate	5 mg/mL soln (300 mL)	•	-	-
Magnesium Hydroxide	80 mg/mL oral susp	•	A	-
Mineral Oil (Heavy)	100% oil (500 mL)	•	-	-
Phosphates for Bowel Evacuation	oral soln (45 mL)	•	-	-
Polyethylene Glycol (PEG) 3350	powder for oral solution (17 g sachets)	•	C	-
Psyllium	5 g granules/packet	•	A	•
Sennosides	8.6 mg tab 1.7 mg/mL liquid (100 mL)	• •	A -	• •
Sodium Picosulfate/Magnesium Oxide/Citric Acid (Pico-Salax®)	10 mg/3.5 g/12 g per sachet (2 sachets/box)	•	C	-
<b>CHOLELITHOLYTIC AGENTS</b>				
Ursodiol	250 mg tab	•	B	-
<b>DIGESTANTS</b>				
Pancrelipase (Cotazym® ECS 8)	10,800 units lipase activity / 42,000 units amylase activity / 45,000 units protease activity EC cap	•	-	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
<b>ANTIEMETICS</b>				
DimenhyDRINATE	50 mg tab	•	C	•
	3 mg/mL liquid	•	C	•
	25 mg rectal supp	•	C	•
	50 mg/1 mL inj amp	•	C	•
Doxylamine/Pyridoxine	10 mg/10 mg tab	•	C	•
Nabilone	1 mg cap	•	-	-
Ondansetron	4 mg tab	•	-	-
	4 mg orally disintegrating tab	•	D	-
	0.8 mg/mL oral liquid	•	D	-
	4 mg/2 mL inj amp	•	D	-
<b>ANTI-ULCER AGENTS &amp; ACID SUPPRESSANTS</b>				
Famotidine	20 mg/2 mL inj *FRIDGE*	•	B	-
Lansoprazole	15 mg orally disintegrating tab	R	-	-
	30 mg orally disintegrating tab	R	-	-
	30 mg cap	R	-	-
MiSOPROStol	200 mcg tab	•	B	•
Pantoprazole sodium	40 mg tab	•	B	-
	40 mg/vial inj	•	B	-
RaNITidine	150 mg tab	•	C	•
<b>PROKINETIC AGENTS</b>				
Domperidone	10 mg tab	•	-	-
Metoclopramide	5 mg tab	•	C	-
	1 mg/mL syrup	•	-	-
	10 mg/2 mL inj vial	•	C	-
<b>GI ANTI-INFLAMMATORY AGENTS</b>				
Mesalamine (5-ASA) (Salofalk®)	500 mg EC tab	•	-	-
<b>13. GOLD COMPOUNDS</b>				
<b>HEAVY METAL ANTAGONISTS</b>				
Deferoxamine	500 mg/vial inj	•	B	-
DMPS (2,3-dimercapto-1-propane sulfonate)	250 mg/5 mL inj amp	SA	-	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
<b>14. HORMONES AND SYNTHETIC SUBSTITUTES</b>				
<b>ADRENALS</b>				
Betamethasone Acetate	6 mg/1 mL inj vial	•	B	-
Dexamethasone	0.5 mg tab	•	-	-
	4 mg tab	•	-	-
	20 mg/5 mL inj vial	•	B	-
	10 mg/mL inj vial (preservative-free)	•	-	-
Fludrocortisone	0.1 mg tab *FRIDGE*	•	-	-
Hydrocortisone Sodium Succinate	100 mg/vial inj	•	B	-
	500 mg/vial inj	•	-	-
MethylPREDNISolone Sodium Succinate	40 mg/vial inj	•	-	-
	125 mg/vial inj	•	B	-
	500 mg/vial inj	•	-	-
MethylPREDNISolone Acetate	40 mg/1 mL inj vial (Depot)	•	B	-
PrednisoLONE	1 mg/mL liquid	•	B	-
PredniSONE	1 mg tab	•	-	-
	5 mg tab	•	B	-
	50 mg tab	•	B	-
Triamcinolone Acetonide	50 mg/5 mL inj vial	•	B	-
	200 mg/5 mL inj vial	•	B	-
<b>CONTRACEPTIVES</b>				
Etonogestrel (Nexplanon®)	Implant	•	-	-
Levonorgestrel (Plan B®)	1.5 mg tab (1 tab/package)	•	A	•
Levonorgestrel/Ethinyl estradiol (Alesse®)	100 mcg/20 mcg tab	•	A	•
Ulipristal (Ella®)	30 mg tab	R	C	•
<b>ESTROGENS</b>				
Estrogens, Conjugated	0.625 mg tab	•	-	-
	25 mg/vial inj *FRIDGE*	•	B	-
<b>INSULINS</b>				
Insulin Aspart (NovoRapid®)	100 units/mL inj vial *FRIDGE*	•	B	-
Insulin Detemir (Levemir®)	100 units/mL inj penfill *FRIDGE*	•	-	-
Insulin Glargine (Lantus®)	100 units/mL inj vial *FRIDGE*	•	B	-
Insulin Human NPH	100 units/mL inj vial *FRIDGE*	•	B	-
Insulin Human Regular	100 units/mL inj vial *FRIDGE*	•	B	-
Insulin Human Reg/NPH 30/70	100 units/mL inj vial *FRIDGE*	•	B	-
Insulin Lispro (HumaLOG®)	100 units/mL inj vial *FRIDGE*	•	-	-

