



NORTHWEST TERRITORIES HEALTH CENTRE FORMULARY

2026 Edition



Government of Northwest Territories
Gouvernement des Territoires du Nord-Ouest

Approval of formulary

This formulary has been approved for use by the Minister of Health and Social Services pursuant to the [Hospital and Health Care Facility Standards Regulations R-036-2005 43\(2\)](#).



April 22, 2026

<original signed>

Honourable Lesa Semmler
Minister, Health and Social Services

Date

Formulary Information

Formulary in Effect

The pharmaceutical agents listed for use and the classifications in this formulary supersede any pharmaceutical agent or classifications listed in any previous formularies or other clinical guidelines currently in use in all Health and Social Services Authorities (HSSAs) in the Northwest Territories. Please destroy and delete any previous copies of the NWT Health Centre Formularies older than 2026 to avoid confusion.

Foreword

The Northwest Territories Health and Social Services Authority (NTHSSA) Pharmacy and Therapeutics (P&T) Committee is comprised of community health nurses, nurse practitioners, pharmacists and family physicians. All pharmaceutical agents were carefully reviewed in 2021-2026 to ensure they met evidence-based clinical practice guidelines for usage. The 2026 Edition of The Northwest Territories Health Centre Formulary provides addenda based on recommendations by the Office of the Chief Public Health Officer (OCPHO).

Approved addenda to the 2026 Formulary include the following:

- Addition: Piperacillin/tazobactam 4.5 g vial – For septic shock covering Pseudomonas; Category B; Must stock (4 vials)
- Addition: Budesonide turbuhaler 200 mcg – Part of COVID-19 Therapeutics Framework; Category B; Must stock (2 inhalers)
- Addition: Famotidine 10 mg/mL vial – For GERD as ranitidine IV alternative; Category A; Must stock (2 vials)
- Addition: Quetiapine 25 mg tabs – For manic episodes, GAD, depression, OCD, PTSD; Category B; Optional stock
- Addition: Ipratropium MDI 20 mcg/puff – For acute asthma per NWT CGPs; Category C; Must stock (2 MDI inhalers)
- Addition: Nirmatrelvir/ritonavir 150 mg/100 mg – For COVID-19 treatment; Category B; Must stock with conditions (3 boxes)
- Addition: Miconazole ovules/cream (7 days, 100 mg/2%) – For vaginal candidiasis (replacing Monistat-3); Category A; Must stock (1 pack)
- Addition: Ferric derisomaltose 100 mg/mL (500 mg vial) – For the treatment of iron deficiency anemia; Category B; Must stock (3 vials)
- Addition: Ondansetron 4 mg/2 mL – For vomiting in patients ≥ 15 kg with gastroenteritis; Category D (Category B for other indications); Must stock (5 ampules)
- Addition: Enoxaparin (biosimilar, Redesca) 100 mg/mL (3 mL) – For venous thrombosis; biosimilar initiative; Category B; Must stock (3 vials)
- Addition: Rifapentine 150 mg – For tuberculosis treatment (Canadian TB Standards 8th ed.); Category B; Optional stock
- Addition: Sodium polystyrene sulfonate 15 g – For hyperkalemia management; Category B; Must stock (1 bottle)
- Addition: Glycopyrrolate 0.2 mg/mL, 1 mL – For palliative care (CHC Comfort Care set); Category B; Optional stock
- Addition: Methotrimeprazine 25 mg/mL, 1 mL – For palliative care (CHC Comfort Care set); Category B; Optional stock
- Addition: Midazolam 5 mg/mL, 1 mL – For palliative care (CHC Comfort Care set); Category B; Optional stock
- Addition: Fluconazole 50 mg tab – For oral antifungal use in vaginal candidiasis; Category C (Category B for other indications); Optional stock

- Addition: Fomepizole 1.5 g/1.5 mL – Antidote for methanol/ethylene glycol poisoning; Category B; Must stock with conditions (4 vials)
- Addition: CHC – Cabin Communities Must Stock List – Variety; Variety items, must stock
- Addition: Ringer’s Lactate 500 mL & 1000 mL – Fluid replacement (re-added to formulary); Category B; Must stock (2 bags 500 mL, 2 bags 1000 mL)
- Addition: Methylprednisolone sodium succinate 125 mg vial - For the management of iron infusion reactions as part of the Adult ferric derisomaltose infusion (Monoferric) order set; Category D. For all other indications; Category B. Must stock (2 vials).
- Addition: fosfomycin 3 g sachet - For the treatment of UTIs. Provides an alternative to amoxicillin for covering E.faecalis UTI; Category C. Must stock (3 sachets)
- Addition: Cefuroxime axetil 125 mg/5 mL suspension - For the treatment of otitis media in patients who have failed or have allergies to amoxicillin. Category B. Must stock (1 bottle).
- Addition: Ciprofloxacin 400 mg IV infusion - For the treatment of sepsis as per the CHC Adult Sepsis order set as an alternative to patients with penicillin allergy. Category B. Must stock (4 bags)
- Addition: Ketamine 50 mg/mL, 2 mL vial - For procedural sedation. To be stocked in areas where a physician or nurse practitioner are available. Category B. Must stock with conditions (4 vials)
- Addition: Succinylcholine 20 mg/mL, 10 mL- For the treatment of laryngospasms associated with ketamine use. To be stocked in areas where a physician or nurse practitioner are available. Category B. Must stock with conditions (2 vials)
- Addition: Norepinephrine 1 mg/mL, 4 mL vial – For the treatment of sepsis as per the CHC Adult Sepsis Order set. Category B. Must stock (4 vials)
- Addition: Lorazepam 0.5 mg SL tablet – For the treatment of anxiety/panic disorder. Category C. Must stock (20 tabs)
- Addition: Nicotine 7 mg, 14 mg, 21 mg patches - For the treatment of smoking cessation. Category C. Must stock (7 patches of each dose)
- Addition: Nicotine 2 mg gum - For the treatment of smoking cessation. Category C. Must stock (30 pieces)
- Addition: Nicotine 10 mg inhaler cartridge - For the treatment of smoking cessation. Category C. Must stock (20 cartridges)
- Addition: Varenicline 0.5 mg tablet - For the treatment of smoking cessation. Category C. Must stock (14)
- Addition: Gentamicin 80 mg/mL, 20 mL vial. For treatment of infection. To replace gentamicin 80 mg/mL, 2 mL vial. Category B. Must stock (4 vials)
- Addition: Vitamin D 400 IU. For supplementation as per the 2025 NWT Vitamin D Supplementation Guidelines for Infants, Children, and Adults. Category A. Must stock (60 tablets).
- Addition: Gabapentin 100 mg cap - For the treatment of acute alcohol withdrawal as a non-benzodiazepine alternative. Category B. Optional stock (100 caps)
- Addition: Amlodipine 5 mg tablet - For the treatment of hypertension. Category B. Optional stock.
- Deletion: sodium zirconium cyclosilicate (Lokelma) 5 g powder for suspension for the treatment of elevated potassium. Kayexalate available as an alternative. Reason for deletion: CDA negative recommendation.
- Deletion: metronidazole 10% vaginal cream. Reason for removal: discontinued product.
- Deletion: gentamicin 80 mg/mL, 2 mL vial. Reason for removal: replaced with gentamicin 80 mg/mL, 20 mL vial
- Deletion: Nystatin vaginal cream 25,000 U/g. Removed due to product discontinuation. Replaced with clotrimazole (Canestan) Combipack

Acknowledgements

We gratefully acknowledge the contributions made by the NTHSSA P&T Committee in updating the 2026 Formulary.

Authority of Formulary

Community Health Centres, Corrections facilities and Public Health Units may only stock the pharmaceutical agents listed in this formulary. In accordance with the Hospital and Health Care Facility Standards Regulations (R.R.N.W.T. R-036- 2005) no other pharmaceutical agents may be stocked unless written authorization exists from the Minister of Health and Social Services. This does not include patient-specific pharmaceutical agents ordered by prescription.

