



## **Regional Drug Formulary**

**Prepared by the Southern Health-Santé Sud  
Pharmacy and Therapeutics Committee**

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# Preface

The version of the formulary found on the Pharmacy web page on the Central RHA's intranet site (located at <http://intranet/CRefLib/Pharmacy/Pages/Formulary.aspx> using any computer hooked up to the regions intranet network) will always be the most current working version

If you have any questions or comments regarding the Pharmacy and Therapeutics Committee, the Pharmacy website, the Regional Formulary, or any other aspect of the regions drug policies, feel free to contact your local pharmacy department, or the regional Director of Pharmacy (Rizwan Ahmed [rahmed@southernhealth.ca](mailto:rahmed@southernhealth.ca)).

## Formulary Key

The Formulary lists drugs using the American Hospital Formulary Services (AHFS) classification.

Drugs are listed in their respective classes alphabetically by generic names. A graphical key is displayed below.

|                             |                   |                       |                 |  |   |                       |                                |          |  |
|-----------------------------|-------------------|-----------------------|-----------------|--|---|-----------------------|--------------------------------|----------|--|
| Drug Category               | Therapeutic Class | Pharmacological Class |                 |  |   |                       |                                |          |  |
| 08:00 ANTI-INFECTIVE AGENTS |                   |                       |                 |  |   |                       |                                |          |  |
| <u>Drug</u>                 | <u>Format</u>     | <u>Brand Name</u>     | <u>LOCATION</u> |  |   | East/<br>West<br>Only | Formulary<br>Restr-<br>ictions | Auto-sub |  |
| 08:12 ANTIBIOTICS           |                   |                       |                 |  |   |                       |                                |          |  |
| 08:12.02 AMINOGLYCOSIDES    |                   |                       |                 |  |   |                       |                                |          |  |
| gentamicin sulfate 10mg/mL  | inj (peds)        | GARAMYCIN®            | X               |  |   | East                  |                                |          |  |
| gentamicin sulfate 40 mg/mL | inj               |                       |                 |  | X |                       |                                |          |  |

**LOCATION**

**Regional Hospitals:**  
Boundary Trails  
Portage District GH  
Bethesda Hospital

**Surgical Hospitals:**  
All Regional Hospitals  
plus  
Carman Memorial  
Ste. Anne Hospital  
Altona Hospital

**East/West Only**

East refers to hospitals only in the previous Southeastman Region  
West refers to hospitals only in the previous RHA Central

**Formulary Restrictions**

Any restrictions placed on the use of drugs by the P&T Committee

**Auto-sub**

Any drugs that are subject to the automatic therapeutic substitution by pharmacy

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|   |       |  |       |
|---|-------|--|-------|
| 5-aminosalicylic acid (mesalamine) 400mg EC tab                 | 56:36 | amoxicillin 25 mg/mL and/or 50mg/mL susp, oral                   | 08:12 |
| 5-aminosalicylic acid (mesalamine) 500mg ER tab                 | 56:36 | amoxicillin 250 mg cap   | 08:12 |
| 5-fluorouracil 5% cream   | 84:92 | amoxicillin 250mg/clavulanic acid 125mg and/or 500 mg/125 mg tab |       |
| acamprosate 333 mg tab  | 28:92 | amoxicillin 875mg/clavulanic acid 125mg                          | 08:12 |
| acebutolol 100 mg and/or 200 mg tab                             | 24:24 | amoxicillin 25mg/clavulanic acid 6.25mg/mL susp                  | 08:12 |
| acetaminophen 120 mg suppository ped                            | 28:08 | amoxicillin 50mg/clavulanic acid 12.5mg/mL susp                  | 08:12 |
| acetaminophen 160 mg pediatric tab                              | 28:08 | amoxicillin 40mg/clavulanic acid 5.75mg/mL susp                  | 08:12 |
| acetaminophen 32 mg/mL elixir                                   | 28:08 | amoxicillin 80mg/clavulanic acid 11.4mg/mL susp                  | 08:12 |
| acetaminophen 325 mg suppository                                | 28:08 | amoxicillin 500 mg cap   | 08:12 |
| acetaminophen 325 mg tab  | 28:08 | ampicillin 250 mg (each gram contains 3mmol Na+) inj             | 08:12 |
| acetaminophen 500 mg tab  | 28:08 | ampicillin 500 mg (each gram contains 3mmol Na+) inj             | 08:12 |
| acetaminophen 650 mg ER tab                                     | 28:08 | ampicillin 1 g (each gram contains 3mmol Na+) inj                | 08:12 |
| acetaminophen 650 mg suppository                                | 28:08 | ampicillin 2 g (each gram contains 3mmol Na+) inj                | 08:12 |
| acetaminophen 80 mg/mL drops                                    | 28:08 | ampicillin 500 mg (each gram contains 3mmol Na+) inj             | 08:12 |
| acetazolamide 250 mg tab  | 24:08 | anastrozole 1 mg tab   | 10:00 |
| acetazolamide 500 mg inj  | 24:08 | apixaban 2.5 mg tab  | 20:12 |
| acetylcysteine 20% vial 10 mL and/or 30mL solution              | 92:12 | apixaban 5 mg tab  | 20:12 |
| acetylsalicylic acid (ASA) 325 mg tab                           | 20:12 | aprepitant 80 mg cap   | 56:22 |
| acetylsalicylic acid (ASA) 325 mg, EC tab                       | 20:12 | ariprazole 2mg tab   | 28:16 |
| acetylsalicylic acid (ASA) 80 mg pediatric tab                  | 20:12 | ariprazole 5mg tab   | 28:16 |
| acetylsalicylic acid (ASA) 81 mg, EC tab                        | 20:12 | ariprazole 10mg tab  | 28:16 |
| acetylsalicylic acid (ASA) 325 mg suppository                   | 20:12 | ascorbic acid 500 mg tab   | 88:12 |
| acyclovir 5% oint   | 84:04 | atenolol 25 mg tab   | 24:24 |
| acyclovir 500 mg inj  | 08:18 | atenolol 50 mg tab   | 24:24 |
| adenosine 3 mg/mL PFS   | 24:04 | atenolol 100 mg tab  | 24:24 |
| akbutu's mouthwash  | 52:28 | atorvastatin 80 mg tab   | 24:06 |
| alcohol, ethyl absolute 100% v/v, 10 mL inj                     | 92:12 | atorvastatin 40 mg tab   | 24:06 |
| alendronate 10 mg tab   | 92:24 | atorvastatin 20 mg tab   | 24:06 |
| alendronate 70 mg tab   | 92:24 | atorvastatin 10 mg tab   | 24:06 |
| alfuzosin 10 mg tab   | 12:16 | atropine sulfate 0.4 mg/mL inj                                   | 12:08 |
| allopurinol 100 mg tab  | 92:16 | atropine sulfate 0.6 mg/mL inj                                   | 12:08 |
| allopurinol 200 mg tab  | 92:16 | atropine sulfate 100 mcg/mL syringe inj                          | 12:08 |
| allopurinol 300 mg tab  | 92:16 | atropine sulfate 200 mcg/mL syringe inj                          | 12:08 |
| ALPRAZolam 0.25 mg and/or 0.5 mg tab                            | 28:24 | atropine 1% ophth  | 52:24 |
| alteplase 2 mg solution for injection inj                       | 20:12 | azaTHIOprine 50 mg tab   | 92:44 |
| alteplase 100 mg inj  | 20:12 | azithromycin 20 mg/mL and/or 40mg/mL susp                        | 08:12 |
| aluminum hydroxide 33 mg/mL & magnesium hydroxide 40 mg/mL susp | 56:04 | azithromycin 250 mg cap  | 08:12 |
| aluminum hydroxide 50mg/mL & sodium alginate susp               | 56:04 | azithromycin 500 mg inj  | 08:12 |
| aluminum hydroxide 64 mg/mL susp                                | 56:04 | baclofen 10 mg tab   | 12:20 |
| amantadine HCL 100 mg cap                                       | 28:36 | base cream /petroleum jelly                                      | 84:24 |
| amiodarone 50 mg/mL inj   | 24:04 | benztropine 1 mg/mL inj  | 28:36 |
| amiodarone 200 mg tab   | 24:04 | benztropine 1 mg tab   | 28:36 |
| amitriptyline 10 mg tab   | 28:16 | benzylamine oral 0.15% solution                                  | 52:28 |
| amitriptyline 25 mg and/or 50 mg tab                            | 28:16 | betahistine HCL 16 mg and/or 24 mg tab                           | 04:00 |
| amLODipine 2.5 mg and/or 5 mg and/or 10 mg tab                  | 24:28 | bethamethasone 6mg/mL inj  | 68:04 |

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|  |       |  |       |
|--|-------|--|-------|
| betamethasone valerate 0.05%* cream  | 84:06 | carvedilol 6.25 mg tab                                       | 24:24 |
| betamethasone valerate 0.05%* oint   | 84:06 | carvedilol 12.5 mg tab                                       | 24:24 |
| betamethasone valerate 0.1% scalp lotion                                     | 84:06 | carvedilol 25 mgtab  | 24:24 |
| betamethasone valerate 0.1%* cream   | 84:06 | casprofungin 50 mg inj                                       | 08:14 |
| betamethasone valerate 0.1%* oint  | 84:06 | casprofungin 70 mg inj                                       | 08:14 |
| betaxolol ophthalmic 0.25% solution  | 52:40 | ceFAZolin 1 g (each gram contains 2mmol Na+) inj             | 08:12 |
| bicalutamide 50 mgtab  | 10:00 | ceFAZolin 2 g (each gram contains 2mmol Na+) inj             | 08:12 |
| bimatoprost ophthalmic 0.03% solution  | 52:40 | cefixime 400 mg cap  | 08:12 |
| bisacodyl 5 mg, enteric coated tab   | 56:12 | cefotaxime 1 g (each gram contains 2mmol Na+) inj            | 08:12 |
| bisacodyl rectal 5 mg and/or 10 mg suppository                               | 56:12 | cefotaxime 2 g (each gram contains 2mmol Na+) inj            | 08:12 |
| bisoprolol 5 mg tab  | 24:24 | cefOXitin 1 g (each gram contains 2mmol Na+) inj             | 08:12 |
| bisoprolol 10 mg tab   | 24:24 | cefOXitin 2 g (each gram contains 2mmol Na+) inj             | 08:12 |
| brimonidine ophthalmic 0.2% solution   | 52:40 | cefprozil 125 mg/5 mL susp                                   | 08:12 |
| brinzolamide ophthalmic 1% solution  | 52:40 | ceftazidime 1 g inj  | 08:12 |
| bromocriptine 2.5 mg tab   | 28:36 | ceftazidime 2 g inj  | 08:12 |
| budesonide 200 mcg/fomoterol 6 mcg turbuhaler                                | 52:08 | ceTRIAXone 1 g and/or 2 g inj                                | 08:12 |
| budesonide 200 mcg/inhalation turbuhaler                                     | 52:08 | cefuroxime 25 mg/mL susp                                     | 08:12 |
| budesonide 250 mcg/mL and/or 500 mcg/mL nebule                               | 52:08 | cefuroxime 250 mg and/or 500mg tab                           | 08:12 |
| bupivacaine hydrochloride 0.5% inj   | 72:00 | cefuroxime 750 mg inj  | 08:12 |
| bupivacaine hydrochloride 0.75% spinal inj                                   | 72:00 | celecoxib 100 mg and/or 200 mg cap                           | 28:08 |
| bupivacaine hydrochloride 0.25% inj  | 72:00 | cephalexin 25 mg/mL and/or 50 mg/mL susp                     | 08:12 |
| buprenorphine/naloxone 2 mg/0.5 mg tab                                       | 28:08 | cephalexin 250 mg and/or 500 mg tab                          | 08:12 |
| buprenorphine/naloxone 8 mg/2 mg tab   | 28:08 | cetirizine 10 mg tab and 1 mg/mL suspension                  | 04:08 |
| bupropion 100 mg SR tab  | 28:16 | charcoal activated oral (aqueous) 200 mg/mL- 250 mL solution | 56:04 |
| bupropion 150 mg SR tab  | 28:16 | chlordiazepoxide 10 mg* cap                                  | 28:24 |
| bupropion 150 mg XL  | 28:16 | chlordiazepoxide 25 mg* cap                                  | 28:24 |
| bupropion 300 mg XL  | 28:16 | chlordiazepoxide 5 mg* cap                                   | 28:24 |
| bupirone 10 mg tab   | 28:24 | chlorhexidine gluconate 0.12% oral rinse solution            | 52:04 |
| calamine lotion  | 84:12 | chlorproMAZINE 25 mg and/or 50 mg tab                        | 28:16 |
| calcitriol 0.25 mg   | 88:16 | cholestyramine resin 4g pouch                                | 24:06 |
| calcitriol 1 mcg/mL  | 88:16 | cilazapril 1 mg tab  | 24:32 |
| calcium carbonate 1250 mg (500 mg elemental Ca++/tab) tab                    | 56:04 | cilazapril 2.5 mg tab  | 24:32 |
| calcium chloride 100 mg/mL (10%) - 10 mL (7 mmol elemental Ca++/ampuole) inj | 40:12 | cilazapril 5 mg tab  | 24:32 |
| calcium gluconate 10 %-10 mL (2.33 mmol elemental Ca++/ ampuole) inj         | 40:12 | ciprofloxacin 0.3% + dexamethasone 0.1% optic susp           | 52:04 |
| canagliflozin 100 mg and 300 mg tab  | 68:20 | ciprofloxacin 200 mg/100 mL minibag inj                      | 08:12 |
| candesartan 4mg, 8 mg and16mg tab  | 24:32 | ciprofloxacin 250 mg and/or 500 mg tab                       | 08:12 |
| captopril 25 mg tab  | 24:32 | ciprofloxacin 400 mg/200 mL minibag inj                      | 08:12 |
| carBAMazepine 200 mg tab   | 28:12 | ciprofloxacin ophthalmic 0.3% solution                       | 52:04 |
| carBAMazepine CR 200 mg and/or 400 mg tab                                    | 28:12 | citalopram 20 mg and/or 40 mg tab                            | 28:16 |
| carBAMazepine, chewable 100 mg tab   | 28:12 | citrate lock solution lock soln                              | 20:12 |
| carboprost 250 mcg/mL inj  | 76:00 | citraflo plus soln   | 20:12 |
| carboxymethylcellulose 0.5% ophth  | 52:36 | clarithromycin 25 mg/mL susp                                 | 08:12 |
| carvedilol 3.125 mgtab   | 24:24 | clarithromycin 250 mg and/or 500 mg tab                      | 08:12 |
|  |       | clindamycin 150 mg cap                                       | 08:12 |
|  |       | clindamycin 15 mg/mL susp                                    | 08:12 |

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|  |       |   |       |
|--|-------|---|-------|
| clindamycin phosphate 150 mg/mL inj  | 08:12 | 12500U, 15000 U, 16500 U,18000 U, PFS inj   | 20:12 |
| clobazam 10 mg tab   | 28:12 | dantrolene sodium 20 mg inj   | 12:20 |
| clobetasol propionate 0.05% cream  | 84:06 | dapagliflozin 5 mg tab  | 68:20 |
| clobetasol propionate 0.05% oint   | 84:06 | dapagliflozin 10mg tab  | 68:20 |
| clomipramine 10 mg tab   | 28:16 | DAPTOmycin 500 mg inj   | 08:12 |
| clomipramine 25 mg tab   | 28:16 | deferoxamine mesylate sterile for reconstitution 500 mg inj                         | 64:00 |
| clonazepam 0.5 mg tab  | 28:12 | dequalinium 0.25 mg   | 52:28 |
| clonazepam 1 mg tab  | 28:12 | desipramine 25 mg tab   | 28:16 |
| clonazepam 2 mg tab  | 28:12 | dermabase   | 96:00 |
| cloNIDine 0.1 mg tab   | 24:08 | desflurane solution   | 28:04 |
| cloNIDine 0.2 mg tab   | 24:08 | desmopressin acetate 4 mcg/mL - 1 mL inj  | 68:28 |
| clopidogrel 75 mg tab  | 20:12 | dexamethasone 0.5 mg tab  | 68:04 |
| clopidogrel 300 mg tab   | 20:12 | dexamethasone 10 mg/mL inj  | 68:04 |
| clotrimazole 1% cream  | 84:04 | dexamethasone 4 mg tab  | 68:04 |
| clotrimoxazole 2% vag cr   | 84:04 | dexamethasone 4 mg/mL inj   | 68:04 |
| cloxacillin 250 mg and/or 500mg cap  | 08:12 | dexamethasone elixir 0.5 mg/5 mL solution   | 68:04 |
| cloxacillin 500 mg, 1 g and/or 2 g<br>(each g contains 2.1mmol Na+) inj        | 08:12 | dexamethasone ophthalmic 0.1% susp  | 52:08 |
| clozapine 25 mg, 50 mg, 100 mg, 200 mg   | 28:16 | dexmedetomidine inj 100 mcg/mL  | 28:24 |
| codeine 100 mg sustained release tab   | 28:08 | dexmedetomidine 4 mcg/mL  | 28:24 |
| codeine 15 mg+acetaminophen 300 mg+caffeine 15 mg<br>tab                       | 28:08 | dextromethorphan hydrobromide 3 mg/mL syrup   | 48:08 |
| codeine 150 mg sustained release tab   | 28:08 | dextrose U.S.P 50%-50 mL prefilled syringe inj                                      | 40:20 |
| codeine 30 mg tab  | 28:08 | dextrose 50% - 50 mL vial   | 40:20 |
| codeine 30 mg + acetaminophen 300 mg + caffeine 15 mg<br>tab                   | 28:08 | dextrose 43% gel  | 40:20 |
| codeine 50 mg sustained release tab  | 28:08 | diazepam 2 mg tab   | 28:24 |
| codeine 8 mg+acetaminophen 300 mg+caffeine 15 mg tab                           | 28:08 | diazepam 5 mg tab   | 28:24 |
| colchicine 0.6 mg tab  | 92:16 | diazepam 5 mg/mL inj  | 28:24 |
| cortisone acetate 25 mg tab  | 68:04 | dicitrate solution - citric acid 334 mg/5 mL, sodium citrate<br>500 mg/5mL solution | 40:08 |
| co-trimoxazole (trimethoprim 8 mg/mL, sulfamethoxazole<br>40 mg/mL) susp, oral | 08:12 | diclofenac + misoprostol 50 mg/200 mcg and/or<br>75 mg/200 mcg tab                  | 28:08 |
| co-trimoxazole (trimethoprim 16 mg/mL, sulfamethoxazole<br>80 mg/mL) inj       | 08:12 | diclofenac 100 mg, sustained release tab  | 28:08 |
| co-trimoxazole (trimethoprim, sulfamethoxazole) SS<br>and/or DS tab            | 08:12 | diclofenac 75 mg, sustained release tab   | 28:08 |
| cyanocobalamin 1000 mcg/mL inj   | 88:08 | diclofenac enteric coated 25mg and/or 50 mg tab                                     | 28:08 |
| cyanocobalamin 250 mcg to 1200 mcg tab   | 88:08 | diclofenac ophthalmic 0.1% susp   | 28:08 |
| cyclobenzaprine 10 mg tab  | 12:20 | diclofenac 2.32 % ointment  | 84:06 |
| cyclopentolate 1% ophth  | 52:24 | digoxin 0.0625 mg tab   | 24:04 |
| cycloSPORINE 25 mg cap   | 92:44 | digoxin 0.125 mg tab  | 24:04 |
| cyproheptadine 4 mg tab  | 04:04 | digoxin 0.25 mg tab   | 24:04 |
| dabigatran 110 mg cap  | 20:12 | digoxin 0.25 mg/mL inj  | 24:04 |
| dabigatran 75 mg cap   | 20:12 | digoxin immune fab 40 mg/vial inj   | 80:04 |
| dabigatran 150 mg cap  | 20:12 | dihydroergotamine 1 mg/mL inj   | 28:32 |
| dalteparin 25,000 U/mL MDV inj   | 20:12 | diltiazem 120 mg CD* cap  | 24:28 |
| dalteparin 2500 U, 3500 U, 5000 U, 7500 U, 10000 U,                            | 20:12 | diltiazem 180 mg CD* cap  | 24:28 |
|  |       | diltiazem 240 mg CD* cap  | 24:28 |
|  |       | diltiazem 30 mg and/or 60 mg tab  | 24:28 |
|  |       | diltiazem 300 mg CD* cap  | 24:28 |

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|  |       |  |       |
|--|-------|--|-------|
| diltiazem 5 mg/mL inj  | 24:28 | enalapril 20 mg* tab   | 24:32 |
| dimenhyDRINATE 10 mg/mL - 5 mL inj   | 56:22 | enalapril 5 mg* tab  | 24:32 |
| dimenhyDRINATE 100 mg suppository  | 56:22 | enalaprilat 1.25 mg/mL inj   | 24:32 |
| dimenhyDRINATE 25 mg suppository   | 56:22 | enoxaparin 300 mg/3 mL MDV inj   | 20:12 |
| dimenhyDRINATE 50 mg tab   | 56:22 | enoxaparin 30mg/0.3 ml PFS inj   | 20:12 |
| dimenhyDRINATE 50 mg suppository   | 56:22 | enoxaparin 40mg/0.4 ml PFS inj   | 20:12 |
| dimenhyDRINATE 50 mg/mL inj  | 56:22 | enoxaparin 60mg/0.6 ml PFS inj   | 20:12 |
| dimenhyDRINATE oral 3 mg/mL liquid   | 56:22 | enoxaparin 80mg/0.8 ml PFS inj   | 20:12 |
| dinoprostone 0.5 mg/2.5 mL PFS inj   | 76:00 | enoxaparin 100mg/1 ml PFS inj  | 20:12 |
| dinoprostone 10 mg supp  | 76:00 | ePHEDrine SULPHATE 50 mg/mL inj  | 12:12 |
| dinoprostone 1-2 mg/2.5 mL PFS inj   | 76:00 | EPINEPHrine HCL 0.1 mg/mL syringe inj  | 12:12 |
| diphenhydraAMINE 50 mg/mL inj  | 04:04 | EPINEPHrine HCL 0.1 mg/mL ampoule inj  | 12:12 |
| diphenhydrAMINE 2.5 mg/mL elixir   | 04:04 | EPINEPHrine HCL 0.15 mg EpiPen Jr. inj   | 12:12 |
| diphenhydrAMINE 25 mg and/or 50 mg tab/cap   | 04:04 | EPINEPHrine HCL 0.3 mg EpiPen inj  | 12:12 |
| diphenhydramine 1.25 mg/mL liquid  | 04:04 | EPINEPHrine HCL 1 mg/mL (1:1000) inj   | 12:12 |
| diphenoxylate HCL 2.5 mg tab   | 56:08 | EPINEPHrine nasal 1 mg/mL topical/solution   | 52:32 |
| diphtheria and tetanus toxoids 0.5 mL (For IM use, children over 7 years and adults) inj | 80:08 | ergometrine maleate (Same as ergonovine) 0.25 mg/mL - 1 mL inj                     | 76:00 |
| divalproex sodium 125 mg EC* tab   | 28:12 | ertapenem 1 g/vial inj   | 08:12 |
| divalproex sodium 250 mg EC* tab   | 28:12 | erythromycin ophthalmic 5 mg/g ointment  | 52:04 |
| divalproex sodium 500 mg EC* tab   | 28:12 | escitalopram 10 mg, 20 mg  | 28:16 |
| DOBUTamine HCL 12.5 mg/mL inj  | 12:12 | esmolol 100mg/10mL inj   | 24:24 |
| domperidone 10 mg tab  | 56:32 | esomeprazole 20 mg tab   | 56:28 |
| donepezil 10 mg tab  | 12:04 | esomeprazole 40 mg tab   | 56:28 |
| donepezil 5 mg tab   | 12:04 | estrogenic substances, conjugated 0.3 mg* tab                                      | 68:16 |
| DOPamine 200 mg/250 mL D5W Premixed Inj  | 12:12 | estrogenic substances, conjugated 0.625 mg* tab                                    | 68:16 |
| DOPamine 800 mg/250 mL or 400 mg/250 mL D5W Premixed inj                                 | 12:12 | estrogenic substances, conjugated 1.25 mg* tab                                     | 68:16 |
| dorzolamide ophthalmic 2% solution   | 52:40 | estrogenic substances, conjugated 25 mg inj  | 68:16 |
| doxazosin 1 mg tab   | 24:20 | estrogenic substances, conjugated vaginal 625 mcg/g cream                          | 68:16 |
| doxazosin 2 mg tab   | 24:20 | ethambutol 100 mg tab  | 08:16 |
| doxazosin 4 mg tab   | 24:20 | ethambutol 400 mg tab  | 08:16 |
| doxepin 10 mg cap  | 28:16 | etomidate 2 mg/mL inj  | 28:04 |
| doxepin 25 mg cap  | 28:16 | exemestane 25 mg tab   | 10:00 |
| doxycycline hyclate 100 mg and/or 150 mg cap   | 08:12 | ezetimibe 10 mg tab  | 24:06 |
| doxylamine 10 mg/pyridoxine 10 mg tab  | 56:22 | famciclovir 500 mg tab   | 08:18 |
| DULoxetine 30 mg and/or 60 mg cap  | 28:16 | famotidine 10 mg/mL inj  | 56:28 |
| dutasteride 0.5 mg cap   | 92:08 | fat emulsion 20 % - 250 mL bag* inj  | 40:20 |
| electrolyte replacement solution (ORAL) 4.9 g packet powder for oral liquid              | 40:12 | felodipine 2.5 mg SR tab   | 24:28 |
| edoxaban 30 mg and/or 60 mg tab  | 20:12 | felodipine 5 mg SR tab   | 24:28 |
| electrolyte replacement solution (ORAL) liquid   | 40:12 | fenofibrate, micronized 200mg cap  | 24:06 |
| empagliflozin 10 mg tab  | 68:20 | fentaNYL 2 mcg/mL & bupivacaine 0.08% in normal saline 25 mL syringe epidural inj. | 28:08 |
| empagliflozin 25 mg tab  | 68:20 | fentaNYL 2 mcg/mL & bupivacaine 0.08% in normal saline 125 mL bag epidural inj.    | 28:08 |
| enalapril 10 mg* tab   | 24:32 | fentaNYL citrate 75 mcg/hour patch   | 28:08 |
| enalapril 2.5 mg* tab  | 24:32 | fentaNYL citrate 100 mcg/hour patch  | 28:08 |

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|--|-------|--|-------|
| fentaNYL citrate 12 mcg/hour patch                         | 28:08 | gabapentin 400 mg* cap   | 28:12 |
| fentaNYL citrate 25 mcg/hour patch                         | 28:08 | gabapentin 600 mg* cap   | 28:12 |
| fentaNYL citrate 50 mcg/hour patch                         | 28:08 | gentamicin sulfate 40 mg/mL inj  | 08:12 |
| fentaNYL citrate 50 mcg/mL inj                             | 28:08 | gentamicin sulfate 10mg/mL inj (peds)  | 08:12 |
| ferrous fumarate 300 mg tab                                | 20:04 | glaxal base  | 96:00 |
| ferrous gluconate 300 mg tab                               | 20:04 | gliclazide 80 mg   | 68:20 |
| ferrous sulfate 30 mg/mL and/or 75 mg/mL syrup             | 20:04 | gliclazide 30 mg MR  | 68:20 |
| ferrous sulfate 300 mg (equal to 65 mg elemental iron) tab | 20:04 | gliclazide 60 mg MR  | 68:20 |
| filgrastim 300 mcg/mL inj                                  | 20:16 | glyBURIDE 2.5 mg   | 68:20 |
| finasteride 5 mg tab                                       | 92:08 | glyBURDIE 5 mg   | 68:20 |
| fluconazole 100 mg tab                                     | 08:14 | glucagon sterile powder with diluent 1 mg inj  | 68:22 |
| fluconazole 200 mg inj                                     | 08:14 | glucagon-3mg nasal powder  | 68:22 |
| fluconazole 50 mg tab                                      | 08:14 | glycerin liquid  | 56:12 |
| fludrocortisone 0.1 mg tab                                 | 68:04 | glycerin adult 2.67 g suppository  | 56:12 |
| flumazenil 0.1 mg/mL inj                                   | 92:12 | glycerin pediatric 1.4 g suppository   | 56:12 |
| fluorescein 2% sodium U.S.P minims                         | 36:58 | glycopyrrolate 0.2 mg/mL inj   | 12:08 |
| fluorometholone ophthalmic 0.1% susp                       | 52:08 | granisetron 1 mg tab   | 56:22 |
| FLUoxetine 10 mg and/or 20 mg cap                          | 28:16 | guaiFENesin 20 mg/mL syrup   | 48:16 |
| fluticasone 125 mcg/spray MDI                              | 68:04 | haloperidol 2 mg* tab  | 28:16 |
| fluticasone 250 mcg/salmeterol 50 mcg diskus               | 68:04 | haloperidol 5 mg * tab   | 28:16 |
| fluticasone 250 mcg/spray MDI                              | 68:04 | haloperidol 5 mg/mL inj  | 28:16 |
| fluticasone 50 mcg/spray MDI                               | 68:04 | haloperidol 0.5 mg* tab  | 28:16 |
| fluticasone 500 mcg/salmeterol 50 mcg diskus               | 68:04 | haloperidol 1 mg* tab  | 28:16 |
| fluticasone furoate and vilanterol trifenate 100-25 mcg    | 68:04 | heparin sodium 10,000 U/mL inj   | 20:12 |
| fluticasone furoate and vilanterol trifenate 200-25 mcg    | 68:04 | heparin sodium 100 U/mL lock soln  | 20:12 |
| fluticasone/umeclidinium/vilanterol 100 mcg/62.5 mcg/25 mg | 68:04 | heparin sodium 100 U/mL PFS  | 20:12 |
| FLUvoxamine 50 mg and/or 100 mg cap                        | 28:16 | heparin sodium 1000 U/mL inj   | 20:12 |
| folic acid 5 mg tab  | 88:08 | heparin sodium 25,000U in 250 mL D5W inj   | 20:12 |
| folic acid 1mg tab   | 88:08 | heparin sodium 5,000 U/0.5mL PFS   | 20:12 |
| fomepizole 1 g/mL inj                                      | 92:12 | hepatitis B immune globulin inj  | 80:12 |
| fondaparinux 10 mg/0.8 mL PFS* inj                         | 20:12 | hepatitis B vaccine (Recombinant) 20 mcg/mL - 1 mL<br>(For IM use in deltoid only) inj | 80:12 |
| fondaparinux 2.5 mg/0.5 mL PFS* inj                        | 20:12 | hydrALAZINE 10 mg and/or 25 mg tab   | 24:08 |
| fondaparinux 5 mg/0.4 mL PFS* inj                          | 20:12 | hydrALAZINE 20 mg/mL inj   | 24:08 |
| fondaparinux 7.5 mg/0.6 mL PFS* inj                        | 20:12 | hydrochlorothiazide  | 40:28 |
| fosinopril 10 mg tab                                       | 24:32 | hydrochlorothiazide 25 mg with spironolactone 25 mg tab                                | 40:28 |
| fosphenytoin 50 mg/mL PE                                   | 28:12 | hydrochlorothiazide 25 mg with triamterene 50 mg tab                                   | 40:28 |
| framycetin 1% sterile dressing dressing                    | 84:04 | hydrochlorothiazide 50 mg with amiloride 5 mg tab                                      | 40:28 |
| framycetin 1%/ hydrocortisone 0.5% oint                    | 84:06 | hydrocortisone (sodium succinate) 1 g* inj   | 68:04 |
| framycetin 1%/ hydrocortisone 0.5% supp                    | 84:06 | hydrocortisone (sodium succinate) 250 mg* inj  | 68:04 |
| fusidic acid cream and/or fusidate sodium ointment oint    | 08:12 | hydrocortisone (sodium succinate) 500 mg* inj  | 68:04 |
| furosemide 10 mg/mL - 2 mL & 4 mL inj                      | 40:28 | hydrocortisone 1% cream  | 84:06 |
| furosemide 20 mg tab                                       | 40:28 | hydrocortisone 1% oint   | 84:06 |
| furosemide 40 mg tab                                       | 40:28 | hydrocortisone 10 mg tab   | 68:04 |
| furosemide 80 mg tab                                       | 40:28 | hydrocortisone 100mg/vial inj  | 68:04 |
| gabapentin 100 mg* cap                                     | 28:12 | hydrogen peroxide 3% Note: Dilute with an equal amount                                 |       |
| gabapentin 300 mg* cap                                     | 28:12 |  |       |



## Southern Health - Santé Sud Formulary Index

|   |       |   |       |
|---|-------|---|-------|
| of water before use on mucous membranes. solution               | 52:28 | isoflurane solution   | 28:04 |
| HYDROmorphone 1 mg* tab   | 28:08 | isoniazid 100 mg tab  | 08:16 |
| HYDROmorphone 1 mg/mL syrup                                     | 28:08 | Isoniazid 300 mg tab  | 08:16 |
| HYDROmorphone 10 mg/mL inj                                      | 28:08 | isosorbide dinitrate 10 mg and/or 30 mg tab   | 24:12 |
| HYDROmorphone 12 mg SR* cap                                     | 28:08 | ketamine 10 mg/mL inj   | 28:04 |
| HYDROmorphone 18 mg SR* cap                                     | 28:08 | ketamine 50 mg/mL inj   | 28:04 |
| HYDROmorphone 2 mg* tab   | 28:08 | ketoconazole 2% shampoo   | 84:04 |
| HYDROmorphone 2 mg/mL inj                                       | 28:08 | ketorolac 30 mg/mL inj  | 28:08 |
| HYDROmorphone 3 mg SR* cap                                      | 28:08 | ketorolac 0.5% eye drops  | 52:08 |
| HYDROmorphone 4 mg* tab   | 28:08 | L.E.T. SOLUTION topical 25 mL (Each 1mL contains:<br>lidocaine hydrochloride 40 mg (4%), epinephrine chloride<br>1 mg (0.1%), tetracaine hydrochloride 5 mg (0.5%) solution | 84:08 |
| HYDROmorphone 50 mg/mL inj                                      | 28:08 | labetolol 100 mg and/or 200 mg tab  | 24:24 |
| HYDROmorphone 6 mg SR* cap                                      | 28:08 | labetolol 5 mg/mL inj   | 24:24 |
| HYDROmorphone 8 mg* tab   | 28:08 | lactulose 667 mg/mL syr   | 40:08 |
| HYDROmorphone 0.4 mg/mL 50 mL bag                               | 28:08 | lamoTRIGine 100 mg tab  | 28:12 |
| HYDROmorphone 0.4 mg/mL 100 mL bag                              | 28:08 | lamoTRIGine 25 mg tab   | 28:12 |
| hydroxychloroquine sulfate 200 mg (equal to<br>155 mg base) tab | 92:36 | latanoprost ophthalmic 0.005% solution  | 52:40 |
| hydroxyurea 500 mg cap  | 10:00 | leucovorin 10 mg/mL inj   | 92:12 |
| hydrOXYzine 10 mg cap   | 28:24 | levETIRAcetam 500 mg and/or 750 mg tab  | 28:12 |
| hydrOXYzine 2 mg/mL syrup                                       | 28:24 | levETIRAcetam 100 mg/mL IV  | 28:12 |
| hydrOXYzine 25 mg cap   | 28:24 | levodopa/carbidopa 100 mg/10 mg* tab  | 28:36 |
| hyoscine butylbromide 10 mg tab                                 | 12:08 | levodopa/carbidopa 100 mg/25 mg CR* tab   | 28:36 |
| hyoscine butylbromide 20 mg/mL inj                              | 12:08 | levodopa/carbidopa 100 mg/25 mg* tab  | 28:36 |
| hypertonic 3% saline nebulas                                    | 52:92 | levodopa/carbidopa 200 mg/50 mg CR* tab   | 28:36 |
| ibuprofen 20 mg/mL liquid                                       | 28:08 | levodopa/carbidopa 250 mg/25 mg* tab  | 28:36 |
| Ibuprofen 40 mg/mL liquid                                       | 28:08 | levofloxacin 250 mg, 500 mg and/or 750 mg tab   | 08:12 |
| ibuprofen 200 mg and/or 400 mg tab                              | 28:08 | levofloxacin 250 mg/50 mL minibag inj   | 08:12 |
| idaruCIzumab 50 mg/mL   | 20:28 | levofloxacin 500 mg/100 mL minibag inj  | 08:12 |
| imipramine 10 mg tab  | 28:16 | levonorgestrel 1.5 mg tab   | 68:12 |
| imipramine 25 mg tab  | 28:16 | levothyroxine sodium 100 mcg (0.1 mg)* tab  | 68:36 |
| indapamide 1.25 mg and/or 2.5 mg tab                            | 40:28 | levothyroxine sodium 112 mcg (0.112 mg)* tab  | 68:36 |
| indomethacin 25 mg cap  | 28:08 | levothyroxine sodium 125 mcg (0.125 mg)* tab  | 68:36 |
| indomethacin 50 mg and/or 100 mg suppository                    | 28:08 | levothyroxine sodium 150 mcg (0.15 mg)* tab   | 68:36 |
| influenza vaccine (available seasonally) inj                    | 80:12 | levothyroxine sodium 175 mcg (0.175 mg)* tab  | 68:36 |
| insulin glargine 100 units/mL inj vial & pen                    | 68:20 | levothyroxine sodium 200 mcg (0.2 mg)* tab  | 68:36 |
| insulin human 30% regular/70% NPH inj vial & pen                | 68:20 | levothyroxine sodium 25 mcg (0.025 mg)* tab   | 68:36 |
| insulin human NPH (N) 100 units/mL inj vial & pen               | 68:20 | levothyroxine sodium 50 mcg (0.05 mg)* tab  | 68:36 |
| insulin human regular (R) 100 units/mL inj vial & pen           | 68:20 | levothyroxine sodium 75 mcg (0.075 mg)* tab   | 68:36 |
| insulin human regular (R) 100 units/mL premixed bag             | 68:20 | levothyroxine sodium 88 mcg (0.088 mg)* tab   | 68:36 |
| insulin lispro/protamine 25/75 unit/mL vial & pen               | 68:20 | lidocaine 0.5% - 20 mL inj  | 72:00 |
| insulin lispro 100 units/mL inj vial & pen                      | 68:20 | lidocaine 1% with epinephrine 1:100,000 - 20 mL inj   | 72:00 |
| ipratropium bromide 20 mcg/puff inhaler                         | 12:08 | lidocaine 2% - 10 mL and/or 20 mL inj   | 72:00 |
| ipratropium bromide 250 mcg/mL neb                              | 12:08 | lidocaine 2% epidural - 20 mL inj   | 72:00 |
| irbesartan 75 mg,150 mg and/or 300 mg tab                       | 24:32 | lidocaine 2% oral, viscous - 100 mL solution  | 72:00 |
| iron ferric derisomaltose 100 mg/ml                             | 20:04 | lidocaine 2% topical jelly  | 72:00 |
| iron sucrose 20 mg/mL elemental iron inj                        | 20:04 |   |       |