GENERIC NAME	DOSAGE FORM	H	HC	RM
<b>ORAL HYPOGLYCEMICS</b>				
Gliclazide	80 mg tab	●	B	-
	30 mg MR tab	●	-	-
GlyBURIDE	5 mg tab	●	B	-
MetFORMIN	500 mg tab	●	B	-
	850 mg tab	●	-	-
Repaglinide	0.5 mg tab	●	-	-
SITagliptin	50 mg tab	●	-	-
<b>ANTI-HYPOGLYCEMIC AGENTS</b>				
Glucagon	1 mg/vial inj	●	C	-
Glucose	oral gel (31 g)	●	D	-
<b>PITUITARY AGENTS</b>				
Desmopressin	10 mcg/dose nasal spray	●	-	-
	4 mcg/1 mL inj amp *FRIDGE*	●	-	-
	15 mcg/1 mL inj amp*FRIDGE*	●	-	-
Vasopressin	20 units/1 mL inj	●	B	-
<b>PROGESTINS</b>				
MedroxyPROGESTERone	5 mg tab	●	B	-
	150 mg/1 mL inj vial/syr	●	D	●
Norethindrone (Micronor®)	0.35 mg tab	●	A	●
Progesterone	100 mg cap	●	B	-
<b>THYROID AGENTS</b>				
Levothyroxine	0.025 mg tab	●	-	-
	0.05 mg tab	●	B	-
	0.088 mg tab	●	-	-
	0.1 mg tab	●	-	-
	0.112 mg tab	●	-	-
<b>ANTITHYROID AGENTS</b>				
MethIMAzole	5 mg tab	●	-	-
<b>15. LOCAL ANESTHETICS</b>				
Bupivacaine	0.25% inj vial (20 mL)	●	-	●
	0.5% inj vial (20 mL)	●	B	●
	0.75% inj (2 mL) amp (Spinal)	●	-	-
Bupivacaine/EPINEPHrine	0.25% with epi inj vial (20 mL)	●	-	●
	0.5% with epi inj vial (20 mL)	●	-	●