Recommended Resources

The NTHSSA Pharmacy and Therapeutics Committee thoroughly reviewed the following resources and recommends them for clinical use in the NWT:

AcoRN: Acute Care of at-Risk Newborns (2021)

Available through: ACoRN: Acute Care of at-Risk Newborns - Jill E. Boulton; Kevin Coughlin; Debra O'Flaherty; Alfonso Solimano - Oxford University Press

Bugs and Drugs

Available online at: <http://bugsanddrugs.org/>

Canadian Pharmacists Association RxTx (subscription cost)

Available at: <http://www.pharmacists.ca/products-services/>

NWT Clinical Practice Guidelines for Primary Community Care Nursing

Available at: [NWT Clinical Practice Guidelines for Primary Community Care Nursing | HSS Professionals](#)

NWT Communicable Disease Standard and Guidelines

Available at: [Communicable Disease Standards and Guidelines | HSS Professionals](#)

Ottawa Hospital Parental Drug Therapy Manual, 44th Edition, The Ottawa Hospital (2023)

Available annually for purchase from the Ottawa Hospital: Publications

Taketomo, C. (2024). Pediatric and Neonatal Dosage Handbook (31st Edition)

Available at: ACCP - Store - Pediatric & Neonatal Dosage Handbook, 31st Edition - Dosage-Handbook

Up to Date

Available at: <https://www.uptodate.com/contents/search>

Category Codes

A: RN Initiated

The pharmaceutical agent may be dispensed based on the registered nurse's assessment of the patient with no limitation on the duration of treatment unless otherwise specified.

B: Physician/NP initiated

The pharmaceutical agent may be dispensed based on consultation with a physician or nurse practitioner. The duration and frequency is to be specified by the physician or nurse practitioner.

C: RN One Course

The pharmaceutical agent may be dispensed for one course of treatment based on the registered nurse's assessment of the patient. A course:

- is defined as successive doses of medication over a period of time that the specific pharmaceutical agent is expected to produce therapeutic effects.
- is to be determined through consultation of an appropriate approved reference.
- may not exceed fourteen (14) days without consulting a physician or nurse practitioner.

If the condition does not resolve, the registered nurse shall consult a physician or nurse practitioner. If continuation of the pharmaceutical agent is indicated, an order from a physician or nurse practitioner is required

D: RN One Dose

A single dose of the pharmaceutical agent may be dispensed based on the registered nurse's assessment of the patient. If continuation of the pharmaceutical agent is indicated, an order from a physician or nurse practitioner is required.

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HIGH-ALERT MEDICATIONS

High-alert medications are drugs that bear a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are clearly more devastating to patients.

Use this list to determine which medications require special safeguards to reduce the risk of errors and minimize harm. Safeguards may include:

- Providing mandatory patient education.
- Improving access to information about these drugs.
- Using auxiliary labels and automated alerts.
- Employing automated or independent double checks when necessary.
- Standardizing the prescribing, storage, dispensing, and administration of these products.

High-Alert Medications in NWT Health Centre Settings

<u>Drug Class</u>	<u>Drug Name</u>
Allergy and Asthma	EPINEPHrine
Analgesics	acetaminophen, caffeine, and codeine
Analgesics	HYDROMorphone
Analgesics	ketamine
Analgesics	morphine
Anticoagulants/ Antiplatelets/ Thrombolytics	enoxaparin
Anticoagulants/ Antiplatelets/ Thrombolytics	tenecteplase (TNK)
Anticoagulants/ Antiplatelets/ Thrombolytics	warfarin
Cardiovascular	adenosine
Cardiovascular	amiodarone
Cardiovascular	diITIAZem
Cardiovascular	DOPamine
Cardiovascular	EPINEPHrine
Cardiovascular	labetalol
Cardiovascular	metoprolol
Cardiovascular	norepinephrine
Cardiovascular	sodium bicarbonate
Cardiovascular	vasopressin
Central Nervous System	succinylcholine
Central Nervous System	diazepam
Central Nervous System	LORazepam
Diabetes	insulin glargine
Diabetes	insulin R
Diuretics & Potassium	mannitol
Oxytocics	oxytocin
Palliative Care Management	midazolam
Poisoning & Overdose	calcium gluconate

NWT Community Health Centre Formulary

Drug Class	Drug Subclass	Drug Name	Brand name(s)	Dosage	Category	MUST STOCK	HIGH ALERT?	Practice Notes
Adjunct Pharmaceuticals	Adjunct Pharmaceuticals	dermatological base	<i>Taro Base, Glaxal Base</i>	tube, 50g	A	YES		Single use tubes should be utilized for infection control purposes
Adjunct Pharmaceuticals	Adjunct Pharmaceuticals	probenecid	<i>Benuryl</i>	cap: 500mg	B	NO		<ul style="list-style-type: none"> •Use of probenecid allows once daily IV dosing of ceFAZolin in adult patients. Probenecid should not be used in patients with poor renal function or patients to be transferred to a higher level of care. •Contact Stanton or Inuvik Hospital pharmacies for ordering information
Allergy and Asthma	Bronchodilators and Inhaled Corticosteroids	budesonide	<i>Pulmicort, Nebuamp</i>	neb: 0.25 mg/mL, 2mL	B/D	YES		Oropharyngeal candidiasis is a common adverse effect of inhaled corticosteroid use. Ensuring mouth is rinsed well with water after inhalation may be preventative.
Allergy and Asthma	Bronchodilators and Inhaled Corticosteroids	budesonide	<i>Pulmicort, Turbuhaler</i>	200 mcg/puff	B	YES		Oropharyngeal candidiasis is a common adverse effect of inhaled corticosteroid use. Ensuring mouth is rinsed well with water after inhalation may be preventative. <ul style="list-style-type: none"> •To be used as part of the COVID-19 Therapeutics Framework.
Allergy and Asthma	Systemic Corticosteroids	dexAMETHasone		inj: 10 mg/mL, 10 mL	B	YES		IV solution may be given orally mixed in a small quantity of juice. PO/IV/IM dosages are equivalent.
Allergy and Asthma	Antihistamines	diphenhydrAMINE	<i>Benadryl</i>	inj: 50 mg/mL, 1 mL	C	YES		Children may experience paradoxical CNS excitation. Use of this medication should be avoided in frail and/or older adults. Refer to Appendix I for use in anaphylaxis
Allergy and Asthma	Antihistamines	diphenhydrAMINE	<i>Benadryl</i>	liq: 1.25 mg/mL, 100 mL	A	YES		Children may experience paradoxical CNS excitation. Use of this medication should be avoided in frail and/or older adults. Refer to Appendix I for use in anaphylaxis
Allergy and Asthma	Antihistamines	diphenhydrAMINE	<i>Benadryl</i>	tab or cap: 25mg	A	YES		Children may experience paradoxical CNS excitation. Use of this medication should be avoided in frail and/or older adults. Refer to Appendix I for use in anaphylaxis
Allergy and Asthma	Bronchodilators and Inhaled Corticosteroids	<u>EPINEPHrine</u>	<i>Adrenalin</i>	inj: 1 mg/mL, 30 mL	D	YES	YES	Dosing - Inhaled (no dilution required): <ul style="list-style-type: none"> •Adult - 5 mL of 1:1000 solution administered over 15 minutes via nebulizer. •Pediatric – 2.5 mL of 1:1000 solution administered over 15 minutes via nebulizer
Allergy and Asthma	Bronchodilators and Inhaled Corticosteroids	fluticasone propionate	<i>Flovent,Flonase</i>	Nasal spray: 50 mcg/spray, 120 doses	C	NO		Oropharyngeal candidiasis is a common adverse effect of inhaled (MDI) corticosteroid use. A volume-spacer device and ensuring mouth is rinsed well with water after inhalation may be preventative
Allergy and Asthma	Bronchodilators and Inhaled Corticosteroids	fluticasone propionate	<i>Flovent,Flonase</i>	MDI: 50 mcg/puff, 120 doses	C	YES		Oropharyngeal candidiasis is a common adverse effect of inhaled (MDI) corticosteroid use. A volume-spacer device and ensuring mouth is rinsed well with water after inhalation may be preventative
Allergy and Asthma	Bronchodilators and Inhaled Corticosteroids	fluticasone propionate	<i>Flovent,Flonase</i>	MDI: 125 mcg/puff, 60 doses	C	YES		Oropharyngeal candidiasis is a common adverse effect of inhaled (MDI) corticosteroid use. A volume-spacer device and ensuring mouth is rinsed well with water after inhalation may be preventative
Allergy and Asthma	Bronchodilators and Inhaled Corticosteroids	ipratropium bromide	<i>Atrovent</i>	neb: 125 mcg/mL, 2 mL	C	YES		Salbutamol and ipratropium nebulizer solutions may be mixed together
Allergy and Asthma	Bronchodilators and Inhaled Corticosteroids	ipratropium bromide	<i>Atrovent, MDI</i>	MDI: 20 mcg/puff	C	YES		Salbutamol and ipratropium MDI may be used concomitantly.
Allergy and Asthma	Antihistamines	loratadine	<i>Claritin</i>	liq: 1 mg/mL, 120 mL	A	YES		
Allergy and Asthma	Antihistamines	loratadine	<i>Claritin</i>	tab: 10mg	A	YES		