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|---|-------|---|-------|
| lidocaine 2% with epinephrine 1:100,000 - 20 mL inj   | 72:00 | methocarbamol 750mg tab                           | 12:20 |
| lidocaine 4% topical / oral - 50 mL solution  | 72:00 | methotrexate 2.5 mg tab                           | 10:00 |
| lidocaine 5% oint   | 72:00 | methotrexate 25 mg/mL vial inj                    | 10:00 |
| lidocaine hydrochloride 10% endotracheal aerosol with nozzle, 2 x 8" nozzles only solution  | 72:00 | methotrexate 20 mg/0.4 mL PFS inj                 | 10:00 |
| lidocaine/prilocaine 5 g cream  | 84:08 | methotrexate 25 mg/0.5 mL PFS nj                  | 10:00 |
| lidocaine1% - 10 mL and/or 20 mL inj  | 72:00 | methotrexate 40 mg/1.6 mL PFS inj                 | 10:00 |
| lidocaine 20 mg/mL inj  | 24:04 | methotrexate 50 mg/2 mL PFS inj                   | 10:00 |
| linezolid 400 mg tab  | 08:12 | methotrexate 55 mg/2.2 mL PFS inj                 | 10:00 |
| linezolid 600mg inj   | 08:12 | methotrexate 60 mg/2.4 mL PFS inj                 | 10:00 |
| liquid petrolatum liquid  | 56:12 | methotrimeprazine 25 mg and/or 50 mg tab          | 28:16 |
| lisinopril 10 mg* tab   | 24:32 | methotrimeprazine 25 mg/mL inj                    | 28:24 |
| lisinopril 20 mg* tab   | 24:32 | methotrimeprazine 5 mg tab                        | 28:16 |
| lisinopril 5 mg* tab  | 24:32 | methyl dopa 250 mg tab                            | 24:08 |
| lithium carbonate 150 mg and/or 300 mg cap  | 28:28 | methylene blue 10 mg/mL inj                       | 92:12 |
| loperamide HCL 2 mg tab   | 56:08 | methylphenidate 5 mg and/or 10 mg tab             | 28:20 |
| lorazepam 0.5 mg tab  | 28:24 | methylPREDNISolone (sodium succinate) 1 g* inj    | 68:04 |
| lorazepam 1 mg tab  | 28:24 | methylPREDNISolone (sodium succinate) 125 mg* inj | 68:04 |
| lorazepam 2 mg tab  | 28:24 | methylPREDNISolone (sodium succinate) 40 mg* inj  | 68:04 |
| lorazepam 4 mg/mL inj   | 28:24 | methylPREDNISolone (sodium succinate) 500 mg* inj | 68:04 |
| lorazepam sublingual 1 mg tab   | 28:24 | methylPREDNISolone suspension 40 mg/mL inj        | 68:04 |
| losartan 100 mg* tab  | 24:32 | methylsalicylate compound 12.5% - 30 g oint       | 84:24 |
| losartan 25 mg* tab   | 24:32 | metoclopramide 5 mg/mL inj                        | 56:32 |
| losartan 50 mg* tab   | 24:32 | metoclopramide 5 mg and/or 10 mg tab              | 56:32 |
| loxapine 10 mg tab  | 28:16 | metoclopramide oral 1 mg/mL liquid                | 56:32 |
| magic mouthwash   | 52:28 | metolazone 2.5 mg tab                             | 40:28 |
| magnesium citrate oral 50 mg/mL solution  | 56:12 | metoprolol 1 mg/mL - 5 mL single-use vial inj     | 24:24 |
| magnesium glucoheptonate oral 100 mg/mL (0.2 mmol elemental MG <sup>++</sup> /5mL) solution | 40:12 | metoprolol 100 mg tab                             | 24:24 |
| magnesium hydroxide oral 78 mg/mL susp  | 56:12 | metoprolol 25 mg tab                              | 24:24 |
| magnesium oxide 3.25 g, citric acid 12 g, sodium picosulfate 10 mg/sachet powder            | 56:12 | metoprolol 50 mg tab                              | 24:24 |
| magnesium sulfate 200 mg/mL (20%) - 10 mL (2 mmol elemental MG <sup>++</sup> /mL) inj       | 24:04 | metroNIDAZOLE 250 mg tab                          | 08:30 |
| magnesium supplement 100mg to 500 mg tab  | 40:12 | metroNIDAZOLE 500 mg cap                          | 08:30 |
| mannitol 20% - 50 mL inj  | 40:28 | metroNIDAZOLE 500 mg/100 mL minibag inj           | 08:30 |
| medroxyPROGESTERone acetate 150 mg/mL inj   | 68:12 | midazolam 1 mg/mL inj                             | 28:24 |
| medroxyPROGESTERone acetate 5 mg tab  | 68:32 | midazolam 5 mg/mL inj                             | 28:24 |
| megestrol acetate 40 mg and/or 160 mg tab   | 10:00 | midodrine 2.5 mg tab                              | 12:12 |
| melatonin 1 mg, 3 mg, and 5 mg  | 92:00 | midodrine 5 mg tab                                | 12:12 |
| meperidine 50 mg/mL inj   | 28:08 | mineral oil liquid                                | 56:12 |
| meropenem 500 mg and/or 1 g inj   | 08:12 | mineral oil 30 mL sterile                         | 56:12 |
| metFORMIN 500 mg tab  | 68:20 | mirtazapine 15 mg and/or 30 mg tab                | 28:16 |
| metFORMIN 850 mg tab  | 68:20 | misoprostol 100 mcg tab                           | 56:28 |
| methadone 10 mg/mL liq  | 28:08 | misoprostol 200 mcg tab                           | 56:28 |
| methadone 5 mg and/or 10 mg tab   | 28:08 | misoprostol 50 mcg vag sup                        | 56:28 |
| methimazole 10 mg tab   | 68:36 | moisture spray                                    | 52:92 |
|   |       | mometasone 50 mcg/spray                           | 52:08 |
|   |       | montelukast 4 mg                                  | 48:10 |
|   |       | montelukast 5 mg                                  | 48:10 |

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|---|-------|--|-------|
| montelukast 10 mg   | 48:10 | nitroglycerin 0.2 mg/hr patch                  | 24:12 |
| morphine sulfate 1 mg/mL inj (epidural)                   | 28:08 | nitroglycerin 0.4 mg/hr patch                  | 24:12 |
| morphine sulfate 10 mg, controlled release* tab (or cap)  | 28:08 | nitroglycerin 0.6 mg/hr patch                  | 24:12 |
| morphine sulfate 10 mg tab                                | 28:08 | nitroglycerin 0.8 mg/hr patch                  | 24:12 |
| morphine sulfate 10 mg/mL inj                             | 28:08 | nitroglycerin 400 mcg/mL premixed solution inj | 24:12 |
| morphine sulfate 100 mg, controlled release* tab (or cap) | 28:08 | norepinephrine 1mg/mL inj                      | 12:12 |
| morphine sulfate 15 mg, controlled release* tab (or cap)  | 28:08 | norepinephrine 4 mg/250 mL bag inj             | 12:12 |
| morphine sulfate 30 mg, controlled release* tab (or cap)  | 28:08 | norepinephrine 8 mg/250 mL bag inj             | 12:12 |
| morphine sulfate 5 mg tab                                 | 28:08 | nortriptyline 10 mg and/or 25 mg cap           | 28:16 |
| morphine sulfate 5 mg/mL soln, oral                       | 28:08 | nystatin 100,000 units/g cream                 | 84:04 |
| morphine sulfate 50 mg/mL inj                             | 28:08 | nystatin 100,000 units/g oint                  | 84:04 |
| morphine sulfate 1 mg/mL 100 mL bag inj                   | 28:08 | nystatin 100,000 units/mL susp, oral           | 08:14 |
| morphine sulfate 60 mg, controlled release* tab (or cap)  | 28:08 | octreotide - 500 mcg/mL MDV inj                | 68:29 |
| moxifloxacin 400 mg inj                                   | 08:12 | octreotide 100 mcg/mL - preservative free inj  | 68:29 |
| moxifloxacin 400 mg tab                                   | 08:12 | octreotide 50 mcg/mL - preservative free inj   | 68:29 |
| multivitamin adult tab                                    | 88:28 | OLANZapine 10 mg IM inj                        | 28:16 |
| multivitamin liquid adult solution                        | 88:28 | OLANZapine 10 mg* tab                          | 28:16 |
| multivitamin for TPN inj                                  | 88:28 | OLANZapine 2.5 mg* tab                         | 28:16 |
| multivitamin ocular tab                                   | 88:28 | OLANZapine 5 mg* tab                           | 28:16 |
| multivitamin prenatal tab                                 | 88:28 | OLANZapine 7.5 mg* tab                         | 28:16 |
| mupirocin 2 % oint  | 84:04 | OLANZapine Zydis 5 mg and/or 10 mg tab         | 28:16 |
| mupirocin 2 % cream                                       | 84:04 | ondansetron 2 mg/mL - 2 mL and/or 4 mL inj     | 56:22 |
| mycophenolate 250 mg and/or 500 mg cap                    | 92:44 | ondansetron 4 mg tab & ODT                     | 56:22 |
| nabilone 0.5 mg and/or 1 mg cap                           | 56:22 | ondansetron 8 mg tab                           | 56:22 |
| nadolol 80 mg tab   | 24:24 | ondansetron solution 4 mg/5 mL solution        | 56:22 |
| nalbuphine hydrochloride 10 mg/mL inj                     | 28:08 | oseltamivir 6 mg/mL susp                       | 08:18 |
| naloxone HCL 0.4 mg/mL inj                                | 28:10 | oseltamivir 30 mg cap                          | 08:18 |
| Naloxone 1 mg/mL  | 28:10 | oseltamivir 75 mg cap                          | 08:18 |
| naloxegol 25 mg   | 56:92 | oxazepam 15 mg tab                             | 28:24 |
| naltrexone 50 mg tab                                      | 28:10 | oxybutynin 5 mg tab                            | 86:12 |
| naproxen 250 mg and/or 500 mg tab                         | 28:08 | oxyCODONE 20 mg, controlled release tab        | 28:08 |
| naproxen 375 mg tab                                       | 28:08 | oxyCODONE 40 mg, controlled release tab        | 28:08 |
| neostigmine bromide 1 mg/mL inj                           | 12:04 | oxyCODONE 10 mg, controlled releasetab         | 28:08 |
| nicotine polacrilex gum 2 mg gum                          | 12:92 | oxyCODONE 5 mg and/or 10 mg IR tab             | 28:08 |
| nicotine polacrilex gum 4 mg gum                          | 12:92 | oxyCODONE 5 mg + acetaminophen 325 mg tab      | 28:08 |
| nicotine transdermal system 14 mg patch                   | 12:92 | oxytocin 10 units/mL - 1 mL inj                | 76:00 |
| nicotine transdermal system 21 mg patch                   | 12:92 | pamidronate disodium 30 mg inj                 | 92:24 |
| nicotine transdermal system 7 mg patch                    | 12:92 | pamidronate disodium 90 mg inj                 | 92:24 |
| NIFEdipine 10 mg IR cap                                   | 24:28 | pancreatic enzyme preparations cap/tab         | 56:16 |
| NIFEdipine 20 mg, sustained release (XL)* tab             | 24:28 | pantoprazole 20 mg tab                         | 56:28 |
| NIFEdipine 30 mg, sustained release (XL)* tab             | 24:28 | pantoprazole 40 mg tab                         | 56:28 |
| NIFEdipine 60 mg, sustained release (XL)* tab             | 24:28 | pantoprazole 4 mg/mL inj                       | 56:28 |
| nirmatrelvir 150 mg/ritonavir 100 mg tab                  | 08:18 | PARoxetine 20 mg tab                           | 28:16 |
| nitrofurantoin 100 mg (MACROBID) cap                      | 08:36 | PARoxetine 30 mg tab                           | 28:16 |
| nitrofurantoin 50 mg and/or 100 mg cap/tab                | 08:36 | PEG 3350 powder                                | 56:12 |
| nitroglycerin 0.4 mg/spray spray, sublingual              | 24:12 | PEG 3350 & electrolytes powder                 | 56:12 |

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|---|-------|---|-------|
| penicillin g benzathine 1.2 M units inj                                       | 08:12 | potassium chloride oral (sugarfree) 1.33 mmol/mL solution                 | 40:12 |
| penicillin g sodium 1 M and/or 5 M units (Each 1mu contains 1.7 mmol Na+) inj | 08:12 | potassium phosphate (15 mmol PO4- plus 22 mmol K+/250mL D5W) inj          | 40:12 |
| penicillin v 300 mg (500,000 U) tab   | 08:12 | potassium phosphate (30 mmol PO4- plus 44 mmol K+/500mL D5W) inj          | 40:12 |
| perindopril 2 mg, 4 mg, 8 mg tab  | 24:32 | povidone iodine 10% (1% available iodine) solution                        | 84:04 |
| permethrin 1% shampoo   | 84:04 | pralidoxime chloride 1 g/vial inj   | 92:12 |
| permethrin 5% cream   | 84:04 | pramipexole 0.25 mg and/or 1 mg tab                                       | 28:36 |
| petroleum ointment  | 84:24 | prazosin 1 mg tab   | 24:20 |
| petrolatum & mineral oil ophthalmic 3.5 g ointment                            | 52:92 | prazosin 2 mg tab   | 24:20 |
| PHENobarbital 120 mg/mL inj   | 28:12 | prazosin 5 mg tab   | 24:20 |
| PHENobarbital 30 mg tab   | 28:12 | prednisOLONE acetate ophthalmic 1% susp                                   | 52:08 |
| PHENobarbital 5 mg/mL (contains 12% alcohol) elixir                           | 28:12 | prednisOLONE oral 1 mg/mL solution  | 68:04 |
| phenol all strengths  | 92:00 | predniSONE 1 mg tab   | 68:04 |
| phentolamine mesylate 5 mg inj  | 12:16 | predniSONE 5 mg tab   | 68:04 |
| phenylephrine 10 mg/mL inj  | 12:12 | predniSONE 50 mg tab  | 68:04 |
| phenylephrine 50 mcg/mL syringe   | 12:12 | pregabalin 25 mg, 50 mg, 75 mg and/or 150 mg caps                         | 28:12 |
| phenytoin 100 mg cap  | 28:12 | primidone 250mg tab   | 28:12 |
| phenytoin 30 mg cap   | 28:12 | procainamide 100 mg/mL inj  | 24:04 |
| phenytoin 50 mg/mL inj  | 28:12 | prochlorperazine 10 mg suppository  | 56:22 |
| phenytoin chewable 50 mg tab  | 28:12 | prochlorperazine 5 mg and/or 10 mg tab                                    | 56:22 |
| phenytoin oral 25 mg/mL susp  | 28:12 | procyclidine HCL 5 mg tab   | 28:36 |
| phosphate effervescent 500 mg (16 mmol elemental phosphorus/tab) tab          | 40:12 | propafenone 150 mg tab  | 24:04 |
| phosphate sodium oral solution  | 56:12 | propofol 10 mg/mL inj   | 28:04 |
| phosphate sodium rectal 133 mL (adult) solution                               | 56:12 | propranolol 1 mg/mL inj   | 24:24 |
| phosphate sodium rectal 65 mL (pediatric) solution                            | 56:12 | propranolol 10 mg and/or 40 mg tab  | 24:24 |
| phytonadione 1 mg/0.5 mL inj  | 88:16 | propylthiouracil 50 mg and/or 100 mg tab                                  | 68:36 |
| phytonadione 10 mg/mL inj   | 88:16 | protamine sulfate 10 mg/mL inj  | 20:28 |
| pilocarpine HCL ophthalmic 1%* solution                                       | 52:40 | psyllium hydrophillic mucilloid 1 tsp (6.1 g) contains 3g psyllium powder | 56:12 |
| pilocarpine HCL ophthalmic 2%* solution                                       | 52:40 | pyrazinamide 500 mg tab   | 08:16 |
| pinaverium 50 mg tab  | 12:08 | pyridostigmine 60 mg tab  | 12:04 |
| pink lady 500 mL susp   | 84:08 | pyridoxine hydrochloride 100 mg/mL inj                                    | 88:08 |
| pioglitazone 15 mg and/or 30 mg tab   | 68:20 | pyridoxine hydrochloride 25 mg to 100mg tab                               | 88:08 |
| piperacillin/tazobactam 2.25 g inj  | 08:12 | QUetiapine 100 mg* tab  | 28:16 |
| piperacillin/tazobactam 3.375 g inj   | 08:12 | QUetiapine 200 mg* tab  | 28:16 |
| piperacillin/tazobactam 4.50 g inj  | 08:12 | QUetiapine 25 mg* tab   | 28:16 |
| pneumococcal vaccine inj  | 80:12 | QUetiapine 50 mg* tab   | 28:16 |
| polyethylene glycol 20% solution  | 52:36 | quiNINE sulfate 200 mg cap  | 08:30 |
| polymyxin B 10,000u/ gramicidin 250 mcg cream                                 | 84:04 | quiNINE sulfate 300 mg cap  | 08:30 |
| polymyxin B 10,000U/gramicidin 25mcg ophthalmic/otic - 10 mL dropper drops    | 52:04 | rabies vaccine inj  | 80:12 |
| polyvinyl alcohol ophthalmic 1.4% solution                                    | 52:92 | ramipril 1.25 mg* cap   | 24:32 |
| potassium chloride 2 mEq (2 mmol)/mL inj                                      | 40:12 | ramipril 2.5 mg* cap  | 24:32 |
| potassium chloride 20mmol/100 mL bag  | 40:12 | ramipril 10 mg* cap   | 24:32 |
| potassium chloride 600 mg, ER (8mmol K+ and Cl-/tab)tab                       | 40:12 | ramipril 5 mg* cap  | 24:32 |
| potassium chloride 600 mg, ER(8mmol K+and Cl-/cap) cap                        | 40:12 | ranitidine 15 mg/mL liquid  | 56:28 |

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|---|-------|--|-------|
| ranitidine 150 mg tab                           | 56:28 | sertraline 100 mg cap  | 28:16 |
| remdesivir 100 mg inj                           | 08:18 | sevoflurane - 250 mL solution  | 28:04 |
| remifentanil 1 mg/vial* inj                     | 28:08 | Silicone 20% cream   |       |
| repaglinide 1 mg                                | 68:20 | silver sulfADIAZINE 1% cream   | 84:04 |
| rifampin 150 mg and/or 300mg cap                | 08:16 | simethicone 80 mg tab  | 56:10 |
| rifAXIMin 55Ri0 mg tab                          | 08:12 | simethicone oral 40 mg/mL liquid   | 56:10 |
| risperidone 0.25 mg* tab                        | 28:16 | simvastatin 5mg  | 24:06 |
| risperidone 0.5 mg* tab                         | 28:16 | simvastatin 10mg   | 24:06 |
| risperidone 1 mg* tab                           | 28:16 | simvastatin 40mg   | 24:06 |
| risperidone 2 mg* tab                           | 28:16 | simvastatin 80mg   | 24:06 |
| risperidone 3 mg* tab                           | 28:16 | sitagliptin 100 mg tab   | 68:20 |
| risperidone 4 mg* tab                           | 28:16 | sodium bicarbonate 325 mg (contains 4 mmol Na+) tab                                    | 40:08 |
| risperidone oral 1 mg/mL solution               | 28:16 | sodium bicarbonate 4.2% (0.5 mmol/mL) - 10 mL preloaded syringe inj                    | 40:08 |
| rivaroxaban 10 mg tab                           | 20:12 | sodium bicarbonate 8.4% (1 mmol/mL) - 10 mL preloaded syringe inj                      | 40:08 |
| rivaroxaban 15 mg tab                           | 20:12 | sodium bicarbonate 8.4% (1 mmol/mL) - 50 mL preloaded syringe inj                      | 40:08 |
| rivaroxaban 20 mg ab                            | 20:12 | sodium bicarbonate 8.4% (1 mmol/mL) - 50 mL vial inj                                   | 40:08 |
| rivastigmine 1.5 mg* cap                        | 12:04 | sodium chloride 0.9% - 10 mL (single use vial) inj                                     | 40:12 |
| rivastigmine 3 mg* cap                          | 12:04 | sodium chloride 23.4% (for TPN preparation) inj  | 40:12 |
| rivastigmine 4.5 mg* cap                        | 12:04 | sodium chloride 3% - 250 mL bag inj  | 40:12 |
| rivastigmine 6 mg* cap                          | 12:04 | sodium chloride 3% - 4mL nebule (for inhalation)                                       | 40:12 |
| rizatriptan 10 mg wafer                         | 28:32 | sodium chloride ophthalmic 5% ointment   | 52:92 |
| rocuronium 10 mg/mL inj                         | 12:20 | sodium chloride ophthalmic hypertonic 5% solution                                      | 52:92 |
| ropinirole 1 mg tab                             | 28:36 | sodium phosphate 3 mmol PO4- 4mmol Na+/mL  | 40:12 |
| ropivacaine 5 mg/mL inj                         | 72:00 | sodium polystyrene sulfonate oral, or enema (4 level teaspoonfuls = 15 g resin) powder | 40:18 |
| rosuvastatin 5 mg tab                           | 24:06 | solifenacin 5 mg tab   | 86:12 |
| rosuvastatin 10 mg tab                          | 24:06 | sotalol 80 mg tab  | 24:24 |
| rosuvastatin 20mg tab                           | 24:06 | spironolactone 100 mg tab  | 24:20 |
| rosuvastatin 40 mg tab                          | 24:06 | spironolactone 25 mg tab   | 24:20 |
| sacubitril/valsartan 50 mg                      | 24:32 | stomatitis mouthwash   | 58:28 |
| sacubitril/valsartan 100 mg                     | 24:32 | succinylcholine chloride 20 mg/mL inj  | 12:20 |
| sacubitril/valsartan 200mg                      | 24:32 | sucralfate 1000 mg tab   | 56:28 |
| salbutamol 1 mg/mL neb                          | 12:12 | sucrose solution liquid  | 96:00 |
| salbutamol 2 mg/mL neb                          | 12:12 | sufentanil 50 mcg/mL inj   | 28:08 |
| salbutamol 100 mcg & ipratropium 20 mcg per inh | 12:12 | sugammadex 2mL and/or 5mL  | 92:12 |
| salbutamol 1 mg/mL & ipratropium 0.2 mg/mL neb  | 12:12 | sulfasalazine 500 mg tab   | 56:36 |
| salbutamol 100 mcg/puff inhaler                 | 12:12 | SUMAtriptan succinate 12 mg/mL inj   | 28:32 |
| saline hypertonic solution 3% nebulas           | 58:92 | tacrolimus 0.5 mg* cap   | 92:44 |
| salmeterol 50 mcg                               | 12:12 | tacrolimus 1 mg* cap   | 92:44 |
| scopolamine hydrobromide 600 mcg/mL inj         | 12:08 | tacrolimus 5 mg* cap   | 92:44 |
| selenium sulphide 1 o 2.5% shampoo              | 84:04 | tamoxifen citrate 10 mg tab  | 10:00 |
| semaglutide 2 mg/1.5 mL inj                     | 68:20 | tamoxifen citrate 20 mg tab  | 10:00 |
| semaglutide 4mg/3 mL inj                        | 68:20 | tamsulosin hydrochloride 0.4 mg CR tab   | 12:16 |
| sennosides A & B 1.7 mg/mL syrup                | 56:12 | telmisartan 40 mg and/or 80 mg tab   | 24:32 |
| sennosides A & B 8.6 mg and/or 12 mg tab        | 56:12 |  |       |
| sertraline 25 mg cap                            | 28:16 |  |       |
| sertraline 50 mg cap                            | 28:16 |  |       |

## Southern Health - Santé Sud Formulary Index

|  |       |  |       |
|--|-------|--|-------|
| temazepam 15 mg and/or 30 mg cap                     | 28:24 | vancomycin hydrochloride 125 mg cap            | 08:12 |
| tenecteplase 50 mg kit inj                           | 20:12 | vancomycin hydrochloride 500 mg and/or 1 g inj | 08:12 |
| terazosin 1 mg and/or 2 mg and/or 5 mg tab           | 24:20 | vasopressin 20 units/mL inj                    | 68:28 |
| terbinafine 1% cream                                 | 84:04 | venlafaxine 150 mg extended release* cap       | 28:16 |
| testosterone (enanthate salt) 200 mg/mL* inj         | 68:08 | venlafaxine 37.5 mg extended release* cap      | 28:16 |
| testosterone 40 mg cap                               | 68:08 | venlafaxine 75 mg extended release* cap        | 28:16 |
| tetanus immune globulin inj                          | 80:04 | verapamil 2.5 mg/mL inj                        | 24:28 |
| tetracaine ophthalmic 0.5%-unit dose minims solution | 52:16 | verapamil 80 mg and/or 120 mg tab              | 24:28 |
| tetracycline 250 mg cap                              | 08:12 | verapamil 180 mg SR and/or 240 mg SR tab       | 24:28 |
| theophylline ER 200 mg and/or 300 mg tab             | 86:16 | verenicline 0.5 mg tab                         | 12:92 |
| thiamine hydrochloride 100 mg tab                    | 88:08 | verenicline 1 mg tab                           | 12:92 |
| thiamine hydrochloride 100 mg/mL inj                 | 88:08 | vitamin D 400 to 1000 units tab                | 88:16 |
| ticegralor 90 mg tab                                 | 20:12 | vitamin D 400 unit/mL liquid                   | 88:16 |
| timolol ophthalmic 0.25% solution                    | 52:40 | warfarin sodium 1 mg* tab                      | 20:12 |
| timolol ophthalmic 0.5% solution                     | 52:40 | warfarin sodium 10 mg* tab                     | 20:12 |
| tiotropium 2.5 mcg inh                               | 12:08 | warfarin sodium 2 mg* tab                      | 20:12 |
| tiotropium/olodaterol 2.5mcg inhaler                 | 12:08 | warfarin sodium 2.5 mg* tab                    | 20:12 |
| tobramycin ophthalmic 0.3% drops                     | 52:04 | warfarin sodium 3 mg* tab                      | 20:12 |
| tobramycin sulfate 40 mg/mL inj                      | 08:12 | warfarin sodium 4 mg* tab                      | 20:12 |
| tolterodine 2 mg tab                                 | 86:12 | warfarin sodium 5 mg* tab                      | 20:12 |
| topiramate 25 mg and/or 100 mg tab                   | 28:12 | xylometazoline HCL nasal 0.1% spray            | 52:32 |
| trace element solution 10 mL (for TPN) inj           | 40:12 | zinc oxide all strengths cream                 | 84:24 |
| trandolapril 1 mg* cap                               | 24:32 | zinc sulfate 10 mg supp                        | 84:24 |
| trandolapril 2 mg* cap                               | 24:32 | zinc sulfate with hydrocortisone 0.5% supp     | 84:06 |
| trandolapril 4 mg* cap                               | 24:32 | zinc sulfate with hydrocortisone 0.5% oint     | 84:06 |
| tranexamic acid 100 mg/mL inj                        | 20:28 | zoledronic acid 4mg inj                        | 92:24 |
| tranexamic acid 500 mg tab                           | 20:28 | zopiclone 5 mg and/or 7.5 mg tab               | 28:24 |
| travoprost 0.004% ophthalmic solution                | 52:40 | zuclopenthixol 50 mg/mL inj                    | 28:16 |
| traZODone 50 mg and/or 100 mg tab                    | 28:16 |  |       |
| triamcinolone 40 mg/mL inj                           | 68:04 |  |       |
| triamcinolone acetonide 0.1%                         | 84:06 |  |       |
| triamcinolone/neomycin/gramicidin/nystatin cream     | 84:06 |  |       |
| triamcinolone/neomycin/gramicidin/nystatin oint      | 84:06 |  |       |
| trihexyphenidyl 2 mg tab                             | 28:36 |  |       |
| trimipramine 25 mg tab                               | 28:16 |  |       |
| tri-vi-sol drops solution                            | 88:28 |  |       |
| tropicainamide 1% ophth                              | 52:24 |  |       |
| tuberculin PPD 5 TU inj                              | 36:84 |  |       |
| ulipristal 30 mg tab                                 | 68:12 |  |       |
| umeclidinium/vilanterol 62.5 mg/25 mg inh            | 12:08 |  |       |
| urea 10% cream                                       | 84:28 |  |       |
| ursodiol 250 mg and/or 500 mg tab                    | 56:14 |  |       |
| valacyclovir 500 mg tab                              | 08:18 |  |       |
| valproic acid 250 mg cap                             | 28:12 |  |       |
| valproic acid 50 mg/mL syrup                         | 28:12 |  |       |
| valsartan 80 mg and/or 160 mg tab                    | 24:32 |  |       |

| 04:00 ANTIHISTAMINES                   |                                    |               |                   |                    |              |     |                       |                             |              |
|--|------------------------------------|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|  | <u>Drug</u>                        | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Restr-<br>ictions | Auto-<br>sub |
|  |                                    |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|  | betahistine HCL 16 mg and/or 24 mg | tab           | SERC®             |                    |              | X   |                       |                             |              |
|  |                                    |               |                   |                    |              |     |                       |                             |              |
| 04:04 FIRST GENERATION ANTIHISTAMINES  |                                    |               |                   |                    |              |     |                       |                             |              |
|  | cyproheptadine 4 mg                | tab           |                   | X                  |              |     |                       |                             |              |
|  | diphenhydrAMINE 25 mg and/or 50 mg | tab/cap       | BENADRYL®         |                    |              | X   |                       |                             |              |
|  | diphenhydrAMINE 2.5 mg/mL          | elixir        |                   |                    |              | X   |                       |                             |              |
|  | diphenhydrAMINE 50 mg/mL           | inj           |                   |                    |              | X   |                       |                             |              |
|  | diphenhydrAMINE 1.25 mg/mL         | liquid        |                   |                    |              | X   |                       |                             |              |
|  |                                    |               |                   |                    |              |     |                       |                             |              |
| 04:08 SECOND GENERATION ANTIHISTAMINES |                                    |               |                   |                    |              |     |                       |                             |              |
|  | cetirizine 1 mg/mL                 | susp          | REACTINE®         |                    |              | X   |                       |                             |              |
|  | cetirizine 10mg                    | tab           |                   |                    |              | X   |                       |                             | Y            |
|  |                                    |               |                   |                    |              |     |                       |                             |              |
|  |                                    |               |                   |                    |              |     |                       |                             |              |

| 08:00 ANTI-INFECTIVE AGENTS |   |               |                   |                    |              |     |                       |                             |              |
|-----------------------------|---|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|                             | <u>Drug</u>                                   | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Restr-<br>ictions | Auto-<br>sub |
|                             |   |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
| 08:12 ANTIBIOTICS           |   |               |                   |                    |              |     |                       |                             |              |
| 08:12.02 AMINOGLYCOSIDES    |   |               |                   |                    |              |     |                       |                             |              |
|                             | gentamicin sulfate 10mg/mL                    | inj (peds)    | GARAMYCIN®        | X                  |              |     |                       |                             |              |
|                             | gentamicin sulfate 40 mg/mL                   | inj           |                   |                    |              | X   |                       |                             |              |
|                             | tobramycin sulfate 40 mg/mL                   | inj           | NEBCIN®           | X                  |              |     |                       |                             |              |
| 08:12.06 CEPHALOSPORINS     |   |               |                   |                    |              |     |                       |                             |              |
|                             | ceFAZolin 1 g (each gram contains 2mmol Na+)  | inj           | ANCEF®            |                    |              | X   |                       |                             |              |
|                             | ceFAZolin 2 g (each gram contains 2mmol Na+)  | inj           |                   |                    |              | X   |                       |                             |              |
|                             | cefixime 400 mg                               | cap           | SUPRAX®           |                    |              | X   |                       |                             |              |
|                             | cefotaxime 1 g (each gram contains 2mmol Na+) | inj           | CLAFORAN®         |                    | X            |     |                       | X                           |              |
|                             | cefotaxime 2 g (each gram contains 2mmol Na+) | inj           |                   |                    | X            |     |                       |                             |              |
|                             | cefprozil 125 mg/5 mL                         | susp          | CEFZIL®           | X                  |              |     |                       |                             |              |
|                             | cefTRIAxone 1 g                               | inj           | ROCEPHIN®         |                    |              | X   |                       | X                           |              |
|                             | cefTRIAxone 2 g                               | inj           |                   |                    |              | X   |                       | X                           |              |
|                             | ceftazidime 1 g                               | inj           | FORTAZ®           |                    |              | X   |                       |                             |              |
|                             | ceftazidime 2g                                | inj           |                   |                    |              | X   |                       |                             |              |
|                             | cefuroxime 250 mg                             | tab           | CEFTIN®           |                    |              | X   |                       |                             |              |
|                             | cefuroxime 500mg                              | tab           |                   |                    |              | X   |                       |                             |              |
|                             | cefuroxime 25 mg/mL                           | susp          |                   |                    | X            |     |                       |                             |              |
|                             | cefuroxime 750 mg                             | inj           | ZINACEF®          |                    |              | X   |                       |                             |              |
|                             | cephalexin 250 mg                             | tab           | KEFLEX®           |                    |              | X   |                       |                             |              |
|                             | cephalexin 500 mg                             | tab           |                   |                    |              | X   |                       |                             |              |
|                             | cephalexin 25 mg/mL                           | susp          |                   |                    |              | X   |                       |                             |              |