GENERIC NAME	DOSAGE FORM	H	HC	RM
Lidocaine	2% oral viscous (100 mL)	•	B	-
	2% topical jelly (30 mL)	•	A	•
	2% jelly syringe (10 mL)	•	C	-
	4% topical (50 mL)	•	-	-
	10 mg/dose endotracheal spray	•	C	-
	Endotracheal spray nozzles	•	C	-
	1% inj polyamp (5 mL)	•	C	•
	2% inj polyamp (5 mL)	•	C	•
Lidocaine/EPINEPHrine	1% with epi 1:100,000 inj vial (20 mL)	•	C	•
	2% with epi 1:100,000 inj vial (20 mL)	•	-	•
Ropivacaine	100 mg/20 mL inj polyamp	•	-	-
<b>16. OXYTOCICS</b>				
Carbetocin	100 mcg/1 mL inj amp	•	-	•
Carboprost Tromethamine	250 mcg/1 mL inj amp *FRIDGE*	•	D	•
Dinoprostone *FREEZER*	10 mg vaginal insert	•	-	-
Dinoprostone *FRIDGE*	0.5 mg/2.5 mL cervical gel syringe	•	-	-
	1 mg/2.5 mL vaginal gel syringe	•	-	-
	2 mg/2.5 mL vaginal gel syringe	•	-	-
Ergonovine	0.25 mg/1 mL inj amp *FRIDGE*	•	D	•
MiFEPRIStone / miSOPROStol (Mifegymiso®)	200 mg (1 tab) and 200 mcg (4 tabs) per package	•	-	-
Oxytocin	10 units/1 mL inj amp	•	D	•
<b>17. SERUMS</b>				
Botulism Antitoxin Heptavalent (A,B,C,D,E,F,G) (BAT®)	50 mL vial inj *FRIDGE*	•	R	-
Digoxin Immune Fab	40 mg/vial inj *FRIDGE*	•	-	-
<b>18. SKIN &amp; MUCOUS MEMBRANE PREPARATIONS</b>				
<b>TOPICAL, RECTAL &amp; VAGINAL – ANTIBIOTICS</b>				
Mupirocin	2% topical cream (15 g)	•	C	•
	2% topical ointment (15 g)	•	C	•
Polymyxin/Bacitracin	topical ointment (15 g)	•	A	•
Polymyxin/Gramicidin	topical cream (15 g)	•	-	•
<b>TOPICAL, RECTAL &amp; VAGINAL – ANTIFUNGALS</b>				
Clotrimazole	1% topical cream (20 g)	•	A	•
	500 mg vaginal tab	•	A	•
	1% vaginal cream applicator	•	A	•
Nystatin	100,000 units/g topical cream (15 g)	•	A	•
	25,000 units/g vaginal cream (120 g)	•	-	•



GENERIC NAME	DOSAGE FORM	H	HC	RM
<b>TOPICAL, RECTAL &amp; VAGINAL - SCABICIDES &amp; PEDICULICIDES</b>				
Permethrin	1% cream rinse (56 mL)	•	A	-
	5% topical cream (30 g)	•	A	-
<b>TOPICAL, RECTAL &amp; VAGINAL – MISC. LOCAL ANTI-INFECTIVES</b>				
Silver Sulfadiazine	1% topical cream (50 G)	•	C	-
<b>TOPICAL, RECTAL &amp; VAGINAL – ANTI-INFLAMMATORY AGENTS</b>				
Betamethasone Valerate	0.05% topical cream (15 g)	•	-	•
	0.05% topical oint (454 g)	•	-	•
	0.1% topical cream (15 g)	•	C	•
	0.1% topical oint (454 g)	•	C	•
	0.1% topical scalp lotion (75 mL)	•	C	-
Clobetasol Propionate	0.05% topical cream (15 g)	•	B	-
Desonide	0.05% cream	•	-	-
Hydrocortisone	0.5% topical cream (15 g)	•	C	•
	0.5% topical oint (15 g)	•	C	•
	1% topical cream (15 g)	•	C	•
	1% topical oint (454 g)	•	C	•
Hydrocortisone/Zinc (Anusol-HC™)	0.5%/0.5% rectal oint (15 g)	•	A	•
	10 mg/10 mg rectal supp	•	A	•
<b>TOPICAL, RECTAL &amp; VAGINAL – ANTIPRURITIC / LOCAL ANESTHETICS</b>				
Benzylamine	0.15% oral gargle	•	-	-
Hydrocortisone/Cinchocaine/ Framycetin/Esculin (Proctosedyl®)	rectal ointment (15 g)	•	-	•
	2.65 g rectal supp	•	-	•
Lidocaine/Prilocaine (Emla®)	2.5%/2.5% topical cream (2.5 g)	•	A	•
	2.5%/2.5% topical patch	•	-	-
<b>TOPICAL, RECTAL &amp; VAGINAL – KERATOLYTIC AGENTS</b>				
Cantharidin	1% topical liquid (7.5 mL)	•	B	-
<b>TOPICAL, RECTAL &amp; VAGINAL – MISC. SKIN &amp; MUCOUS MEMBRANE AGENTS</b>				
Capsaicin	0.025% topical cream (60 g)	•	B	-
Collodion Flexible	topical liquid USP (100 mL)	•	-	-
Methylsalicylate/Eucalyptus/ Menthol/Camphor (Rub A-535®)	topical ointment (50 g)	•	C	-
Phenol	90% USP topical liquid (100 mL)	•	B	-
Zinc Sulfate	10 mg rectal supp	•	-	•
	0.5% rectal ointment (30 g)	•	-	•