Drug Class	Drug Subclass	Drug Name	Brand name(s)	Dosage	Category	MUST STOCK	HIGH ALERT?	Practice Notes
Allergy and Asthma	Bronchodilators and Inhaled Corticosteroids	MDI Spacer Device	<i>Aerochamber, OptiChamber</i>	delivery device, neonate with mask	A	YES		A spacer should be used by all patients to improve delivery of inhaled medications. When proper technique and a spacer device are used, therapy with an inhaler is as effective as nebulized therapy. Provide this device via prescription where possible.
Allergy and Asthma	Bronchodilators and Inhaled Corticosteroids	MDI Spacer Device	<i>Aerochamber, OptiChamber</i>	delivery device, adult without mask	A	YES		A spacer should be used by all patients to improve delivery of inhaled medications. When proper technique and a spacer device are used, therapy with an inhaler is as effective as nebulized therapy. Provide this device via prescription where possible.
Allergy and Asthma	Bronchodilators and Inhaled Corticosteroids	MDI Spacer Device	<i>Aerochamber, OptiChamber</i>	delivery device, child with mask	A	YES		A spacer should be used by all patients to improve delivery of inhaled medications. When proper technique and a spacer device are used, therapy with an inhaler is as effective as nebulized therapy. Provide this device via prescription where possible.
Allergy and Asthma	Systemic Corticosteroids	methyIPREDNISolone sodium succinate	<i>SOLU-Medrol</i>	inj: 125 mg	B/D	YES		LOOK ALIKE/SOUND ALIKE – do not confuse with methylPREDNISolone acetate. <ul style="list-style-type: none"> •Category D for the management of iron infusion reactions as part of the Adult - Ferric Derisomaltose Infusion (Monoferric) order set. •Category B for all other indications
Allergy and Asthma	Systemic Corticosteroids	predniSONE	<i>Deltasone</i>	tab: 50 mg	B	NO		
Allergy and Asthma	Systemic Corticosteroids	predniSONE	<i>Deltasone</i>	tab: 5 mg	B	YES		
Allergy and Asthma	Bronchodilators and Inhaled Corticosteroids	salbutamol	<i>Ventolin</i>	neb: 1 mg/mL, 2.5 mL	C	YES		Salbutamol and ipratropium nebulizer solutions may be mixed together.
Allergy and Asthma	Bronchodilators and Inhaled Corticosteroids	salbutamol	<i>Ventolin</i>	MDI: 100 mcg/puff, 200 doses	C	YES		Salbutamol and ipratropium MDI may be used concomitantly.
Analgesics	Analgesics	acetaminophen	<i>Tylenol, Tempra, Abenol</i>	drops: 80 mg/mL, 24 mL	A	YES*		Acetaminophen is one of the most frequent causes of accidental poisoning in toddlers and infants. Products containing acetaminophen should be kept well out of reach of children. <ul style="list-style-type: none"> •Patients should be cautioned against the inadvertent administration of excessive doses of acetaminophen due to administration of multiple acetaminophen-containing products at the same time (e.g. cough and cold remedies). •Pediatric dose: 10-15 mg/kg every four to six hours to a maximum of 75 mg/kg over 24 hours; not to exceed 4000 mg per day or 2000 mg per day from all sources in patients with suspected liver disease.
Analgesics	Analgesics	acetaminophen	<i>Tylenol, Tempra, Abenol</i>	drops: 32 mg/mL, 100 mL	A	YES*		Acetaminophen is one of the most frequent causes of accidental poisoning in toddlers and infants. Products containing acetaminophen should be kept well out of reach of children. <ul style="list-style-type: none"> •Patients should be cautioned against the inadvertent administration of excessive doses of acetaminophen due to administration of multiple acetaminophen-containing products at the same time (e.g. cough and cold remedies). •Pediatric dose: 10-15 mg/kg every four to six hours to a maximum of 75 mg/kg over 24 hours; not to exceed 4000 mg per day or 2000 mg per day from all sources in patients with suspected liver disease.

Drug Class	Drug Subclass	Drug Name	Brand name(s)	Dosage	Category	MUST STOCK	HIGH ALERT?	Practice Notes
Analgesics	Analgesics	acetaminophen	<i>Tylenol, Tempra, Abenol</i>	supp: 120 mg	A	YES		Acetaminophen is one of the most frequent causes of accidental poisoning in toddlers and infants. Products containing acetaminophen should be kept well out of reach of children. <ul style="list-style-type: none"> •Patients should be cautioned against the inadvertent administration of excessive doses of acetaminophen due to administration of multiple acetaminophen-containing products at the same time (e.g. cough and cold remedies). •Pediatric dose: 10-15 mg/kg every four to six hours to a maximum of 75 mg/kg over 24 hours; not to exceed 4000 mg per day or 2000 mg per day from all sources in patients with suspected liver disease.
Analgesics	Analgesics	acetaminophen	<i>Tylenol, Tempra, Abenol</i>	tab: 325 mg	A	YES		Acetaminophen is one of the most frequent causes of accidental poisoning in toddlers and infants. Products containing acetaminophen should be kept well out of reach of children. <ul style="list-style-type: none"> •Patients should be cautioned against the inadvertent administration of excessive doses of acetaminophen due to administration of multiple acetaminophen-containing products at the same time (e.g. cough and cold remedies). •Pediatric dose: 10-15 mg/kg every four to six hours to a maximum of 75 mg/kg over 24 hours; not to exceed 4000 mg per day or 2000 mg per day from all sources in patients with suspected liver disease.
Analgesics	Analgesics	acetaminophen	<i>Tylenol, Tempra, Abenol</i>	tab: 160 mg, chewable	A	YES		Acetaminophen is one of the most frequent causes of accidental poisoning in toddlers and infants. Products containing acetaminophen should be kept well out of reach of children. <ul style="list-style-type: none"> •Patients should be cautioned against the inadvertent administration of excessive doses of acetaminophen due to administration of multiple acetaminophen-containing products at the same time (e.g. cough and cold remedies). •Pediatric dose: 10-15 mg/kg every four to six hours to a maximum of 75 mg/kg over 24 hours; not to exceed 4000 mg per day or 2000 mg per day from all sources in patients with suspected liver disease.
Analgesics	Analgesics	acetaminophen	<i>Tylenol, Tempra, Abenol</i>	supp: 325 mg	A	NO		Acetaminophen is one of the most frequent causes of accidental poisoning in toddlers and infants. Products containing acetaminophen should be kept well out of reach of children. <ul style="list-style-type: none"> •Patients should be cautioned against the inadvertent administration of excessive doses of acetaminophen due to administration of multiple acetaminophen-containing products at the same time (e.g. cough and cold remedies). •Pediatric dose: 10-15 mg/kg every four to six hours to a maximum of 75 mg/kg over 24 hours; not to exceed 4000 mg per day or 2000 mg per day from all sources in patients with suspected liver disease.
Analgesics	Analgesics	<u>acetaminophen, caffeine, and codeine</u>	<i>Tylenol #3, Atasol 30</i>	tab: with 30 mg codeine	C	YES	YES	This is a commonly misused medication. RN may only dispense a maximum of 15 tablets in a course of treatment. <ul style="list-style-type: none"> •Not to exceed 4000 mg per day or 2000 mg per day from all sources in patients with suspected liver disease. PROCEDURES RELATED TO CONTROLLED DRUGS AND SUBSTANCES MUST BE FOLLOWED FOR THIS MEDICATION.
Analgesics	Analgesics	<u>HYDRMorphone</u>	<i>Dilaudid</i>	inj: 2 mg/mL, 1 mL	C	YES	YES	Name alert - Morphine and HYDRMorphone are often confused for each other. In case of morphine allergy, consider HYDRMorphone. PROCEDURES RELATED TO CONTROLLED DRUGS AND SUBSTANCES MUST BE FOLLOWED FOR THIS MEDICATION.