|                 | <u>Drug</u>                                  | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Restr-<br>ictions | Auto-<br>sub |
|-----------------|--|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|                 |  |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|                 | cephalexin 50 mg/mL                          | susp          |                   |                    |              | X   |                       |                             |              |
| <b>08:12.07</b> | <b>MISCELLANEOUS BETA-LACTAMS</b>            |               |                   |                    |              |     |                       |                             |              |
|                 | cefoxitin 1 g (each gram contains 2mmol Na+) | inj           | MEFOXIN®          |                    | X            |     |                       |                             |              |
|                 | cefoxitin 2 g (each gram contains 2mmol Na+) | inj           |                   |                    | X            |     |                       |                             |              |
|                 | ertapenem 1 g                                | inj           | INVANZ®           | X                  |              |     |                       | X                           |              |
|                 | meropenem 500 mg                             | inj           | MERREM®           | X                  |              |     |                       |                             |              |
|                 | meropenem 1 g                                | inj           |                   |                    | X            |     |                       |                             |              |
| <b>08:12.12</b> | <b>MACROLIDES</b>                            |               |                   |                    |              |     |                       |                             |              |
|                 | azithromycin 250 mg                          | cap           | ZITHROMAX®        |                    |              | X   |                       |                             |              |
|                 | azithromycin 20 mg/mL                        | susp          |                   |                    |              | X   |                       |                             |              |
|                 | azithromycin 40mg/mL                         | susp          |                   |                    |              | X   |                       |                             |              |
|                 | azithromycin 500 mg                          | inj           |                   |                    |              | X   |                       |                             |              |
|                 | clarithromycin 250 mg                        | tab           | BIAXIN®           |                    |              | X   |                       |                             |              |
|                 | clarithromycin 500 mg                        | tab           |                   |                    |              | X   |                       |                             |              |
|                 | clarithromycin 25 mg/mL                      | susp          |                   |                    |              | X   |                       |                             |              |
| <b>08:12.16</b> | <b>PENICILLINS</b>                           |               |                   |                    |              |     |                       |                             |              |
|                 | amoxicillin 250 mg                           | cap           | AMOXIL®           |                    |              | X   |                       |                             |              |
|                 | amoxicillin 500 mg                           | cap           |                   |                    |              | X   |                       |                             |              |
|                 | amoxicillin 25 mg/mL                         | susp, oral    |                   |                    |              | X   |                       |                             |              |
|                 | amoxicillin 50mg/mL                          | susp          |                   |                    |              | X   |                       |                             |              |
|                 | amoxicillin 250mg/clavulanic acid 125mg      | tab           |                   |                    |              | X   |                       |                             |              |
|                 | amoxicillin 500mg/clavulanic acid 125mg      | tab           |                   |                    |              | X   |                       |                             |              |
|                 | amoxicillin 875mg/clavulanic acid 125mg      | tab           |                   |                    |              | X   |                       |                             |              |

|  | <u>Drug</u>   | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Restr-<br>ictions | Auto-<br>sub |
|--|---|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|  |   |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|  | amoxicillin 25mg/clavulanic acid 6.25mg/mL                | susp          | CLAVULIN®         |                    |              | X   |                       |                             |              |
|  | amoxicillin 50mg/clavulanic acid 12.5mg/mL                | susp          |                   |                    |              | X   |                       |                             |              |
|  | amoxicillin 40mg/clavulanic acid 5.75mg/mL                | susp          |                   |                    |              | X   |                       |                             |              |
|  | amoxicillin 80mg/clavulanic acid 11.4mg/mL                | susp          |                   |                    |              | X   |                       |                             |              |
|  | ampicillin 500 mg (each gram contains 3mmol Na+)          | inj           | AMPICIN®          |                    |              | X   |                       |                             |              |
|  | ampicillin 250 mg (each gram contains 3mmol Na+)          | inj           |                   |                    |              | X   |                       |                             |              |
|  | ampicillin 500 mg (each gram contains 3mmol Na+)          | inj           |                   |                    |              | X   |                       |                             |              |
|  | ampicillin 1 g (each gram contains 3mmol Na+)             | inj           |                   |                    |              | X   |                       |                             |              |
|  | ampicillin 2 g (each gram contains 3mmol Na+)             | inj           |                   |                    |              | X   |                       |                             |              |
|  | cloxacillin 250 mg  | cap           |                   | ORBENIN®           |              |     | X                     |                             |              |
|  | cloxacillin 500 mg  | cap           |                   |                    |              | X   |                       |                             |              |
|  | cloxacillin 500 mg  | inj           |                   |                    |              | X   |                       |                             |              |
|  | cloxacillin 1 g (each g contains 2.1mmol Na+)             | inj           |                   |                    |              | X   |                       |                             |              |
|  | cloxacillin 2g (each g contains 2.1mmol Na+)              | inj           |                   |                    |              | X   |                       |                             |              |
|  | penicillin g benzathine 1.2 MU                            | inj           | BICILLIN®         |                    |              |     | X                     | Fridge                      |              |
|  | penicillin g sodium 1 MU (Each 1mu contains 1.7 mmol Na+) |               |                   |                    |              | X   |                       |                             |              |
|  | penicillin g sodium 5 MU (Each 1mu contains 1.7 mmol Na+) | inj           |                   |                    |              | X   |                       |                             |              |
|  | penicillin v 300 mg (500,000 U)                           | tab           | PEN-VEE®          |                    |              | X   |                       |                             |              |
|  | piperacillin/tazobactam 2.25 g                            | inj           |                   | X                  |              |     |                       |                             |              |

|                 | <u>Drug</u>  | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Restr-<br>ictions | Auto-<br>sub |
|-----------------|--|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|                 |  |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|                 | piperacillin/tazobactam 3.375 g                                      | inj           | TAZOCIN®          |                    |              | X   |                       |                             |              |
|                 | piperacillin/tazobactam 4.50 g                                       | inj           |                   | X                  |              |     |                       |                             |              |
| <b>08:12.18</b> | <b>QUINOLONES</b>  |               |                   |                    |              |     |                       |                             |              |
|                 | ciprofloxacin 250 mg and/or 500 mg                                   | tab           | CIPRO®            |                    |              | X   |                       |                             |              |
|                 | ciprofloxacin 200 mg/100 mL minibag                                  | inj           |                   | X                  |              |     |                       | X                           |              |
|                 | ciprofloxacin 400 mg/200 mL minibag                                  | inj           |                   |                    |              |     | X                     | X                           |              |
|                 | levofloxacin 250 mg  | tab           | LEVAQUIN®         |                    |              | X   |                       |                             |              |
|                 | levofloxacin 500 mg  | tab           |                   |                    |              |     | X                     |                             |              |
|                 | levofloxacin 750 mg  | tab           |                   |                    |              |     | X                     |                             |              |
|                 | levofloxacin 250 mg/50 mL minibag                                    | inj           |                   | X                  |              |     |                       | X                           |              |
|                 | levofloxacin 500 mg/100 mL minibag                                   | inj           |                   |                    |              |     | X                     | X                           |              |
|                 | moxifloxacin 400 mg  | inj           |                   | AVELOX I.V.®       |              |     | X                     | X                           |              |
|                 | moxifloxacin 400 mg  | tab           | AVELOX®           |                    |              | X   |                       |                             |              |
| <b>08:12.20</b> | <b>SULFONAMIDES</b>  |               |                   |                    |              |     |                       |                             |              |
|                 | co-trimoxazole (trimethoprim,<br>sulfamethoxazole) SS and/or DS      | tab           | SEPTRA®           |                    |              | X   |                       |                             |              |
|                 | co-trimoxazole (trimethoprim 8 mg/mL,<br>sulfamethoxazole 40 mg/mL)  | susp, oral    |                   |                    |              |     | X                     |                             |              |
|                 | co-trimoxazole (trimethoprim 16 mg/mL,<br>sulfamethoxazole 80 mg/mL) | inj           |                   | X                  |              |     |                       |                             |              |
| <b>08:12.24</b> | <b>TETRACYCLINES</b>   |               |                   |                    |              |     |                       |                             |              |
|                 | doxycycline hyclate 100 mg   | cap           | VIBRAMYCIN®       |                    |              | X   |                       |                             |              |
|                 | doxycycline hyclate 150 mg   | cap           |                   |                    |              |     | X                     |                             |              |
|                 | tetracycline 250 mg  | cap           | TETRACYN®         |                    |              | X   |                       |                             |              |

|                 | <u>Drug</u>  | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Restr-<br>ictions | Auto-<br>sub |
|-----------------|--|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|                 |  |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
| <b>08:12.28</b> | <b>MISCELLANEOUS ANTIBACTERIALS</b>                |               |                   |                    |              |     |                       |                             |              |
|                 | clindamycin 15 mg/mL                               | susp          | DALACIN C®        | X                  |              |     |                       |                             |              |
|                 | clindamycin 150 mg                                 | cap           |                   |                    |              | X   |                       |                             |              |
|                 | clindamycin 300 mg                                 | cap           |                   |                    |              |     |                       |                             |              |
|                 | clindamycin phosphate 150 mg/mL                    | inj           |                   |                    |              | X   |                       |                             |              |
|                 | DAPTOmycin 500 mg                                  | inj           | CUBICIN®          |                    |              | X   |                       | X                           |              |
|                 | fusidic acid cream and/or fusidate sodium ointment | crm/oint      | FUCIDIN®          | X                  |              |     |                       |                             |              |
|                 | linezolid 600 mg                                   | tab           | ZYVOXAM®          | X                  |              |     |                       | X                           |              |
|                 | linezolid 2 mg/mL (600mg/300 mL premixed bag)      | inj           |                   | X                  |              |     |                       | X                           |              |
|                 | rifAXIMin 550 mg                                   | tab           | ZAXINE®           |                    |              | X   |                       | X                           |              |
|                 | vancomycin hydrochloride 125 mg                    | cap           | VANCOCIN®         |                    | X            |     |                       |                             |              |
|                 | vancomycin hydrochloride 500 mg                    | inj           |                   |                    |              | X   |                       |                             |              |
|                 | vancomycin hydrochloride 1 g                       | inj           |                   |                    |              | X   |                       |                             |              |
| <b>08:14</b>    | <b>ANTIFUNGAL ANTIBIOTICS</b>                      |               |                   |                    |              |     |                       |                             |              |
|                 | casprofungin 50 mg                                 | inj           | CANDIDAS®         |                    |              | X   |                       | X                           |              |
|                 | casprofungin 70 mg                                 | inj           |                   |                    |              | X   |                       | X                           |              |
|                 | fluconazole 50 mg                                  | tab           | DIFLUCAN®         |                    |              | X   |                       |                             |              |
|                 | fluconazole 100 mg                                 | tab           |                   | X                  |              |     |                       |                             |              |
|                 | fluconazole 200 mg                                 | inj           |                   | X                  |              |     |                       | X                           |              |
|                 | nystatin 100,000 units/mL                          | susp, oral    | NILSTAT®          |                    |              | X   |                       |                             |              |
| <b>08:16</b>    | <b>ANTIMYCOBACTERIALS</b>                          |               |                   |                    |              |     |                       |                             |              |

|              | <u>Drug</u>                          | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Restr-<br>ictions | Auto-<br>sub |
|--------------|--------------------------------------|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|              |                                      |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|              | ethambutol 100 mg                    | tab           | ETIBI®            |                    |              | X   |                       |                             |              |
|              | ethambutol 400 mg                    | tab           |                   |                    |              | X   |                       |                             |              |
|              | isoniazid 100 mg                     | tab           | ISOTAMINE®        |                    |              | X   |                       |                             |              |
|              | isoniazid 300 mg                     | tab           |                   |                    |              | X   |                       |                             |              |
|              | pyrazinamide 500 mg                  | tab           | TABRAZID®         |                    |              | X   |                       |                             |              |
|              | rifampin 150 mg                      | cap           | RIFADIN®          | X                  |              |     |                       |                             |              |
|              | rifampin 300mg                       | cap           |                   |                    | X            |     |                       |                             |              |
| <b>08:18</b> | <b>ANTIVIRALS</b>                    |               |                   |                    |              |     |                       |                             |              |
|              | acyclovir 50 mg/mL                   | inj           |                   | X                  |              |     |                       |                             |              |
|              | famciclovir 500 mg                   | tab           | FAMVIR®           |                    |              | X   |                       |                             |              |
|              | oseltamivir 30 mg                    | cap           | TAMIFLU®          |                    |              | X   |                       |                             |              |
|              | oseltamivir 75 mg                    | cap           |                   |                    |              | X   |                       |                             |              |
|              | oseltamivir 6 mg/mL                  | suspension    |                   | X                  |              |     |                       | Y                           |              |
|              | valacyclovir 500 mg                  | tab           | VALTREX®          |                    |              | X   |                       |                             |              |
| <b>08:30</b> | <b>PLASMODICIDES</b>                 |               |                   |                    |              |     |                       |                             |              |
|              | metroNIDAZOLE 250 mg                 | tab           | FLAGYL®           |                    |              | X   |                       |                             |              |
|              | metroNIDAZOLE 500 mg                 | cap           |                   |                    |              | X   |                       |                             |              |
|              | metroNIDAZOLE 500 mg/100 mL minibag  | inj           |                   |                    |              | X   |                       |                             |              |
|              | nirmatrelvir 150 mg/ritonavir 100 mg | tab           | PAXLOVID®         |                    |              | X   |                       |                             |              |
|              | quiNINE sulfate 200 mg               | cap           |                   |                    |              | X   |                       |                             |              |
|              | quiNINE sulfate 300 mg               | cap           |                   |                    |              | X   |                       |                             |              |
|              | remdesivir 100 mg                    | inj           | VEKLURY®          |                    |              | X   |                       |                             |              |
| <b>08:36</b> | <b>URINARY ANTI-INFECTIVES</b>       |               |                   |                    |              |     |                       |                             |              |
|              | nitrofurantoin 50 mg                 | cap/tab       |                   |                    |              | X   |                       |                             |              |

|                               | <u>Drug</u>  | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |          |     | High Alert/<br>Fridge | Formulary Restr-<br>ictions | Auto-<br>sub |
|-------------------------------|--|---------------|-------------------|--------------------|----------|-----|-----------------------|-----------------------------|--------------|
|                               |  |               |                   | Regional Hospitals | Surg-Obs | All |                       |                             |              |
|                               | nitrofurantoin 100 mg  | cap/tab       |                   |                    |          | X   |                       |                             | Y            |
|                               | nitrofurantoin 100 mg  | cap           | MACROBID          |                    |          | X   |                       |                             |              |
|                               |  |               |                   |                    |          |     |                       |                             |              |
|                               |  |               |                   |                    |          |     |                       |                             |              |
| <b>Formulary Restrictions</b> |  |               |                   |                    |          |     |                       |                             |              |
| Caspofungin                   |  |               |                   |                    |          |     |                       |                             |              |
|                               | Requires a consultation with the Adult ID Consult Service or ID Consultant. Can be used as a treatment for invasive candidiasis pending identification of the Candida species (if C. albicans is identified, change treatment to fluconazole). It can also be used to treat invasive candidiasis due to non-albicans Candida and Candida spp. resistant to azoles. |               |                   |                    |          |     |                       |                             |              |
| cefTRIAxone                   |  |               |                   |                    |          |     |                       |                             |              |
|                               | cefTRIAxone is the formulary 3rd generation Cephalosporin of choice. Cefotaxime is reserved for clinical situations where cefTRIAxone is not indicated or considered first line such as pediatric sepsis.  |               |                   |                    |          |     |                       |                             |              |
| Ciprofloxacin IV              |  |               |                   |                    |          |     |                       |                             |              |
|                               | Ciprofloxacin injectable is a restricted access drug intended to be used in febrile neutropenia, in sepsis, in association with an Infectious Diseases consult, or in an NPO patient where ciprofloxacin oral is indicated. Step down to oral therapy should be undertaken as soon as clinically possible.   |               |                   |                    |          |     |                       |                             |              |

|                | <u>Drug</u>   | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Restr-<br>ictions | Auto-<br>sub |
|----------------|---|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|                |   |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
| DAPTOmycin     |   |               |                   |                    |              |     |                       |                             |              |
|                | <p>Require a consultation with the Adult Infectious Diseases Service for the following: Treatment of MRSA endocarditis or bacteremia in a patient with serious hypersensitivity reaction to vancomycin or persistent bacteremia after 7 days of vancomycin. Treatment of infections due to MRSA with elevated vancomycin MIC &gt; 2 mcg/mL. Treatment of documented VRE infections. Daptomycin should not be used in the following cases: treatment of VRE colonization for the urine, respiratory tract, wounds or drains; Convenience dosing; “vancomycin failure” due to inadequate source control; pneumonia (due to inactivation by pulmonary surfactant); antimicrobial surgical prophylaxis in patients with MRSA in absence of severe vancomycin allergy.</p> |               |                   |                    |              |     |                       |                             |              |
| Ertapenem      |   |               |                   |                    |              |     |                       |                             |              |
|                | <p>Use restricted to outpatient settings (ex. ER, ITR,Homecare Clinic) and only pursuant to specialist (ex. ID, surgery, or internal medicine) consult</p>  |               |                   |                    |              |     |                       |                             |              |
| Fluconazole IV |   |               |                   |                    |              |     |                       |                             |              |
|                | <p>Infectious Diseases consult required.</p>  |               |                   |                    |              |     |                       |                             |              |

|  | <u>Drug</u>   | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Restr-<br>ictions | Auto-<br>sub |
|--|---|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|  |   |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|  | Levofloxacin IV & Moxifloxacin IV   |               |                   |                    |              |     |                       |                             |              |
|  | Levofloxacin and Moxifloxacin injectables are restricted access drugs intended to be used only in situations where a flouroquinolone is indicated & oral administration is contraindicated. Step down to oral therapy should be undertaken as soon as clinically possible.  |               |                   |                    |              |     |                       |                             |              |
|  | Linezolid   |               |                   |                    |              |     |                       |                             |              |
|  | Infectious Diseases consult required.   |               |                   |                    |              |     |                       |                             |              |
|  | rifAXIMin   |               |                   |                    |              |     |                       |                             |              |
|  | (as per Part 3 EDS criteria):<br>For reducing the risk of overt hepatic encephalopathy (HE) recurrence (i.e. 2 or more episodes), if the following clinical criteria are met:<br>(a) Patients are unable to achieve adequate control of HE recurrence with maximal tolerated dose of lactulose alone;<br>(b) Must be used in combination with a maximal tolerated dose of lactulose;<br>(c) For patients not maintained on lactulose, information is required regarding the nature of the patient's intolerance to lactulose. |               |                   |                    |              |     |                       |                             |              |
|  |   |               |                   |                    |              |     |                       |                             |              |
|  |   |               |                   |                    |              |     |                       |                             |              |
|  |   |               |                   |                    |              |     |                       |                             |              |
|  |   |               |                   |                    |              |     |                       |                             |              |
|  |   |               |                   |                    |              |     |                       |                             |              |



| 10:00 ANTINEOPLASTICS (IN HOSPITAL USE) |                               |               |                   |                    |          |     |                       |                             |          |
|---|-------------------------------|---------------|-------------------|--------------------|----------|-----|-----------------------|-----------------------------|----------|
|   | <u>Drug</u>                   | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |          |     | High Alert/<br>Fridge | Formulary Restr-<br>ictions | Auto-sub |
|   |                               |               |                   | Regional Hospitals | Surg-Obs | All |                       |                             |          |
|   | anastrozole 1 mg              | tab           | ARIMIDEX®         | X                  |          |     |                       |                             |          |
|   | bicalutamide 50 mg            | tab           | CASODEX®          |                    |          | X   |                       |                             |          |
|   | exemestane 25 mg              | tab           | AROMASIN®         | X                  |          |     |                       |                             |          |
|   | hydroxyurea 500 mg            | cap           | HYDREA®           | X                  |          |     |                       |                             |          |
|   | megestrol acetate 40 mg       | tab           | MEGACE®           | X                  |          |     |                       |                             |          |
|   | megestrol acetate 160 mg      | tab           |                   | X                  |          |     |                       |                             |          |
|   | methotrexate 2.5 mg           | tab           |                   |                    |          | X   | HAM                   |                             |          |
|   | methotrexate 25 mg/mL vial    | inj           |                   | X                  |          |     | HAM                   |                             |          |
|   | methotrexate 20 mg/0.4 mL PFS | inj           |                   | X                  |          |     | HAM                   |                             |          |
|   | methotrexate 25 mg/0.5 mL PFS | inj           |                   | X                  |          |     | HAM                   |                             |          |
|   | methotrexate 40 mg/1.6 mL PFS | inj           |                   | X                  |          |     | HAM                   |                             |          |
|   | methotrexate 50 mg/2 mL PFS   | inj           |                   | X                  |          |     | HAM                   |                             |          |
|   | methotrexate 55 mg/2.2 mL PFS | inj           |                   | X                  |          |     | HAM                   |                             |          |
|   | methotrexate 60 mg/2.4 mL PFS | inj           |                   | X                  |          |     | HAM                   |                             |          |
|   | tamoxifen citrate 10 mg       | tab           | NOLVADEX®         |                    |          | X   |                       |                             |          |
|   | tamoxifen citrate 20 mg       | tab           |                   |                    |          | X   |                       |                             |          |

| 12:00 AUTONOMIC DRUGS |   |               |                   |                    |          |     |                       |                             |          |
|-----------------------|---|---------------|-------------------|--------------------|----------|-----|-----------------------|-----------------------------|----------|
|                       | <u>Drug</u>                                     | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |          |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-sub |
|                       |   |               |                   | Regional Hospitals | Surg-Obs | All |                       |                             |          |
| 12:04                 | <b>PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS</b> |               |                   |                    |          |     |                       |                             |          |
|                       | donepezil 5 mg                                  | tab           | ARICEPT®          |                    |          | X   |                       |                             |          |
|                       | donepezil 10 mg                                 | tab           |                   |                    |          | X   |                       |                             |          |
|                       | neostigmine bromide 1 mg/mL                     | inj           | PROSTIGMINE®      |                    | X        |     |                       |                             |          |
|                       | pyridostigmine 60 mg                            | tab           | MESTINON®         |                    |          | X   |                       |                             |          |
|                       | rivastigmine 1.5 mg                             | cap           | EXELON®           |                    |          | X   |                       |                             |          |
|                       | rivastigmine 3 mg                               | cap           |                   |                    |          | X   |                       |                             |          |
|                       | rivastigmine 4.5 mg                             | cap           |                   |                    |          | X   |                       |                             |          |
|                       | rivastigmine 6 mg                               | cap           |                   |                    |          | X   |                       |                             |          |
| 12:08                 | <b>ANTICHOLINERGIC AGENTS</b>                   |               |                   |                    |          |     |                       |                             |          |
|                       |   |               |                   |                    |          |     |                       |                             |          |
|                       |   |               |                   |                    |          |     |                       |                             |          |
| 12:08.08              | <b>ANTIMUSCARINICS / ANTISPASMODICS</b>         |               |                   |                    |          |     |                       |                             |          |
|                       | atropine sulfate 100 mcg/mL syringe             | inj           |                   |                    |          | X   |                       |                             |          |
|                       | atropine sulfate 200 mcg/mL syringe             | inj           |                   |                    |          | X   |                       |                             |          |
|                       | atropine sulfate 0.4 mg/mL                      | inj           |                   | X                  |          |     |                       |                             |          |
|                       | atropine sulfate 0.6 mg/mL                      | inj           |                   |                    |          | X   |                       |                             |          |
|                       | glycopyrrolate 0.2 mg/mL                        | inj           |                   |                    | X        |     |                       |                             |          |
|                       | hyoscine butylbromide 10 mg                     | tab           | BUSCOPAN®         |                    |          | X   |                       |                             |          |
|                       | hyoscine butylbromide 20 mg/mL                  | inj           |                   |                    |          | X   |                       |                             |          |
|                       | ipratropium bromide 20 mcg/puff                 | inhaler       | ATROVENT®         |                    |          | X   |                       |                             |          |
|                       | ipratropium bromide 250 mcg/mL                  | neb           |                   |                    |          | X   |                       |                             |          |
|                       | pinaverium 50 mg                                | tab           | DICETEL®          |                    |          | X   |                       |                             |          |
|                       | scopolamine hydrobromide 600 mcg/mL             | inj           | HYOSCINE          |                    |          | X   |                       |                             |          |
|                       | tiotropium 2.5mcg                               | inhalation    | SPIRIVA RESPIMAT® |                    |          | X   |                       |                             | X        |

|                   | <u>Drug</u>   | <u>Format</u> | <u>Brand Name</u>   | <u>LOCATION</u>    |          |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-sub |
|-------------------|---|---------------|---------------------|--------------------|----------|-----|-----------------------|-----------------------------|----------|
|                   |   |               |                     | Regional Hospitals | Surg-Obs | All |                       |                             |          |
|                   | tiotropium/olodaterol 2.5mcg                                | inhalation    | INSPOLTO RESPIMAT®  |                    |          | X   |                       |                             |          |
|                   | umeclidinium bromide/vilanterol trifenate<br>62.5 mcg/25 mg | INH           | Anoro Ellipta       |                    |          | X   |                       |                             |          |
| <b>12:12</b>      | <b>SYMPATHOMIMETICS (ADRENERGIC AGENTS)</b>                 |               |                     |                    |          |     |                       |                             |          |
|                   | DOBUTamine HCL 12.5 mg/mL                                   | inj           |                     |                    | X        |     | HAM                   |                             |          |
|                   | DOPamine 800 mg/250 mL D5W Premixed                         | inj           | REVIMINE®           |                    |          | X   | HAM                   |                             |          |
|                   | DOPamine 400 mg/250 mL D5W Premixed                         | inj           |                     |                    |          | X   | HAM                   |                             |          |
|                   | DOPamine 200 mg/250 mL D5W Premixed                         | Inj           |                     | X                  |          |     | HAM                   |                             |          |
|                   | ePHEDrine SULPHATE 50 mg/mL                                 | inj           |                     |                    | X        |     |                       |                             |          |
|                   | EPINEPHrine HCL 0.1 mg/mL syringe                           | inj           |                     |                    |          | X   | HAM                   |                             |          |
|                   | EPINEPHrine HCL 0.3 mg EpiPen                               | inj           | EPIPEN®             | X                  |          |     |                       | Yes                         |          |
|                   | EPINEPHrine HCL 0.15 mg EpiPen Jr.                          | inj           |                     | X                  |          |     |                       | Yes                         |          |
|                   | EPINEPHrine HCL 1 mg/mL ampoule                             | inj           | ADRENALIN®          |                    |          | X   | HAM                   |                             |          |
|                   | EPINEPHrine HCL 30 mg/30 mL                                 | inj           |                     |                    |          | X   |                       | HAM                         |          |
|                   | norepinephrine 1mg/mL                                       | inj           | LEVOPHED®           |                    |          | X   | HAM                   |                             |          |
|                   | norepinephrine 4mg/250 mL bag                               | inj           |                     |                    |          | X   | HAM                   |                             |          |
|                   | norepinephrine 8mg/250 mL bag                               | inj           |                     |                    |          | X   | HAM                   |                             |          |
|                   | phenylephrine 50 mcg/mL syringe                             | inj           | NEO-<br>SYNEPHRINE® |                    |          | X   | HAM                   |                             |          |
|                   | phenylephrine 10 mg/mL                                      | inj           |                     |                    |          | X   |                       | HAM                         |          |
|                   | salmeterol 50 mcg   | diskus        | SEREVENT            |                    |          | X   |                       |                             |          |
| <b>12:12.04</b>   | <b>ALPHA-ADRENERGIC AGONISTS</b>                            |               |                     |                    |          |     |                       |                             |          |
|                   | midodrine 2.5 mg  | tab           | AMANTINE®           |                    |          | X   |                       |                             |          |
|                   | midodrine 5 mg  | tab           |                     |                    |          | X   |                       |                             |          |
| <b>12:12.08.1</b> | <b>SELECTIVE BETA-2-ADRENERGIC AGONISTS</b>                 |               |                     |                    |          |     |                       |                             |          |

|                    | <u>Drug</u>   | <u>Format</u> | <u>Brand Name</u>     | <u>LOCATION</u>    |          |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-sub |
|--------------------|---|---------------|-----------------------|--------------------|----------|-----|-----------------------|-----------------------------|----------|
|                    |   |               |                       | Regional Hospitals | Surg-Obs | All |                       |                             |          |
|                    | salbutamol 1 mg/mL                                  | neb           | VENTOLIN®             |                    |          | X   |                       |                             |          |
|                    | salbutamol 2 mg/mL                                  | neb           |                       |                    |          | X   |                       |                             |          |
|                    | salbutamol 100 mcg/puff                             | inhaler       | AIROMIR & TEVA        |                    |          | X   |                       | X                           |          |
|                    | salbutamol 1 mg/mL & ipratropium 0.2 mg/mL          | neb           | COMBIVENT®            |                    |          | X   |                       |                             |          |
|                    | salbutamol 100 mcg & ipratropium 20 mcg per inh     | respimat      |                       |                    |          | X   |                       |                             |          |
| <b>12:16</b>       | <b>SYMPATHOLYTICS (ADRENERGIC BLOCKING) AGENTS</b>  |               |                       |                    |          |     |                       |                             |          |
|                    | alfuzosin 10 mg                                     | tab           | XATRAL®               | X                  |          |     |                       |                             |          |
|                    | phentolamine mesylate 5 mg                          | inj           | ROGITINE              | X                  |          |     | Fridge                |                             |          |
| <b>12:16.04.12</b> | <b>SELECTIVE ALPHA-1-ADRENERGIC BLOCKING AGENTS</b> |               |                       |                    |          |     |                       |                             |          |
|                    | tamsulosin hydrochloride 0.4 mg CR                  | tab           | FLOMAX®               |                    |          | X   |                       |                             |          |
| <b>12:20</b>       | <b>SKELETAL MUSCLE RELAXANTS</b>                    |               |                       |                    |          |     |                       |                             |          |
|                    | baclofen 10 mg                                      | tab           | LIORESAL®<br>FLEXERIL |                    |          | X   |                       |                             |          |
|                    | cyclobenzaprine 10 mg                               | tab           |                       |                    |          | X   |                       |                             |          |
|                    | dantrolene sodium 20 mg                             | inj           |                       |                    | X        |     |                       |                             |          |
|                    | methocarbamol 750mg                                 | tab           | ROBAXIN®              |                    |          | X   |                       |                             |          |
|                    | rocuronium 10 mg/mL                                 | inj           | ZEMURON®              |                    |          | X   | HAM/<br>Fridge        |                             |          |
|                    | succinylcholine chloride 20 mg/mL                   | inj           | QUELICIN®             |                    |          | X   | HAM/<br>Fridge        |                             |          |

|  | <u>Drug</u>                          | <u>Format</u> | <u>Brand Name</u>        | <u>LOCATION</u>    |          |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-sub |
|--|--------------------------------------|---------------|--------------------------|--------------------|----------|-----|-----------------------|-----------------------------|----------|
|  |                                      |               |                          | Regional Hospitals | Surg-Obs | All |                       |                             |          |
| <b>12:92</b>   | <b>MISCELLANEOUS AUTONOMIC DRUGS</b> |               |                          |                    |          |     |                       |                             |          |
|  | nicotine polacrilex gum 2 mg         | gum           | NICORETTE®               |                    |          | X   |                       |                             |          |
|  | nicotine polacrilex gum 4 mg         | gum           |                          |                    |          | X   |                       |                             |          |
|  | nicotine transdermal system 7 mg     | patch         | NICODERM or<br>HABITROL® |                    |          | X   |                       |                             |          |
|  | nicotine transdermal system 14 mg    | patch         |                          |                    |          | X   |                       |                             |          |
|  | nicotine transdermal system 21 mg    | patch         |                          |                    |          | X   |                       |                             |          |
|  | varenicline 0.5mg                    | tab           | CHAMPIX®                 |                    |          | X   |                       |                             |          |
|  | varenicline 1mg                      | tab           |                          |                    |          | X   |                       |                             |          |
| <b>Formulary Restrictions</b>                                      |                                      |               |                          |                    |          |     |                       |                             |          |
| EPINEPHrine HCL 0.3 mg EpiPen & EPINEPHrine HCL 0.15 mg EpiPen Jr. |                                      |               |                          |                    |          |     |                       |                             |          |
| Supply for EMS only  |                                      |               |                          |                    |          |     |                       |                             |          |

| 20:00 BLOOD FORMATION AND COAGULATION |  |               |                   |                    |              |     |                       |                             |              |
|---------------------------------------|--|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|                                       | <u>Drug</u>  | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|                                       |  |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
| 20:04                                 | <b>ANTIANEMIA DRUGS</b>                                |               |                   |                    |              |     |                       |                             |              |
| 20:04.04                              | <b>IRON PREPARATIONS</b>                               |               |                   |                    |              |     |                       |                             |              |
|                                       | ferrous fumarate 300 mg                                | tab           | PALAFER®          |                    |              | X   |                       |                             |              |
|                                       | ferrous gluconate 300 mg                               | tab           | FERGON®           |                    |              | X   |                       |                             |              |
|                                       | ferrous sulfate 300 mg (equal to 65 mg elemental iron) | tab           |                   |                    |              | X   |                       |                             | X            |
|                                       | ferrous sulfate 30 mg/mL                               | syrup         |                   |                    |              | X   |                       |                             |              |
|                                       | ferrous sulfate 75 mg/mL                               | syrup         |                   |                    |              | X   |                       |                             |              |
|                                       | iron derisomaltose (isomaltoside) 100 mg/mL            | inj           | MONOFERRIC®       |                    |              | X   |                       |                             |              |
|                                       | iron sucrose 20 mg/mL elemental iron                   | inj           | VENOFER®          |                    |              | X   |                       |                             |              |
| 20:12                                 | <b>ANTITHROMBOITC AGENTS</b>                           |               |                   |                    |              |     |                       |                             |              |
| 20:12.04                              | <b>ANTICOAGULANTS</b>                                  |               |                   |                    |              |     |                       |                             |              |
|                                       | apixaban 2.5mg   | tab           | ELIQUIS®          |                    |              | X   |                       | X                           |              |
|                                       | apixaban 5 mg  | tab           |                   |                    |              | X   |                       | X                           |              |
|                                       | citrate lock solution                                  | lock soln     | CITRALOK®         | X                  |              |     |                       | X                           |              |
|                                       | citraflo plus (sodium citrate & ethanol 4%/30%)        | solution      | CITRAFLOW®        | X                  |              |     |                       | X                           |              |
|                                       | dabigatran 110 mg                                      | cap           | PRADAXA®          |                    |              | X   |                       | X                           |              |
|                                       | dabigatran 75 mg                                       | cap           |                   |                    |              | X   |                       | X                           |              |
|                                       | dabigatran 150 mg                                      | cap           |                   |                    |              | X   |                       | X                           |              |
|                                       | dalteparin 25,000 U/mL MDV                             | inj           |                   |                    |              | X   | HAM                   |                             |              |
|                                       | dalteparin 2,500 U PFS                                 | inj           |                   |                    |              | X   |                       |                             |              |
|                                       | dalteparin 3,500 U PFS                                 | inj           |                   |                    |              | X   |                       |                             |              |