GENERIC NAME	DOSAGE FORM	H	HC	RM
<b>19. SMOOTH MUSCLE RELAXANTS</b>				
<b>GENITOURINARY SMOOTH MUSCLE RELAXANTS</b>				
Oxybutynin	5 mg tab	•	-	-
Tolterodine	1 mg tab	•	-	-
	2 mg LA cap	•	-	-
<b>20. VITAMINS</b>				
<b>B VITAMINS</b>				
Folic Acid	1 mg tab	•	A	•
	5 mg tab	•	-	•
	50 mg/10 mL inj vial	•	B	-
Pyridoxine (Vitamin B6)	25 mg tab	•	B	-
	3,000 mg/30 mL inj vial	•	B	-
Thiamine (Vitamin B1)	50 mg tab	•	A	-
	100 mg/1 mL inj amp	•	A	-
Vitamin B12	100 mcg tab	•	-	-
	1,000 mcg tab	•	-	-
	1,000 mcg/1 mL inj amp	•	-	-
<b>VITAMIN C</b>				
Vitamin C	500 mg tab	•	-	•
<b>VITAMIN D</b>				
Calcitriol	0.25 mcg cap	•	-	-
Vitamin D3 (cholecalciferol)	400 units tab	•	-	•
	1,000 units tab	•	A	•
	400 units/DROP liquid	•	A	•
	1000 units/DROP liquid	•	-	-
<b>VITAMIN K</b>				
Vitamin K1 (phytonadione)	1 mg/0.5 mL inj amp (PED)	•	D	•
	10 mg/1 mL inj amp (ADULT)	•	B	•
<b>MULTIVITAMIN PREPARATIONS</b>				
Vitamins A, C and D (Tri-Vi-Sol)	oral drops	•	-	-
Vitamins, Multiple with Minerals (adult)	oral tab	•	-	•
Vitamins, Multiple with Minerals (child)	chew tab	•	A	•
Vitamins, Multiple for Dialysis Patients (Vitamins B+C with Folate)	oral tab	•	-	-
Vitamins, Multiple	Inj (2 x 5 mL vials) *FRIDGE*	•	-	-
Vitamins, Prenatal	oral tab	•	A	•

GENERIC NAME	DOSAGE FORM	H	HC	RM
<b>21. UNCLASSIFIED</b>				
<b>ANTIDOTES</b>				
Acetylcysteine	6,000 mg/30 mL inj	•	B	-
Fomepizole	1 g/mL inj vial (1.5 mL)	•	B	-
Hydroxocobalamin (Cyanokit®)	Inj kit (2 x 2.5 g)	•	B Baker Lake only	-
IdaruCIZUmab (Praxbind®)	2.5 g/50 mL vial *FRIDGE*	•	-	-
Leucovorin	50 mg/5 mL inj vial *FRIDGE*	•	B	-
Methylene Blue	50 mg/5 mL inj vial	•	B	-
Sugammadex	500 mg/5 mL inj vial	R	-	-
<b>5-ALPHA-REDUCTASE INHIBITORS</b>				
Finasteride	5 mg tab	•	-	-
<b>ANTI-GOUT AGENTS</b>				
Allopurinol	100 mg tab	•	-	-
	300 mg tab	•	-	-
Colchicine	0.6 mg tab	•	B	-
<b>BLOOD MODIFIERS</b>				
Hydroxyethyl Starch in 0.9% NaCl (Voluven®)	6% inj (500 mL)	•	B	-
Hydroxyethyl Starch in an isotonic electrolyte solution (Volulyte®)	6% inj (500 mL)	•	B	-
<b>BONE RESORPTION INHIBITORS</b>				
Alendronate	70 mg tab	•	-	-
Pamidronate	30 mg/vial inj	•	-	-
	90 mg/vial inj	•	-	-
Risedronate	35 mg tab	•	-	-
<b>SELECTIVE ALPHA-1-ADRENERGIC BLOCKING AGENTS</b>				
Tamsulosin	0.4 mg SR cap	•	B	-
<b>OTHER MISC. THERAPEUTIC AGENTS</b>				
Octreotide	100 mcg/1 mL inj vial *FRIDGE*	•	B	-