Drug Class	Drug Subclass	Drug Name	Brand name(s)	Dosage	Category	MUST STOCK	HIGH ALERT?	Practice Notes
Analgesics	Non-Steroidal Anti-Inflammatory Agents	ibuprofen	<i>Motrin, Advil, Motrin Children's Liquid</i>	tab: 200 mg	A/B	YES		<ul style="list-style-type: none"> •Use with caution in patients who have renal impairment or are at risk of developing it. •Carry an increased risk of gastrointestinal bleeding, coronary artery disease (CAD), and cerebrovascular accident (CVA). •Avoid using these medications in frail and/or older adults. Pediatric Dosage 4-10 mg/kg/dose every 6-8 hours to a maximum of 40 mg/kg/24hours
Analgesics	Non-Steroidal Anti-Inflammatory Agents	ibuprofen	<i>Motrin, Advil, Motrin Children's Liquid</i>	liq: 100 mg/5 mL, 100 mL	C	YES		<ul style="list-style-type: none"> •Use with caution in patients who have renal impairment or are at risk of developing it. •Carry an increased risk of gastrointestinal bleeding, coronary artery disease (CAD), and cerebrovascular accident (CVA). •Avoid using these medications in frail and/or older adults. Pediatric Dosage 4-10 mg/kg/dose every 6-8 hours to a maximum of 40 mg/kg/24hours
Analgesics	Non-Steroidal Anti-Inflammatory Agents	indomethacin	<i>Indocid</i>	supp: 100 mg	C	YES		<ul style="list-style-type: none"> •NSAIDs have been found to be equally as effective as opioids in pain management for nephrolithiasis (kidney stones) and cholelithiasis (gall stones).
Analgesics	Non-Steroidal Anti-Inflammatory Agents	ketorolac	<i>Toradol</i>	inj: 30mg/mL, 1mL	D	YES		<ul style="list-style-type: none"> •Use with caution in patients who have renal impairment or are at risk of developing it. •Carry an increased risk of gastrointestinal bleeding, coronary artery disease (CAD), and cerebrovascular accident (CVA). •Avoid using these medications in frail and/or older adults. •A single dose should not exceed 30 mg. No analgesic benefit has been shown with higher doses and it increases the risks of GI bleed, CVA and CAD.
Analgesics	Dissociative anesthetic	<u>ketamine</u>	<i>Ketamine</i>	inj: 50 mg/mL, 2 mL vial	B	YES*	YES	<ul style="list-style-type: none"> •For procedural sedation •To be stocked on sites that have a physician or nurse practitioner present
Analgesics	Local Anesthetics	lidocaine	<i>Xylocaine Endotracheal, Lidodan</i>	endotracheal spray 10mg/spray	C	YES		
Analgesics	Local Anesthetics	lidocaine	<i>Xylocaine</i>	inj: 1%, 5 mL polyamps	C	YES		For infection control, single-use vials are recommended
Analgesics	Local Anesthetics	lidocaine with EPINEPHrine	<i>Xylocaine with EPI</i>	inj: 1%/1:100 000, 20 mL	C	YES		<ul style="list-style-type: none"> •For infection control, single-use vials are recommended. •Exercise caution when using on digits or appendages (fingers, toes, penis, ears, nose) as vasoconstriction may compromise blood supply.
Analgesics	Local Anesthetics	lidocaine, viscous	<i>Xylocaine, Lidodan Viscous</i>	liq: 2%, 50 mL	A	NO		
Analgesics	Systemic Corticosteroids	methyIPREDNISolone acetate suspension	<i>DEPO-Medrol</i>	inj: 40mg/mL, vial	B	NO		<ul style="list-style-type: none"> •Not for IV use. LOOK ALIKE/SOUND ALIKE – do not confuse with methylPREDNISolone sodium succinate •May stock: 1, 2, or 5 mL •For injection by physician or NP only
Analgesics	Analgesics	<u>morphine</u>		tab: 5 mg	B	NO	YES	<p>Name alert - Morphine and HYDROmorphone are often confused for each other. In case of morphine allergy, consider HYDROmorphone.</p> <p>Maximum amount to be dispensed is 15 tablets.</p> <p>PROCEDURES RELATED TO CONTROLLED DRUGS AND SUBSTANCES MUST BE FOLLOWED FOR THIS MEDICATION.</p>

Drug Class	Drug Subclass	Drug Name	Brand name(s)	Dosage	Category	MUST STOCK	HIGH ALERT?	Practice Notes
Analgesics	Analgesics	<u>morphine</u>		inj: 10 mg/mL, 1 mL	D	YES	YES	<ul style="list-style-type: none"> •Name alert - Morphine and HYDROmorphone are often confused for each other. In case of morphine allergy, consider HYDROmorphone. •Maximum amount to be dispensed is 15 tablets. <p>PROCEDURES RELATED TO CONTROLLED DRUGS AND SUBSTANCES MUST BE FOLLOWED FOR THIS MEDICATION.</p>
Analgesics	Non-Steroidal Anti-Inflammatory Agents	naproxen	<i>naprosyn</i>	tab: 250mg	B	NO		<ul style="list-style-type: none"> •Use with caution in patients who have renal impairment or are at risk of developing it. •Carry an increased risk of gastrointestinal bleeding, coronary artery disease (CAD), and cerebrovascular accident (CVA). •Avoid using these medications in frail and/or older adults.
Analgesics	Local Anesthetics	tetracaine (amethocaine)	<i>Ametop</i>	gel: 4%, 1.5g	C	NO		
Anticoagulants/ Antiplatelets/ Thrombolytics	Anticoagulants/ Antiplatelets/ Thrombolytics	acetylsalicylic acid	<i>Aspirin</i>	tab: 80 mg chewable	A	YES		<ul style="list-style-type: none"> •This formulation is stocked for use as an antiplatelet agent in the management of actual or suspected myocardial infarction. •ASA should not be used in children, teenagers or young adults with chickenpox, influenza, or flu-like illness due to the risk of Reye's syndrome.
Anticoagulants/ Antiplatelets/ Thrombolytics	Anticoagulants/ Antiplatelets/ Thrombolytics	clopidogrel	<i>Plavix</i>	tab: 75 mg	B	YES		
Anticoagulants/ Antiplatelets/ Thrombolytics	Anticoagulants/ Antiplatelets/ Thrombolytics	<u>enoxaparin</u>	<i>Lovenox, Redesca</i>	inj: 300 mg/3 mL, 3 mL	B	YES	YES	
Anticoagulants/ Antiplatelets/ Thrombolytics	Anticoagulants/ Antiplatelets/ Thrombolytics	<u>tenecteplase (TNK)</u>	<i>TNKase</i>	inj: 50 mg vial	*	YES*	YES	<ul style="list-style-type: none"> •Stocked only in health facilities with a full-time physician on staff. •To be administered by a physician only.
Anticoagulants/ Antiplatelets/ Thrombolytics	Anticoagulants/ Antiplatelets/ Thrombolytics	<u>warfarin</u>	<i>Coumadin</i>	tab: 1 mg	B	YES	YES	
Antifibrinolytics	Antifibrinolytics	tranexamic acid (TXA)	<i>Cyclokapron</i>	inj: 100 mg/mL, 10 mL	B	YES		
Anti-Infectives	Antimicrobials	amoxicillin	<i>Amoxil</i>	susp: 250mg/5mL, 100mL	C	YES		
Anti-Infectives	Antimicrobials	amoxicillin	<i>Amoxil</i>	cap: 250mg	C	YES		
Anti-Infectives	Antimicrobials	amoxicillin	<i>Amoxil</i>	cap: 500mg	C	YES		
Anti-Infectives	Antimicrobials	amoxicillin/Clavulanic acid	<i>Clavulin</i>	susp: 200 mg/28.5 mg per 5 mL, 70 mL (7:1 susp)	C	YES		Dosing based on amoxicillin component; dose and frequency are product specific; not all products are interchangeable. Do not exceed a total of 125 mg of clavulanic acid per dose.
Anti-Infectives	Antimicrobials	amoxicillin/Clavulanic acid	<i>Clavulin</i>	tab: 875 mg/125mg	C	YES		Dosing based on amoxicillin component; dose and frequency are product specific; not all products are interchangeable. Do not exceed a total of 125 mg of clavulanic acid per dose. Product to be kept in original bottle with desiccants until dispensed.
Anti-Infectives	Antimicrobials	amoxicillin/Clavulanic acid	<i>Clavulin</i>	tab: 500mg/125 mg	C	NO		Dosing based on amoxicillin component; dose and frequency are product specific; not all products are interchangeable. Do not exceed a total of 125 mg of clavulanic acid per dose. Product to be kept in original bottle with desiccants until dispensed.
Anti-Infectives	Antimicrobials	ampicillin		inj: 1g	B	YES		
Anti-Infectives	Antimicrobials	azithromycin	<i>Zithromax</i>	inj: 500 mg/5 mL	B	YES		
Anti-Infectives	Antimicrobials	azithromycin	<i>Zithromax</i>	tab: 250 mg	B/C	YES		•Tablet may be administered as Category C (1 g orally once) for treatment of suspected or confirmed sexually transmitted infection. All other indications require an order from an authorized prescriber.
Anti-Infectives	Antimicrobials	azithromycin	<i>Zithromax</i>	liq: 200 mg/5 mL, 15 mL	B	NO		