|  | <u>Drug</u>                                    | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|--|--|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|  |  |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|  | dalteparin 5,000 U PFS                         | inj           | FRAGMIN®          |                    |              | X   |                       |                             |              |
|  | dalteparin 7,500 U PFS                         | inj           |                   |                    |              | X   |                       |                             |              |
|  | dalteparin 10,000 U PFS                        | inj           |                   |                    |              | X   |                       |                             |              |
|  | dalteparin 12,500 U PFS                        | inj           |                   |                    |              | X   |                       |                             |              |
|  | dalteparin 15,000 U PFS                        | inj           |                   |                    |              | X   |                       |                             |              |
|  | dalteparin 16,500 U PFS                        | inj           |                   |                    |              | X   |                       |                             |              |
|  | dalteparin 18,000 U PFS                        | inj           |                   |                    |              | X   |                       |                             |              |
|  | edoxaban 30 mg                                 | tab           | LIXIANA®          |                    |              | X   |                       |                             |              |
|  | edoxaban 60 mg                                 | tab           |                   |                    |              | X   |                       |                             |              |
|  | enoxaparin 300 mg/3 mL MDV                     | inj           | LOVENOX®          |                    |              | X   | HAM                   | X                           |              |
|  | enoxaparin 30mg/0.3 ml PFS                     | inj           |                   |                    |              | X   |                       |                             |              |
|  | enoxaparin 40mg/0.4 ml PFS                     | inj           |                   |                    |              | X   |                       |                             |              |
|  | enoxaparin 60mg/0.6 ml PFS                     | inj           |                   |                    |              | X   |                       |                             |              |
|  | enoxaparin 80mg/0.8 ml PFS                     | inj           |                   |                    |              | X   |                       |                             |              |
|  | enoxaparin 100mg/1 ml PFS                      | inj           |                   |                    |              | X   |                       |                             |              |
|  | fondaparinux 2.5 mg/0.5 mL PFS*                | inj           | ARIXTRA®          | X                  |              |     |                       | X                           |              |
|  | fondaparinux 5 mg/0.4 mL PFS*                  | inj           |                   |                    | X            |     |                       |                             | X            |
|  | fondaparinux 7.5 mg/0.6 mL PFS*                | inj           |                   |                    | X            |     |                       |                             | X            |
|  | fondaparinux 10 mg/0.8 mL PFS*                 | inj           |                   |                    | X            |     |                       |                             | X            |
|  | *not all strengths may be stocked at all times |               |                   |                    |              |     |                       |                             |              |
|  | heparin sodium 100 U/mL                        | lock soln     | HEPALEAN-LOK®     |                    |              | X   |                       |                             |              |
|  | heparin sodium 100 U/mL                        | PFS           | HEPARIN®          | X                  |              |     | HAM                   |                             |              |
|  | heparin sodium 1000 U/mL                       | inj           |                   |                    |              | X   | HAM                   |                             |              |
|  | heparin sodium 10,000 U/mL                     | inj           |                   |                    |              | X   | HAM                   |                             |              |
|  | heparin sodium 5,000 U/0.5mL                   | PFS           | HEPARIN®          |                    |              | X   |                       |                             |              |
|  | heparin sodium 25,000U in 250 mL D5W           | inj           |                   |                    |              | X   | HAM                   |                             |              |
|  | rivaroxaban 10 mg                              | tab           | XARELTO®          |                    |              | X   |                       | X                           |              |
|  | rivaroxaban 15 mg                              | tab           |                   |                    | X            |     |                       | X                           |              |
|  | rivaroxaban 20 mg                              | tab           |                   |                    | X            |     |                       | X                           |              |
|  | warfarin sodium 1 mg*                          | tab           |                   |                    |              | X   |                       |                             |              |
|  | warfarin sodium 2 mg*                          | tab           |                   |                    |              | X   |                       |                             |              |

|                 | <u>Drug</u>                                       | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|-----------------|---|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|                 |   |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|                 | warfarin sodium 2.5 mg*                           | tab           | COUMADIN®         |                    |              | X   |                       |                             |              |
|                 | warfarin sodium 3 mg*                             | tab           |                   |                    |              | X   |                       |                             |              |
|                 | warfarin sodium 4 mg*                             | tab           |                   |                    |              | X   |                       |                             |              |
|                 | warfarin sodium 5 mg*                             | tab           |                   |                    |              | X   |                       |                             |              |
|                 | warfarin sodium 10 mg*                            | tab           |                   |                    |              | X   |                       |                             |              |
|                 | *not all strengths may be stocked at all times    |               |                   |                    |              |     |                       |                             |              |
|                 |   |               |                   |                    |              |     |                       |                             |              |
| <b>20:12.18</b> | <b>PLATELET AGGREGATION INHIBITORS</b>            |               |                   |                    |              |     |                       |                             |              |
|                 |   |               |                   |                    |              |     |                       |                             |              |
|                 | acetylsalicylic acid (ASA) 80 mg pediatric        | tab           | ASPIRIN®          |                    |              | X   |                       |                             |              |
|                 | acetylsalicylic acid (ASA) 325 mg                 | tab           |                   |                    |              | X   |                       |                             |              |
|                 | acetylsalicylic acid (ASA) 81 mg, enteric coated  | tab           |                   |                    |              | X   |                       |                             |              |
|                 | acetylsalicylic acid (ASA) 325 mg, enteric coated | tab           | ENTROPHEN®        |                    |              | X   |                       |                             |              |
|                 | acetylsalicylic acid (ASA) 325 mg                 | suppository   | CPM               |                    |              | X   |                       |                             |              |
|                 | clopidogrel 75 mg                                 | tab           | PLAVIX®           |                    |              | X   |                       |                             |              |
|                 | clopidogrel 300 mg                                | tab           |                   |                    |              | X   |                       |                             |              |
|                 | ticagrelor 90 mg                                  | tab           | BRILINTA®         | X                  |              |     |                       |                             |              |
|                 |   |               |                   |                    |              |     |                       |                             |              |
| <b>20:12.20</b> | <b>THROMBOLYTIC AGENTS</b>                        |               |                   |                    |              |     |                       |                             |              |
|                 |   |               |                   |                    |              |     |                       |                             |              |
|                 | alteplase 2 mg solution for injection             | inj           | CATHFLO®          |                    |              | X   | Fridge                |                             |              |
|                 | alteplase 100 mg                                  | inj           | ACTIVASE RT-PA®   |                    |              | X   | HAM                   |                             |              |
|                 | tenecteplase 50 mg kit                            | inj           | TNKase®           |                    |              | X   | HAM                   |                             |              |
|                 |   |               |                   |                    |              |     |                       |                             |              |
| <b>20.16</b>    | <b>HEMATOPOIETIC AGENTS</b>                       |               |                   |                    |              |     |                       |                             |              |
|                 |   |               |                   |                    |              |     |                       |                             |              |
|                 | filgrastim 300 mcg/mL                             | inj           | NEUPOGEN®         | X                  |              |     | Fridge                | X                           |              |
|                 |   |               |                   |                    |              |     |                       |                             |              |



|  | <u>Drug</u>   | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|--|---|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|  |   |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
| <b>20:28</b>                                 | <b>ANTIHEMORRHAGIC AGENTS</b>   |               |                   |                    |              |     |                       |                             |              |
|  | idaruCIZumab 50 mg/mL   | inj           | PRAXBIND          | X                  |              |     | Fridge                |                             |              |
|  | protamine sulfate 10 mg/mL  | inj           |                   |                    |              | X   |                       |                             |              |
|  | tranexamic acid 100 mg/mL   | inj           | CYCLOKAPRON®      |                    |              | X   |                       |                             |              |
|  | tranexamic acid 500 mg  | tab           |                   |                    |              | X   |                       |                             |              |
| <b>Formulary Restrictions</b>                |   |               |                   |                    |              |     |                       |                             |              |
| citraflo plus AND citraflo plus              |   |               |                   |                    |              |     |                       |                             |              |
|  | Supply available from Portage District General Hospital - order as required.  |               |                   |                    |              |     |                       |                             |              |
| dabigatran, rivaroxaban, apixaban & edoxaban |   |               |                   |                    |              |     |                       |                             |              |
|  | Use restricted to at-risk patients with non-valvular atrial fibrillation who require dabigatran for the prevention of stroke and systemic embolism AND in whom:<br>(a) Anticoagulation is inadequate following a reasonable trial on warfarin; OR<br>(b) Anticoagulation with warfarin is contraindicated or not possible due to inability to regularly monitor via International Normalized Ratio (INR) testing (i.e. no access to INR testing services at a laboratory, clinic, pharmacy, and at home).<br>For the prophylaxis of venous thromboembolism (VTE) following elective total hip replacement surgery or elective total knee replacement surgery.<br>For the treatment of venous thromboembolic events (VTE) (deep vein thrombosis [DVT] and pulmonary embolism [PE]), and the prevention of recurrent DVT and PE for a duration of up to six months. |               |                   |                    |              |     |                       |                             |              |
| filgrastim                                   |   |               |                   |                    |              |     |                       |                             |              |
|  | Use restricted to criteria approved on the CCMB formulary.  |               |                   |                    |              |     |                       |                             |              |
| fondaparinux                                 |   |               |                   |                    |              |     |                       |                             |              |
|  | Hematology consult required. Fondaparinux is only for use in patients requiring anticoagulation who have a documented history of heparin induced thrombocytopenia (HIT) or have developed HIT while on heparin/LMWH   |               |                   |                    |              |     |                       |                             |              |
|  |   |               |                   |                    |              |     |                       |                             |              |

| 24:00 CARDIOVASCULAR DRUGS     |   |               |                   |                    |          |     |                       |                        |          |  |
|--------------------------------|---|---------------|-------------------|--------------------|----------|-----|-----------------------|------------------------|----------|--|
|                                | <u>Drug</u>   | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |          |     | High Alert/<br>Fridge | Formulary Restrictions | Auto-sub |  |
|                                |   |               |                   | Regional Hospitals | Surg-Obs | All |                       |                        |          |  |
| 24:04 CARDIAC DRUGS            |   |               |                   |                    |          |     |                       |                        |          |  |
| 24:04.04 ANTIARRHYTHMIC AGENTS |   |               |                   |                    |          |     |                       |                        |          |  |
|                                | adenosine 3 mg/mL PFS   | inj           | ADENOCARD®        |                    |          | X   |                       |                        |          |  |
|                                | amiodarone 50 mg/mL   | inj           | CORDARONE®        |                    |          | X   | HAM                   |                        |          |  |
|                                | amiodarone 200 mg   | tab           |                   |                    |          | X   |                       |                        |          |  |
|                                | digoxin 0.0625 mg*  | tab           | LANOXIN®          |                    |          | X   |                       |                        |          |  |
|                                | digoxin 0.125 mg  | tab           |                   |                    |          | X   |                       |                        |          |  |
|                                | digoxin 0.25 mg*  | tab           |                   |                    |          | X   |                       |                        |          |  |
|                                | *not all strengths may be stocked at all times                        |               |                   |                    |          |     |                       |                        |          |  |
|                                | digoxin 0.25 mg/mL  | inj           |                   |                    |          | X   | HAM                   |                        |          |  |
|                                | lidocaine hydrochloride 20 mg/mL (2%) 5 mL                            | inj           | XYLOCARD® 100 mg  |                    |          | X   | HAM                   |                        |          |  |
|                                | magnesium sulfate 200 mg/mL (20%) - 10 mL (2 mmol elemental MG++/mL). | inj           |                   |                    |          | X   |                       |                        |          |  |
|                                | procainamide 100 mg/mL  | inj           |                   |                    |          | X   | HAM                   |                        |          |  |
|                                | propafenone 150 mg  | tab           | RYTHMOL®          |                    |          | X   |                       |                        |          |  |
| 24:06 ANTILIPEMIC AGENTS       |   |               |                   |                    |          |     |                       |                        |          |  |
|                                | atorvastatin 10 mg*   | tab           | LIPITOR®          |                    |          | X   |                       |                        | Y        |  |
|                                | atorvastatin 20 mg*   | tab           |                   |                    |          | X   |                       |                        | Y        |  |
|                                | atorvastatin 40 mg*   | tab           |                   |                    |          | X   |                       |                        | Y        |  |
|                                | atorvastatin 80 mg*   | tab           |                   |                    |          | X   |                       |                        | Y        |  |
|                                | *not all strengths may be stocked at all times                        |               |                   |                    |          |     |                       |                        |          |  |
|                                | cholestyramine resin 4g   | pouch         | QUESTRAN®         |                    |          | X   |                       |                        |          |  |

|                 | <u>Drug</u>                          | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |          |     | High Alert/<br>Fridge | Formulary Restrictions | Auto-sub |
|-----------------|--------------------------------------|---------------|-------------------|--------------------|----------|-----|-----------------------|------------------------|----------|
|                 |                                      |               |                   | Regional Hospitals | Surg-Obs | All |                       |                        |          |
|                 | ezetimibe 10 mg                      | tab           | EZETROL®          |                    |          | X   |                       |                        |          |
|                 | fenofibrate, micronized 200mg        | cap           | LIPIDIL MICRO®    |                    |          | X   |                       | Y                      |          |
|                 | rosuvastatin 5mg                     | tab           | CRESTOR®          |                    |          | X   |                       |                        |          |
|                 | rosuvastatin 10mg                    | tab           |                   |                    |          | X   |                       |                        |          |
|                 | rosuvastatin 20mg                    | tab           |                   |                    |          | X   |                       |                        |          |
|                 | rosuvastatin 40mg                    | tab           |                   |                    |          | X   |                       |                        |          |
|                 | simvastatin 5mg                      | tab           |                   |                    |          | X   |                       |                        |          |
|                 | simvastatin 10mg                     | tab           | ZOCOR®            |                    |          | X   |                       |                        |          |
|                 | simvastatin 40mg                     | tab           |                   |                    |          | X   |                       |                        |          |
|                 | simvastatin 80mg                     | tab           |                   |                    |          | X   |                       |                        |          |
|                 |                                      |               |                   |                    |          |     |                       |                        |          |
| <b>24:08</b>    | <b>HYPOTENSIVE AGENTS</b>            |               |                   |                    |          |     |                       |                        |          |
| <b>24:08.16</b> | <b>CENTRAL ALPHA-AGONISTS</b>        |               |                   |                    |          |     |                       |                        |          |
|                 | cloNIDine 0.1 mg                     | tab           | CATAPRES®         |                    |          | X   |                       |                        |          |
|                 | cloNIDine 0.2 mg                     | tab           |                   |                    |          | X   |                       |                        |          |
|                 | methyldopa 250 mg                    | tab           | ALDOMET®          |                    |          | X   |                       |                        |          |
|                 |                                      |               |                   |                    |          |     |                       |                        |          |
| <b>24:08.20</b> | <b>DIRECT VASODILATORS</b>           |               |                   |                    |          |     |                       |                        |          |
|                 | hydrALAZINE 10 mg                    | tab           | APRESOLINE®       |                    |          | X   |                       |                        |          |
|                 | hydrALAZINE 25 mg                    | tab           |                   |                    |          | X   |                       |                        |          |
|                 | hydrALAZINE 20 mg/mL                 | inj           |                   |                    |          | X   | HAM                   |                        |          |
|                 |                                      |               |                   |                    |          |     |                       |                        |          |
| <b>24:08:24</b> | <b>CARBONIC ANHYDRASE INHIBITORS</b> |               |                   |                    |          |     |                       |                        |          |
|                 | acetazolamide 250 mg                 | tab           |                   |                    |          | X   |                       |                        |          |

|                 | <u>Drug</u>                                | <u>Format</u>        | <u>Brand Name</u> | <u>LOCATION</u>    |          |         | High Alert/<br>Fridge | Formulary Restrictions | Auto-sub |
|-----------------|--|----------------------|-------------------|--------------------|----------|---------|-----------------------|------------------------|----------|
|                 |  |                      |                   | Regional Hospitals | Surg-Obs | All     |                       |                        |          |
|                 | acetazolamide 500 mg                       | inj                  |                   |                    |          | X       |                       |                        |          |
| <b>24:12</b>    | <b>VASODILATING AGENTS</b>                 |                      |                   |                    |          |         |                       |                        |          |
|                 | isosorbide dinitrate 10 mg                 | tab                  | ISORDIL®          |                    |          | X       |                       |                        |          |
|                 | isosorbide dinitrate 30 mg                 | tab                  |                   |                    |          | X       |                       |                        |          |
|                 | nitroglycerin 400 mcg/mL premixed solution | inj                  |                   |                    |          | X (w/ER | HAM                   |                        |          |
|                 | nitroglycerin 0.4 mg/spray                 | spray,<br>sublingual | NITROSPRAY        |                    |          | X       |                       |                        |          |
|                 | nitroglycerin 0.2 mg/hr                    | patch                | NITRODUR®         |                    |          | X       |                       |                        |          |
|                 | nitroglycerin 0.4 mg/hr                    | patch                |                   |                    |          | X       |                       |                        |          |
|                 | nitroglycerin 0.6 mg/hr                    | patch                |                   |                    |          | X       |                       |                        |          |
|                 | nitroglycerin 0.8 mg/hr                    | patch                |                   |                    |          | X       |                       |                        |          |
| <b>24:20</b>    | <b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>    |                      |                   |                    |          |         |                       |                        |          |
|                 | doxazosin 1 mg                             | tab                  |                   | X                  |          |         |                       |                        |          |
|                 | doxazosin 2 mg                             | tab                  |                   | X                  |          |         |                       |                        |          |
|                 | doxazosin 4 mg                             | tab                  |                   | X                  |          |         |                       |                        |          |
|                 | prazosin 1 mg                              | tab                  | MINIPRESS®        |                    |          | X       |                       |                        |          |
|                 | prazosin 2 mg                              | tab                  |                   |                    |          | X       |                       |                        |          |
|                 | prazosin 5 mg                              | tab                  |                   |                    |          | X       |                       |                        |          |
|                 | terazosin 1 mg                             | tab                  | HYTRIN®           |                    |          | X       |                       |                        |          |
|                 | terazosin 2 mg                             | tab                  |                   |                    |          | X       |                       |                        |          |
|                 | terazosin 5 mg                             | tab                  |                   |                    |          | X       |                       |                        |          |
| <b>24:24.00</b> | <b>BETA-ADRENERGIC BLOCKING AGENTS</b>     |                      |                   |                    |          |         |                       |                        |          |

|                 | <u>Drug</u>                               | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |          |     | High Alert/<br>Fridge | Formulary Restrictions | Auto-sub |
|-----------------|---|---------------|-------------------|--------------------|----------|-----|-----------------------|------------------------|----------|
|                 |   |               |                   | Regional Hospitals | Surg-Obs | All |                       |                        |          |
|                 | acebutolol 100 mg                         | tab           | SECTRAL, MONITAN® | X                  |          |     |                       |                        |          |
|                 | acebutolol 200 mg                         | tab           |                   | X                  |          |     |                       |                        |          |
|                 | atenolol 25 mg                            | tab           | TENORMIN®         |                    |          | X   |                       |                        |          |
|                 | atenolol 50 mg                            | tab           |                   |                    |          | X   |                       |                        |          |
|                 | atenolol 100 mg                           | tab           |                   |                    |          | X   |                       |                        |          |
|                 | bisoprolol 5 mg                           | tab           | MONOCOR®          |                    |          | X   |                       |                        |          |
|                 | bisoprolol 10 mg                          | tab           |                   |                    |          | X   |                       |                        |          |
|                 | carvedilol 3.125 mg                       | tab           | COREG®            |                    |          |     |                       |                        |          |
|                 | carvedilol 6.25 mg                        | tab           |                   |                    |          | X   |                       |                        |          |
|                 | carvedilol 12.5 mg                        | tab           |                   |                    |          | X   |                       |                        |          |
|                 | carvedilol 25 mg                          | tab           |                   |                    |          | X   |                       |                        |          |
|                 | esmolol 100 mg/10mL                       | inj           | BREVIBLOC®        | X                  |          |     | HAM                   |                        |          |
|                 | labetolol 5 mg/mL                         | inj           | TRANDATE®         |                    |          | X   | HAM                   |                        |          |
|                 | labetolol 100 mg and/or 200 mg            | tab           |                   |                    |          | X   |                       |                        |          |
|                 | metoprolol 25 mg                          | tab           | BETALOC®          |                    |          | X   |                       |                        |          |
|                 | metoprolol 50 mg                          | tab           |                   |                    |          | X   |                       |                        |          |
|                 | metoprolol 100 mg                         | tab           |                   |                    | X        |     |                       |                        |          |
|                 | metoprolol 1 mg/mL - 5 mL single-use vial | inj           |                   |                    |          | X   | HAM                   |                        |          |
|                 | nadolol 80 mg                             | tab           |                   | X                  |          |     |                       |                        |          |
|                 | propranolol 10 mg                         | tab           | INDERAL®          |                    |          | X   |                       |                        |          |
|                 | propranolol 40 mg                         | tab           |                   |                    |          | X   |                       |                        |          |
|                 | propranolol 1 mg/mL                       | inj           |                   |                    |          | X   | HAM                   |                        |          |
|                 | sotalol 80 mg                             | tab           | SOTACOR®          |                    |          | X   |                       |                        |          |
|                 |   |               |                   |                    |          |     |                       |                        |          |
| <b>24:28:08</b> | <b>CALCIUM-CHANNEL BLOCKING AGENTS</b>    |               |                   |                    |          |     |                       |                        |          |
|                 |   |               |                   |                    |          |     |                       |                        |          |
|                 | AmLODipine 2.5 mg*                        | tab           | NORVASC®          |                    |          | X   |                       |                        |          |
|                 | AmLODipine 5 mg*                          | tab           |                   |                    |          | X   |                       |                        |          |

|                 | <u>Drug</u>  | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |          |     | High Alert/<br>Fridge | Formulary Restrictions | Auto-sub |
|-----------------|--|---------------|-------------------|--------------------|----------|-----|-----------------------|------------------------|----------|
|                 |  |               |                   | Regional Hospitals | Surg-Obs | All |                       |                        |          |
|                 | AmLODipine 10 mg*                                      | tab           |                   |                    |          | X   |                       |                        |          |
|                 | diltiazem 120 mg CD*                                   | cap           | CARDIZEM®         |                    |          | X   |                       | X                      |          |
|                 | diltiazem 180 mg CD*                                   | cap           |                   |                    |          | X   |                       | X                      |          |
|                 | diltiazem 240 mg CD*                                   | cap           |                   |                    |          | X   |                       | X                      |          |
|                 | diltiazem 300 mg CD*                                   | cap           |                   |                    |          | X   |                       | X                      |          |
|                 | diltiazem 30 mg  | tab           |                   |                    |          | X   |                       |                        |          |
|                 | diltiazem 60 mg  | tab           |                   |                    |          | X   |                       |                        |          |
|                 | diltiazem 5 mg/mL                                      | inj           |                   |                    |          | X   | HAM/<br>Fridge        |                        |          |
|                 | felodipine 2.5 mg SR                                   | tab           |                   | PLENDIL, RENEDIL®  |          |     | X                     |                        |          |
|                 | felodipine 5 mg SR                                     | tab           |                   |                    |          | X   |                       |                        |          |
|                 | NIFEdipine 10 mg IR                                    | cap           |                   |                    | X        |     | X                     |                        |          |
|                 | NIFEdipine 20 mg, sustained release (XL)*              | tab           | ADALAT XL®        |                    |          | X   |                       |                        |          |
|                 | NIFEdipine 30 mg, sustained release (XL)*              | tab           |                   |                    |          | X   |                       |                        |          |
|                 | NIFEdipine 60 mg, sustained release (XL)*              | tab           |                   |                    |          | X   |                       |                        |          |
|                 | *not all strengths may be stocked at all times         |               |                   |                    |          |     |                       |                        |          |
|                 | verapamil 80 mg and/or 120 mg                          | tab           | ISOPTIN®          |                    |          | X   |                       |                        |          |
|                 | verapamil 180 mg SR and/or 240 mg SR                   | tab           | ISOPTIN-SR®       |                    |          | X   |                       |                        |          |
|                 | verapamil 2.5 mg/mL                                    | inj           |                   |                    |          | X   | HAM                   |                        |          |
|                 |  |               |                   |                    |          |     |                       |                        |          |
| <b>24:32.04</b> | <b>RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS</b> |               |                   |                    |          |     |                       |                        |          |
|                 |  |               |                   |                    |          |     |                       |                        |          |
|                 | candesartan 4 mg                                       | tab           | ATACAND®          |                    |          | X   |                       |                        |          |
|                 | candesartan 8 mg                                       | tab           |                   |                    |          | X   |                       |                        |          |
|                 | candesartan 16 mg                                      | tab           |                   |                    |          | X   |                       |                        |          |
|                 | captopril 25 mg  | tab           | CAPOTEN®          |                    |          | X   |                       |                        |          |
|                 | cilazapril 1 mg  | tab           | INHIBACE®         |                    |          | X   |                       |                        |          |
|                 | cilazapril 2.5 mg                                      | tab           |                   |                    |          | X   |                       |                        |          |

|  | <u>Drug</u>                                    | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |          |     | High Alert/<br>Fridge | Formulary Restrictions | Auto-sub |
|--|--|---------------|-------------------|--------------------|----------|-----|-----------------------|------------------------|----------|
|  |  |               |                   | Regional Hospitals | Surg-Obs | All |                       |                        |          |
|  | cilazapril 5 mg                                | tab           |                   |                    |          | X   |                       |                        |          |
|  | enalapril 2.5 mg*                              | tab           | VASOTEC®          |                    |          | X   |                       |                        |          |
|  | enalapril 5 mg*                                | tab           |                   |                    |          | X   |                       |                        |          |
|  | enalapril 10 mg*                               | tab           |                   |                    |          | X   |                       |                        |          |
|  | enalapril 20 mg*                               | tab           |                   |                    |          | X   |                       |                        |          |
|  | *not all strengths may be stocked at all times |               |                   |                    |          |     |                       |                        |          |
|  | enalaprilat 1.25 mg/mL                         | inj           | VASOTEC I.V.®     | X                  |          |     | HAM                   |                        |          |
|  | fosinopril 10 mg                               | tab           | MONOPRIL®         |                    |          | X   |                       |                        |          |
|  | irbesartan 75 mg                               | tab           | AVAPRO®           |                    |          | X   |                       |                        |          |
|  | irbesartan 150 mg                              | tab           |                   |                    |          | X   |                       |                        |          |
|  | irbesartan 300 mg                              | tab           |                   |                    |          | X   |                       |                        |          |
|  | lisinopril 5 mg*                               | tab           | PRINIVIL®         |                    |          | X   |                       |                        |          |
|  | lisinopril 10 mg*                              | tab           |                   |                    |          | X   |                       |                        |          |
|  | lisinopril 20 mg*                              | tab           |                   |                    |          | X   |                       |                        |          |
|  | *not all strengths may be stocked at all times |               |                   |                    |          |     |                       |                        |          |
|  | losartan 25 mg*                                | tab           | COZAAR®           |                    |          | X   |                       |                        |          |
|  | losartan 50 mg*                                | tab           |                   |                    |          | X   |                       |                        |          |
|  | losartan 100 mg*                               | tab           |                   |                    |          | X   |                       |                        |          |
|  | perindopril 2 mg*                              | tab           | COVERSYL®         |                    |          | X   |                       |                        |          |
|  | perindopril 4 mg*                              | tab           |                   |                    |          | X   |                       |                        |          |
|  | perindopril 8 mg*                              | tab           |                   |                    |          | X   |                       |                        |          |
|  | ramipril 1.25 mg*                              | cap           | ALTACE®           |                    |          | X   |                       |                        |          |
|  | ramipril 2.5 mg*                               | cap           |                   |                    |          | X   |                       |                        |          |
|  | ramipril 5 mg*                                 | cap           |                   |                    |          | X   |                       |                        |          |
|  | ramipril 10 mg*                                | cap           |                   |                    |          | X   |                       |                        |          |
|  | *not all strengths may be stocked at all times |               |                   |                    |          |     |                       |                        |          |
|  | sacubitril 24 mg/ valsartan 26 mg (50 mg)      | tab           | Entresto          |                    |          | X   |                       | Y                      |          |
|  | sacubitril 49 mg/ valsartan 51 mg (100 mg)     | tab           |                   |                    |          | X   |                       | Y                      |          |
|  | sacubitril 97 mg/ valsartan 103 mg (200 mg)    | tab           |                   |                    |          | X   |                       | Y                      |          |
|  | telmisartan 40 mg                              | tab           | MICARDIS®         |                    |          | X   |                       |                        |          |

|  | <u>Drug</u>                                    | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |          |     | High Alert/<br>Fridge | Formulary Restrictions | Auto-sub |
|--|--|---------------|-------------------|--------------------|----------|-----|-----------------------|------------------------|----------|
|  |  |               |                   | Regional Hospitals | Surg-Obs | All |                       |                        |          |
|  | telmisartan 80 mg                              | tab           | MICARDIS®         |                    |          | X   |                       |                        |          |
|  | trandolapril 1 mg*                             | cap           | MAVIK®            | X                  |          |     |                       |                        |          |
|  | trandolapril 2 mg*                             | cap           |                   | X                  |          |     |                       |                        |          |
|  | trandolapril 4 mg*                             | cap           |                   | X                  |          |     |                       |                        |          |
|  | *not all strengths may be stocked at all times |               |                   |                    |          |     |                       |                        |          |
|  | valsartan 80 mg                                | tab           | DIOVAN®           |                    |          | X   |                       |                        |          |
|  | valsartan 160 mg                               | tab           |                   |                    |          | X   |                       |                        |          |
|  | <b>24:32.20 POTASSIUM SPARING DIURETICS</b>    |               |                   |                    |          |     |                       |                        |          |
|  | spironolactone 25 mg                           | tab           | ALDACTONE®        |                    |          | X   |                       |                        |          |
|  | spironolactone 100 mg                          | tab           |                   |                    |          | X   |                       |                        |          |

**Formulary Restrictions**

sacubitril/valsartan

For the treatment of heart failure (HF) with reduced ejection fraction in patients with New York Heart Association (NYHA) class II or III HF to reduce the incidence of cardiovascular (CV) death and HF hospitalization, if all of the following clinical criteria are met:

- Reduced left ventricular ejection fraction (LVEF) (<40%) AND
- Patient has NYHA class II to III symptoms despite at least four weeks of treatment with a stable dose of an angiotensin-converting enzyme inhibitor (ACEI) or an angiotensin II receptor antagonist (ARB) AND

Drug Review for Formulary Request May 11 2022

- In combination with a beta blocker and other recommended therapies, including an aldosterone antagonist (if tolerable) AND
- Initiation and up-titration should be conducted by a physician experienced with the treatment of heart failure.

NIFEdipine IR



|   | <u>Drug</u> | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |          |     | High Alert/<br>Fridge | Formulary Restrictions | Auto-sub |
|---|-------------|---------------|-------------------|--------------------|----------|-----|-----------------------|------------------------|----------|
|   |             |               |                   | Regional Hospitals | Surg-Obs | All |                       |                        |          |
| <ul style="list-style-type: none"> <li>• Restricted to Obstetrics and Gynecology</li> <li>• Restricted to use in Obstetrical Triage and Labour &amp; Delivery, or to patients in other areas when they are under consideration for transfer to Obstetrical Triage or Labour &amp; Delivery</li> <li>• For the urgent treatment of severe hypertension in pregnancy only                             <ul style="list-style-type: none"> <li>Capsules to be orally administered whole (no biting, puncturing, or otherwise manipulating the capsule, and no sublingual administration)</li> </ul> </li> </ul> |             |               |                   |                    |          |     |                       |                        |          |

| 28:00 CENTRAL NERVOUS SYSTEM DRUGS |   |               |                   |                    |              |        |                       |                             |              |
|------------------------------------|---|---------------|-------------------|--------------------|--------------|--------|-----------------------|-----------------------------|--------------|
|                                    | <u>Drug</u>                                   | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |        | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|                                    |   |               |                   | Regional Hospitals | Surg-<br>Obs | All    |                       |                             |              |
| <b>28:04</b>                       | <b>ANESTHETICS GENERAL</b>                    |               |                   |                    |              |        |                       |                             |              |
|                                    | desflurane - 240 mL                           | solution      | SUPRANE®          | X                  |              |        |                       | X                           |              |
|                                    | etomidate 2 mg/mL                             | inj           | AMIDATE®          |                    |              | X      |                       |                             |              |
|                                    | isoflurane                                    | solution      | FLORANE®          |                    | X            |        |                       |                             |              |
|                                    | ketamine 10 mg/mL                             | inj           | KETALAR®          |                    |              | X      |                       |                             |              |
|                                    | ketamine 50 mg/mL                             | inj           |                   | X                  |              |        | HAM                   |                             |              |
|                                    | propofol 10 mg/mL                             | inj           | DIPRIVAN®         |                    |              | X      | HAM                   |                             |              |
|                                    | sevoflurane - 250 mL                          | solution      | SEVORANE®         |                    | X            |        |                       |                             |              |
| <b>28:08</b>                       | <b>ANALGESICS AND ANTIPYRETICS</b>            |               |                   |                    |              |        |                       |                             |              |
| <b>28:08.04</b>                    | <b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b> |               |                   |                    |              |        |                       |                             |              |
|                                    | celecoxib 100 mg                              | cap           | CELEBREX®         |                    |              | X      |                       |                             |              |
|                                    | celecoxib 200 mg                              | cap           |                   |                    |              | X      |                       |                             |              |
|                                    | diclofenac enteric coated 25mg                | tab           | VOLTAREN®         |                    |              | X      |                       |                             |              |
|                                    | diclofenac enteric coated 50 mg               | tab           |                   |                    |              | X      |                       |                             |              |
|                                    | diclofenac + misoprostol 50 mg/200 mcg        | tab           | ARTHROTEC®        |                    |              | X      |                       |                             |              |
|                                    | diclofenac + misoprostol 75 mg/200 mcg        | tab           |                   |                    |              | X      |                       |                             |              |
|                                    | diclofenac 75 mg, sustained release           | tab           | VOLTAREN<br>SR®   | X                  |              |        |                       |                             |              |
|                                    | diclofenac 100 mg, sustained release          | tab           |                   |                    | X            |        |                       |                             |              |
|                                    | diclofenac ophthalmic 0.1%                    | susp          | VOLTAREN®         |                    |              | X      |                       |                             |              |
|                                    | ibuprofen 200 mg                              | tab           | MOTRIN/ADVIL®     |                    |              | X      |                       |                             |              |
|                                    | ibuprofen 400 mg                              | tab           |                   |                    |              | X      |                       |                             |              |
|                                    | ibuprofen 40 mg/mL                            | liquid        |                   |                    |              | X (ED) |                       |                             |              |
|                                    | ibuprofen 20 mg/mL                            | liquid        |                   |                    |              | X      |                       |                             |              |
|                                    | indomethacin 25 mg                            | cap           | INDOCID®          |                    |              | X      |                       |                             |              |
|                                    | indomethacin 50 mg                            | suppository   |                   |                    |              | X      |                       |                             |              |