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EPIVAL	See Divalproex Sodium
ERGOMETRINE	See Ergonovine
ERYTHROCIN	See Erythromycin Lactobionate
ETIBI	See Ethambutol
EZETROL	See Ezetimibe
<b>F</b>	
FAT EMULSION	See Intralipid
FERGON	See Ferrous Gluconate
FER-IN-SOL	See Ferrous Sulfate
FERODAN	See Ferrous Sulfate
FLAGYL	See MetroNIDAZOLE
FLAMAZINE	See Silver Sulfadiazine
FLEXERIL	See Cyclobenzaprine
FLOMAX	See Tamsulosin
FLORINEF	See Fludrocortisone
FLOVENT	See Fluticasone
FLUANXOL DEPOT	See Flupenthixol Decanoate
FLUMIST	See Influenza Virus Vaccine
FLUORESCITE	See Fluorescein
FLUORETS	See Fluorescein
FLUOR-I-STRIP	See Fluorescein
FLUVIRAL	See Influenza Virus Vaccine (Inf)
FML	See Fluorometholone
FOLVITE	See Folic Acid
FORANE	See Isoflurane
FORTAZ	See CefTAZidime
FOSAMAX	See Alendronate
FRISIUM	See CloBAZam
<b>G</b>	
GARAMYCIN	See Gentamicin
GARDASIL	See Human Papillomavirus Vaccine (HPV)
GAVISCON	See Alginic Acid
GLUCONORM	See Repaglinide
GLUCOPHAGE	See MetFORMIN
GRAVOL	See DimenhyDRINATE

BRAND NAME	See GENERIC NAME
<b>H</b>	
HABITROL	See Nicotine
HALDOL	See Haloperidol
HALDOL LA	See Haloperidol Decanoate
HAVRIX	See Hepatitis A Vaccine (HA)
HEMABATE	See Carboprost Tromethamine
HEMCORT HC	See Hydrocortisone/Zinc
HEPALEAN	See Heparin
HEXAVITAMINS	See Vitamins, Multiple with Minerals (adult)
HUMALOG	See Insulin Lispro
HUMULIN 30/70	See Insulin Human Reg/ 30 units / NPH 70 units
HUMULIN-N	See Insulin Human NPH
HUMULIN-R	See Insulin Human Regular
HYDERM	See Hydrocortisone
HYDRODIURIL	See HydroCHLOROthiazide
HYDROMORPH CONTIN	See HYDROmorphone
HYPERRAB	See Rabies Immune Globulin (Rablg)
HYPER-TET	See Tetanus Immune Globulin (Tlg)
HYTRIN	See Terazosin
<b>I</b>	
ILOMEDIN	See Iloprost
ILOTYCIN	See Erythromycin
IMITREX	See SUMAtriptan
IMMUCYST	See Bacille Calmette-Guérin Vaccine (BCG)
IMODIUM	See Loperamide
IMOVANE	See Zopiclone
IMOVAX POLIO	See Polio, Inactivated (IPV)
IMOVAX RABIES	See Rabies Vaccine (Rab)
INDERAL	See Propranolol
INDOCID	See Indomethacin
INFANTOL	See Vitamins, Multiple with Minerals (child)
INHIBACE	See Cilazapril
INSTA GLUCOSE	See Glucose
INTROPIN	See DOPamine
INVANZ	See Ertapenem
INVEGA SUSTENNA	See Paliperidone
ISENTRESS	See Raltegravir
ISOPREL	See Isoproterenol
ISOPTIN	See Verapamil
ISOPTO CARPINE	See Pilocarpine
ISORDIL	See Isosorbide Dinitrate
ISOTAMINE	See Isoniazid

<b>BRAND NAME</b>	<b>See GENERIC NAME</b>
<b>K</b>	
KALETRA	See Lopinavir/Ritonavir
KAYEXALATE	See Sodium Polystyrene Sulfonate
K-DUR	See Potassium Chloride
KEFLEX	See Cephalexin
KENALOG	See Triamcinolone Acetonide
KEPPRA	See LevETIRAcetam
KETALAR	See Ketamine
KWELLADA-P	See Permethrin
<b>L</b>	
LAMICTAL	See LamoTRIGine
LANCORA	See Ivabradine
LANOXIN	See Digoxin
LANTUS	See Insulin Glargine
LARGACTIL	See ChlorproMAZINE
LASIX	See Furosemide
LEVAQUIN	See LevoFLOXacin
LEVOPHED	See Norepinephrine
LIDODAN	See Lidocaine
LIORESAL	See Baclofen
LIPID EMULSION	See Intralipid
LIPIDIL MICRO	See Fenofibrate
LIPITOR	See Atorvastatin
LITHANE	See Lithium Carbonate
LOPRESSOR	See Metoprolol
LOVENOX	See Enoxaparin
LUGOLS	See Potassium Iodide/Iodine
<b>M</b>	
MAALOX	See Antacid (Aluminum & Magnesium)
MACROBID	See Nitrofurantoin Macrocrystals & Monohydrate
MAGNESIUM ROUGIER	See Magnesium Glucoheptonate
MALARONE	See Atovaquone/Proguanil
MARCAINE	See Bupivacaine
MARCAINE/EPINEPHRINE	See Bupivacaine/EPINEPHrine
MATERNA	See Vitamins, Prenatal
MAXALT	See Rizatriptan
MAXERAN	See Metoclopramide
MAXIDEX	See Dexamethasone
MEDROL	See MethylPREDNISolone
MENJUGATE	See Meningococcal C Conjugate Vaccine (Men-C)
MENOMUNE A/C/W/Y-135	See Meningococcal Polysaccharide Vaccine, Groups A,C,Y & W-135