Drug Class	Drug Subclass	Drug Name	Brand name(s)	Dosage	Category	MUST STOCK	HIGH ALERT?	Practice Notes
Anti-Infectives	Antimicrobials	ceFAZolin	<i>Ancef</i>	inj: 1g	B	YES		•Use of probenecid allows once daily IV dosing of ceFAZolin in adult patients. Probenecid should not be used in patients with poor renal function (CrCl less than 30 mL/min) or inpatients.
Anti-Infectives	Antimicrobials	cefixime	<i>Suprax</i>	liq: 100 mg/5 mL, 50 mL	B/C	YES		•Category C (800 mg orally once) for treatment of suspected or confirmed gonorrhea. CefTRIAxone is preferred.
Anti-Infectives	Antimicrobials	cefixime	<i>Suprax</i>	tab: 400 mg	B/C	YES		•Category B for all other indications
Anti-Infectives	Antimicrobials	cefTRIAxone	<i>Rocephin</i>	inj: 1 g	B/C	YES		•Category C (800 mg orally once) for treatment of suspected or confirmed gonorrhea. CefTRIAxone is preferred.
								•Category B for all other indications
Anti-Infectives	Antimicrobials	cefTRIAxone	<i>Rocephin</i>	inj: 1 g	B/C	YES		•If administering for sepsis or meningitis, draw blood cultures before administering antibiotic.
								•Category C for treatment of gonorrhea in adults and youth 9 years of age or older
								•Positive NAAT, or contact with positive partner or symptomatic and at risk
								•Category B for all other indications
Anti-Infectives	Antimicrobials	cefTRIAxone	<i>Rocephin</i>	inj: 250 mg	B/C	YES		•If administering for sepsis or meningitis, draw blood cultures before administering antibiotic.
								•Category C for treatment of gonorrhea in adults and youth 9 years of age or older
								•Positive NAAT, or contact with positive partner or symptomatic and at risk
								•Category B for all other indications
Anti-Infectives	Antimicrobials	cefuroxime axetil suspension	<i>Ceftin</i>	susp: 125 mg/5 mL	B	YES		
Anti-Infectives	Antimicrobials	cephalexin	<i>Keflex</i>	susp: 250 mg/5 mL, 100 mL	C	YES		
Anti-Infectives	Antimicrobials	cephalexin	<i>Keflex</i>	tab: 500 mg	C	YES		
Anti-Infectives	Antimicrobials	ciprofloxacin	<i>Cipro</i>	IV: 400 mg minibag	B	YES		•Do not administer to children under the age 18, or pregnant women.
Anti-Infectives	Antimicrobials	ciprofloxacin	<i>Cipro</i>	tab: 250 mg	B	YES		•Do not administer within 2 hours of milk, dairy products, or iron as these have shown to decrease absorption.
								•Do not administer to children under the age 18, or pregnant women.
Anti-Infectives	Antimicrobials	clindamycin	<i>Dalacin C Phosphate, Dalacin C Palmitate</i>	inj: 150 mg/mL, 2 mL	B	YES		•Be aware of possible C. difficile infection arising from clindamycin therapy up to 8 weeks post-treatment.
Anti-Infectives	Antimicrobials	clindamycin	<i>Dalacin C Phosphate, Dalacin C Palmitate</i>	liq: 75 mg/5 mL, 100 mL	B	YES		•Be aware of possible C. difficile infection arising from clindamycin therapy up to 8 weeks post-treatment.
Anti-Infectives	Antimicrobials	clindamycin	<i>Dalacin C Phosphate, Dalacin C Palmitate</i>	cap: 150 mg	B	YES		•Be aware of possible C. difficile infection arising from clindamycin therapy up to 8 weeks post-treatment.
Anti-Infectives	Antimicrobials	clindamycin	<i>Dalacin C Phosphate, Dalacin C Palmitate</i>	minibag: 600 mg/50mL	B	YES*		* Optional stock item for use if vial format is unavailable.
								•Be aware of possible C. difficile infection arising from clindamycin therapy up to 8 weeks post-treatment.
Anti-Infectives	Antimicrobials	doxycycline	<i>Vibramycin, Apprilon</i>	cap: 100 mg	C	YES		•Avoid use in pregnancy and in children under the age of 8
Anti-Infectives	Anti-Virals	emtricitabine/tenofovir + dolutegravir	<i>Truvada + Tivicay</i>	kit, each	B	YES		•For HIV post-exposure prophylaxis
								•Administer within 2-4 hours if possible but consider administration up to 72 hours post-exposure.
								•This combination may be used in pregnancy
								Starter Kit - Extended 3 drug/28 Day Protocol (7 days supply):
								emtricitabine 200 mg & tenofovir 300 mg (Truvada) PLUS dolutegravir 50 mg – 1 tablet each orally daily
Anti-Infectives	Anti-Tuberculosis	ethambutol	<i>Etibi</i>	tab: 400 mg	B	NO		