|                 | <u>Drug</u>  | <u>Format</u> | <u>Brand Name</u>         | <u>LOCATION</u>           |                 |            | <u>High Alert/<br/>Fridge</u> | <u>Formulary Rest-<br/>rictions</u> | <u>Auto-<br/>sub</u> |
|-----------------|--|---------------|---------------------------|---------------------------|-----------------|------------|-------------------------------|-------------------------------------|----------------------|
|                 |  |               |                           | <u>Regional Hospitals</u> | <u>Surg-Obs</u> | <u>All</u> |                               |                                     |                      |
|                 | indomethacin 100 mg  | suppository   |                           |                           |                 | X          |                               |                                     |                      |
|                 | ketorolac 30 mg/mL   | inj           | TORADOL®                  |                           |                 | X          |                               | X                                   |                      |
|                 | naproxen 250 mg  | tab           | NAPROSYN®                 |                           |                 | X          |                               |                                     |                      |
|                 | naproxen 375 mg  | tab           |                           |                           |                 | X          |                               |                                     |                      |
|                 | naproxen 500 mg  | tab           |                           |                           |                 | X          |                               |                                     |                      |
|                 |  |               |                           |                           |                 |            |                               |                                     |                      |
| <b>28:08.08</b> | <b>OPIATE AGONISTS</b>   |               |                           |                           |                 |            |                               |                                     |                      |
|                 |  |               |                           |                           |                 |            |                               |                                     |                      |
|                 | codeine 30 mg  | tab           |                           | X                         |                 |            |                               |                                     |                      |
|                 | codeine 50 mg sustained release*                                     | tab           | CODEINE CONTIN®           | X                         |                 |            |                               |                                     |                      |
|                 | codeine 100 mg sustained release*                                    | tab           |                           | X                         |                 |            |                               |                                     |                      |
|                 | codeine 150 mg sustained release*                                    | tab           |                           | X                         |                 |            |                               |                                     |                      |
|                 | *not all strengths may be stocked at all times                       |               |                           |                           |                 |            |                               |                                     |                      |
|                 | codeine 8 mg + acetaminophen 300 mg + caffeine 15 mg                 | tab           | TYLENOL #1 <sup>(N)</sup> | X                         |                 |            |                               |                                     |                      |
|                 | codeine 15 mg + acetaminophen 300 mg + caffeine 15 mg                | tab           | TYLENOL #2 <sup>(N)</sup> |                           |                 | X          |                               |                                     |                      |
|                 | codeine 30 mg + acetaminophen 300 mg + caffeine 15 mg                | tab           | TYLENOL #3 <sup>(N)</sup> |                           |                 | X          |                               |                                     |                      |
|                 | fentaNYL citrate 50 mcg/mL - 1mL, 2mL                                | inj           | SUBLIMAZE <sup>(N)</sup>  |                           |                 | X          |                               |                                     |                      |
|                 | fentaNYL citrate 50 mcg/mL - 5mL                                     | inj           |                           | X                         |                 |            | HAM                           |                                     |                      |
|                 | fentaNYL citrate 12 mcg/hour   | patch         | DURAGESIC®                |                           |                 | X          | HAM                           |                                     |                      |
|                 | fentaNYL citrate 25 mcg/hour   | patch         |                           |                           |                 | X          | HAM                           |                                     |                      |
|                 | fentaNYL citrate 50 mcg/hour   | patch         |                           |                           |                 | X          | HAM                           |                                     |                      |
|                 | fentaNYL citrate 75 mcg/hour   | patch         |                           |                           |                 | X          | HAM                           |                                     |                      |
|                 | fentaNYL citrate 100 mcg/hour  | patch         |                           |                           |                 | X          | HAM                           |                                     |                      |
|                 | fentaNYL 2 mcg/mL & bupivacaine 0.08% in normal saline 125 mL bag    | epidural inj. |                           | X                         |                 |            | HAM                           | X                                   |                      |
|                 | fentaNYL 2 mcg/mL & bupivacaine 0.08% in normal saline 25 mL syringe | epidural inj. |                           | X                         |                 |            | HAM                           | X                                   |                      |

|  | <u>Drug</u>                                    | <u>Format</u> | <u>Brand Name</u>  | <u>LOCATION</u>           |                 |            | <u>High Alert/<br/>Fridge</u> | <u>Formulary Rest-<br/>rictions</u> | <u>Auto-<br/>sub</u> |
|--|--|---------------|--|---------------------------|-----------------|------------|-------------------------------|-------------------------------------|----------------------|
|  |  |               |  | <u>Regional Hospitals</u> | <u>Surg-Obs</u> | <u>All</u> |                               |                                     |                      |
|  | HYDROmorphone 1 mg*                            | tab           | DILAUDID <sup>(N)</sup>  |                           |                 | X          |                               |                                     |                      |
|  | HYDROmorphone 2 mg*                            | tab           |  |                           |                 | X          |                               |                                     |                      |
|  | HYDROmorphone 4 mg*                            | tab           | DILAUDID <sup>(N)</sup>  |                           |                 | X          |                               |                                     |                      |
|  | HYDROmorphone 8 mg*                            | tab           |  |                           |                 | X          |                               |                                     |                      |
|  | HYDROmorphone 3 mg SR*                         | cap           | HYDROMORPH<br>CONTIN <sup>(N)</sup>  |                           |                 | X          |                               |                                     |                      |
|  | HYDROmorphone 6 mg SR*                         | cap           |  |                           |                 | X          |                               |                                     |                      |
|  | HYDROmorphone 12 mg SR*                        | cap           |  |                           |                 | X          |                               |                                     |                      |
|  | HYDROmorphone 18 mg SR*                        | cap           |  |                           |                 | X          |                               |                                     |                      |
|  | *not all strengths may be stocked at all times |               |  |                           |                 |            |                               |                                     |                      |
|  | HYDROmorphone 1 mg/mL                          | syrup         | DILAUDID(N)  |                           |                 | X          |                               |                                     |                      |
|  | HYDROmorphone 2 mg/mL                          | inj           | DILAUDID HP <sup>(N)</sup>   |                           |                 | X          |                               |                                     |                      |
|  | HYDROmorphone 10 mg/mL                         | inj           |  |                           | X               |            | HAM                           |                                     |                      |
|  | HYDROmorphone 50 mg/mL                         | inj           |  |                           |                 | X          | HAM                           |                                     |                      |
|  | HYDROmorphone 0.4 mg/mL 50 mL bag              | inj           |  |                           |                 | X          | HAM                           |                                     |                      |
|  | HYDROmorphone 0.4 mg/mL 100 mL bag             | inj           |  |                           |                 | X          | HAM                           |                                     |                      |
|  | meperidine 50 mg/mL                            | inj           | DEMEROL <sup>(N)</sup>   |                           |                 | X          |                               | X                                   |                      |
|  | methadone 10 mg/mL                             | liq           |  |                           |                 | X          | HAM                           | X                                   |                      |
|  | methadone 5 mg                                 | tab           |  | X                         |                 |            | HAM                           |                                     |                      |
|  | methadone 10 mg                                | tab           |  | X                         |                 |            | HAM                           |                                     |                      |
|  | morphine sulfate 5 mg                          | tab           | STATEX <sup>(N)</sup>  |                           |                 | X          |                               |                                     |                      |
|  | morphine sulfate 10 mg                         | tab           |  |                           |                 | X          |                               |                                     |                      |
|  | morphine sulfate 10 mg, controlled release*    | tab (or cap)  | M-ESLON <sup>(N)</sup> , MS-<br>CONTIN <sup>(N)</sup> , M-<br>ESLON <sup>(N)</sup> ,<br>M.O.S. - S.R. <sup>(N)</sup> |                           |                 | X          |                               |                                     |                      |
|  | morphine sulfate 15 mg, controlled release*    | tab (or cap)  |  |                           |                 | X          |                               |                                     |                      |
|  | morphine sulfate 30 mg, controlled release*    | tab (or cap)  |  |                           |                 | X          |                               |                                     |                      |
|  | morphine sulfate 60 mg, controlled release*    | tab (or cap)  |  |                           |                 | X          |                               |                                     |                      |
|  | morphine sulfate 100 mg, controlled release*   | tab (or cap)  |  |                           |                 | X          |                               |                                     |                      |
|  | *not all strengths may be stocked at all times |               |  |                           |                 |            |                               |                                     |                      |
|  | morphine sulfate 5 mg/mL                       | soln, oral    | M.O.S. <sup>(N)</sup>  | X                         |                 |            | HAM                           |                                     |                      |

|                 | <u>Drug</u>  | <u>Format</u>     | <u>Brand Name</u>     | <u>LOCATION</u>                                      |                      |            | <u>High Alert/<br/>Fridge</u> | <u>Formulary Rest-<br/>rictions</u> | <u>Auto-<br/>sub</u> |
|-----------------|--|-------------------|-----------------------|--|----------------------|------------|-------------------------------|-------------------------------------|----------------------|
|                 |  |                   |                       | <u>Regional Hospitals</u>                            | <u>Surg-<br/>Obs</u> | <u>All</u> |                               |                                     |                      |
|                 | morphine sulfate 1 mg/mL   | inj<br>(epidural) |                       |  |                      | X          | HAM                           |                                     |                      |
|                 | morphine sulfate 10 mg/mL  | inj               |                       |  |                      | X          |                               |                                     |                      |
|                 | morphine sulfate 50 mg/mL  | inj               |                       | X  |                      |            | HAM                           |                                     |                      |
|                 | morphine sulfate 1 mg/mL 100 mL bag  | inj               |                       |  |                      | X          | HAM                           |                                     |                      |
|                 | oxyCODONE 5 mg and/or 10 mg IR   | tab               |                       |  |                      | X          |                               |                                     |                      |
|                 | oxyCODONE 10 mg, controlled release  | tab               | OXYNEO <sup>(N)</sup> |  |                      | X          |                               |                                     |                      |
|                 | oxyCODONE 20 mg, controlled release  | tab               |                       |  |                      | X          |                               |                                     |                      |
|                 | oxyCODONE 40 mg, controlled release  | tab               |                       |  |                      | X          |                               |                                     |                      |
|                 | oxyCODONE 5 mg + acetaminophen 325 mg  | tab               |                       | OXYCO CET <sup>(N)</sup><br>PERCO CET <sup>(N)</sup> |                      |            | X                             |                                     |                      |
|                 | remifentanil 1 mg/vial*  | inj               |                       |  | X                    |            | HAM                           | X                                   |                      |
|                 | * carried at non-regional surgical sites only on request of anesthesiologist at site |                   |                       |  |                      |            |                               |                                     |                      |
|                 | SUFentanil 50 mcg/mL   | inj               |                       | X  |                      |            | HAM                           |                                     |                      |
|                 |  |                   |                       |  |                      |            |                               |                                     |                      |
| <b>28:08.12</b> | <b>OPIATE PARTIAL AGONISTS</b>   |                   |                       |  |                      |            |                               |                                     |                      |
|                 |  |                   |                       |  |                      |            |                               |                                     |                      |
|                 | buprenorphine/naloxone 2 mg/0.5 mg   | tab               | SUBOXONE              |  |                      | X          |                               |                                     |                      |
|                 | buprenorphine/naloxone 8 mg/2 mg   | tab               |                       |  |                      | X          |                               |                                     |                      |
|                 | nalbuphine hydrochloride 10 mg/mL  | inj               | NUBAIN <sup>(N)</sup> |  |                      | X          |                               |                                     |                      |
|                 |  |                   |                       |  |                      |            |                               |                                     |                      |
| <b>28:08.92</b> | <b>MISCELLANEOUS ANALGESICS AND ANTIPYRETICS</b>                                     |                   |                       |  |                      |            |                               |                                     |                      |
|                 |  |                   |                       |  |                      |            |                               |                                     |                      |
|                 | acetaminophen 160 mg pediatric   | tab               | TYLENOL®              |  |                      | X          |                               |                                     |                      |
|                 | acetaminophen 325 mg   | tab               |                       |  |                      | X          |                               |                                     |                      |
|                 | acetaminophen 500 mg   | tab               |                       |  |                      | X          |                               |                                     |                      |
|                 | acetaminophen 650 mg ER  | tab               |                       |  |                      | X          |                               |                                     |                      |
|                 | acetaminophen 80 mg/mL   | drops             |                       |  |                      | X          |                               |                                     |                      |
|                 | acetaminophen 32 mg/mL   | elixir            |                       |  |                      | X          |                               |                                     |                      |

|              | <u>Drug</u>                                    | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|--------------|--|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|              |  |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|              | acetaminophen 120 mg                           | supp ped      | ABENOL®           |                    |              | X   |                       |                             |              |
|              | acetaminophen 325 mg                           | suppository   |                   |                    |              | X   |                       |                             |              |
|              | acetaminophen 650 mg                           | suppository   |                   |                    |              | X   |                       |                             |              |
| <b>28:10</b> | <b>OPIATE ANTAGONISTS</b>                      |               |                   |                    |              |     |                       |                             |              |
|              | naloxone HCL 0.4 mg/mL                         | inj           | NARCAN®           |                    |              | X   |                       |                             |              |
|              | naloxone 1mg/mL                                | inj           |                   | X                  |              |     |                       |                             |              |
|              | naltrexone 50 mg *                             | tab           | REVIA®            | X                  |              |     | X                     |                             |              |
| <b>28:12</b> | <b>ANTICONVULSANTS</b>                         |               |                   |                    |              |     |                       |                             |              |
|              | carBAMazepine, chewable 100 mg                 | tab           | TEGretol®         |                    |              | X   |                       |                             |              |
|              | carBAMazepine 200 mg                           | tab           |                   |                    |              | X   |                       |                             |              |
|              | carBAMazepine CR 200 mg                        | tab           |                   |                    |              | X   |                       |                             |              |
|              | carBAMazepine CR 400 mg                        |               |                   |                    |              | X   |                       |                             |              |
|              | clobazam 10 mg                                 | tab           | FRISIUM®          | X                  |              |     |                       |                             |              |
|              | clonazepam 0.5 mg                              | tab           | RIVOTRIL®         |                    |              | X   |                       |                             |              |
|              | clonazepam 1 mg                                |               |                   |                    |              | X   |                       |                             |              |
|              | clonazepam 2 mg                                | tab           |                   |                    |              | X   |                       |                             |              |
|              | divalproex sodium 125 mg EC*                   | tab           | EPIVAL®           |                    |              | X   |                       |                             |              |
|              | divalproex sodium 250 mg EC*                   | tab           |                   |                    |              | X   |                       |                             |              |
|              | divalproex sodium 500 mg EC*                   | tab           |                   |                    |              | X   |                       |                             |              |
|              | *not all strengths may be stocked at all times |               |                   |                    |              |     |                       |                             |              |
|              | fosphenytoin 50 mg/mL PE                       | inj           | CEREBYX®          |                    |              | X   | HAM/<br>Fridge        |                             |              |
|              | gabapentin 100 mg*                             | cap           | NEURONTIN®        |                    |              | X   |                       |                             |              |
|              | gabapentin 300 mg*                             | cap           |                   |                    |              | X   |                       |                             |              |
|              | gabapentin 400 mg*                             | cap           |                   |                    |              | X   |                       |                             |              |
|              | gabapentin 600 mg*                             | cap           |                   |                    |              | X   |                       |                             |              |
|              | *not all strengths may be stocked at all times |               |                   |                    |              |     |                       |                             |              |

|                 | <u>Drug</u>                                  | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>           |                      |            | <u>High Alert/<br/>Fridge</u> | <u>Formulary Rest-<br/>rictions</u> | <u>Auto-<br/>sub</u> |
|-----------------|--|---------------|-------------------|---------------------------|----------------------|------------|-------------------------------|-------------------------------------|----------------------|
|                 |  |               |                   | <u>Regional Hospitals</u> | <u>Surg-<br/>Obs</u> | <u>All</u> |                               |                                     |                      |
|                 | lamoTRlgine 25 mg                            | tab           | LAMICTAL®         | X                         |                      |            |                               |                                     |                      |
|                 | lamoTRlgine 100 mg                           | tab           |                   | X                         |                      |            |                               |                                     |                      |
|                 | levETIRAcetam 500 mg                         | tab           | KEPPRA®           |                           |                      | X          |                               |                                     |                      |
|                 | levETIRAcetam 750 mg                         | tab           |                   |                           |                      | X          |                               |                                     |                      |
|                 | levETIRAcetam 100 mg/mL                      | inj           |                   |                           |                      | X          |                               |                                     |                      |
|                 | PHENobarbital 30 mg                          | tab           | PHENOBARB®        |                           |                      | X          | HAM                           |                                     |                      |
|                 | PHENobarbital 5 mg/mL (contains 12% alcohol) | elixir        |                   | X                         |                      |            | HAM                           |                                     |                      |
|                 | PHENobarbital 120 mg/mL                      | inj           |                   |                           |                      | X          | HAM                           |                                     |                      |
|                 | phenytoin 30 mg                              | cap           |                   |                           |                      | X          |                               |                                     |                      |
|                 | phenytoin chewable 50 mg                     | tab           | DILANTIN®         |                           |                      | X          |                               |                                     |                      |
|                 | phenytoin 100 mg                             | cap           |                   |                           |                      | X          |                               |                                     |                      |
|                 | phenytoin oral 25 mg/mL                      | susp          |                   |                           |                      | X          |                               |                                     |                      |
|                 | phenytoin 50 mg/mL                           | inj           |                   |                           |                      | X          | HAM                           |                                     |                      |
|                 | pregabalin 25 mg                             | cap           |                   |                           |                      | X          |                               |                                     |                      |
|                 | pregabalin 50 mg                             | cap           | LYRICA®           |                           |                      | X          |                               |                                     |                      |
|                 | pregabalin 75 mg                             | cap           |                   |                           |                      | X          |                               |                                     |                      |
|                 | pregabalin 150 mg                            | cap           |                   |                           |                      | X          |                               |                                     |                      |
|                 | primidone 250mg                              | tab           | MYSOLINE®         | X                         |                      |            |                               |                                     |                      |
|                 | topiramate 25 mg                             | tab           | TOPAMAX®          | X                         |                      |            |                               |                                     |                      |
|                 | topiramate 100 mg                            | tab           |                   | X                         |                      |            |                               |                                     |                      |
|                 | valproic acid 250 mg                         | cap           | DEPAKENE®         |                           |                      | X          |                               |                                     |                      |
|                 | valproic acid 50 mg/mL                       | syrup         |                   |                           |                      | X          |                               |                                     |                      |
| <b>28:16</b>    | <b>PSYCHOTHERAPEUTIC AGENTS</b>              |               |                   |                           |                      |            |                               |                                     |                      |
| <b>28:16.04</b> | <b>ANTIDEPRESSANTS</b>                       |               |                   |                           |                      |            |                               |                                     |                      |
|                 | amitriptyline 10 mg                          | tab           | ELAVIL®           |                           |                      | X          |                               |                                     |                      |
|                 | amitriptyline 25 mg                          | tab           |                   |                           |                      | X          |                               |                                     |                      |
|                 | amitriptyline 50 mg                          | tab           |                   |                           |                      | X          |                               |                                     |                      |

|  | <u>Drug</u>         | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|--|---------------------|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|  |                     |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|  | bupropion 100 mg SR | tab           | WELLBUTRIN®       |                    |              | X   |                       |                             |              |
|  | bupropion 150 mg SR | tab           |                   |                    |              | X   |                       |                             |              |
|  | bupropion 150 mg XL | tab           |                   |                    |              | X   |                       |                             |              |
|  | bupropion 300 mg XL | tab           |                   |                    |              | X   |                       |                             |              |
|  | citalopram 20 mg    | tab           | CeleXA®           |                    |              | X   |                       |                             |              |
|  | citalopram 40 mg    | tab           |                   |                    |              | X   |                       |                             |              |
|  | clomipramine 10 mg  | tab           | ANAFRANIL®        | X                  |              |     |                       |                             |              |
|  | clomipramine 25 mg  | tab           |                   | X                  |              |     |                       |                             |              |
|  | desipramine 25 mg   | tab           | NORPRAMIN®        |                    |              | X   |                       |                             |              |
|  | doxepin 10 mg       | cap           | SINEQUAN®         |                    |              | X   |                       |                             |              |
|  | doxepin 25 mg       | cap           |                   |                    |              | X   |                       |                             |              |
|  | DULoxetine 30 mg    | cap           | CYMBALTA®         |                    |              | X   |                       |                             |              |
|  | DULoxetine 60 mg    | cap           |                   |                    |              | X   |                       |                             |              |
|  | escitalopram 10 mg  | tab           | CIPRALEX®         |                    |              | X   |                       |                             |              |
|  | escitalopram 20 mg  | tab           |                   |                    |              | X   |                       |                             |              |
|  | FLUoxetine 10 mg    | cap           | PROzac®           |                    |              | X   |                       |                             |              |
|  | FLUoxetine 20 mg    | cap           |                   |                    |              | X   |                       |                             |              |
|  | FLUvoxamine 50 mg   | tab           | LUVOX®            | X                  |              |     |                       |                             |              |
|  | FLUvoxamine 100 mg  | tab           |                   | X                  |              |     |                       |                             |              |
|  | imipramine 10 mg    | tab           | TOFRANIL®         |                    |              | X   |                       |                             |              |
|  | imipramine 25 mg    | tab           |                   |                    |              | X   |                       |                             |              |
|  | mirtazapine 15 mg   | tab           | REMERON®          |                    |              | X   |                       |                             |              |
|  | mirtazapine 30 mg   | tab           |                   |                    |              | X   |                       |                             |              |
|  | nortriptyline 10 mg | cap           |                   |                    | X            |     |                       |                             |              |
|  | nortriptyline 25 mg | cap           |                   |                    | x            |     |                       |                             |              |
|  | PARoxetine 20 mg    | tab           | PAXIL®            |                    |              | X   |                       |                             |              |
|  | PARoxetine 30 mg    | tab           |                   |                    |              | X   |                       |                             |              |
|  | sertraline 25 mg    | cap           | ZOLOFT®           |                    |              | X   |                       |                             |              |
|  | sertraline 50 mg    | cap           |                   |                    |              | X   |                       |                             |              |
|  | sertraline100 mg    | cap           |                   |                    |              | X   |                       |                             |              |



|                 | <u>Drug</u>                                    | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|-----------------|--|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|                 |  |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|                 | traZODone 50 mg                                | tab           | DESYREL®          |                    |              | X   |                       |                             |              |
|                 | traZODone 100 mg                               | tab           |                   |                    |              | X   |                       |                             |              |
|                 | trimipramine 25 mg                             | tab           | SURMONTIL®        | X                  |              |     |                       |                             |              |
|                 | venlafaxine 37.5 mg extended release*          | cap           | EFFEXOR XR®       |                    |              | X   |                       |                             |              |
|                 | venlafaxine 75 mg extended release*            | cap           |                   |                    |              | X   |                       |                             |              |
|                 | venlafaxine 150 mg extended release*           | cap           |                   |                    |              | X   |                       |                             |              |
|                 | *not all strengths may be stocked at all times |               |                   |                    |              |     |                       |                             |              |
|                 |  |               |                   |                    |              |     |                       |                             |              |
| <b>28:16.08</b> | <b>ANTIPSYCHOTICS</b>                          |               |                   |                    |              |     |                       |                             |              |
|                 |  |               |                   |                    |              |     |                       |                             |              |
|                 | aripiprazole 2mg                               | tab           | ABILIFY®          | X                  |              |     |                       |                             |              |
|                 | aripiprazole 5mg                               | tab           |                   | X                  |              |     |                       |                             |              |
|                 | aripiprazole 10 mg                             | tab           |                   | X                  |              |     |                       |                             |              |
|                 | chlorproMAZINE 25 mg and/or 50 mg              | tab           | LARGACTIL®        | X                  |              |     |                       |                             |              |
|                 | clozapine 25 mg                                | tab           | CLOZARIL®         |                    |              | X   |                       |                             |              |
|                 | clozapine 50 mg                                | tab           |                   |                    |              | X   |                       |                             |              |
|                 | clozapine 100 mg                               | tab           |                   |                    |              | X   |                       |                             |              |
|                 | clozapine 200 mg                               | tab           |                   |                    |              | X   |                       |                             |              |
|                 | haloperidol 0.5 mg*                            | tab           | HALDOL®           |                    |              | X   |                       |                             |              |
|                 | haloperidol 1 mg*                              | tab           |                   |                    |              | X   |                       |                             |              |
|                 | haloperidol 2 mg*                              | tab           |                   |                    |              | X   |                       |                             |              |
|                 | haloperidol 5 mg *                             | tab           |                   |                    |              | X   |                       |                             |              |
|                 | *not all strengths may be stocked at all times |               |                   |                    |              |     |                       |                             |              |
|                 | haloperidol 5 mg/mL                            | inj           |                   |                    | X            |     |                       |                             |              |
|                 | loxapine 10 mg                                 | tab           | LOXAPAC®          | X                  |              |     |                       |                             |              |
|                 | methotrimeprazine 5 mg                         | tab           | NOZINAN®          |                    |              | X   |                       |                             |              |
|                 | methotrimeprazine 25 mg and/or 50 mg           | tab           |                   |                    |              | X   |                       |                             |              |
|                 | OLANZapine 2.5 mg*                             | tab           | ZYPREXA®          |                    |              | X   |                       |                             |              |
|                 | OLANZapine 5 mg*                               | tab           |                   |                    |              | X   |                       |                             |              |
|                 | OLANZapine 7.5 mg*                             | tab           |                   |                    |              | X   |                       |                             |              |

|              | <u>Drug</u>                                    | <u>Format</u> | <u>Brand Name</u>  | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |  |
|--------------|--|---------------|--------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|--|
|              |  |               |                    | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |  |
|              | OLANZapine 10 mg*                              | tab           | ZYPREXA®           |                    |              | X   |                       |                             |              |  |
|              | *not all strengths may be stocked at all times |               |                    |                    |              |     |                       |                             |              |  |
|              | OLANZapine 10 mg IM                            | inj           |                    |                    |              | X   |                       |                             |              |  |
|              | OLANZapine Zydys 5 mg                          | tab           | ZYPREXA ZYDIS®     |                    |              | X   |                       |                             |              |  |
|              | OLANZapine Zydys 10 mg                         | tab           |                    |                    |              |     | X                     |                             |              |  |
|              | QUetiapine 25 mg*                              | tab           | SEROQUEL®          |                    |              | X   |                       |                             |              |  |
|              | QUetiapine 50 mg*                              | tab           |                    |                    |              |     | X                     |                             |              |  |
|              | QUetiapine 100 mg*                             | tab           |                    |                    |              |     | X                     |                             |              |  |
|              | QUetiapine 200 mg*                             | tab           |                    |                    |              |     | X                     |                             |              |  |
|              | risperidone 0.25 mg*                           | tab           | RISPERDAL®         |                    |              | X   |                       |                             |              |  |
|              | risperidone 0.5 mg*                            | tab           |                    |                    |              |     | X                     |                             |              |  |
|              | risperidone 1 mg*                              | tab           |                    |                    |              |     | X                     |                             |              |  |
|              | risperidone 2 mg*                              | tab           |                    |                    |              |     | X                     |                             |              |  |
|              | risperidone 3 mg*                              | tab           |                    |                    |              |     | X                     |                             |              |  |
|              | risperidone 4 mg*                              | tab           |                    |                    |              |     | X                     |                             |              |  |
|              | *not all strengths may be stocked at all times |               |                    |                    |              |     |                       |                             |              |  |
|              | risperidone oral 1 mg/mL                       | solution      |                    | X                  |              |     |                       |                             |              |  |
|              | zucloperthixol 50 mg/mL                        | inj           | CLOPIXOL-ACUPHASE® | X                  |              |     |                       | X                           |              |  |
| <b>28:20</b> | <b>RESPIRATORY AND CEREBRAL STIMULANTS</b>     |               |                    |                    |              |     |                       |                             |              |  |
|              |  |               |                    |                    |              |     |                       |                             |              |  |
|              | methylphenidate 5 mg                           | tab           | RITALIN©           | X                  |              |     |                       | X                           |              |  |
|              | methylphenidate 10 mg                          | tab           |                    |                    | X            |     |                       |                             | X            |  |
| <b>28:24</b> | <b>ANXIOLYTICS, SEDATIVES AND HYPNOTICS</b>    |               |                    |                    |              |     |                       |                             |              |  |
|              |  |               |                    |                    |              |     |                       |                             |              |  |
|              | ALPRAZolam 0.25 mg                             | tab           | XANAX®             |                    |              | X   |                       |                             |              |  |

|  | <u>Drug</u>                                    | <u>Format</u> | <u>Brand Name</u>    | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|--|--|---------------|----------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|  |  |               |                      | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|  | ALPRAZolam 0.5 mg                              | tab           | ALPRAX®              |                    |              | X   |                       |                             |              |
|  | buspirone 10 mg                                | tab           | BUSPAR®              | X                  |              |     |                       |                             |              |
|  | chlordiazepoxide 5 mg*                         | cap           | LIBRIUM®             |                    |              | X   |                       |                             |              |
|  | chlordiazepoxide 10 mg*                        | cap           |                      |                    |              | X   |                       |                             |              |
|  | chlordiazepoxide 25 mg*                        | cap           |                      |                    |              | X   |                       |                             |              |
|  | *not all strengths may be stocked at all times |               |                      |                    |              |     |                       |                             |              |
|  | dexmedeTOMidine 100 mcg/mL                     | inj           | PRECEDEX®            |                    | X            |     |                       | Portage only                |              |
|  | dexmedeTOMidine 4 mcg/mL in 0.9% NaCl          | inj           |                      |                    | X            |     |                       | Portage only                |              |
|  | diazepam 2 mg                                  | tab           | VALIUM®              |                    |              | X   |                       |                             |              |
|  | diazepam 5 mg                                  | tab           |                      |                    |              | X   |                       |                             |              |
|  | diazepam 5 mg/mL                               | inj           |                      |                    |              | X   | HAM                   |                             |              |
|  | hydrOXYzine 10 mg                              | cap           | ATARAX®              |                    |              | X   |                       |                             |              |
|  | hydrOXYzine 25 mg                              | cap           |                      |                    |              | X   |                       |                             |              |
|  | hydrOXYzine 2 mg/mL                            | syrup         |                      |                    | X            |     |                       |                             |              |
|  | lorazepam 0.5 mg                               | tab           | ATIVAN®              |                    |              | X   |                       |                             |              |
|  | lorazepam 1 mg                                 | tab           |                      |                    |              | X   |                       |                             |              |
|  | lorazepam sublingual 1 mg                      | tab           |                      |                    |              | X   |                       | X                           |              |
|  | lorazepam 2 mg                                 | tab           |                      |                    |              | X   |                       |                             |              |
|  | lorazepam 4 mg/mL                              | inj           |                      |                    |              | X   | HAM/<br>Fridge        |                             |              |
|  | methotrimeprazine 25 mg/mL                     | inj           | NOZINAN              |                    |              | X   |                       |                             |              |
|  | midazolam 1 mg/mL                              | inj           | VERSED®              |                    |              | X   | HAM                   |                             |              |
|  | midazolam 5 mg/mL                              | inj           |                      |                    | X            |     | HAM                   |                             |              |
|  | oxazepam 15 mg                                 | tab           | SERAX®               |                    |              | X   |                       |                             |              |
|  | temazepam 15 mg                                | cap           | RESTORIL®            |                    |              | X   |                       |                             |              |
|  | temazepam 30 mg                                | cap           |                      |                    |              | X   |                       |                             |              |
|  | zopiclone 5 mg                                 | tab           | IMOVANE,<br>RHOVANE® |                    |              | X   |                       |                             |              |
|  | zopiclone 7.5 mg                               | tab           |                      |                    |              | X   |                       |                             |              |
|  |  |               |                      |                    |              |     |                       |                             |              |

|                 | <u>Drug</u>  | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |          |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|-----------------|--|---------------|-------------------|--------------------|----------|-----|-----------------------|-----------------------------|--------------|
|                 |  |               |                   | Regional Hospitals | Surg-Obs | All |                       |                             |              |
| <b>28:28</b>    | <b>ANTIMANIC AGENTS</b>                            |               |                   |                    |          |     |                       |                             |              |
|                 | lithium carbonate 150 mg                           | cap           | LITHANE®          |                    |          | X   |                       |                             |              |
|                 | lithium carbonate 300 mg                           | cap           |                   |                    |          | X   |                       |                             |              |
| <b>28:32</b>    | <b>ANTIMIGRAINE AGENTS</b>                         |               |                   |                    |          |     |                       |                             |              |
|                 | dihydroergotamine 1 mg/mL                          | inj           | DHE®              |                    |          | X   |                       |                             |              |
|                 | rizatriptan 10 mg                                  | wafer         | MAXALT RPD®       | X                  |          |     |                       |                             |              |
|                 | SUMATriptan succinate 12 mg/mL                     | inj           | IMITREX®          |                    |          | X   |                       |                             |              |
| <b>28:36:08</b> | <b>ANTIPARKINSON AGENTS</b>                        |               |                   |                    |          |     |                       |                             |              |
|                 | amantadine HCL 100 mg                              | cap           | SYMMETREL®        |                    |          | X   |                       |                             |              |
|                 | benztropine 1 mg                                   | tab           | COGENTIN®         |                    |          | X   |                       |                             |              |
|                 | benztropine 1 mg/mL                                | inj           |                   | X                  |          |     |                       |                             |              |
|                 | bromocriptine 2.5 mg                               | tab           | PARLODEL®         | X                  |          |     |                       |                             |              |
|                 | levodopa/carbidopa 100 mg/10 mg*                   | tab           | SINEMET®          |                    |          | X   |                       |                             |              |
|                 | levodopa/carbidopa 100 mg/25 mg*                   | tab           |                   |                    |          | X   |                       |                             |              |
|                 | levodopa/carbidopa 250 mg/25 mg*                   | tab           |                   |                    |          | X   |                       |                             |              |
|                 | levodopa/carbidopa 100 mg/25 mg CR*                | tab           | SINEMET CR®       |                    |          | X   |                       |                             |              |
|                 | levodopa/carbidopa 200 mg/50 mg CR*                | tab           | SINEMET CR®       |                    |          | X   |                       |                             |              |
|                 | *not all strengths may be stocked at all times     |               |                   |                    |          |     |                       |                             |              |
|                 | pramipexole 0.25 mg                                | tab           | MIRAPEX®          |                    |          | X   |                       |                             |              |
|                 | pramipexole 1 mg                                   | tab           |                   |                    |          | X   |                       |                             |              |
|                 | procyclidine HCL 5 mg                              | tab           | KEMADRIN®         |                    |          | X   |                       |                             |              |
|                 | ropinirole 1 mg                                    | tab           | REQUIP®           | X                  |          |     |                       |                             |              |
|                 | trihexyphenidyl 2 mg                               | tab           | ARTANE®           | X                  |          |     |                       |                             |              |
| <b>28:92</b>    | <b>MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS</b> |               |                   |                    |          |     |                       |                             |              |

|                               | <u>Drug</u>  | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|-------------------------------|--|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|                               |  |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|                               | acamprosate 333 mg *   | tab           | CAMPRAL®          | X                  |              |     |                       | X                           |              |
| <b>Formulary Restrictions</b> |  |               |                   |                    |              |     |                       |                             |              |
|                               | acamprosate  |               |                   |                    |              |     |                       |                             |              |
|                               | Use restricted to alcohol use disorder   |               |                   |                    |              |     |                       |                             |              |
|                               | desflurane   |               |                   |                    |              |     |                       |                             |              |
|                               | No longer wardstock, 1 vial per regional site in pharmacy only   |               |                   |                    |              |     |                       |                             |              |
|                               | fentaNYL & bupivacaine epidural  |               |                   |                    |              |     |                       |                             |              |
|                               | Use restricted to Labour and Delivery units  |               |                   |                    |              |     |                       |                             |              |
|                               | ketorolac injection  |               |                   |                    |              |     |                       |                             |              |
|                               | Use restricted to seven (7) days only  |               |                   |                    |              |     |                       |                             |              |
|                               | lorazepam sublingual   |               |                   |                    |              |     |                       |                             |              |
|                               | Use restricted to OR / PACU  |               |                   |                    |              |     |                       |                             |              |
|                               | meperidine   |               |                   |                    |              |     |                       |                             |              |
|                               | a) The prevention and treatment of drug-induced or blood product-induced rigors (e.g., amphotericin B, platelets),   |               |                   |                    |              |     |                       |                             |              |
|                               | b) Treatment of post-operative shivering, and  |               |                   |                    |              |     |                       |                             |              |
|                               | c) Short-term pain management in individuals with normal renal, hepatic and CNS function where alternative opioids are contraindicated (e.g., allergy), and i. do not exceed 600 mg/24 hours ii. limit the duration of use to 48 hours |               |                   |                    |              |     |                       |                             |              |

| 36:00 | DIAGNOSTIC AGENTS           |               |                   |                           |                  |            |                           |                                 |                  |
|-------|-----------------------------|---------------|-------------------|---------------------------|------------------|------------|---------------------------|---------------------------------|------------------|
|       | <u>Drug</u>                 | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>           |                  |            | <u>High Alert/ Fridge</u> | <u>Formulary Rest- rictions</u> | <u>Auto- sub</u> |
|       |                             |               |                   | <u>Regional Hospitals</u> | <u>Surg- Obs</u> | <u>All</u> |                           |                                 |                  |
| 36:58 | OCULAR DISORDERS            |               |                   |                           |                  |            |                           |                                 |                  |
|       | fluorescein 2% sodium U.S.P | minims        |                   |                           |                  | X          |                           |                                 |                  |
|       |                             |               |                   |                           |                  |            |                           |                                 |                  |
| 36:84 | TUBERCULOSIS                |               |                   |                           |                  |            |                           |                                 |                  |
|       | tuberculin PPD 5 TU         | inj           | MANTOUX TEST      |                           |                  | X          | Fridge                    |                                 |                  |