<b>BRAND NAME</b>	<b>See GENERIC NAME</b>
MERREM	See Meropenem
M-ESLON	See Morphine
METAMUCIL	See Psyllium
MICARDIS	See Telmisartan
MICRONOR	See Norethindrone
MIFEGYMISO	See MiFEPRIStone /miSOPROStol
MILK OF MAGNESIA	See Magnesium Hydroxide
MIOCARPINE	See Pilocarpine
MMR II	See Measles, Mumps & Rubella Vaccine (MMR)
MOISTIR	See Saliva Substitute
M.O.M.	See Magnesium Hydroxide
MONITAN	See Acebutolol
MONOCOR	See Bisoprolol
MONOPRIL	See Fosinopril
MONSEL'S	See Ferric Subsulfate
M.O.S.	See Morphine
MOTILIUM	See Domperidone
MOTRIN	See Ibuprofen
MS CONTIN	See Morphine
MUCILLIUM	See Psyllium
MUCOMYST	See Acetylcysteine
MUCOSTATIN	See Nystatin
MULTI-12	See Vitamins, Multiple (adult)
MULTI-VITAMINS	See Vitamins, Multiple with Minerals
MYDFRIN	See Phenylephrine
MYDRIACYL	See Tropicamide
MYLANTA	See Antacid (Aluminum & Magnesium)
<b>N</b>	
NAPROSYN	See Naproxen
NARCAN	See Naloxone
NEO-SYNEPHRINE	See Phenylephrine
NEURONTIN	See Gabapentin
NEXPLANON	See Etonogestrel
NICODERM	See Nicotine
NICORETTE	See Nicotine
NILSTAT	See Nystatin
NITRO-DUR	See Nitroglycerin
NIMOTOP	See Nimodipine
NIMBEX	See Cisatracurium
NITROJECT	See Nitroglycerin
NITROL	See Nitroglycerin
NITROLINGUAL	See Nitroglycerin

<b>BRAND NAME</b>	<b>See GENERIC NAME</b>
NITROSTAT	See Nitroglycerin
NIX	See Permethrin
NOCTEC	See Chloral Hydrate
NORMAL SALINE	See Sodium Chloride 0.9%
NORVASC	See AmLODIPine
NOVASEN	See Acetylsalicylic Acid (ASA)
NOVOLIN ge 30/70	See Insulin Human Reg/ 30 units / NPH 70 units
NOVOLIN ge NPH	See Insulin Human NPH
NOVOLIN ge TORONTO	See Insulin Human Regular
NOVORAPID	See Insulin Aspart
NOZINAN	See Methotrimeprazine
NUBAIN	See Nalbuphine
NYADERM	See Nystatin
<b>O</b>	
OCTOSTIM	See Desmopressin
OLESTYR	See Cholestyramine Resin
ONCOTICE	See Bacille Calmette-Guérin Vaccine (BCG)
OPTIMYXIN	See Polymyxin/Gramicidin
OPTIMYXIN	See Polymyxin/Bacitracin
ORBENIN	See Cloxacillin
ORIFER F	See Vitamins, Prenatal
OS-CAL	See Calcium Carbonate
OSTOFORTE	See Vitamin D
OTRIVIN	See Xylometazoline
OVOL	See Simethicone
OXYCOCET	See Acetaminophen/OxyCODONE
OXYNEO	See OxyCODONE
OXY-IR	See OxyCODONE
<b>P</b>	
PALAFER	See Ferrous Fumarate
PANTOLOC	See Pantoprazole Sodium
PARLODEL	See Bromocriptine
PARVOLEX	See Acetylcysteine
PAXIL	See PARoxetine
PEDIACEL	See Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio, <i>Haemophilus influenzae</i> type b – pediatric (DTaP-IVP-Hib)
PEDIAPRED	See PrednisolONE
PEDIAVIT	See Vitamin D
PEGA-LAX	See Polyethylene glycol (PEG) 3350
PEN-VK	See Penicillin V Potassium
PEPCID	See Famotidine