Drug Class	Drug Subclass	Drug Name	Brand name(s)	Dosage	Category	MUST STOCK	HIGH ALERT?	Practice Notes
Anti-Infectives	Antimicrobials	fluconazole	<i>Diflucan</i>	tab: 50 mg	B/C	NO		<ul style="list-style-type: none"> •Category C for the management of vaginal candidiasis – 150 mg PO x 1 dose. •Category B for all other indications •Alcohol to be avoided for 48 hours after last dose. •Significant drug interactions exist. Consider using drug interactions software or a pharmacist consult prior to administering first dose.
Anti-Infectives	Antimicrobials	fosfomycin	<i>Monurol</i>	sachet: 3 g	C	YES		
Anti-Infectives	Antimicrobials	gentamicin		inj: 80 mg/ 2mL, 20 mL	B	YES		<ul style="list-style-type: none"> •Administer over 30-60 minutes to reduce the risk of neuromuscular blockade. •Watch for any signs/symptoms of cochlear or vestibular toxicity. If symptomatic, refer as appropriate. •Gentamicin levels are required for treatment beyond 3 days. Pharmacy consult recommended.
Anti-Infectives	Anti-Tuberculosis	isoniazid (INH)	<i>Isotamine</i>	susp: 10 mg/mL, 500 mL	B	NO		
Anti-Infectives	Anti-Tuberculosis	isoniazid (INH)	<i>Isotamine</i>	tab: 100 mg	B	NO		
Anti-Infectives	Anti-Tuberculosis	isoniazid (INH)	<i>Isotamine</i>	tab: 300 mg	B	NO		
Anti-Infectives	Antimicrobials	metronIDAZOLE	<i>Flagyl</i>	tab: 250 mg	C	YES		<ul style="list-style-type: none"> •Alcohol must be avoided during the course of treatment and for 24 hours post treatment.
Anti-Infectives	Antimicrobials	metronIDAZOLE	<i>Flagyl</i>	minibag: 5mg/mL, 100 mL	B	YES		<ul style="list-style-type: none"> •Alcohol must be avoided during the course of treatment and for 24 hours post treatment.
Anti-Infectives	Anti-Virals	nirmatrelvir/ ritonavir	<i>Paxlovid</i>	tabs: 150/100 mg	B	YES*		<ul style="list-style-type: none"> •See order set, “Administration of PAXLOVID for the treatment of mild-moderate COVID-19” available on ournthssa.ca •Watch for renal function and drug interactions. •*may only be stocked in specified locations, which may change as response to COVID-19 changes. See the latest communication from the Northwest Territories Pharmacy and Therapeutics Committee for details
Anti-Infectives	Antimicrobials	nitrofurantoin	<i>MacroBid</i>	cap: 100 mg	C	YES		<ul style="list-style-type: none"> •Use of this medication should be avoided in frail and/or older adults. •Use of this medication is contraindicated in patients with compromised renal function (CrCl less than 40 mL/min)
Anti-Infectives	Anti-Virals	oseltamivir	<i>Tamiflu</i>	susp: 12mg/mL	C	NO		<ul style="list-style-type: none"> •Treatment should be initiated within 48-72 hours of onset of symptoms.
Anti-Infectives	Anti-Virals	oseltamivir	<i>Tamiflu</i>	cap: 75 mg	C	YES		<ul style="list-style-type: none"> •Treatment should be initiated within 48-72 hours of onset of symptoms.
Anti-Infectives	Antimicrobials	penicillin G benzathine	<i>Bicillin LA</i>	inj: 600,000 units/mL, 2 mL	B/D	YES		<ul style="list-style-type: none"> •Category D for suspected or confirmed primary, secondary, and early latent syphilis •Category B for the treatment of syphilis in pregnancy and all other indications •Penicillin G benzathine is the same product as penicillin G benzathine-LA •All documentation of administration must read as follows to ensure the appropriate treatment has been administered: <ul style="list-style-type: none"> oPenicillin G benzathine-LA 2.4 million units as a single dose, to be give: 1.2 million units/2 mL to left gluteal muscle and 1.2 million units/2 mL to right gluteal muscle •All syphilis screening tests are reportable to the Office of the Chief Public Health Officer, regardless of the result, within 24 hours. For staging help refer to this infographic: Simplified algorithm for clinical syphilis staging and treatment in adolescents and adults - Canada.ca

Drug Class	Drug Subclass	Drug Name	Brand name(s)	Dosage	Category	MUST STOCK	HIGH ALERT?	Practice Notes
Anti-Infectives	Antimicrobials	penicillin G sodium	<i>Crystapen</i>	inj: 5 Million Units/vial	B	YES		•LOOK ALIKE/SOUND ALIKE - Penicillin G sodium and penicillin G benzathine are not interchangeable and are used for different indications.
Anti-Infectives	Antimicrobials	penicillin V	<i>Pen V, Pen Vee</i>	tab: 300 mg	C	YES		•Penicillin is the drug of choice for streptococcal pharyngitis. Although cephalosporins are effective, they are very broad spectrum and should not replace penicillin as the drug of choice.
Anti-Infectives	Antimicrobials	piperacillin/ tazobactam	<i>Tazocin</i>	vial: 4.5 g	B	YES		•For the treatment of suspected sepsis. See order set – Sepsis-Adult in Community Health Centre
Anti-Infectives	Anthelmintic	pyrantel pamoate	<i>Combantrin</i>	tab, chewable: 125mg	C	YES		
Anti-Infectives	Anti-Tuberculosis	pyrazinamide	<i>PZA</i>	tab: 500 mg	B	NO		
Anti-Infectives	Anti-Tuberculosis	rifAMPin	<i>Rifadin, Rimactane</i>	cap: 300 mg	B	NO		•If liquid form is not available it can be compounded from tablets. Consult a pharmacist for instructions on how to prepare suspension
Anti-Infectives	Anti-Tuberculosis	rifapentine	<i>Priftin</i>	tab: 150 mg	B	NO		•Once weekly alternative to rifAMPin for the management of latent tuberculosis infection (LTBI)
Anti-Infectives	Antimicrobials	sulfamethoxazole/ trimethoprim	<i>Co-Trimoxazole, Septra, Septra DS</i>	susp: 200 mg/40 mg per 5 mL	C	YES*		<p>*A CHC Must Stock either the suspension or pediatric tabs, not both.</p> <ul style="list-style-type: none"> •Avoid use in infants less than 2 months of age, or in pregnant women unless benefits outweigh the risks, due to increased risk of embryo-fetal toxicity. •Pediatric dosing is based on the concentration of trimethoprim (TMP) in the product, usually targeting a daily dose of 6-12 mg/kg/day of TMP divided into twice daily doses. •When using the pediatric tabs, round the dose to the nearest 20 mg of TMP (whole tablet). Note that tablets are not chewable. •Use with caution in patients with renal dysfunction.
Anti-Infectives	Antimicrobials	sulfamethoxazole/ trimethoprim	<i>Co-Trimoxazole, Septra, Septra DS</i>	pediatric tab: 100 mg/ 20 mg	C	YES*		<p>*A CHC Must Stock either the suspension or pediatric tabs, not both.</p> <ul style="list-style-type: none"> •Avoid use in infants less than 2 months of age, or in pregnant women unless benefits outweigh the risks, due to increased risk of embryo-fetal toxicity. •Pediatric dosing is based on the concentration of trimethoprim (TMP) in the product, usually targeting a daily dose of 6-12 mg/kg/day of TMP divided into twice daily doses. •When using the pediatric tabs, round the dose to the nearest 20 mg of TMP (whole tablet). Note that tablets are not chewable. •Use with caution in patients with renal dysfunction.
Anti-Infectives	Antimicrobials	sulfamethoxazole/ trimethoprim	<i>Co-Trimoxazole, Septra, Septra DS</i>	tab: 800/160 mg	C	YES		<ul style="list-style-type: none"> •Avoid use in infants less than 2 months of age, or in pregnant women unless benefits outweigh the risks, due to increased risk of embryo-fetal toxicity. •Pediatric dosing is based on the concentration of trimethoprim (TMP) in the product, usually targeting a daily dose of 6-12 mg/kg/day of TMP divided into twice daily doses. •When using the pediatric tabs, round the dose to the nearest 20 mg of TMP (whole tablet). Note that tablets are not chewable. •Use with caution in patients with renal dysfunction.
Anti-Infectives	Anti-Virals	valACYclovir	<i>Valtrex</i>	tab: 500 mg	B/C	YES		•Category B if pregnant and category C otherwise.
Anti-Infectives	Antimicrobials	vancomycin		inj: 1 g	B	YES		<ul style="list-style-type: none"> •Vancomycin has slow distribution and poor CSF penetration. When other antibiotics are to be administered (such as cefTRIAXone) the other should be given first. •Consider pharmacy consult for dosing, especially if patient has poor renal function or weighs more than 120 kg.
Cardiovascular	Cardiovascular	<u>adenosine</u>	<i>Adenocard</i>	inj: 3 mg/mL PLS, 2 mL	D	YES	YES	<ul style="list-style-type: none"> •administer in the closest IV access port to the patient. <p>Dosage for treatment of supraventricular tachycardia (SVT):</p> <ul style="list-style-type: none"> •6 mg IV given rapidly over 1 - 3 seconds followed immediately by NS bolus of 20 mL.