| 40:00 | ELECTROLYTIC BALANCE, CALORIC BALANCE, WATER BALANCE                                  |                        |                        | LOCATION              |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|-------|---|------------------------|------------------------|-----------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|       | <u>Drug</u>   | <u>Format</u>          | <u>Brand Name</u>      | Regional<br>Hospitals | Surg-<br>Obs | All |                       |                             |              |
| 40:08 | ALKALINIZING AGENTS   |                        |                        |                       |              |     |                       |                             |              |
|       | sodium bicarbonate 4.2% (0.5 mmol/mL) - 10 mL preloaded syringe                       | inj                    |                        |                       |              | X   |                       |                             |              |
|       | sodium bicarbonate 8.4% (1 mmol/mL) - 10 mL preloaded syringe                         | inj                    |                        |                       |              | X   | HAM                   |                             |              |
|       | sodium bicarbonate 8.4% (1 mmol/mL) - 50 mL preloaded syringe                         | inj                    |                        |                       |              | X   | HAM                   |                             |              |
|       | sodium bicarbonate 8.4% (1 mmol/mL) - 50 mL vial                                      | inj                    |                        | X                     |              |     | HAM                   |                             |              |
|       | sodium bicarbonate 325 mg (contains 4 mmol Na+)                                       | tab                    |                        |                       |              | X   |                       |                             |              |
|       | dicitrate solution - citric acid 334 mg/5 mL, sodium citrate 500 mg/5mL               | sol                    | PMS-DICITRATE SOLUTION | X                     |              |     |                       |                             |              |
| 40:10 | AMMONIA DETOXICANTS   |                        |                        |                       |              |     |                       |                             |              |
|       | lactulose 667 mg/mL   | syrup                  | CEPHULAC®              |                       |              | X   |                       |                             |              |
| 40:12 | REPLACEMENT PREPARATIONS  |                        |                        |                       |              |     |                       |                             |              |
|       | calcium chloride 100 mg/mL (10%) - 10 mL (7 mmol elemental Ca <sup>++</sup> /ampuole) | inj                    |                        |                       |              | X   | HAM                   |                             |              |
|       | calcium gluconate 10 %-10 mL (2.33 mmol elemental Ca <sup>++</sup> /ampuole)          | inj                    |                        |                       |              | X   | HAM                   |                             |              |
|       | electrolyte replacement solution (ORAL) 4.9 g packet                                  | powder for oral liquid | GASTROLYTE®            |                       |              | X   |                       |                             |              |
|       | electrolyte replacement solution (ORAL) liquid  | liquid                 | PEDIALYTE®             |                       |              | X   |                       |                             |              |

|                 | <b>Drug</b>  | <b>Format</b> | <b>Brand Name</b> | <b>LOCATION</b>           |                 |            | <b>High Alert/<br/>Fridge</b> | <b>Formulary Rest-<br/>rictions</b> | <b>Auto-<br/>sub</b> |
|-----------------|--|---------------|-------------------|---------------------------|-----------------|------------|-------------------------------|-------------------------------------|----------------------|
|                 |  |               |                   | <b>Regional Hospitals</b> | <b>Surg-Obs</b> | <b>All</b> |                               |                                     |                      |
|                 | magnesium glucoheptonate oral 100 mg/mL (0.2 mmol elemental MG <sup>++</sup> /5mL).                | solution      | MAGNESIUM         |                           |                 | X          |                               |                                     |                      |
|                 | magnesium supplement 100mg - 500 mg  | tab           |                   |                           |                 | X          |                               |                                     |                      |
|                 | phosphate effervescent 500 mg (16 mmol elemental phosphorus/tab)                                   | tab           | PHOSPHATE-SANDOZ® | X                         |                 |            |                               |                                     |                      |
|                 | potassium chloride 2 mEq (2 mmol)/mL   | inj           |                   |                           | X               |            | HAM                           |                                     |                      |
|                 | potassium chloride 20mmol/100mL bag  | inj           |                   |                           |                 | X          | HAM                           |                                     |                      |
|                 | potassium chloride oral (sugarfree) 1.33 mmol/mL   | solution      | K-10®             |                           |                 | X          |                               |                                     |                      |
|                 | potassium chloride 600 mg, ER (8mmol K <sup>+</sup> and Cl <sup>-</sup> /tab)                      | tab           | SLOW K®           |                           |                 | X          |                               |                                     |                      |
|                 | potassium chloride 600 mg, ER (8mmol K <sup>+</sup> and Cl <sup>-</sup> /tab)                      | cap           | MICRO K®          |                           |                 | X          |                               |                                     | X                    |
|                 | potassium phosphate (15 mmol PO <sub>4</sub> <sup>-</sup> plus 22 mmol K <sup>+</sup> / 250mL D5W) | inj           |                   | X                         |                 |            | HAM                           |                                     |                      |
|                 | potassium phosphate (30 mmol PO <sub>4</sub> <sup>-</sup> plus 44 mmol K <sup>+</sup> / 500mL D5W) | inj           |                   | X                         |                 |            | HAM                           |                                     |                      |
|                 | sodium chloride 0.9% - 10 mL (single use vial)   | inj           |                   |                           |                 | X          |                               |                                     |                      |
|                 | sodium chloride 23.4% (for TPN preparation)  | inj           |                   | X                         |                 |            | HAM                           |                                     |                      |
|                 | sodium chloride 3% - 4 mL nebule   | inh           |                   |                           |                 | X          |                               |                                     |                      |
|                 | sodium chloride 3% - 250 mL bag  | inj           |                   |                           |                 | X          | HAM                           |                                     |                      |
|                 | sodium phosphate 3 mmol PO <sub>4</sub> <sup>-</sup> 4mmol Na <sup>+</sup> /mL                     | inj           |                   | X                         |                 |            | HAM                           |                                     |                      |
|                 | trace element solution 10 mL (for TPN)   | inj           | ADDNUTRIV®        | X                         |                 | X          |                               |                                     |                      |
|                 |  |               |                   |                           |                 |            |                               |                                     |                      |
| <b>40:18</b>    | <b>ION-REMOVING AGENTS</b>   |               |                   |                           |                 |            |                               |                                     |                      |
|                 |  |               |                   |                           |                 |            |                               |                                     |                      |
| <b>40:18.18</b> | <b>POTASSIUM-REMOVING AGENTS</b>   |               |                   |                           |                 |            |                               |                                     |                      |
|                 |  |               |                   |                           |                 |            |                               |                                     |                      |



|                 | <u>Drug</u>  | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |          |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|-----------------|--|---------------|-------------------|--------------------|----------|-----|-----------------------|-----------------------------|--------------|
|                 |  |               |                   | Regional Hospitals | Surg-Obs | All |                       |                             |              |
|                 | sodium polystyrene sulfonate oral, or enema (4 level teaspoonsfuls = 15 g resin) | powder        | KAYEXALATE®       |                    |          | X   |                       |                             |              |
| <b>40:20</b>    | <b>CALORIC AGENTS</b>  |               |                   |                    |          |     |                       |                             |              |
|                 | dextrose U.S.P 50% - 50 mL prefilled syringe                                     | inj           |                   |                    |          | X   | HAM                   |                             |              |
|                 | dextrose U.S.P 50% - 50 mL vial  | inj           |                   |                    |          | X   | HAM                   |                             |              |
|                 | fat emulsion 20 % - 250 mL bag*  | inj           | INTRALIPID®       |                    |          | X   |                       |                             |              |
|                 | fat emulsion 20 % - 250 mL bag*  | inj           | CLINOLEIC®        |                    |          | X   |                       |                             |              |
|                 | *one brand carried by all ER sites based on stock availability                   |               |                   |                    |          |     |                       |                             |              |
|                 | dextrose 43%   | gel           |                   |                    |          |     |                       |                             |              |
| <b>40:28</b>    | <b>DIURETICS</b>   |               |                   |                    |          |     |                       |                             |              |
|                 | hydrochlorothiazide 50 mg with amiloride 5 mg                                    | tab           | MODURET®          |                    |          | X   |                       |                             |              |
|                 | hydrochlorothiazide 25 mg with spironolactone 25 mg                              | tab           | ALDACTAZIDE-25®   |                    |          | X   |                       |                             |              |
|                 | hydrochlorothiazide 25 mg with triamterene 50 mg                                 | tab           | DYAZIDE®          |                    |          | X   |                       |                             |              |
| <b>40:28.08</b> | <b>LOOP DIURETICS</b>  |               |                   |                    |          |     |                       |                             |              |
|                 | furosemide 20 mg   | tab           | LASIX®            |                    |          | X   |                       |                             |              |
|                 | furosemide 40 mg   | tab           |                   |                    |          | X   |                       |                             |              |
|                 | furosemide 80 mg   | tab           |                   | X                  |          |     |                       |                             |              |
|                 | furosemide 10 mg/mL - 2 mL and/or 4 mL   | inj           |                   |                    |          | X   |                       |                             |              |
| <b>40:28.12</b> | <b>OSMOTIC DIURETICS</b>   |               |                   |                    |          |     |                       |                             |              |

|                 | <u>Drug</u>                    | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |          | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|-----------------|--------------------------------|---------------|-------------------|--------------------|--------------|----------|-----------------------|-----------------------------|--------------|
|                 |                                |               |                   | Regional Hospitals | Surg-<br>Obs | All      |                       |                             |              |
|                 | mannitol 20% - 50 mL           | inj           |                   |                    |              | X (w/ER) |                       |                             |              |
|                 |                                |               |                   |                    |              |          |                       |                             |              |
| <b>40:28.20</b> | <b>THIAZIDE DIURETICS</b>      |               |                   |                    |              |          |                       |                             |              |
|                 |                                |               |                   |                    |              |          |                       |                             |              |
|                 | hydrochlorothiazide 25 mg      | tab           | HYDRODIURIL®      |                    |              | X        |                       |                             |              |
|                 |                                |               |                   |                    |              |          |                       |                             |              |
| <b>40:28.24</b> | <b>THIAZIDE-LIKE DIURETICS</b> |               |                   |                    |              |          |                       |                             |              |
|                 |                                |               |                   |                    |              |          |                       |                             |              |
|                 | indapamide 1.25 mg             | tab           |                   |                    |              | X        |                       |                             |              |
|                 | indapamide 2.5 mg              | tab           |                   |                    |              | X        |                       |                             |              |
|                 | metolazone 2.5 mg              | tab           | ZAROXYLYN®        |                    |              | X        |                       |                             |              |

| 48:00 RESPIRATORY TRACT AGENTS |  |               |                             |                    |              |     |                       |                             |              |
|--------------------------------|--|---------------|-----------------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|                                | <u>Drug</u>                                    | <u>Format</u> | <u>Brand Name</u>           | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|                                |  |               |                             | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
| 48:08 ANTITUSSIVES             |  |               |                             |                    |              |     |                       |                             |              |
|                                | dextromethorphan hydrobromide 3 mg/mL          | syrup         | BENYLIN-DM®                 |                    |              | X   |                       |                             |              |
| 48:10 ANTI-INFLAMMATORY AGENTS |  |               |                             |                    |              |     |                       |                             |              |
| 48:10.24 LEUKOTRIENE MODIFIERS |  |               |                             |                    |              |     |                       |                             |              |
|                                | montelukast 4 mg*                              | tab           | SINGULAIR®                  | X                  |              |     |                       |                             |              |
|                                | montelukast 5 mg*                              | tab           |                             | X                  |              |     |                       |                             |              |
|                                | montelukast 10 mg*                             | tab           |                             | X                  |              |     |                       |                             |              |
|                                | *not all strengths may be stocked at all times |               |                             |                    |              |     |                       |                             |              |
| 48:16 EXPECTORANTS             |  |               |                             |                    |              |     |                       |                             |              |
|                                | guaifenesin 20 mg/mL                           | syrup         | BENYLIN-E® /<br>ROBITUSSIN® |                    |              | X   |                       |                             |              |

| 52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS |   |               |                   |                       |              |     |                       |                                |              |
|--|---|---------------|-------------------|-----------------------|--------------|-----|-----------------------|--------------------------------|--------------|
|  | <u>Drug</u>   | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>       |              |     | High Alert/<br>Fridge | Formulary<br>Rest-<br>rictions | Auto-<br>sub |
|  |   |               |                   | Regional<br>Hospitals | Surg-<br>Obs | All |                       |                                |              |
| 52:04 ANTIBIOTICS                            |   |               |                   |                       |              |     |                       |                                |              |
|  | chlorhexidine gluconate 0.12% oral rinse                                | solution      | PERIOGARD®        | X                     |              |     |                       |                                |              |
|  | ciprofloxacin ophthalmic 0.3%   | solution      | CILOXAN®          |                       |              | X   |                       |                                |              |
|  | ciprofloxacin 0.3% + dexamethasone 0.1%<br>otic                         | suspension    | CIPRODEX®         |                       |              | X   |                       |                                | Y            |
|  | erythromycin ophthalmic 5 mg/g  | ointment      | ILOTYCIN®         |                       |              | X   |                       |                                |              |
|  | polymyxin B 10,000U/gramicidin 25mcg<br>ophthalmic/otic - 10 mL dropper | drops         | POLYSPORIN®       |                       |              | X   |                       |                                |              |
|  | tobramycin ophthalmic 0.3%  | drops         |                   |                       |              | X   |                       |                                |              |
| 52:08 ANTI-INFLAMMATORY AGENTS               |   |               |                   |                       |              |     |                       |                                |              |
|  | dexamethasone ophthalmic 0.1%   | susp          | MAXIDEX®          |                       |              | X   |                       |                                | Y            |
|  | fluorometholone ophthalmic 0.1%   | susp          | FML- LIQUIFILM®   | X                     |              |     |                       |                                |              |
|  | ketorolac ophthalmic solution 0.5%                                      | susp          | TORADOL®          |                       |              | X   |                       |                                |              |
|  | prednisolONE acetate ophthalmic 1%                                      | susp          | PRED FORTE®       |                       |              | X   |                       |                                |              |
| 52:08.08 CORTICOSTEROIDS                     |   |               |                   |                       |              |     |                       |                                |              |
|  | budesonide 200 mcg/inhalation   | turbuhaler    | PULMICORT®        | X                     |              |     |                       |                                |              |
|  | budesonide 250 mcg/mL   | nebule        |                   |                       |              | X   |                       |                                |              |
|  | budesonide 500 mcg/mL   | nebule        |                   |                       |              | X   |                       |                                |              |
|  | budesonide 200 mcg/fomoterol 6 mcg                                      | turbuhaler    | SYMBICORT 200®    |                       |              | X   |                       |                                |              |
|  | mometasone 50mcg/spray  | nasal         | NASONEX®          |                       |              | X   |                       |                                | X            |
| 52:16 ANESTHETICS LOCAL                      |   |               |                   |                       |              |     |                       |                                |              |

|              | <u>Drug</u>   | <u>Format</u> | <u>Brand Name</u>  | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|--------------|---|---------------|--------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|              |   |               |                    | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|              | tetracaine ophthalmic 0.5% - unit dose minims   | solution      | PONTOCAINE®        |                    |              | X   |                       |                             |              |
| <b>52:24</b> | <b>MYDRIATICS</b>   |               |                    |                    |              |     |                       |                             |              |
|              | atropine sulfate ophthalmic 1%  | solution      |                    |                    |              | X   |                       |                             |              |
|              | cyclopentolate ophthalmic 1%  | solution      | CYCLOGEL®          |                    |              | X   |                       |                             |              |
|              | tropicamide ophthalmic 1% minims  | solution      | MYDRIACIL®         |                    | X            |     |                       |                             |              |
| <b>52:28</b> | <b>MOUTHWASHES, GARGLES AND LOZENGES</b>  |               |                    |                    |              |     |                       |                             |              |
|              | benzylamine oral 0.15%  | solution      | TANTUM ORAL RINSE® |                    |              | X   |                       |                             |              |
|              | dequalinium 0.25 mg   | lozenge       | DEQUADIN®          |                    |              | X   |                       |                             |              |
|              | hydrogen peroxide 3% Note: Dilute with an equal amount of water before use on mucous membranes. | solution      |                    |                    |              | X   |                       |                             |              |
|              | magic mouthwash/stomatitis mouthwash /akabutu's mouthwash (Contains diphenhydrAMINE             | susp          | COMPOUNDED         |                    |              | X   | Fridge                |                             | Y            |
| <b>52:32</b> | <b>VASOCONSTRICTORS</b>   |               |                    |                    |              |     |                       |                             |              |
|              | EPINEPHrine nasal 1 mg/mL   | solution      | ADRENALIN          | X                  |              |     |                       |                             |              |
|              | xylometazoline HCL nasal 0.1%   | spray         | OTRIVIN            |                    |              | X   |                       |                             |              |
| <b>52:36</b> | <b>MISCELLANEOUS EYE, EAR, NOSE, and THROAT</b>   |               |                    |                    |              |     |                       |                             |              |
|              | carboxymethylcellulose ophth 0.5% minims  | solution      | REFRESH TEARS      |                    |              | X   |                       |                             |              |
|              | polyethylene glycol 20%   | solution      | SECARIS®           |                    |              | X   |                       |                             |              |

|              | <u>Drug</u>                                     | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|--------------|---|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|              |   |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
| <b>52:40</b> | <b>ANTIGLAUCOMA AGENTS</b>                      |               |                   |                    |              |     |                       |                             |              |
|              | betaxolol ophthalmic 0.25%                      | solution      | BETOPTIC-S®       |                    |              | X   |                       |                             | Y            |
|              | bimatoprost ophthalmic 0.03%                    | solution      | LUMIGAN®          | X                  |              |     |                       |                             |              |
|              | brimonidine ophthalmic 0.2%                     | solution      | ALPHAGAN®         |                    |              | X   |                       |                             |              |
|              | brinzolamide ophthalmic 1%                      | solution      | AZOPT®            |                    |              | X   |                       |                             |              |
|              | dorzolamide ophthalmic 2%                       | solution      | TRUSOPT®          |                    |              | X   |                       |                             | Y            |
|              | latanoprost ophthalmic 0.005%                   | solution      | XALATAN®          |                    |              | X   | Fridge                |                             |              |
|              | pilocarpine HCL ophthalmic 1%*                  | solution      |                   |                    |              | X   |                       |                             |              |
|              | pilocarpine HCL ophthalmic 2%*                  | solution      |                   |                    |              | X   |                       |                             |              |
|              | *not all strengths may be stocked at all times  |               |                   |                    |              |     |                       |                             |              |
|              | timolol ophthalmic 0.25%                        | solution      | TIMOPTIC®         |                    |              | X   |                       |                             | Y            |
|              | timolol ophthalmic 0.5%                         | solution      |                   |                    |              | X   |                       |                             | Y            |
|              | travoprost 0.004% ophthalmic                    | solution      | TRAVATAN®         |                    |              | X   |                       |                             | Y            |
|              |   |               |                   |                    |              |     |                       |                             |              |
| <b>52:92</b> | <b>MISCELLANEOUS EYE, EAR, NOSE, and THROAT</b> |               |                   |                    |              |     |                       |                             |              |
|              | 3% hypertonic saline nebules                    | susp          | Muco Clear®       |                    |              | X   |                       |                             |              |
|              | moisture spray                                  | spray         | MOISTIR®          |                    |              | X   |                       |                             |              |
|              | petrolatum & mineral oil ophthalmic 3.5 g       | ointment      | DUOLUBE®          |                    |              | X   |                       |                             |              |
|              | polyvinyl alcohol ophthalmic 1.4%               | solution      | ARTIFICIAL TEARS  |                    |              | X   |                       |                             |              |
|              | sodium chloride ophthalmic hypertonic 5%        | solution      |                   | X                  |              |     |                       |                             |              |
|              | sodium chloride ophthalmic 5%                   | ointment      | MURO-128®         | X                  |              |     |                       |                             |              |

| 56:00 GASTROINTESTINAL DRUGS   |  |               |                        |                    |              |     |                       |                             |              |
|--------------------------------|--|---------------|------------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|                                | <u>Drug</u>  | <u>Format</u> | <u>Brand Name</u>      | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|                                |  |               |                        | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
| 56:04 ANTACIDS AND ADSORBENTS  |  |               |                        |                    |              |     |                       |                             |              |
|                                | aluminum hydroxide 64 mg/mL                                | susp          | ALUGEL®                |                    |              | X   |                       |                             |              |
|                                | aluminum hydroxide 33 mg/mL & magnesium hydroxide 40 mg/mL | susp          | ALMAGEL®               |                    |              | X   |                       |                             |              |
|                                | aluminum hydroxide 50mg/mL & sodium alginate               | susp          | GAVISCON®              |                    |              | X   |                       |                             |              |
|                                | calcium carbonate 1250 mg (500 mg elemental Ca++/tab)      | tab           | APO-CAL®               |                    |              | X   |                       |                             |              |
|                                | charcoal activated oral (aqueous) 200 mg/mL - 250 mL       | solution      | CHARCODOTE®            |                    |              | X   |                       |                             |              |
| 56:08 ANTIDIARRHEAL AGENTS     |  |               |                        |                    |              |     |                       |                             |              |
|                                | diphenoxylate HCL 2.5 mg                                   | tab           | LOMOTIL <sup>(N)</sup> |                    |              | X   |                       |                             |              |
|                                | loperamide HCL 2 mg  | tab           | IMODIUM®               |                    |              | X   |                       |                             |              |
| 56:10 ANTIFLATULENTS           |  |               |                        |                    |              |     |                       |                             |              |
|                                | simethicone 80 mg  | tab           | OVOL®                  |                    |              | X   |                       |                             |              |
|                                | simethicone oral 40 mg/mL                                  | liquid        | OVOL®                  | X                  |              |     |                       |                             |              |
| 56:12 CATHARTICS AND LAXATIVES |  |               |                        |                    |              |     |                       |                             |              |
|                                | bisacodyl 5 mg, enteric coated                             | tab           | DULCOLAX®              |                    |              | X   |                       |                             |              |
|                                | bisacodyl rectal 5 mg                                      | suppository   |                        |                    |              | X   |                       |                             |              |
|                                | bisacodyl rectal 10 mg                                     | suppository   |                        |                    |              | X   |                       |                             |              |
|                                | glycerin   | liquid        |                        |                    | X            |     |                       |                             |              |
|                                | glycerin pediatric 1.4 g                                   | suppository   |                        |                    |              | X   |                       |                             |              |

|              | <u>Drug</u>  | <u>Format</u> | <u>Brand Name</u>                  | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|--------------|--|---------------|------------------------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|              |  |               |                                    | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|              | glycerin adult 2.67 g  | suppository   |                                    |                    |              | X   |                       |                             |              |
|              | liquid petrolatum  | liquid        | MINERAL OIL                        |                    |              | X   |                       |                             |              |
|              | magnesium citrate oral 50 mg/mL  | solution      | CITRO-MAG®                         |                    |              | X   |                       |                             |              |
|              | magnesium hydroxide oral 78 mg/mL  | susp          | MILK OF<br>MAGNESIA®               |                    |              | X   |                       |                             |              |
|              | magnesium oxide 3.25 g, citric acid 12 g,<br>sodium picosulfate 10 mg/sachet | powder        | PICO SALAX®                        |                    |              | X   |                       |                             |              |
|              | mineral oil  | liquid        |                                    |                    |              | X   |                       |                             |              |
|              | mineral oil 30 mL  | sterile       | MINERAL OIL                        |                    | X            |     |                       |                             |              |
|              | phosphate sodium rectal 133 mL (adult)                                       | solution      | FLEET ENEMA®                       |                    |              | X   |                       |                             |              |
|              | phosphate sodium rectal 65 mL (pediatric)                                    | solution      |                                    |                    |              | X   |                       |                             |              |
|              | phosphate sodium oral  | solution      | ORAL FLEET®<br>PHOSPHO-SODA        | X                  |              |     |                       |                             |              |
|              | PEG 3350 & electrolytes  | powder        | GOLYTELY                           |                    |              | X   |                       |                             |              |
|              | PEG 3350   | powder        | LAX-A-DAY                          |                    |              | X   |                       |                             |              |
|              | psyllium hydrophillic mucilloid 1 tsp (6.1 g)<br>contains 3g psyllium        | powder        | METAMUCIL®                         |                    |              | X   |                       |                             |              |
|              | sennosides A & B 8.6 mg  | tab           | SENOKOT®                           |                    |              | X   |                       |                             |              |
|              | sennosides A & B 1.7 mg/mL   | syrup         |                                    |                    | X            |     |                       |                             |              |
| <b>56:16</b> | <b>DIGESTANTS</b>  |               |                                    |                    |              |     |                       |                             |              |
|              | pancreatic enzyme preparations   | cap/tab       | PANCREAZE®/<br>VIOKASE®/<br>CREON® | X                  |              |     |                       |                             |              |
| <b>56:14</b> | <b>CHOLELITHOLYTIC AGENTS</b>  |               |                                    |                    |              |     |                       |                             |              |
|              | ursodiol 250 mg  | tab           |                                    | X                  |              |     |                       |                             |              |



|                 | <u>Drug</u>                                  | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|-----------------|--|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|                 |  |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|                 | ursodiol 500 mg                              | tab           |                   | X                  |              |     |                       |                             |              |
| <b>56:22</b>    | <b>ANTI-EMETICS</b>                          |               |                   |                    |              |     |                       |                             |              |
|                 | aprepitant 80 mg                             | cap           | EMEND®            | X                  |              |     |                       |                             |              |
|                 | aprepitant 125 mg                            | cap           |                   | X                  |              |     |                       |                             |              |
|                 | dimenhyDRINATE 50 mg                         | tab           | GRAVOL®           |                    |              | X   |                       |                             |              |
|                 | dimenhyDRINATE oral 3 mg/mL                  | liquid        |                   |                    |              | X   |                       |                             |              |
|                 | dimenhyDRINATE 25 mg                         | suppository   |                   |                    |              | X   |                       |                             |              |
|                 | dimenhyDRINATE 50 mg                         | suppository   |                   |                    |              | X   |                       |                             |              |
|                 | dimenhyDRINATE 100 mg                        | suppository   |                   |                    |              | X   |                       |                             |              |
|                 | dimenhyDRINATE 10 mg/mL - 5 mL               | inj           |                   |                    |              | X   |                       |                             |              |
|                 | dimenhyDRINATE 50 mg/mL                      | inj           |                   |                    |              | X   |                       |                             |              |
|                 | doxylamine 10 mg/pyridoxine 10 mg            | tab           | DICLECTIN®        |                    |              | X   |                       |                             |              |
|                 | granisetron 1 mg                             | tab           | KYTRIL®           | X                  |              |     |                       |                             |              |
|                 | nabilone 0.5 mg                              | cap           | CESAMET®          | X                  |              |     |                       |                             |              |
|                 | nabilone 1 mg                                | cap           |                   | X                  |              |     |                       |                             |              |
|                 | ondansetron 4 mg ODT                         | tab           | ZOFRAN®           | X                  |              |     |                       |                             |              |
|                 | ondansetron 4 mg                             | tab           |                   | X                  |              |     |                       |                             |              |
|                 | ondansetron 8 mg                             | tab           |                   |                    |              | X   |                       |                             |              |
|                 | ondansetron 2 mg/mL - 2 mL and/or 4 mL       | inj           |                   |                    |              | X   |                       |                             |              |
|                 | ondansetron solution 4 mg/5 mL               | solution      |                   | X                  |              |     |                       |                             |              |
|                 | prochlorperazine 5 mg                        | tab           | STEMETIL®         |                    |              | X   |                       |                             |              |
|                 | prochlorperazine 10 mg                       | suppository   |                   | X                  |              |     |                       |                             |              |
| <b>56:28</b>    | <b>ANTIULCERAGENTS AND ACID SUPPRESSANTS</b> |               |                   |                    |              |     |                       |                             |              |
| <b>56:28.12</b> | <b>HISTAMINE H2-ANTAGONISTS</b>              |               |                   |                    |              |     |                       |                             |              |

|                 | <u>Drug</u>                   | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|-----------------|-------------------------------|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|                 |                               |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|                 | famotidine 10mg/mL            | inj           | PEPCID®           | X                  | X            |     | Fridge                | X                           | Y            |
|                 | ranitidine 150 mg             | tab           | ZANTAC®           |                    |              | X   |                       |                             |              |
|                 | ranitidine 15 mg/mL           | liquid        |                   |                    |              | X   |                       |                             |              |
| <b>56:28.28</b> | <b>PROSTAGLANDINS</b>         |               |                   |                    |              |     |                       |                             |              |
|                 | misoprostol 100 mcg           | tab           | CYTOTEC®          |                    |              | X   |                       |                             |              |
|                 | misoprostol 200 mcg           | tab           |                   |                    |              | X   |                       |                             |              |
|                 | misoprostol 50 mcg vaginal    | supp          | CPM               |                    | X            |     | Fridge                |                             |              |
| <b>56:28.32</b> | <b>PROTECTANTS</b>            |               |                   |                    |              |     |                       |                             |              |
|                 | sucralfate 1000 mg            | tab           | SULCRATE®         |                    | X            |     |                       |                             |              |
| <b>56:28.36</b> | <b>PROTON-PUMP INHIBITORS</b> |               |                   |                    |              |     |                       |                             |              |
|                 | esomeprazole 20 mg            | tab           | NEXIUM®           |                    |              | X   |                       | Y                           | Y            |
|                 | esomeprazole 40 mg            | tab           |                   |                    |              | X   |                       | Y                           | Y            |
|                 | pantoprazole 20 mg            | tab           | PANTOLOC®         |                    |              | X   |                       |                             | Y            |
|                 | pantoprazole 40 mg            | tab           |                   |                    |              | X   |                       |                             | Y            |
|                 | pantoprazole 4 mg/mL          | inj           | PANTO-IV®         |                    |              | X   |                       | Y                           | Y            |
| <b>56:32</b>    | <b>PROKINETIC AGENTS</b>      |               |                   |                    |              |     |                       |                             |              |
|                 | domperidone 10 mg             | tab           | MOTILIUM®         |                    |              | X   |                       |                             |              |
|                 | metoclopramide 5 mg           | tab           | MAXERAN®          |                    |              | X   |                       |                             |              |
|                 | metoclopramide oral 1 mg/mL   | liquid        |                   |                    |              | X   |                       |                             |              |
|                 | metoclopramide 5 mg/mL        | inj           |                   |                    |              | X   |                       |                             |              |

|                               | <u>Drug</u>   | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|-------------------------------|---|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|                               |   |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
| <b>56:36</b>                  | <b>ANTI-INFLAMMATORY AGENTS</b>   |               |                   |                    |              |     |                       |                             |              |
|                               | 5-aminosalicylic acid(mesalamine)400mg EC   | tab           | ASACOL, 5-ASA®    |                    |              | X   |                       |                             |              |
|                               | 5-aminosalicylic acid (mesalamine) 500mg ER   | tab           | PENTASA®          | X                  |              |     |                       |                             |              |
|                               | sulfasalazine 500 mg  | tab           | SALAZOPYRIN®      | X                  |              |     |                       |                             |              |
| <b>56:92</b>                  | <b>MISCELLANEOUS GI DRUGS</b>   |               |                   |                    |              |     |                       |                             |              |
|                               | naloxegol 25 mg   | tab           | MOVANTIK®         |                    |              | X   |                       | X                           |              |
| <b>Formulary Restrictions</b> |   |               |                   |                    |              |     |                       |                             |              |
| esomeprazole tabs             |   |               |                   |                    |              |     |                       |                             |              |
|                               | Restricted for NPO use only <ul style="list-style-type: none"> <li>• Dispense tablets can be administered by naso-gastric feeding tubes (8 - 20 F) using a 25 to 60 ml disposable syringe</li> <li>• Each tablet should be dispensed in 50 mls of water and pass through the tube and into the stomach</li> <li>• After administering the suspension, the naso-gastric tube may be flushed with an additional 25-50 mls of water to clear the syringe and tube. In larger naso-gastric tubes (14F or larger), the dispersion volume may be reduced to 25 mls</li> </ul> |               |                   |                    |              |     |                       |                             |              |
| famotidine                    |   |               |                   |                    |              |     |                       |                             |              |
|                               | Restrictions to cancer care and obstetrics  |               |                   |                    |              |     |                       |                             |              |
| pantoprazole injection        |   |               |                   |                    |              |     |                       |                             |              |
|                               | Use restricted to the following circumstance: <ul style="list-style-type: none"> <li>• Acute reflux esophagitis (unable to take oral or nasogastric PPI therapy)</li> <li>• Zollinger-Ellison syndrome: (short term / pre-op therapy if not able to take oral or nasogastric ppi therapy)</li> <li>• Non-variceal acute upper gastrointestinal bleeding, endoscopically treated and not actively bleeding, and a high risk for rebleeding (oozing/spurting, a visible non-bleeding vessel, large adherent clot)</li> </ul>  |               |                   |                    |              |     |                       |                             |              |
| naloxegol                     |   |               |                   |                    |              |     |                       |                             |              |
|                               | Restricted for opioid induced constipation (third line)   |               |                   |                    |              |     |                       |                             |              |

|  | <u>Drug</u> | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|--|-------------|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|  |             |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|  |             |               |                   |                    |              |     |                       |                             |              |

| 64:00 | HEAVY METAL ANTAGONISTS                                    |               |                   |                    |          |     |                       |                        |          |
|-------|--|---------------|-------------------|--------------------|----------|-----|-----------------------|------------------------|----------|
|       | <u>Drug</u>  | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |          |     | High Alert/<br>Fridge | Formulary Restrictions | Auto-sub |
|       |  |               |                   | Regional Hospitals | Surg-Obs | All |                       |                        |          |
|       | deferoxamine mesylate sterile for reconstitution<br>500 mg | inj           | DESFERAL®         |                    |          | X   |                       |                        |          |

| 68:00 HORMONES AND SYNTHETIC SUBSTITUTES |  |               |                   |                    |          |     |                       |                             |              |
|--|--|---------------|-------------------|--------------------|----------|-----|-----------------------|-----------------------------|--------------|
|  | <u>Drug</u>  | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |          |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|  |  |               |                   | Regional Hospitals | Surg-Obs | All |                       |                             |              |
| 68:04                                    | ADRENALS   |               |                   |                    |          |     |                       |                             |              |
|  | bethamethasone 6mg/mL  | inj           | BETAJECT®         |                    | X        |     |                       |                             |              |
|  | cortisone acetate 25 mg  | tab           |                   | X                  |          |     |                       |                             |              |
|  | dexamethasone 0.5 mg   | tab           | DECADRON®         | X                  |          |     |                       |                             |              |
|  | dexamethasone 4 mg   | tab           |                   |                    |          | X   |                       |                             |              |
|  | dexamethasone 4 mg/mL  | inj           | DECADRON®         |                    |          | X   |                       |                             |              |
|  | dexamethasone 10 mg/mL   | inj           |                   | X                  |          |     |                       |                             |              |
|  | dexamethasone elixir 0.5 mg/5 mL   | solution      |                   | X                  |          |     |                       |                             |              |
|  | fludrocortisone 0.1 mg   | tab           | FLORINEF®         | X                  |          |     | Fridge                |                             |              |
|  | fluticasone 50 mcg/spray   | MDI           | FLOVENT®          |                    |          | X   |                       |                             | X            |
|  | fluticasone 125 mcg/spray  | MDI           |                   |                    |          | X   |                       |                             |              |
|  | fluticasone 250 mcg/spray  | MDI           |                   |                    |          | X   |                       |                             |              |
|  | fluticasone 250 mcg/salmeterol 50 mcg  | diskus        | ADVAIR®           |                    |          | X   |                       |                             | X            |
|  | fluticasone 500 mcg/salmeterol 50 mcg  | diskus        |                   |                    |          | X   |                       |                             | X            |
|  | fluticasone furoate/vilanterol trifinate 100-25mg                                    | INH           | BREO              |                    |          | X   |                       |                             |              |
|  | fluticasone furoate/vilanterol trifinate 200-25mg                                    | INH           |                   |                    |          | X   |                       |                             |              |
|  | fluticasone furoate/umeclidinium bromide/vilanterol trifinate 100 mcg/62.5 mcg/25 mg | INH           | TRELEGY ELLIPTA   |                    |          | X   |                       |                             |              |
|  | hydrocortisone 10 mg   | tab           | CORTEF®           | (not PDGH)         |          |     |                       |                             |              |
|  | hydrocortisone 100mg/vial  | inj           | Solu-CORTEF®      |                    |          | X   |                       |                             |              |
|  | hydrocortisone (sodium succinate) 250 mg*  | inj           |                   |                    |          | X   |                       |                             |              |
|  | hydrocortisone (sodium succinate) 500 mg*  | inj           |                   |                    |          | X   |                       |                             |              |
|  | hydrocortisone (sodium succinate) 1 g*   | inj           |                   |                    |          | X   |                       |                             |              |
|  | *not all strengths may be stocked at all times                                       |               |                   |                    |          |     |                       |                             |              |
|  | methylPREDNISolone suspension 40 mg/mL   | inj           | DEPO-MEDROL®      |                    |          | X   |                       | X                           |              |