<b>BRAND NAME</b>	<b>See GENERIC NAME</b>
PEPTO-BISMOL	See Bismuth Subsalyclate
PERCOCET	See Acetaminophen/OxyCODONE
PERICHLOR	See Chlorhexidine
PETHIDINE	See Meperidine
PHOSPHATE SODIUM	See Phosphates for Bowel Evacuation
PHYTONADIONE	See Vitamin K1
PLAN B	See Levonorgestrel
PLAVIX	See Clopidogrel
PNEUMOVAX 23	See Pneumococcal – Polysaccharide Vaccine, 23-Valent (Pneu-P-23)
POLYSPORIN	See Polymyxin/Bacitracin
POLYSPORIN	See Polymyxin/Gramicidin
POLYSTYRENE SULFONATE SODIUM	See Sodium Polystyrene Sulfonate
POLYTOPIC	See Polymyxin/Bacitracin
POLYTOPIC	See Polymyxin/Gramicidin
PONTOCAINE	See Tetracaine
PRADAXA	See Dabigatran
PRAVACHOL	See Pravastatin
PRAXBIND	See IdaruCIZUmab
PRECEDEX	See DexMEDEtomidine
PRED FORTE	See PrednisoLONE
PREMARIN	See Estrogens, Conjugated
PREPIDIL	See Dinoprostone
PRESSYN	See Vasopressin
PREVACID FASTAB	See Lansoprazole
PREVNAR	See Pneumococcal – Conjugate Vaccine, 13-Valent (Pneu-C-13)
PRIMACOR	See Milrinone
PRINIVIL	See Lisinopril
PRIORIX	See Measles, Mumps & Rubella Vaccine (MMR)
PROCAN SR	See Procainamide
PROCTOSONE	See Hydrocortisone/Cinchocaine/Framycetin/Esculin
PRODIEM PLAIN	See Psyllium
PROMETRIUM	See Progesterone
PROSTIGMIN	See Neostigmine
PROSTIN E2	See Dinoprostone
PROSTIN VR	See AlprostadiI
PROVERA	See MedroxyPROGESTERone
PROZAC	See FLUoxetine
PULMICORT	See Budesonide

<b>BRAND NAME</b>	<b>See GENERIC NAME</b>
<b>Q</b>	
QUADRACEL	See Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio – pediatric (DTaP-IPV)
QUELICIN	See Succinylcholine
QUESTRAN	See Cholestyramine Resin
<b>R</b>	
RABAVERT	See Rabies Vaccine (Rab)
REACTINE	See Cetirizine
RECOMBIVAX-B	See Hepatitis B Vaccine (HB)
REMERON	See Mirtazapine
REPLAVITE	See Vitamins, Multiple for Dialysis Patients (Vitamins B+C with Folate)
RESTOROLAX	See Polyethylene glycol (PEG) 3350
RIFADIN	See RifAMPin
RIMACTANE	See RifAMPin
RISPERDAL	See RisperiDONE
RISPERDAL CONSTA	See RisperiDONE
RISPERDAL M-TAB	See RisperiDONE
RIVOTRIL	See Clonazepam
ROBINUL	See Glycopyrrolate
ROCALTROL	See Calcitriol
ROCEPHIN	See CefTRIAXone
ROGITINE	See Phentolamine
RYTHMOL	See Propafenone
<b>S</b>	
SALINEX	See Sodium Chloride
SALOFALK	See Aminosalicilic-5 Acid
SANDOSTATIN	See Octreotide
SECARIS	See Nasal Lubricant
SECTRAL	See Acebutolol
SEKOT	See Sennosides
SEPTRA	See Sulfamethoxazole/Trimethoprim
SERAX	See Oxazepam
SEREVENT DISKUS	See Salmeterol
SEROQUEL	See QUetiapine
SEVORANE	See Sevoflurane
SINEMET	See Levodopa/Carbidopa
SINGULAIR	See Montelukast
SLOW K	See Potassium Chloride
SODIUM PHOSPHATE	See Phosphates for Bowel Evacuation