Drug Class	Drug Subclass	Drug Name	Brand name(s)	Dosage	Category	MUST STOCK	HIGH ALERT?	Practice Notes
Cardiovascular	Cardiovascular	<u>amiodarone</u>	<i>Cordarone</i>	inj: 150 mg/3 mL, 3mL	D	YES	YES	<ul style="list-style-type: none"> •Use a non-PVC bag and 0.22-micron filter; infuse via IV pump. •Use of this medication should be avoided in frail and/or older adults. Dosage for Cardiac Arrest (VF/pulseless VT) <ul style="list-style-type: none"> •When unresponsive to CPR, shock and vasopressor administer 300 mg via IV push.
Cardiovascular	Cardiovascular	amLODIPine	<i>Norvasc</i>	tab: 5mg	B	NO		<ul style="list-style-type: none"> •Use of this medication should be avoided in frail and/or older adults.
Cardiovascular	Cardiovascular	atropine		PLS: 1 mg/10 mL, 10 mL	D	YES		<ul style="list-style-type: none"> •Use of this medication should be avoided in frail and/or older adults. Dosage for Bradycardia (with/without Acute Coronary Syndromes) <ul style="list-style-type: none"> •0.5mg IV every 3-5 minutes as needed; not to exceed a total dose of 0.04 mg/kg or 3 mg.
Cardiovascular	Cardiovascular	<u>diltiazem</u>	<i>Cardizem</i>	inj: 5 mg/mL, 10 mL	B	YES	YES	<ul style="list-style-type: none"> •Store unopened vials in the refrigerator.
Cardiovascular	Cardiovascular	<u>DOPamine</u>		bag: 400 mg/250 mL, 250 mL	B	YES	YES	<ul style="list-style-type: none"> •MUST BE ADMINISTERED VIA INFUSION PUMP. •Requires cardiac and continuous blood pressure monitoring during administration. •Do not mix with sodium bicarbonate.
Cardiovascular	Cardiovascular	<u>EPINEPHrine</u>	<i>Adrenalin</i>	inj: 1:1000, 1 mL	D	YES	YES	Dosages for Cardiac Arrest: 1 mg IV, 10 ml of 1:10,000 solution every 3-5 minutes. ET Tube Administration 1:10,000 EPINEPHrine may be given via ET tube during cardiac arrest if no IV access is available. Adults: give 2 - 2.5 mg diluted in 10 mL NS via ET tube) and ventilate. 1:1000 (1 mg/mL) For use as bronchodilator - see Bronchodilators and Inhaled Corticosteroids For use in anaphylaxis see Appendix I DO NOT INJECT undiluted 1:1000 solution via IV route.
Cardiovascular	Cardiovascular	<u>EPINEPHrine</u>	<i>Adrenalin</i>	PLS: 1:10,000, 10 mL	D	YES	YES	Dosages for Cardiac Arrest: 1 mg IV, 10 ml of 1:10,000 solution every 3-5 minutes. ET Tube Administration 1:10,000 EPINEPHrine may be given via ET tube during cardiac arrest if no IV access is available. Adults: give 2 - 2.5 mg diluted in 10 mL NS via ET tube) and ventilate. 1:1000 (1 mg/mL) For use as bronchodilator - see Bronchodilators and Inhaled Corticosteroids For use in anaphylaxis see Appendix I DO NOT INJECT undiluted 1:1000 solution via IV route.
Cardiovascular	Cardiovascular	<u>labetalol</u>	<i>Trandate</i>	tab: 100 mg	B	YES	YES	
Cardiovascular	Cardiovascular	magnesium sulfate		inj: 2 g/10 mL	B	YES		<ul style="list-style-type: none"> •Safety Alert: Concentrated electrolyte solutions are high-risk medications.
Cardiovascular	Cardiovascular	<u>metoprolol</u>	<i>Lopressor</i>	inj: 1 mg/mL, 5 mL	B	YES	YES	
Cardiovascular	Cardiovascular	<u>metoprolol</u>	<i>Lopressor</i>	tab: 25 mg	B	YES	YES	
Cardiovascular	Cardiovascular	NIFEdipine	<i>Adalat</i>	cap: 10 mg	B	YES		<ul style="list-style-type: none"> •Use of this medication should be avoided in frail and/or older adults. •This is a short acting formulation used for hypertensive emergencies. It is not interchangeable with extended release NIFEdipine (Adalat XR)
Cardiovascular	Cardiovascular	nitroglycerin	<i>Nitrodur, Nitrolingual</i>	patch: 0.2 mg/hr	B	YES		<ul style="list-style-type: none"> •Do not use within 24 hours of sildenafil (Viagra), vardenafil (Levitra) or tadalafil (Cialis) as profound hypotension may occur. Spray: one course is 1 spray at five-minute intervals up to a maximum of 3 sprays.

Drug Class	Drug Subclass	Drug Name	Brand name(s)	Dosage	Category	MUST STOCK	HIGH ALERT?	Practice Notes
Cardiovascular	Cardiovascular	nitroglycerin	<i>Nitrodur, Nitrolingual</i>	spray: 0.4 mg/dose, 75 doses	C	YES		<ul style="list-style-type: none"> Do not use within 24 hours of sildenafil (Viagra), vardenafil (Levitra) or tadalafil (Cialis) as profound hypotension may occur. Spray: one course is 1 spray at five-minute intervals up to a maximum of 3 sprays.
Cardiovascular	Cardiovascular	<u>norepinephrine</u>	<i>Levophed</i>	inj: 1 mg/mL, 4 mL	B	YES	YES	<ul style="list-style-type: none"> Must be diluted prior to IV use – see Manual for Administration of Norepinephrine for Remote and Isolated Community Health Centre Nurses Fluid resuscitation must be started before administering norepinephrine.
Cardiovascular	Cardiovascular	ramipril	<i>Altace</i>	cap: 2.5 mg	B	YES		
Cardiovascular	Cardiovascular	<u>sodium bicarbonate</u>		inj: 4.2%, 10 mL PLS (infant)	D	YES	YES	
Cardiovascular	Cardiovascular	<u>sodium bicarbonate</u>		inj: 8.4%, 10 mL PLS (peds)	D	YES	YES	
Cardiovascular	Cardiovascular	<u>sodium bicarbonate</u>		inj: 8.4%, 50 mL PLS (adult)	D	YES	YES	
Cardiovascular	Cardiovascular	<u>vasopressin</u>	<i>Pressyn AR</i>	vial: 20 International Units/mL, 2 mL	B	YES	YES	<p>Dosage for Cardiac arrest (as an alternative to EPINEPHrine): 40 International Units diluted in 10 mL NS IV infusion.</p> <ul style="list-style-type: none"> Acute dystonic reactions provoked by antipsychotics will respond quickly (within minutes) to the IV administration of an anticholinergic agent such as benztropine. The onset of action for PO or IM administration of benztropine is between 1 and 2 hours.
Central Nervous System	Psychotropics	benztropine	<i>Cogentin</i>	inj: 1mg/mL, 2 mL	D	YES		<ul style="list-style-type: none"> Acute dystonic reactions provoked by antipsychotics will respond quickly (within minutes) to the IV administration of an anticholinergic agent such as benztropine. The onset of action for PO or IM administration of benztropine is between 1 and 2 hours.
Central Nervous System	Psychotropics	benztropine	<i>Cogentin</i>	tab: 1 mg	B	NO		<ul style="list-style-type: none"> Acute dystonic reactions provoked by antipsychotics will respond quickly (within minutes) to the IV administration of an anticholinergic agent such as benztropine. The onset of action for PO or IM administration of benztropine is between 1 and 2 hours.
Central Nervous System	Neuromuscular blocking agents	<u>succinylcholine</u>	<i>Quelicin</i>	inj: 20 mg/mL, 10 mL	B	YES*	YES	<ul style="list-style-type: none"> This product is a must stock ONLY in locations where a physician or nurse practitioner are present. For the treatment of laryngospasms associated with anesthetics in procedural sedation. Can cause respiratory arrest. Ensure patient is adequate for ventilation if needed.
Central Nervous System	Skeletal Muscle Relaxants	cyclobenzaprine	<i>Flexeril</i>	tab: 10 mg	C	NO		<ul style="list-style-type: none"> A maximum 5-day course may be dispensed. Several warnings and contraindications. Consult resources before dispensing. Use of this medication should be avoided in frail and/or older adults.
Central Nervous System	Anticonvulsants	<u>diazepam</u>	<i>Valium</i>	inj: 5 mg/mL, 2 mL	D	YES	YES	<ul style="list-style-type: none"> Respiratory support equipment must be available for direct IV administration. Rectal administration for seizures when no IV access is available has been shown to be effective with low risk of respiratory side effects. Use undiluted parenteral formulation. Remove needle from syringe and add a catheter or feeding tube to administer rectally. IM administration has erratic absorption and is not recommended. Do not mix with other IV medications. Use of this medication should be avoided in frail and/or older adults. <p>Dosage - Status Epilepticus Pediatric (1 month – 5 years): 0.2-0.5 mg IV every 2-5 minutes, not exceeding a maximum of 5 mg. Pediatric 5 years and older: 1 mg IV every 2-5 minutes, not exceeding a maximum of 10 mg. Adult: 5-10 mg IV every 10-15 minutes, for a total dose of 30 mg. Rectal: 0.5 mg/kg (maximum 20 mg).</p> <p>PROCEDURES RELATED TO CONTROLLED DRUGS AND SUBSTANCES MUST BE FOLLOWED FOR THIS MEDICATION.</p>