|              | <u>Drug</u>   | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|--------------|---|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|              |   |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|              | methyIPREDNISolone (sodium succinate) 40 mg*  | inj           | Solu-MEDROL®      |                    |              | X   |                       |                             |              |
|              | methyIPREDNISolone (sodium succinate) 125 mg*   | inj           |                   |                    |              | X   |                       |                             |              |
|              | methyIPREDNISolone (sodium succinate) 500 mg*   | inj           |                   |                    |              | X   |                       |                             |              |
|              | methyIPREDNISolone (sodium succinate) 1 g*  | inj           |                   |                    |              | X   |                       |                             |              |
|              | *not all strengths may be stocked at all times  |               |                   |                    |              |     |                       |                             |              |
|              | prednisoLONE oral 1 mg/mL   | solution      | PEDIAPRED®        |                    |              | X   |                       |                             |              |
|              | predniSONE 1 mg   | tab           | DELTASONE®        | X                  |              |     |                       |                             |              |
|              | predniSONE 5 mg   | tab           |                   |                    |              | X   |                       |                             |              |
|              | predniSONE 50 mg  | tab           |                   |                    |              | X   |                       |                             |              |
|              | triamcinolone 40 mg/mL  | inj           | KENALOG-40®       | X                  |              |     |                       |                             |              |
|              |   |               |                   |                    |              |     |                       |                             |              |
| <b>68:08</b> | <b>ANDROGENS</b>  |               |                   |                    |              |     |                       |                             |              |
|              |   |               |                   |                    |              |     |                       |                             |              |
|              | testosterone (enanthate salt) 200 mg/mL   | *inj          | DELATESTRYL®      | X                  |              |     |                       |                             |              |
|              | testosterone 40 mg  | cap           | ANDRIOL®          | X                  |              |     |                       |                             |              |
|              |   |               |                   |                    |              |     |                       |                             |              |
| <b>68:12</b> | <b>CONTRACEPTIVES</b>   |               |                   |                    |              |     |                       |                             |              |
|              |   |               |                   |                    |              |     |                       |                             |              |
|              | medroxyPROGESTERone acetate 150 mg/mL   | inj           | DEPO-PROVERA®     | X                  |              |     |                       |                             |              |
|              | levonorgestrel 1.5 mg   | tab           | PLAN B®           |                    |              | X   |                       |                             |              |
|              | ulipristal 30 mg  | tab           | ELLA®             |                    |              | X   | X                     |                             |              |
|              | <b>*Note: Separate formulary for contraceptives supplied through the Public Health Free Contraceptive Program</b> |               |                   |                    |              |     |                       |                             |              |
|              |   |               |                   |                    |              |     |                       |                             |              |
| <b>68:16</b> | <b>ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS</b>  |               |                   |                    |              |     |                       |                             |              |
|              |   |               |                   |                    |              |     |                       |                             |              |

|                 | <u>Drug</u>  | <u>Format</u> | <u>Brand Name</u>       | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|-----------------|--|---------------|-------------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|                 |  |               |                         | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|                 | estrogenic substances, conjugated 0.3 mg*                  | tab           | PREMARIN®               |                    |              | X   |                       |                             |              |
|                 | estrogenic substances, conjugated 0.625 mg*                | tab           |                         |                    |              | X   |                       |                             |              |
|                 | estrogenic substances, conjugated 1.25 mg*                 | tab           |                         |                    |              | X   |                       |                             |              |
|                 | *not all strengths may be stocked at all times             |               |                         |                    |              |     |                       |                             |              |
|                 | estrogenic substances, conjugated vaginal 625 mcg/g - 30 g | cream         |                         | X                  |              |     |                       |                             |              |
|                 | estrogenic substances, conjugated 25 mg                    | inj           |                         | X                  |              |     | Fridge                |                             |              |
|                 |  |               |                         |                    |              |     |                       |                             |              |
| <b>68:20</b>    | <b>ANTI-DIABETIC AGENTS</b>                                |               |                         |                    |              |     |                       |                             |              |
|                 |  |               |                         |                    |              |     |                       |                             |              |
| <b>68:20.04</b> | <b>BIGUANIDES</b>  |               |                         |                    |              |     |                       |                             |              |
|                 |  |               |                         |                    |              |     |                       |                             |              |
|                 | metFORMIN 500 mg   | tab           | GLUCOPHAGE®             |                    |              | X   |                       |                             |              |
|                 | metFORMIN 850 mg   | tab           |                         |                    |              | X   |                       |                             |              |
|                 |  |               |                         |                    |              |     |                       |                             |              |
| <b>68:20.05</b> | <b>DIPEPTIDYL PEPTIDASE IV (DPP-4) INHIBITORS</b>          |               |                         |                    |              |     |                       |                             |              |
|                 |  |               |                         |                    |              |     |                       |                             |              |
|                 | sitagliptin 100 mg   | tab           | JANUVIA®                |                    | X            |     |                       |                             |              |
|                 |  |               |                         |                    |              |     |                       |                             |              |
| <b>68:20.06</b> | <b>INCRETIN MIMETICS</b>                                   |               |                         |                    |              |     |                       |                             |              |
|                 |  |               |                         |                    |              |     |                       |                             |              |
|                 | semaglutide 0.68 mg/mL prefilled 2 mg pen                  | inj           | OZEMPIC®                |                    |              | X   | Fridge                | X                           |              |
|                 | semaglutide 1.34 mg/mL prefilled 4 mg pen                  | inj           |                         |                    |              | X   | Fridge                | X                           |              |
|                 |  |               |                         |                    |              |     |                       |                             |              |
| <b>68:20.08</b> | <b>INSULIN</b>   |               |                         |                    |              |     |                       |                             |              |
|                 |  |               |                         |                    |              |     |                       |                             |              |
|                 |  |               |                         |                    |              |     |                       |                             |              |
|                 | insulin glargine 100 units/mL vial & pen                   | inj           | LANTUS® or<br>BASAGLAR® |                    |              | X   | HAM/<br>Fridge        |                             | Y            |



|                 | <u>Drug</u>  | <u>Format</u> | <u>Brand Name</u>   | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|-----------------|--|---------------|---------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|                 |  |               |                     | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|                 | insulin human 30% regular/70% NPH vial&pen               | inj           | HumuLIN® 30/70      |                    |              | X   | HAM/<br>Fridge        |                             | X            |
|                 | insulin human NPH(N)100 units/mL vial&pen                | inj           | HumuLIN® NPH        |                    |              | X   | HAM/<br>Fridge        |                             | X            |
|                 | insulin human regular(R)100 units/mL vial&pen            | inj           | HumuLIN®<br>REGULAR |                    |              | X   | HAM/<br>Fridge        |                             | X            |
|                 | insulin lispro/protamine 25/75unit/mL vial&pen           | inj           | HUMALOG® MIX 25     |                    |              | X   | HAM/<br>Fridge        |                             |              |
|                 | insulin lispro 100 units/mL vial&pen                     | inj           | HUMALOG®            |                    |              | X   | HAM/<br>Fridge        |                             | X            |
|                 |  |               |                     |                    |              |     |                       |                             |              |
| <b>68:20.16</b> | <b>MEGLITINIDES</b>                                      |               |                     |                    |              |     |                       |                             |              |
|                 |  |               |                     |                    |              |     |                       |                             |              |
|                 | repaglinide 1 mg   | tab           | GLUCONORM®          |                    |              | X   |                       |                             |              |
|                 |  |               |                     |                    |              |     |                       |                             |              |
| <b>68:20.18</b> | <b>Sodium-Glucose Cotransporter 2 (SGLT2) Inhibitors</b> |               |                     |                    |              |     |                       |                             |              |
|                 |  |               |                     |                    |              |     |                       |                             |              |
|                 | canagliflozin 100mg                                      | tablet        | INVOKANA®           |                    |              | X   |                       | X                           |              |
|                 | canagliflozin 300mg                                      | tablet        | INVOKANA®           |                    |              | X   |                       | X                           |              |
|                 | dapagliflozin 5 mg                                       | tablet        | FORXIGA®            |                    |              | X   |                       | X                           |              |
|                 | dapagliflozin 10 mg                                      | tablet        | FORXIGA®            |                    |              | X   |                       | X                           |              |
|                 | empagliflozin 10 mg                                      | tablet        | JARDIANCE®          |                    |              | X   |                       | X                           |              |
|                 | empagliflozin 25 mg                                      | tablet        | JARDIANCE®          |                    |              | X   |                       | X                           |              |
|                 |  |               |                     |                    |              |     |                       |                             |              |
| <b>68:20.20</b> | <b>SULFONYLUREAS</b>                                     |               |                     |                    |              |     |                       |                             |              |
|                 |  |               |                     |                    |              |     |                       |                             |              |
|                 | gliclazide 80 mg   | tab           | DIAMICRON®          |                    |              | X   |                       |                             |              |
|                 | gliclazide MR 30 mg                                      | tab           |                     |                    |              | X   |                       |                             |              |
|                 | glyBURIDE 2.5 mg   | tab           | DIABETA®            |                    |              | X   |                       |                             |              |
|                 | glyBURIDE 5 mg   | tab           |                     |                    |              | X   |                       |                             |              |

|                 | <u>Drug</u>                                    | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|-----------------|--|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|                 |  |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
| <b>68:20.28</b> | <b>THIAZOLIDINEDIONES</b>                      |               |                   |                    |              |     |                       |                             |              |
|                 | pioglitazone 15 mg                             | tab           |                   |                    |              | X   |                       |                             |              |
|                 | pioglitazone 30 mg                             | tab           |                   |                    |              | X   |                       |                             |              |
| <b>68:22</b>    | <b>ANTIHYPOGLYCEMIC AGENTS</b>                 |               |                   |                    |              |     |                       |                             |              |
|                 | glucagon sterile powder with diluent 1 mg      | inj           | GLUGAGON®         |                    |              | X   |                       |                             |              |
|                 | glucagon-3mg nasal powder                      | inh           | BAQSIMI®          |                    |              |     |                       | X                           |              |
| <b>68:28</b>    | <b>PITUITARY</b>                               |               |                   |                    |              |     |                       |                             |              |
|                 | desmopressin acetate 4 mcg/mL - 1 mL           | inj           | DDAVP®            |                    |              | X   | Fridge                |                             |              |
|                 | vasopressin 20 units/mL                        | inj           | PITRESSIN         |                    |              | X   | HAM                   |                             |              |
| <b>68:29</b>    | <b>SOMATOSTATIN AGONISTS AND ANTAGONISTS</b>   |               |                   |                    |              |     |                       |                             |              |
|                 | octreotide 50 mcg/mL - preservative free*      | inj           | SANDOSTATIN®      | X                  |              |     | Fridge                |                             |              |
|                 | octreotide 100 mcg/mL - preservative free*     | inj           |                   |                    |              | X   | Fridge                |                             |              |
|                 | octreotide 500 mcg/mL - preservative free*     | inj           |                   | X                  |              |     | Fridge                |                             |              |
|                 | *not all strengths may be stocked at all times |               |                   |                    |              |     |                       |                             |              |
| <b>68:32</b>    | <b>PROGESTINS</b>                              |               |                   |                    |              |     |                       |                             |              |
|                 | medroxyPROGESTERone acetate 5 mg               | tab           | PROVERA®          |                    |              | X   |                       |                             |              |
| <b>68:36</b>    | <b>THYROID AND ANTITHYROID AGENTS</b>          |               |                   |                    |              |     |                       |                             |              |
|                 | levothyroxine sodium 25 mcg (0.025 mg)*        | tab           |                   |                    |              | X   |                       |                             |              |

|  | <u>Drug</u>                                    | <u>Format</u> | <u>Brand Name</u>         | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|--|--|---------------|---------------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|  |  |               |                           | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|  | levothyroxine sodium 50 mcg (0.05 mg)*         | tab           | SYNTHROID® /<br>ELTROXIN® |                    |              | X   |                       |                             |              |
|  | levothyroxine sodium 75 mcg (0.075 mg)*        | tab           |                           |                    |              | X   |                       |                             |              |
|  | levothyroxine sodium 88 mcg (0.088 mg)*        | tab           |                           |                    |              | X   |                       |                             |              |
|  | levothyroxine sodium 100 mcg (0.1 mg)*         | tab           |                           |                    |              | X   |                       |                             |              |
|  | levothyroxine sodium 112 mcg (0.112 mg)*       | tab           |                           |                    |              | X   |                       |                             |              |
|  | levothyroxine sodium 125 mcg (0.125 mg)*       | tab           |                           |                    |              | X   |                       |                             |              |
|  | levothyroxine sodium 150 mcg (0.15 mg)*        | tab           |                           |                    |              | X   |                       |                             |              |
|  | levothyroxine sodium 175 mcg (0.175 mg)*       | tab           |                           |                    |              | X   |                       |                             |              |
|  | levothyroxine sodium 200 mcg (0.2 mg)*         | tab           |                           |                    |              | X   |                       |                             |              |
|  | *not all strengths may be stocked at all times |               |                           |                    |              |     |                       |                             |              |
|  | methimazole 10 mg                              | tab           | TAPAZOLE®                 |                    | X            |     |                       |                             |              |
|  | propylthiouracil 50 mg                         | tab           |                           | X                  |              |     |                       |                             |              |
|  | propylthiouracil 100 mg                        | tab           |                           | X                  |              |     |                       |                             |              |

| <b>Formulary Restrictions</b>  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| methylPREDNISolone Suspension  |  |  |  |  |  |  |  |  |
| For intramuscular, intra-articular, intralesional, intrarectal or intrathecal injection only               |  |  |  |  |  |  |  |  |
| ulipristal 30 mg   |  |  |  |  |  |  |  |  |
| For use after after 72 hours or for heavier body weight then consider ulipristal                           |  |  |  |  |  |  |  |  |
| empagliflozin 10 mg and 25 mg  |  |  |  |  |  |  |  |  |
| For the treatment of patients with type 2 diabetes.  |  |  |  |  |  |  |  |  |
| Added on to a Metformin /sulfonylurea for patients   |  |  |  |  |  |  |  |  |
| (a) Who have inadequate glycemic control on the above medications;   |  |  |  |  |  |  |  |  |
| (b) Who have a contraindication or intolerance of the above medications;                                   |  |  |  |  |  |  |  |  |
| (c) For whom insulin is not an option.   |  |  |  |  |  |  |  |  |
| For treatment of patients who have established cardiovascular disease as defined in EMPA-REG OUTCOME trial |  |  |  |  |  |  |  |  |
| dapagliflozin 5 mg and 10 mg   |  |  |  |  |  |  |  |  |
| For the treatment of patients with type 2 diabetes.  |  |  |  |  |  |  |  |  |
| Added on to a Metformin /sulfonylurea for patients   |  |  |  |  |  |  |  |  |

|  | <u>Drug</u>   | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|--|---|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|  |   |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|  | (a) Who have inadequate glycemic control on the above medications;<br>(b) Who have a contraindication or intolerance of the above medications;<br>(c) For whom insulin is not an option.<br>canagliflozin 100 mg and 300 mg<br>For the treatment of patients with type 2 diabetes.<br>Added on to a Metformin /sulfonylurea for patients  |               |                   |                    |              |     |                       |                             |              |
|  | (a) Who have inadequate glycemic control on the above medications;<br>(b) Who have a contraindication or intolerance of the above medications;<br>(c) For whom insulin is not an option.<br>semaglutide 1.34 mg/mL<br>Semaglutide injection (OZEMPIC®) for treatment of type II diabetes mellitus in adults<br>The following criteria have been implemented for use of semaglutide injection in SHSS facilities:<br>• Semaglutide injection for treatment of type II diabetes mellitus is available for continuation of therapy for all patients admitted to SHSS facilities already receiving semaglutide; however, due to expense, expiry dating considerations, and number of doses contained in each pen, a reasonable attempt must be made to bring in patient’s own supply from home prior to dispensing<br>• Semaglutide injection for treatment of type II diabetes mellitus is available for continuation of therapy for all patients admitted to SHSS facilities already receiving semaglutide; however, due to expense, expiry dating considerations, and number of doses contained in each pen, a reasonable attempt must be made to bring in patient’s own supply from home prior to dispensing.<br>• For all new starts, all of the following criteria must be met:<br>1. Diagnosis of type 2 diabetes<br>2. Must be on metformin and a sulfonylurea, or have a contraindication to metformin and/or sulfonylureas<br>3. A healthcare provider must assess whether the patient is able to continue semaglutide at discharge (e.g. ability to pay for semaglutide, ability to perform injections, etc.) Due to the high cost of semaglutide, it is strongly suggested a healthcare provider complete the initial Pharmacare EDS paperwork (if applicable) prior to discharge<br>a. Semaglutide’s EDS criteria for coverage can be found on page 4 of Pharmacare Bulletin #110.<br>b. Semaglutide’s NIHB criteria for coverage are different from the Pharmacare EDS criteria, and can be searched for on the Express Scripts Canada website. |               |                   |                    |              |     |                       |                             |              |
|  | glucagon 3mg nasal powder   |               |                   |                    |              |     |                       |                             |              |

|   | <u>Drug</u> | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|---|-------------|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|   |             |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
| EMS only - Confirmed hypoglycemia (or suspected hypoglycemia in a known diabetic when blood glucose is not available) and oral glucose is not effective |             |               |                   |                    |              |     |                       |                             |              |
|   |             |               |                   |                    |              |     |                       |                             |              |

| 72:00  | ANESTHETICS LOCAL   |               |                   | LOCATION              |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|--|---|---------------|-------------------|-----------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|  | <u>Drug</u>   | <u>Format</u> | <u>Brand Name</u> | Regional<br>Hospitals | Surg-<br>Obs | All |                       |                             |              |
|  | bupivacaine hydrochloride 0.25%   | inj           | MARCAINE®         |                       | X            |     |                       |                             |              |
|  | bupivacaine hydrochloride 0.5%  | inj           |                   |                       | X            |     |                       |                             |              |
|  | bupivacaine hydrochloride 0.75% spinal  | inj           |                   |                       | X            |     | HAM                   |                             |              |
|  | lidocaine 10 mg/mL (1%) 20 mL and/or 50 mL vial                                   | inj           | XYLOCAINE®        |                       |              | X   | HAM                   |                             |              |
|  | lidocaine 20 mg/mL (2%) 20 mL and/or 50 mL vial                                   | inj           |                   |                       |              | X   | HAM                   |                             |              |
|  | lidocaine 0.5% - 20 mL  | inj           |                   |                       | X            |     | HAM                   |                             |              |
|  | lidocaine 1% - 10 mL and/or 20 mL   | inj           |                   |                       |              | X   | HAM                   |                             |              |
|  | lidocaine 1% with epinephrine 1:100,000 - 20 mL                                   | inj           |                   |                       |              | X   | HAM                   |                             |              |
|  | lidocaine 2% - 10 mL and/or 20 mL   | inj           |                   |                       |              | X   | HAM                   |                             |              |
|  | lidocaine 2% with epinephrine 1:100,000 - 20 mL                                   | inj           |                   |                       |              | X   | HAM                   |                             |              |
|  | lidocaine 2% epidural - 20 mL   | inj           |                   |                       | X            |     | HAM                   |                             |              |
|  | lidocaine hydrochloride 10% endotracheal aerosol with nozzle, 2 x 8" nozzles only | solution      |                   |                       |              | X   |                       |                             |              |
|  | lidocaine 2% topical jelly  | jelly         |                   |                       |              | X   |                       |                             |              |
|  | lidocaine 2% oral, viscous - 100 mL   | solution      |                   |                       |              | X   |                       |                             |              |
|  | lidocaine 4% topical / oral - 50 mL   | solution      |                   |                       |              | X   |                       |                             |              |
|  | lidocaine 5%  | ointment      |                   |                       |              | X   |                       |                             |              |
|  | ropivacaine 5 mg/mL   | inj           | NAROPIN®          | X (BTHC)              |              |     | HAM                   | Y                           |              |
| <b>Formulary Restrictions</b>  |   |               |                   |                       |              |     |                       |                             |              |
| ropivacaine  |   |               |                   |                       |              |     |                       |                             |              |
| Use restricted to situations where its reduced motor blockade is of clinical significance. Bupivacaine should be agent of choice for all other indications |   |               |                   |                       |              |     |                       |                             |              |

| 76:00 | OXYTOCICS   |               |                   |                           |                      |            |                               |                                     |                      |
|-------|---|---------------|-------------------|---------------------------|----------------------|------------|-------------------------------|-------------------------------------|----------------------|
|       | <u>Drug</u>   | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>           |                      |            | <u>High Alert/<br/>Fridge</u> | <u>Formulary Rest-<br/>rictions</u> | <u>Auto-<br/>sub</u> |
|       |   |               |                   | <u>Regional Hospitals</u> | <u>Surg-<br/>Obs</u> | <u>All</u> |                               |                                     |                      |
|       | carboprost 250 mcg/mL   | inj           | HEMABATE®         |                           | X                    |            | Fridge                        |                                     |                      |
|       | dinoprostone 10 mg  | supp          | CERVIDIL®         |                           | X                    |            | Freezer                       |                                     |                      |
|       | dinoprostone 0.5 mg/2.5 mL PFS                                | inj           | PREPIDIL®         |                           | X (+ND)              |            |                               |                                     |                      |
|       | dinoprostone 1-2 mg/2.5 mL PFS                                | inj           | PROSTIN®          |                           | X (+ND)              |            |                               |                                     |                      |
|       | ergometrine maleate (Same as ergonovine)<br>0.25 mg/mL - 1 mL | inj           | ERGONOVINE®       |                           | X (+ND)              |            |                               |                                     |                      |
|       | oxytocin 10 units/mL - 1 mL                                   | inj           | SYNTOCINON®       |                           |                      | X          | HAM                           |                                     |                      |

| 80:00   | SERUM, TOXOIDS, AND VACCINES   |               |                   | LOCATION              |              |     | High Alert/<br>Fridge | Formulary<br>Rest-<br>rictions | Auto-<br>sub |
|---|--|---------------|-------------------|-----------------------|--------------|-----|-----------------------|--------------------------------|--------------|
|   | <u>Drug</u>  | <u>Format</u> | <u>Brand Name</u> | Regional<br>Hospitals | Surg-<br>Obs | All |                       |                                |              |
| 80:04   | SERUMS   |               |                   |                       |              |     |                       |                                |              |
|   | digoxin immune fab 40 mg/vial  | inj           | DIGI-FAB®         | X                     |              |     | Fridge                |                                |              |
|   | tetanus immune globulin  | inj           | HYPERTET S/D®     | X                     |              |     | Fridge                |                                |              |
| 80:08   | TOXOIDS  |               |                   |                       |              |     |                       |                                |              |
|   | diphtheria and tetanus toxoids 0.5 mL (For IM use, children over 7 years and adults) | inj           | Td ADSORBED       |                       |              | X   | Fridge                |                                |              |
| 80:12   | VACCINES   |               |                   |                       |              |     |                       |                                |              |
|   | hepatitis B vaccine (Recombinant) 20 mcg/mL - 1 mL (For IM use in deltoid only)      | inj           | ENGERIX-B®        |                       |              | X   | Fridge                |                                |              |
|   | hepatitis B immune globulin  | inj           | HYPERHEP B S/D®   | X                     |              |     | Fridge                |                                |              |
|   | influenza vaccine (available seasonally)   | inj           | FLUVIRAL®         |                       |              | X   | Fridge                |                                |              |
|   | rabies vaccine   | inj           | RABAVERT®         | X                     |              |     | Fridge                | X                              |              |
|   | pneumococcal vaccine   | inj           | PNEUMO 23®        |                       |              | X   | Fridge                |                                |              |
| <b>Formulary Restrictions</b>   |  |               |                   |                       |              |     |                       |                                |              |
| rabies vaccine  |  |               |                   |                       |              |     |                       |                                |              |
| This product is acquired through the pharmacy departments by the public health officers for specific cases. |  |               |                   |                       |              |     |                       |                                |              |

- 1. The complement of other vaccines carried at each facility will vary depending on services provided (ex. whether they service a travel clinic).***
- 2. At the time of administering any serum, toxoid, or vaccine, it is advisable to have epinephrine 1:1000 immediately available.***
- 3. All serums, toxoids and vaccines should be stored in a refrigerator (2-8° C) and protected from light.***



| 84:00    | SKIN AND MUCOUS MEMBRANE AGENTS         |               |                           | LOCATION           |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|----------|---|---------------|---------------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|          | <u>Drug</u>                             | <u>Format</u> | <u>Brand Name</u>         | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
| 84:04    | ANTI-INFECTIVES                         |               |                           |                    |              |     |                       |                             |              |
| 84:04.04 | ANTIBIOTICS                             |               |                           |                    |              |     |                       |                             |              |
|          | framycetin 1% sterile dressing          | dressing      | SOFRA-TULLE®              | X                  |              |     |                       |                             |              |
|          | mupirocin 2 %                           | ointment      | BACTROBAN®                |                    |              | X   |                       |                             |              |
|          | mupirocin 2 %                           | cream         |                           |                    |              |     | X                     |                             |              |
|          | polymyxin B 10,000u/ gramicidin 250 mcg | cream         | POLYSPORIN® /<br>BIODERM® |                    |              | X   |                       |                             |              |
| 84:04.06 | ANTIVIRALS                              |               |                           |                    |              |     |                       |                             |              |
|          | acyclovir 5%                            | ointment      | ZOVIRAX®                  |                    |              | X   |                       |                             |              |
| 84:04.08 | ANTIFUNGALS                             |               |                           |                    |              |     |                       |                             |              |
|          | clotrimazole 1%                         | cream         | CLOTRIMADERM®             |                    |              | X   |                       |                             |              |
|          | clotrimazole 2% vaginal                 | cream         |                           |                    |              |     | X                     |                             |              |
|          | ketoconazole 2%                         | shampoo       | NIZORAL®                  |                    |              | X   |                       |                             |              |
|          | nystatin 100,000 units/g                | cream         | MYCOSTATIN®               |                    |              | X   |                       |                             |              |
|          | nystatin 100,000 units/g                | ointment      |                           |                    | X            |     |                       |                             |              |
|          | terbinafine 1%                          | cream         | LAMISIL®                  |                    |              | X   |                       |                             |              |
| 84:04.12 | SCABICIDES AND PEDICULICIDES            |               |                           |                    |              |     |                       |                             |              |
|          | permethrin 1%                           | shampoo       | NIX®                      |                    |              | X   |                       |                             |              |
|          | permethrin 5%                           | cream         |                           |                    |              |     | X                     |                             |              |

|                 | <u>Drug</u>                                    | <u>Format</u> | <u>Brand Name</u>                           | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|-----------------|--|---------------|---|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|                 |  |               |   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
| <b>84:04.92</b> | <b>MISCELLANEOUS LOCAL ANTI-INFECTIVES</b>     |               |   |                    |              |     |                       |                             |              |
|                 | povidone iodine 10% (1% available iodine)      | solution      | BETADINE®                                   |                    |              | X   |                       |                             |              |
|                 | selenium sulphide 1% and/or 2.5%               | shampoo       | SELSUN®                                     | X                  |              |     |                       |                             |              |
|                 | silver sulfADIAZINE 1%                         | cream         | FLAMAZINE®                                  |                    |              | X   |                       |                             |              |
| <b>84:06</b>    | <b>ANTI-INFLAMMATORY AGENTS</b>                |               |   |                    |              |     |                       |                             |              |
|                 | betamethasone valerate 0.05%*                  | cream         | BETNOVATE® /<br>CELESTODERM® /<br>BETADERM® |                    |              | X   |                       |                             |              |
|                 | betamethasone valerate 0.05%*                  | ointment      |   |                    |              | X   |                       |                             |              |
|                 | betamethasone valerate 0.1%*                   | cream         |   |                    |              | X   |                       |                             |              |
|                 | betamethasone valerate 0.1%*                   | ointment      |   |                    |              | X   |                       |                             |              |
|                 | *not all strengths may be stocked at all times |               |   |                    |              |     |                       |                             |              |
|                 | betamethasone valerate 0.1% scalp lotion       | lotion        | VALISONE®                                   |                    |              | X   |                       |                             |              |
|                 | clobetasol propionate 0.05%                    | ointment      | DERMOVATE®                                  | X                  |              |     |                       |                             |              |
|                 | clobetasol propionate 0.05%                    | cream         |   |                    |              | X   |                       |                             |              |
|                 | framycetin 1%/ hydrocortisone 0.5%             | ointment      | PROCTESYDYL®                                |                    |              | X   |                       |                             |              |
|                 | framycetin 1%/ hydrocortisone 0.5%             | suppository   |   |                    |              | X   |                       |                             |              |
|                 | hydrocortisone 1%                              | cream         | CORTATE® /                                  |                    |              | X   |                       |                             |              |
|                 | hydrocortisone 1%                              | ointment      |   |                    |              | X   |                       |                             |              |
|                 | triamcinolone acetonide 0.1%                   | oral paste    | ORACORT                                     | X                  |              |     |                       |                             |              |
|                 | triamcinolone/neomycin/gramicidin/nystatin     | cream         | KENACOMB®                                   |                    |              | X   |                       |                             |              |
|                 | triamcinolone/neomycin/gramicidin/nystatin     | ointment      |   |                    | X            |     |                       |                             |              |
| <b>84:06.08</b> | <b>CORTICOSTEROIDS</b>                         |               |   |                    |              |     |                       |                             |              |
|                 | zinc sulfate with hydrocortisone 0.5%          | suppository   | ANUSOL HC®                                  |                    |              | X   |                       |                             |              |
|                 | zinc sulfate with hydrocortisone 0.5%          | ointment      |   |                    |              | X   |                       |                             |              |

|                 | <u>Drug</u>   | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |          |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|-----------------|---|---------------|-------------------|--------------------|----------|-----|-----------------------|-----------------------------|--------------|
|                 |   |               |                   | Regional Hospitals | Surg-Obs | All |                       |                             |              |
| <b>84:06.20</b> | <b>ANTI-INFLAMMATORY AGENTS</b>   |               |                   |                    |          |     |                       |                             |              |
|                 | diclofenac 2.32%  | cream         | VOLTAREN EMULGEL  |                    |          | X   |                       |                             |              |
| <b>84:08</b>    | <b>ANTIPRURITICS and LOCAL ANESTHETICS</b>  |               |                   |                    |          |     |                       |                             |              |
|                 | L.E.T. SOLUTION topical 25 mL (Each 1mL contains: lidocaine hydrochloride 40 mg (4%), epinephrine chloride 1 mg (0.1%), tetracaine hydrochloride 5 mg (0.5%)) | solution      | COMPOUNDED        | X                  |          |     | Fridge                |                             |              |
|                 | lidocaine/prilocaine 5 g  | cream         | EMLA®             |                    |          | X   |                       |                             |              |
|                 | pink lady 500 mL (Contains equal parts of aluminum hydroxide/magnesium hydroxide (Diovol®) and lidocaine hydrochloride (Viscous Xylocaine 2%))                | susp          | COMPOUNDED        |                    |          | X   |                       |                             | Y            |
| <b>84:12</b>    | <b>ASTRINGENTS</b>  |               |                   |                    |          |     |                       |                             |              |
|                 | calamine lotion   | lotion        |                   |                    |          | X   |                       |                             |              |
| <b>84:24</b>    | <b>EMOLLIENTS, DEMULCENTS, PROTECTANTS</b>  |               |                   |                    |          |     |                       |                             |              |
| <b>84:24.04</b> | <b>BASIC LOTIONS AND LINIMENTS</b>  |               |                   |                    |          |     |                       |                             |              |
|                 | methysalicylate compound 12.5%  | ointment      | RUB A535®         |                    |          | X   |                       |                             |              |
|                 | trolamine 13.3%   | cream         | RUB A535®         |                    |          | X   |                       |                             |              |

|          | <u>Drug</u>  | <u>Format</u> | <u>Brand Name</u>                      | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|----------|--|---------------|--|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|          |  |               |  | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
| 84:24.12 | <b>BASIC OINTMENTS AND PROTECTANTS</b>               |               |  |                    |              |     |                       |                             |              |
|          | base cream/petroleum jelly                           | cream         | VASELINE Intensive Care Problelm Skin® |                    |              | X   |                       |                             | Y            |
|          | petrolatum   | ointment      | VASELINE®                              |                    |              | X   |                       |                             |              |
|          | silicone 20% - 50 g                                  | cream         | BARRIERE®                              |                    |              | X   |                       |                             |              |
|          | zinc oxide all strengths                             | cream         | ZINCOFAX®                              |                    |              | X   |                       |                             |              |
|          | zinc sulfate 10 mg                                   | suppository   | ANUSOL®                                | X                  |              |     |                       |                             |              |
| 84:28    | <b>KERATOLYTIC AGENTS</b>                            |               |  |                    |              |     |                       |                             |              |
|          | urea 10%   | cream         | UREMOL 10®                             | X                  |              |     |                       |                             |              |
| 84:32    | <b>KERATOPLASTIC AGENTS</b>                          |               |  |                    |              |     |                       |                             |              |
| 84:92    | <b>MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS</b> |               |  |                    |              |     |                       |                             |              |
|          | 5-fluorouracil 5%                                    | cream         | EFUDEX®                                | X                  |              |     |                       |                             |              |

| 86:00  | SMOOTH MUSCLE RELAXANTS               |               |                   | LOCATION           |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|--|---------------------------------------|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|  | <u>Drug</u>                           | <u>Format</u> | <u>Brand Name</u> | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
| 86:12  | GENITOURINARY SMOOTH MUSCLE RELAXANTS |               |                   |                    |              |     |                       |                             |              |
|  | oxybutynin 5 mg                       | tab           | DITROPAN®         |                    |              | X   |                       |                             |              |
|  | solifenacin 5 mg                      | tab           | VESICARE®         | X                  |              |     |                       | X                           |              |
|  | tolterodine 2 mg                      | tab           | DETROL®           |                    |              | X   |                       |                             |              |
| 86:16  | XANTHINE DERIVATIVES                  |               |                   |                    |              |     |                       |                             |              |
|  | theophylline ER 200 mg and/or 300 mg  | tab           | THEO DUR®         |                    |              | X   |                       |                             |              |
| <b>Formulary Restrictions</b>  |                                       |               |                   |                    |              |     |                       |                             |              |
| solifenacin  |                                       |               |                   |                    |              |     |                       |                             |              |
| Use restricted to patients with urinary incontinence in patients unable to tolerate or failing immediate release oxybutynin e.g. headache, dry mouth, dyspepsia. |                                       |               |                   |                    |              |     |                       |                             |              |