<b>BRAND NAME</b>	<b>See GENERIC NAME</b>
SOLU-CORTEF	See Hydrocortisone Sodium Succinate
SOLU-MEDROL	See methylPREDNISolone Sodium Succinate
SPIRIVA	See Tiotropium
STATEX	See Morphine
STEMETIL	See Prochlorperazine
STROMECTOL	See Ivermectin
SUDAFED	See Pseudoephedrine
SUPEUDOL	See OxyCODONE
SUPRANE	See Desflurane
SUPRAX	See Cefixime
SYMBICORT	See Budesonide/Formoterol
SYNAGIS	See Palivizumab
SYNTHROID	See Levothyroxine
SYNTOCINON	See Oxytocin
<b>T</b>	
TAMIFLU	See Oseltamivir
TANTUM	See Benzydamine
TAPAZOLE	See MethIMAzole
TAZOCIN	See Piperacillin/Tazobactam
Td ADSORBED	See Tetanus, Diphtheria – adult (Td)
TEARS NATURAL	See Artificial Tears
TEBRAZID	See Pyrazinamide
TEGRETOL	See CarBAMazepine
TENORMIN	See Atenolol
TETRACYN	See Tetracycline
TIAZAC	See DiTIAZem
TIMOPTIC	See Timolol
TNKASE	See Tenecteplase
TOBRADEX	See Tobramycin/Dexamethasone
TOBEX	See Tobramycin
TOFRANIL	See Imipramine
TOMVI	See Etomidate
TOOTSWEET	See Sucrose
TOPAMAX	See Topiramate
TORADOL	See Ketorolac
TRANDATE	See Labetalol
TRANSDERM-V	See Scopolamine
TRIDIL	See Nitroglycerin
TRILAFON	See Perphenazine
TRINIPATCH	See Nitroglycerin
TRI-VI-SOL	See Vitamins A, C and D (Tri-Vi-Sol)
TRUSOPT	See Dorzolamide

<b>BRAND NAME</b>	<b>See GENERIC NAME</b>
TRUVADA	See Emtricitabine/Tenofovir DF
TUBERCULIN PPD	See Tuberculin, PPD Skin Test (TST)
TUBERSOL	See Tuberculin, PPD Skin Test (TST)
TUMS	See Calcium Carbonate
TYLENOL	See Acetaminophen
TYLENOL #2, # 3	See Acetaminophen/Codeine/Caffeine
<b>U</b>	
ULTIVA	See Remifentanil
URSO	See Ursodiol
<b>V</b>	
VALIUM	See DiazePAM
VALTREX	See ValACYclovir
VANCERASE	See Beclomethasone
VANCOCIN	See Vancomycin
VARILRIX	See Varicella vaccine (Var)
VASOTEC	See Enalapril
VAXIGRIP	See Influenza Virus Vaccine (Inf)
VENOFER	See Iron Sucrose
VENTOLIN	See Salbutamol
VERMOX	See Mebendazole
VERSED	See Midazolam
VIBRAMYCIN	See Doxycycline
VIGAMOX	See Moxifloxacin
VIREAD	See Tenofovir Disoproxil Fumarate
VIROPTIC	See Trifluridine
VITAMIN B1	See Thiamine
VITAMIN B6	See Pyridoxine
VOLTAREN EMULGEL	See Diclofenac diethylamine
<b>W</b>	
WELLBUTRIN SR/XL	See BuPROPion
WINPRED	See PredniSONE
<b>X</b>	
XANAX	See ALPRAZolam
XARELTO	See Rivaroxaban
XYLOCAINE	See Lidocaine
XYLOCARD	See Lidocaine
<b>Z</b>	
ZANTAC	See RaNITidine
ZAROXOLYN	See MetOLazone
ZEMURON	See Rocuronium

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<b>BRAND NAME</b>	<b>See GENERIC NAME</b>
ZESTRIL	See Lisinopril
ZINACEF	See Cefuroxime sodium
ZITHROMAX	See Azithromycin
ZOCOR	See Simvastatin
ZOFRAN	See Ondansetron
ZOLOFT	See Sertraline
ZOSTRIX	See Capsaicin
ZOVIRAX	See Acyclovir
ZYLOPRIM	See Allopurinol
ZYPREXA	See OLANzapine