| 88:00 | VITAMINS                                |               |                         |                               |                      |            |                               |                                     |                      |
|-------|---|---------------|-------------------------|-------------------------------|----------------------|------------|-------------------------------|-------------------------------------|----------------------|
|       | <u>Drug</u>                             | <u>Format</u> | <u>Brand Name</u>       | <u>LOCATION</u>               |                      |            | <u>High Alert/<br/>Fridge</u> | <u>Formulary Res-<br/>trictions</u> | <u>Auto-<br/>sub</u> |
|       |   |               |                         | <u>Regional<br/>Hospitals</u> | <u>Surg-<br/>Obs</u> | <u>All</u> |                               |                                     |                      |
| 88:08 | VITAMIN B COMPLEX                       |               |                         |                               |                      |            |                               |                                     |                      |
|       | cyanocobalamin 250 mcg to 1200 mcg      | tab           | VITAMIN B <sub>12</sub> |                               |                      | X          |                               |                                     |                      |
|       | cyanocobalamin 1000 mcg/mL              | inj           |                         |                               |                      | X          |                               |                                     |                      |
|       | folic acid 1mg                          | tab           |                         |                               |                      | X          |                               |                                     |                      |
|       | folic acid 5 mg                         | tab           |                         |                               |                      | X          |                               |                                     |                      |
|       | pyridoxine hydrochloride 25 mg to 100mg | tab           | VITAMIN B <sub>6</sub>  |                               |                      | X          |                               |                                     |                      |
|       | pyridoxine hydrochloride 100 mg/mL      | inj           |                         | X                             |                      |            |                               |                                     |                      |
|       | thiamine hydrochloride 100 mg           | tab           | VITAMIN B <sub>1</sub>  |                               |                      | X          |                               |                                     |                      |
|       | thiamine hydrochloride 100 mg/mL        | inj           |                         |                               |                      | X          |                               |                                     |                      |
| 88:12 | VITAMIN C                               |               |                         |                               |                      |            |                               |                                     |                      |
|       | ascorbic acid 500 mg                    | tab           | VITAMIN C               |                               |                      | X          |                               |                                     |                      |
| 88:16 | VITAMIN D                               |               |                         |                               |                      |            |                               |                                     |                      |
|       | calcitriol 0.25 mcg                     | cap           | ROCALTROL®              | X                             |                      |            |                               |                                     |                      |
|       | calcitriol 1 mcg/mL                     | inj           | CALCIJEX®               | X                             |                      |            |                               |                                     |                      |
|       | vitamin D 400 unit to 1000 unit         | tab           | VITAMIN D               |                               |                      | X          |                               |                                     |                      |
|       | vitamin D 400 unit/mL                   | liq           | PEDIAVIT®               | X                             |                      |            |                               |                                     |                      |
| 88:24 | VITAMIN K                               |               |                         |                               |                      |            |                               |                                     |                      |
|       | phytonadione 1 mg/0.5 mL                | inj           | VITAMIN K <sub>1</sub>  | X                             |                      | X          |                               |                                     |                      |
|       | phytonadione 10 mg/mL                   | inj           |                         |                               |                      | X          |                               |                                     |                      |

|              | <u>Drug</u>                      | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Res-<br>trictions | Auto-<br>sub |
|--------------|----------------------------------|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|              |                                  |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
| <b>88:28</b> | <b>MULTIVITAMIN PREPARATIONS</b> |               |                   |                    |              |     |                       |                             |              |
|              | multivitamin liquid adult        | solution      | MALTEVOL-12®      | X                  |              |     |                       |                             |              |
|              | multivitamin adult               | tab           |                   |                    |              | X   |                       |                             |              |
|              | multivitamin for TPN             | inj           | MULTI-12®         | X                  |              |     |                       |                             |              |
|              | multivitamin ocular              | tab           |                   |                    |              | X   |                       |                             |              |
|              | multivitamin prenatal            | tab           | MATERNA®          |                    |              | X   |                       |                             |              |
|              | tri-vi-sol drops                 | solution      | TRI-VI-SOL®       |                    | X            |     |                       |                             |              |

| 92:00 MISCELLANEOUS THERAPEUTIC AGENTS |  |               |                   |                    |              |     |                       |                             |              |
|--|--|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|  | <u>Drug</u>                                    | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|  |  |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
|  | melatonin 1 mg                                 | tab           |                   |                    |              | X   |                       |                             |              |
|  | melatonin 3 mg                                 | tab           |                   |                    |              | X   |                       |                             |              |
|  | melatonin 5 mg                                 | tab           |                   |                    |              | X   |                       |                             |              |
|  | phenol all strengths                           | inj           |                   |                    |              | X   |                       |                             |              |
|  |  |               |                   |                    |              |     |                       |                             |              |
| 92:08 5-ALPHA REDUCTASE INHIBITORS     |  |               |                   |                    |              |     |                       |                             |              |
|  | dutasteride 0.5 mg                             | cap           | AVODART®          |                    |              | X   |                       |                             |              |
|  | finasteride 5 mg                               | tab           | PROSCAR®          |                    |              | X   |                       |                             |              |
|  |  |               |                   |                    |              |     |                       |                             |              |
| 92:12 ANTIDOTES                        |  |               |                   |                    |              |     |                       |                             |              |
|  | acetylcysteine 20% vial 10 mL and/or 30 mL     | solution      | MUCOMYST®         |                    |              | X   | HAM                   |                             |              |
|  | alcohol, ethyl absolute 100% v/v, 10 mL        | inj           |                   |                    |              | X   |                       |                             |              |
|  | flumazenil 0.1 mg/mL                           | inj           | ANEXATE®          | X                  |              |     |                       |                             |              |
|  | fomepizole 1 g/mL                              | inj           | ANTIZOL®          | X                  |              |     | Fridge                |                             |              |
|  | leucovorin 10 mg/mL                            | inj           |                   | X                  |              |     |                       |                             |              |
|  | methylene blue 10 mg/mL                        | inj           |                   |                    | X            |     |                       |                             |              |
|  | pralidoxime chloride 1 g/vial                  | inj           | PROTOPAM®         | X                  |              |     |                       |                             |              |
|  | sugammadex 2 mL and/or 5mL vials               | inj           | BRIDION®          | X                  |              |     |                       |                             |              |
|  |  |               |                   |                    |              |     |                       |                             |              |
| 92:16 ANTIGOUT AGENTS                  |  |               |                   |                    |              |     |                       |                             |              |
|  | allopurinol 100 mg*                            | tab           | ZYLOPRIM®         |                    |              | X   |                       |                             |              |
|  | allopurinol 200 mg*                            | tab           |                   |                    |              | X   |                       |                             |              |
|  | allopurinol 300 mg*                            | tab           |                   |                    |              | X   |                       |                             |              |
|  | *not all strengths may be stocked at all times |               |                   |                    |              |     |                       |                             |              |
|  | colchicine 0.6 mg                              | tab           |                   |                    |              | X   |                       |                             |              |
|  |  |               |                   |                    |              |     |                       |                             |              |



|              | <u>Drug</u>  | <u>Format</u> | <u>Brand Name</u> | <u>LOCATION</u>    |              |     | High Alert/<br>Fridge | Formulary Rest-<br>rictions | Auto-<br>sub |
|--------------|--|---------------|-------------------|--------------------|--------------|-----|-----------------------|-----------------------------|--------------|
|              |  |               |                   | Regional Hospitals | Surg-<br>Obs | All |                       |                             |              |
| <b>92:24</b> | <b>BONE RESORPTION INHIBITORS</b>                        |               |                   |                    |              |     |                       |                             |              |
|              | alendronate 10 mg  | tab           | FOSAMAX®          |                    |              | X   |                       |                             | Y            |
|              | alendronate 70 mg  | tab           |                   |                    |              | X   |                       |                             | Y            |
|              | pamidronate disodium 30 mg                               | inj           | AREDIA®           |                    | X            |     |                       |                             |              |
|              | pamidronate disodium 90 mg                               | inj           | AREDIA®           |                    | X            |     |                       |                             |              |
|              | zoledronic acid 4mg                                      | inj           | ZOMETA®           | X                  |              |     |                       | X                           |              |
| <b>92:36</b> | <b>DISEASE-MODIFYING ANTIRHEUMATIC</b>                   |               |                   |                    |              |     |                       |                             |              |
|              | hydroxychloroquine sulfate 200 mg (equal to 155 mg base) | tab           | PLAQUENIL®        | X                  |              |     |                       |                             |              |
| <b>92:44</b> | <b>IMMUNOSUPPRESSIVE AGENTS</b>                          |               |                   |                    |              |     |                       |                             |              |
|              | azaTHIOprine 50 mg                                       | tab           | IMURAN®           | X                  |              |     |                       |                             |              |
|              | cycloSPORINE 25 mg                                       | cap           | SandIMMUNE®       | X                  |              |     |                       |                             |              |
|              | mycophenolate 250 mg                                     | cap           | CELLCEPT®         | X                  |              |     |                       | X                           |              |
|              | mycophenolate 500 mg                                     | cap           |                   | X                  |              |     |                       | X                           |              |
|              | tacrolimus 0.5 mg*                                       | cap           | PROGRAF®          | X                  |              |     |                       |                             |              |
|              | tacrolimus 1 mg*   | cap           |                   | X                  |              |     |                       |                             |              |
|              | tacrolimus 5 mg*   | cap           |                   | X                  |              |     |                       |                             |              |
|              | *not all strengths may be stocked at all times           |               |                   |                    |              |     |                       |                             |              |

**Formulary Restrictions**

sugammadex

Use for anesthesiologists only

zoledronic acid

Consult with CCP Physician or hematologist required.

| 96:00 | PHARMACEUTICAL AIDS                     |               |                       |                 |     |   |                       |                                |          |
|-------|---|---------------|-----------------------|-----------------|-----|---|-----------------------|--------------------------------|----------|
|       | <u>Drug</u>                             | <u>Format</u> | <u>Brand Name</u>     | <u>LOCATION</u> |     |   | High Alert/<br>Fridge | Formulary<br>Rest-<br>rictions | Auto-sub |
|       |   |               | Regional<br>Hospitals | Surg-Obs        | All |   |                       |                                |          |
|       |   |               |                       |                 |     |   |                       |                                |          |
|       | dermabase                               | ointment base |                       |                 |     | X |                       |                                |          |
|       | glaxal base / atlas base                | cream base    |                       |                 |     | X |                       |                                |          |
|       | hydrous lanolin in a cream<br>base 50 g | cream         |                       |                 |     | X |                       |                                |          |
|       | sucrose solution                        | liquid        | SIMPLE<br>SYRUP       |                 |     | X |                       |                                |          |

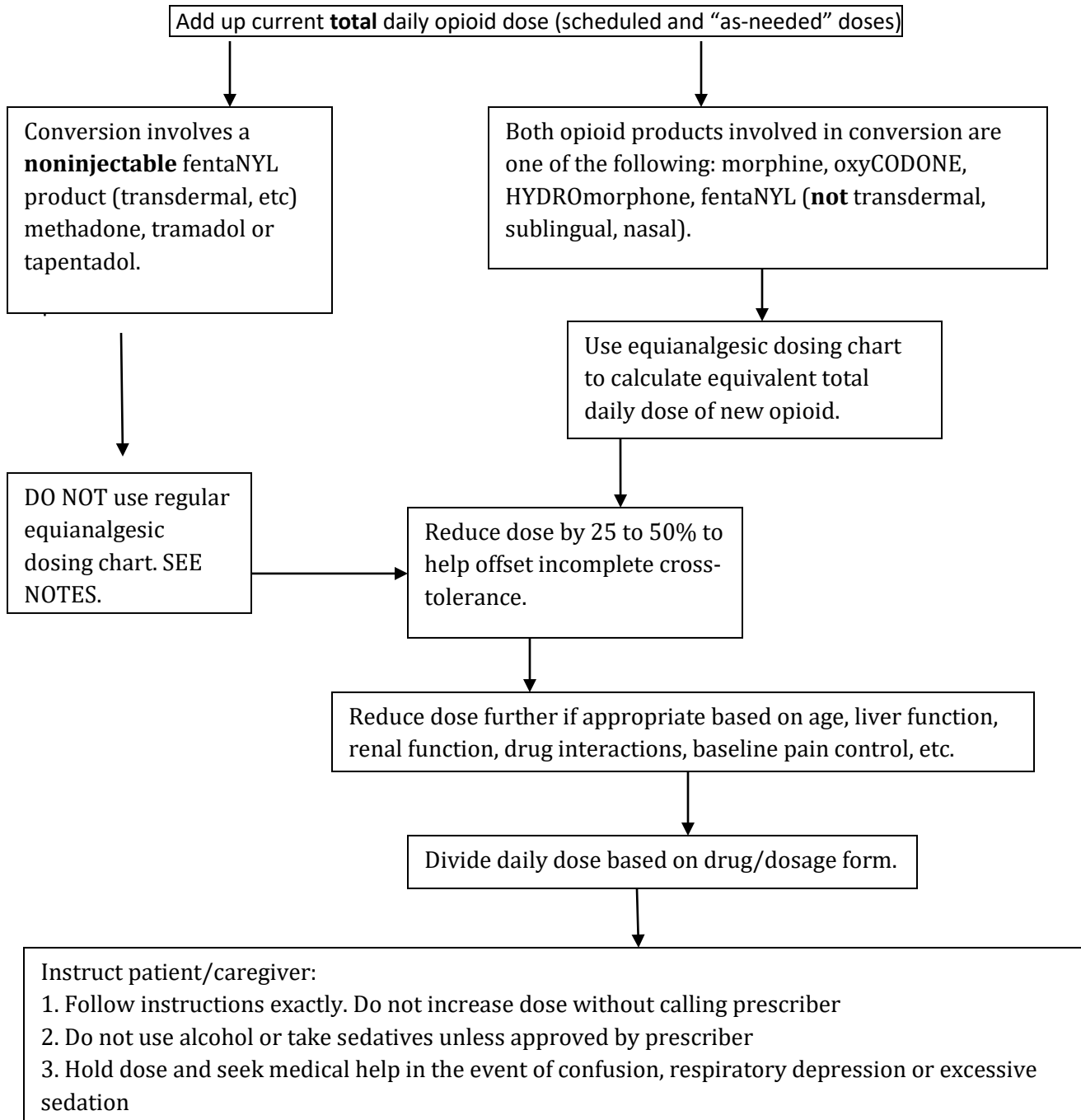
## Equianalgesic Dosing of Opioids for Pain Management

| DRUG                           | Equianalgesic Doses (mg) |          | Approximate Equianalgesic 24-hour Dose  |                | Usual Starting Dose for Opioid Naïve Adults<br><i>(doses are NOT equianalgesic)</i> |   |
|--------------------------------|--------------------------|----------|---|----------------|---|---|
|                                | parenteral               | oral     | parenteral  | oral           | parenteral  | oral  |
| morphine                       | 10                       | 30       | 3 to 4 mg Q4H   | 10 mg Q4H      | 2 to 10 mg Q4H  | 5 to 10 mg Q4H                                      |
| morphine extended release      | NA                       | 30       | NA  | 30 mg Q12H     | NA  | 30 mg Q12H<br><i>Kadian is not for opioid naïve</i> |
| HYDROMORPHONE                  | 1.5                      | 4 to 7.5 | 0.5 to 1 mg Q4H   | 1 to 4 mg Q4H  |   | 2 mg Q4-6H  |
| HYDROMORPHONE extended release | NA                       | 6        | NA  | 6 mg Q12H      | NA  | 3 mg Q12H   |
| oxyCODONE                      | NA                       | 20       | NA  | 5 to 10 mg Q4H | NA  | 5 to 10 mg Q6H                                      |
| oxyCODONE extended release     | NA                       | 20       | NA  | 20 mg Q12H     | NA  | 10 mg Q12H  |
| codeine                        | 100 to 120               | 200      | 30 mg Q4H   | 60 mg Q4H      | NA  | 30 mg Q4-6H   |
| codeine extended release       | NA                       | 200      | NA  | 200 mg Q12h    | NA  | 50 mg Q12H  |
| methadone                      | Variable                 | Variable | For opioid-tolerant patients only. The conversion ratio of methadone is highly variable depending on factors such as patient tolerance, opioid dose and length of dosing (acute vs chronic).  |                |   |   |
| meperidine                     | 75 to 100                | 300      | Avoid due to poor efficacy and neurotoxicity (seizures, myoclonus, tremors, agitation, delirium, confusion) especially in patients with kidney or liver dysfunction or the elderly due to accumulation of the metabolite normeperidine. |                |   |   |
| fentaNYL                       | 0.1                      | NA       | Patches: see fentaNYL transdermal equianalgesic conversion chart  |                |   |   |
| sufentanil                     | 0.01 to 0.04             | NA       |   |                |   |   |

*NOTE: Equianalgesic doses contained in this chart are approximate and should be used only as a guide. Dosing must be titrated to individual response. There is often incomplete cross-tolerance among opioids. Therefore, many experts recommend beginning with a 25% to 50% lower dose than the published equianalgesic dose when changing drugs and then titrating to a safe/effective response. Dosing adjustments for kidney or liver insufficiency, cytochrome P450 drug interactions, genetics, and other conditions or medications that affect drug metabolism, kinetics, or response may also be necessary. Also consider pain control at time of switch. In general, use cautious dosing for elderly or debilitated patients, and patients with kidney or liver impairment. (some products have specific dosing recommendations for these populations. See our Opioid Conversion Algorithm (following this chart) for instructions on converting from one opioid to another.*

An equianalgesic dose calculator is available at <http://agencydirectors.wa.gov/Calculator/DoseCalculator>.

## Opioid Conversion Algorithm



*NOTE: Equianalgesic doses are approximate, and should be used only as a guide. Dosing must be titrated to individual response. Response may vary depending on tolerance, age, kidney and liver function, other conditions, drug interactions, and genetics. Also consider pain control at time of switch.*

\*\*Canadian Pharmacist's Letter. Last updated March 2023.

## fentaNYL Transdermal Patch Equianalgesic Conversion

| morphine PO<br>(mg/day) | HYDROmorphine PO<br>(mg/day) | oxyCODONE PO<br>(mg/day) | fentaNYL patch<br>(mcg/hr) |
|-------------------------|------------------------------|--------------------------|----------------------------|
| 45 to 59                | 6 to 11                      | 30 to 44                 | 12                         |
| 60 to 134               | 12 to 26                     | 45 to 89                 | 25                         |
| 135 to 179              | 27 to 35                     | 90 to 119                | 37                         |
| 180 to 224              | 36 to 44                     | 120 to 149               | 50                         |
| 225 to 269              | 45 to 53                     | 150 to 179               | 62                         |
| 270 to 269              | 54 to 62                     | 180 to 209               | 75                         |
| 315 to 359              | 63 to 71                     | 210 to 239               | 87                         |
| 360 to 404              | 72 to 80                     | 240 to 269               | 100                        |
| 405 to 449              | 81 to 89                     | 270 to 299               | 112                        |
| 450 to 494              | 90 to 98                     | 300 to 329               | 125                        |
| 495 to 539              | 99 to 107                    | 330 to 359               | 137                        |
| 540 to 584              | 108 to 116                   | 360 to 389               | 150                        |
| 585 to 629              | 117 to 125                   | 390 to 419               | 162                        |
| 630 to 674              | 126 to 134                   | 420 to 449               | 175                        |
| 675 to 719              | 135 to 143                   | 450 to 479               | 187                        |
| 720 to 764              | 144 to 152                   | 480 to 509               | 200                        |
| 765 to 809              | 153 to 161                   | 510 to 539               | 212                        |
| 810 to 854              | 162 to 170                   | 540 to 569               | 225                        |
| 855 to 899              | 171 to 179                   | 570 to 599               | 237                        |
| 900 to 944              | 180 to 188                   | 600 to 629               | 250                        |
| 945 to 989              | 189 to 197                   | 630 to 659               | 262                        |
| 990 to 1034             | 198 to 206                   | 660 to 689               | 275                        |
| 1035 to 1079            | 207 to 215                   | 690 to 719               | 287                        |
| 1080 to 1124            | 216 to 224                   | 720 to 749               | 300                        |

1. Adapted from Fraser health Hospice Palliative Care Program Principles of Opioid Management, Appendix A – Fentanyl Transdermal. September 10, 2015 [cited April 6, 2016]. Available from: [http://www.fraserhealth.ca/media/HPC\\_SymptomGuidelines\\_Opioid.pdf](http://www.fraserhealth.ca/media/HPC_SymptomGuidelines_Opioid.pdf)
2. Initiation of fentanyl in patients who are opioid-naïve is contraindicated at any dose.
3. The conversion table is unidirectional only and should ONLY be used to convert adult patients from their current oral or parenteral opioid analgesic to the approximate fentanyl transdermal patch for use in chronic pain.
4. Do not convert patients previously on codeine or tramadol to fentanyl transdermal patch due to significant inter-patient variability in metabolism, safety, and effectiveness of these drugs.
5. Health Canada recommends that 12 mcg/hr patches be used for dose titration or adjustments, not as the initiating dose.

**Approximate Breakthrough Doses Recommended for  
fentaNYL Transdermal Patch**  
*Breakthrough should be 10% of the total daily opioid dose*

| <b>morphine PO<br/>(mg)</b> | <b>HYDROmorphine PO<br/>(mg)</b> | <b>oxyCODONE PO<br/>(mg)</b> | <b>fentaNYL patch<br/>(mcg/hr)</b> |
|-----------------------------|----------------------------------|------------------------------|------------------------------------|
| 5                           | 1                                | 2.5                          | 12                                 |
| 10                          | 2                                | 5                            | 25                                 |
| 15                          | 3                                | 10                           | 37                                 |
| 20                          | 4                                | 12.5                         | 50                                 |
| 25                          | 5                                | 15                           | 62                                 |
| 25                          | 5                                | 17.5                         | 75                                 |
| 30                          | 6                                | 20                           | 87                                 |
| 35                          | 7                                | 25                           | 100                                |
| 40                          | 8                                | 27.5                         | 112                                |
| 45                          | 9                                | 30                           | 125                                |
| 50                          | 10                               | 32.5                         | 137                                |
| 55                          | 11                               | 35                           | 150                                |
| 60                          | 12                               | 40                           | 162                                |
| 65                          | 13                               | 42.5                         | 175                                |
| 70                          | 14                               | 45                           | 187                                |
| 70                          | 14                               | 47.5                         | 200                                |
| 75                          | 15                               | 50                           | 212                                |
| 80                          | 16                               | 55                           | 225                                |
| 85                          | 17                               | 57.5                         | 237                                |
| 90                          | 18                               | 60                           | 250                                |
| 95                          | 19                               | 62.5                         | 262                                |
| 100                         | 20                               | 65                           | 275                                |
| 105                         | 21                               | 70                           | 287                                |
| 110                         | 22                               | 72.5                         | 300                                |

*Adapted from Fraser Health Hospice Palliative Care Program Principles of Opioid Management, Appendix A – Fentanyl Transdermal. September 10, 2015 [cited April 6, 2016]. Available from: [http://www.fraserhealth.ca/media/HPC\\_SymptomGuidelines\\_Opioid.pdf](http://www.fraserhealth.ca/media/HPC_SymptomGuidelines_Opioid.pdf)*

# Insulin Chart Rapid-Acting

| Type: Bolus                               | Rapid-Acting analogues  |  |  |
|---|---|--|--|
| Generic Name                              | Insulin lispro  | Insulin aspart   | Insulin glulisine  |
| Brand Names                               | <i>Humalog; Admelog</i>   | <i>NovoRapid; Trurapi; Kirsty; Fiasp</i>   | <i>Apidra</i>  |
| Auto-substitution                         | Humalog<br>⚠ <i>Humalog mix is not the same as Humalog</i>  | Humalog<br>⚠ <i>Humalog mix is not the same as Humalog</i>   | Use patient's own supply or MD to substitute to available insulin  |
| Strengths                                 | Humalog-100 units/mL & 200 units/mL<br>Admelog only available in 100 units/mL   | All brands come in 100 units/mL  | Only available in 100 units/mL   |
| Onset                                     | 5 to 15 min   | 5 to 15 min  | 10 to 15 min   |
| Peak                                      | 0.5 to 1.5 hours  | 0.5 to 1.5 hours   | 1 to 1.5 hours   |
| Duration                                  | 3 to 5 hours  | 3 to 5 hours   | 3.5 to 6 hours   |
| Administration                            | Subcutaneous, IM, IV  | Subcutaneous   | Subcutaneous, IV   |
| Meal timing                               | Give 15 min before or immediately after meals (within 20 min of the start of the meal).   | Give 5 to 10 min before meals or immediately after meals (up to 15 min).   | Give 15 min before or immediately after meals (within 20 min of the start of the meal).  |
| Appearance                                | Clear   | Clear  | Clear  |
| Compatibility                             | -Can mix with NPH (draw lispro into syringe first to prevent contamination by longer-acting insulin) and inject immediately after mixing.<br>-Mixtures should not be administered IV<br>-Do not mix with other brands<br>-Do not mix with glargine                      | -Can mix with NPH (draw aspart into syringe first to prevent contamination by longer-acting insulin) and inject immediately after mixing.<br>-No data on mixing with regular<br>-Do not mix with other brands<br>-Do not mix with glargine | -Can mix with NPH (draw glulisine into syringe first to prevent contamination by longer-acting insulin) and inject immediately after mixing.<br>-Mixtures should not be administered IV<br>-Do not mix with other brands |
| Stability of in-use products at room temp | <b><u>Vial, Cartridge, Pen:</u></b> 28 days<br>*Label an expiry date of 28 days after initial access or per the manufacturer's monograph, whichever is less<br><b><u>External pump:</u></b> 48 hours (undiluted only); some pump manufacturers may state up to 72 hours | <b><u>Vial, Cartridge, Pen:</u></b> 28 days<br>*Label an expiry date of 28 days after initial access or per the manufacturer's monograph, whichever is less<br><b><u>External pump:</u></b> 6 to 7 days                                    | <b><u>Vial, Cartridge, Pen:</u></b> 28 days<br>*Label an expiry date of 28 days after initial access or per the manufacturer's monograph, whichever is less<br><b><u>External pump:</u></b> 48 hours (undiluted only)    |

**\*Use pre-filled syringes whenever possible i.e. insulin pens**

**\*SH-SS standardized the stability of in-use products at room temperature to be consistent at 28 days**

## Insulin Chart Short-Acting

| Type: Bolus                                      | Short-Acting (i.e. regular insulin)  |   |   |
|--|--|---|---|
| Generic Name                                     | Insulin Regular  | Insulin Regular   | Insulin Regular   |
| <b>Brand Names</b>                               | <i>Humulin R</i>   | <i>Novolin ge TORONTO</i>   | <i>ENTUZITY</i>   |
| <b>Auto-substitution</b>                         | Humulin R  | Humulin R   | Use patient's own supply or MD to substitute to available insulin (Note ENTUZITY is not equivalent to Humulin R and is not interchangeable)       |
| <b>Strengths</b>                                 | Only available in 100 units/mL   | Only available in 100 units/mL  | Only available in 500 units/mL in 3mL disposable prefilled pen (1500 units of insulin)  |
| <b>Onset</b>                                     | 0.5 to 1 hour  | 0.5 to 1 hour   | 15 minutes to 1 hour  |
| <b>Peak</b>                                      | 2 to 4 hours   | 1.5 to 3.5 hours  | 4 to 8 hours  |
| <b>Duration</b>                                  | 6 to 8 hours   | 7 to 8 hours  | 17 to 24 hours  |
| <b>Administration</b>                            | Subcutaneous, IM, IV   | Subcutaneous, IM, IV  | Subcutaneous  |
| <b>Meal timing</b>                               | Give subcut 30 to 45 minutes before meals.   | Give subcut 30 to 45 minutes before meals. Should be followed by a meal no later than 30 minutes after injection.                               | Give subcut only via prefilled Kwikpen 30 minutes before meals.   |
| <b>Appearance</b>                                | Clear  | Clear   | Clear   |
| <b>Compatibility</b>                             | -Can mix with Humulin N; mixture stable in syringe for 21 days in the refrigerator. Draw up regular insulin first.<br>-Do not mix with other brands. | -Can mix with NPH and store for up to 2 weeks in refrigerator with needle pointing upwards to prevent plugging. Draw up regular insulin first.  | None  |
| <b>Stability of in-use products at room temp</b> | <b>Vial, Cartridge:</b> 28 days<br>*Label an expiry date of 28 days after initial access or per the manufacturer's monograph, whichever is less      | <b>Vial, Cartridge:</b> 28 days<br>*Label an expiry date of 28 days after initial access or per the manufacturer's monograph, whichever is less | <b>Prefilled Kwikpen:</b> 28 days<br>*Label an expiry date of 28 days after initial access or per the manufacturer's monograph, whichever is less |

**\*Use pre-filled syringes whenever possible i.e. insulin pens**

**\*SH-SS standardized the stability of in-use products at room temperature to be consistently set at 28 days**



## Insulin Chart Intermediate-Acting

| Type: Basal                                      | Intermediate -Acting   |  |  |
|--|--|--|--|
| Generic Name                                     | Insulin NPH  | Insulin NPH  | HYPURIN NPH  |
| <b>Brand Names</b>                               | <i>Humulin N</i>   | <i>Novolin ge NPH</i>  | <i>HYPURIN NPH</i>   |
| <b>Auto-substitution</b>                         | Humulin N  | Humulin N  | Use patient's own supply or MD to substitute to available insulin (Note HYPURIN NPH is not equivalent to Humulin N and is not interchangeable) |
| <b>Strengths</b>                                 | Only available in 100 units/mL   | Only available in 100 units/mL   | Only available in 100 units/mL   |
| <b>Onset</b>                                     | 2 to 4 hours   | 2 to 4 hours   | 2 hours  |
| <b>Peak</b>                                      | 2 to 10 hours  | 2 to 10 hours  | 6 to 12 hours  |
| <b>Duration</b>                                  | 12 to 18 hours   | 12 to 18 hours   | 18 to 24 hours   |
| <b>Administration</b>                            | Subcutaneous   | Subcutaneous   | Subcutaneous, IM   |
| <b>Meal timing</b>                               | -Inject within 15 minutes before meals when NPH mixed with rapid-acting insulin<br><br>-Humulin N is usually injected 30 to 45 minutes before meals when mixed with regular insulin. | -Novolin ge NPH: no recommendations with regards to meal timing.   | HYPURIN NPH: no recommendations with regards to meal timing.   |
| <b>Appearance</b>                                | Cloudy   | Cloudy   | Prior to use the vial of HYPURIN NPH Insulin, Pork should be rolled gently between the palms or inverted several times                         |
| <b>Compatibility</b>                             | -Can mix with regular.<br>-Can mix with lispro.  | -Can mix with regular.<br>-Can mix with aspart.  | -Can only be mixed with HYPURIN regular insulin.   |
| <b>Stability of in-use products at room temp</b> | <b>Vial, Cartridge, Pen:</b> 28 days<br>*Label an expiry date of 28 days after initial access or per the manufacturer's monograph, whichever is less.                                | <b>Vial, Cartridge:</b> 28 days<br>*Label an expiry date of 28 days after initial access or per the manufacturer's monograph, whichever is less. | <b>Vial:</b> 28 days<br>*Label an expiry date of 28 days after initial access or per the manufacturer's monograph, whichever is less.          |

**\*Use pre-filled syringes whenever possible i.e. insulin pens**

**\*SH-SS standardized the stability of in-use products at room temperature to be consistently set at 28 days**

## Insulin Chart Long-Acting

| Type: Basal                               | Long-Acting analogues  |  |   |
|---|--|--|---|
| Generic Name                              | Insulin glargine   | Insulin detemir  | Insulin degludec  |
| Brand Names                               | <i>Lantus, Basaglar, Semglee, *Toujeo</i>  | <i>Levemir</i>   | <i>Tresiba</i>  |
| Auto-substitution                         | Lantus / Basaglar  | Use patient's own supply or MD to substitute to available insulin  | Use patient's own supply or MD to substitute to available insulin   |
| Strengths                                 | Only available in 100 units/mL<br>*(Toujeo only comes in 300 units/mL as prefilled pen)  | Only available in 100 units/mL   | Available in 100 units/mL; 200 units/mL   |
| Onset                                     | 2 to 4 hours *(Toujeo 1 to 6 hours)  | 1 hour   | 90 minutes (1 to 9 hours)   |
| Peak                                      | No peak  | 6 to 8 hours   | No peak   |
| Duration                                  | 20 to 24 hours *(Toujeo 24 to 36 hours)  | 16 to 24 hours   | Up to 42 hours  |
| Administration                            | Subcutaneous   | Subcutaneous   | Subcutaneous  |
| Meal timing                               | No recommendations with regards to meal timing. However, if taking once daily it should be at the same time each day.  | No recommendations with regards to meal timing. However, if taking once daily it should be at the same time each day. When there is twice daily regimen, the evening dose can be given at dinner or bedtime. | No recommendations with regards to meal timing. However, if taking once daily it should be at the same time each day.                             |
| Appearance                                | Clear  | Clear  | Clear   |
| Compatibility                             | Do not mix with other insulins or diluents. Mixing can change the time/ action profile and cause precipitation.  | Do not mix with other insulins or diluents.  | Do not mix with other insulins or diluents.   |
| Stability of in-use products at room temp | <b><u>Vial, Cartridge, Pen:</u></b> 28 days<br>*Label an expiry date of 28 days after initial access or per the manufacturer's monograph, whichever is less. | <b><u>Cartridge:</u></b> 28 days<br>*Label an expiry date of 28 days after initial access or per the manufacturer's monograph, whichever is less.  | <b><u>Vial, Pen:</u></b> 28 days<br>*Label an expiry date of 28 days after initial access or per the manufacturer's monograph, whichever is less. |

**\*Use pre-filled syringes whenever possible i.e. insulin pens**

**\*SH-SS standardized the stability of in-use products at room temperature to be consistently set at 28 days**

## Insulin Chart Pre-Mixed

| Type: Basal/<br>Bolus Mix                 | Pre-Mixed Insulins   |   |  |
|---|--|---|--|
| Generic Name                              | Insulin regular / NPH  | Insulin lispro/lispro protamine   | Insulin aspart/aspart protamine  |
| Brand Names                               | Novolin ge 30/70; Novolin ge 40/60; Novolin ge 50/50; Humulin 30/70  | Humalog Mix 25; Humalog Mix 50  | Novomix 30   |
| Auto-substitution                         | Humulin 30/70 for Novolin ge 30/70   | Use patient's own supply or MD to substitute to available insulin<br>⚠ Humalog mix is not the same as Humalog                                       | Use patient's own supply or MD to substitute to available insulin  |
| Strengths                                 | Only available in 100 units/mL   | Only available in 100 units/mL  | Only available in 100 units/mL   |
| Onset                                     | 30 to 60 minutes   | 10 to 15 minutes  | 10 to 15 minutes   |
| Peak                                      | 2 to 12 hours  | 2 to 4 hours  | 2 to 4 hours   |
| Duration                                  | 14 to 18 hours (up to 24 hours)  | 14 to 24 hours  | 14 to 24 hours   |
| Administration                            | Subcutaneous   | Subcutaneous  | Subcutaneous   |
| Meal timing                               | Give 30 minutes prior to a meal  | Give 0-15 minutes before a meal or within 20 minutes of starting meals.   | Give immediately before a meal or immediately after a meal.  |
| Appearance                                | Cloudy   | Cloudy  | Cloudy   |
| Compatibility                             | Do not mix with other insulins or diluents.  | Do not mix with other insulins or diluents.   | Do not mix with other insulins or diluents.  |
| Stability of in-use products at room temp | <b>Vial, Cartridge:</b> 28 days<br>*Label an expiry date of 28 days after initial access or per the manufacturer's monograph, whichever is less. | <b>Cartridge, Kwikpen:</b> 28 days<br>*Label an expiry date of 28 days after initial access or per the manufacturer's monograph, whichever is less. | <b>Cartridge:</b> 28 days<br>*Label an expiry date of 28 days after initial access or per the manufacturer's monograph, whichever is less. |

\*Use pre-filled syringes whenever possible i.e. insulin pens

\*SH-SS standardized the stability of in-use products at room temperature to be consistently set at 28 days