Drug Class	Drug Subclass	Drug Name	Brand name(s)	Dosage	Category	MUST STOCK	HIGH ALERT?	Practice Notes
Central Nervous System	Anticonvulsants	<u>diazepam</u>	Valium	tab: 5 mg	C	YES	YES	<ul style="list-style-type: none"> •Respiratory support equipment must be available for direct IV administration. •Rectal administration for seizures when no IV access is available has been shown to be effective with low risk of respiratory side effects. •Use undiluted parenteral formulation. Remove needle from syringe and add a catheter or feeding tube to administer rectally. •IM administration has erratic absorption and is not recommended. •Do not mix with other IV medications. •Use of this medication should be avoided in frail and/or older adults. Dosage - Status Epilepticus Pediatric (1 month – 5 years): 0.2-0.5 mg IV every 2-5 minutes, not exceeding a maximum of 5 mg. Pediatric 5 years and older: 1 mg IV every 2-5 minutes, not exceeding a maximum of 10 mg. Adult: 5-10 mg IV every 10-15 minutes, for a total dose of 30 mg. Rectal: 0.5 mg/kg (maximum 20 mg). PROCEDURES RELATED TO CONTROLLED DRUGS AND SUBSTANCES MUST BE FOLLOWED FOR THIS MEDICATION.
Central Nervous System	Psychotropics	haloperidol	Haldol	inj: 5 mg/mL, 1 mL	B	YES		<ul style="list-style-type: none"> •Visually compatible for 4 hours at room temperature with LORazepam. •Use of this medication should be avoided in frail and/or older adults.
Central Nervous System	Anticonvulsants	<u>LORazepam</u>	Ativan	inj: 4 mg/mL, 1 mL	D	YES	YES	<ul style="list-style-type: none"> •Respiratory support required for direct IV administration. •Store unopened vials in the refrigerator. Protect from light. Do not freeze. •Use of this medication should be avoided in frail and/or older adults. •Visually compatible for 4 hours at room temperature with haloperidol lactate. Dosage - Status Epilepticus: 0.05 mg/kg IV (up to 4 mg) by slow IV injection. An additional dose of 0.05 mg/kg up to 4 mg may be required after 10-15 minutes. Do not exceed 8 mg in 12 hours. PROCEDURES RELATED TO CONTROLLED DRUGS AND SUBSTANCES MUST BE FOLLOWED FOR THIS MEDICATION
Central Nervous System	Anticonvulsants	<u>LORazepam</u>	Ativan	SL tab: 0.5 mg	C	YES	YES	<ul style="list-style-type: none"> •Respiratory support required for direct IV administration. •Store unopened vials in the refrigerator. Protect from light. Do not freeze. •Use of this medication should be avoided in frail and/or older adults. •Visually compatible for 4 hours at room temperature with haloperidol lactate. Dosage - Status Epilepticus: 0.05 mg/kg IV (up to 4 mg) by slow IV injection. An additional dose of 0.05 mg/kg up to 4 mg may be required after 10-15 minutes. Do not exceed 8 mg in 12 hours. PROCEDURES RELATED TO CONTROLLED DRUGS AND SUBSTANCES MUST BE FOLLOWED FOR THIS MEDICATION
Central Nervous System	Anticonvulsants	Gabapentin	Neurontin	Cap: 100 mg	B	NO		
Central Nervous System	Psychotropics	OLANzapine	Zyprexa	tab: 5 mg (rapid dissolve)	B	YES		<ul style="list-style-type: none"> •Use of this medication should be avoided in frail and/or older adults.
Central Nervous System	Psychotropics	QUETiapine	Seroquel	tab: 25 mg	B	NO		

Drug Class	Drug Subclass	Drug Name	Brand name(s)	Dosage	Category	MUST STOCK	HIGH ALERT?	Practice Notes
Central Nervous System	Anticonvulsants	Phenytoin	<i>Dilantin</i>	inj: 50 mg/mL, 5 mL	B	YES		<ul style="list-style-type: none"> Do not mix with other IV medications. Dilute and administer with NS only. Should be administered with a 0.22 micron in-line filter to remove any crystalline phenytoin that forms during dilution. Do not administer IM.
Central Nervous System	Anticonvulsants	Phenytoin	<i>Dilantin</i>	cap: 100 mg	B	YES		
Central Nervous System	Migraine Therapy	SUMatriptan	<i>Imitrex</i>	tab: 50 mg	B	YES		<ul style="list-style-type: none"> Do not give within 24 hours of ergotamines or other triptans. If possible avoid use in patients taking other serotonin modulators (e.g. SSRIs) as Serotonin Syndrome can result.
Contraceptives	Contraceptives	estrogen 30 mcg or more, monophasic	<i>Min-Ovral, Portia, Marvelon</i>	tab: levonorgestrel 150mcg/ethinyl estradiol 30 mcg	A	YES		<ul style="list-style-type: none"> Initial course may be given from Health Centre stock. For further courses obtain a prescription.
Contraceptives	Contraceptives	estrogen under 30 mcg, monophasic	<i>Alesse, Aviane</i>	tab: levonorgestrel 100 mcg & thinyl estradiol 20 mcg	A	YES		<ul style="list-style-type: none"> Initial course may be given from Health Centre stock. For further courses obtain a prescription.
Contraceptives	Contraceptives	medroxyPROGESTERone	<i>Depo-Provera</i>	PLS: 150mg, 1 mL	A	YES		<ul style="list-style-type: none"> Initial course may be given from Health Centre stock. For further courses obtain a prescription.
Contraceptives	Contraceptives	ulipristal acetate	<i>Ella</i>	tab: 30mg	A	YES		<ul style="list-style-type: none"> Emergency contraception is more effective the sooner it is taken but has been shown to be effective if administered up to 120 hours (5 days) after unprotected intercourse.
Diabetes	Glucose	dextrose		PLS: 50%, 50 mL	D	YES		
Diabetes	Glucose	glucagon kit	<i>Glucagon Kit</i>	inj: 1mg/mL	D	YES		<ul style="list-style-type: none"> Mix with provided diluent as per kit instructions.
Diabetes	Glucose	glucose gel	<i>Insta-Glucose, Dex-4</i>	tube: 15-31 g	D	YES		
Diabetes	Glucose	glucose solution	<i>Glucodex</i>	liq: 50 g, 300 mL	D	YES		
Diabetes	Glucose	glucose solution	<i>Glucodex</i>	liq: 75 g, 300 mL	D	NO		
Diabetes	Insulins	<u>insulin glargine</u>	<i>Basaglar, Lantus</i>	vial: 100 units/mL, 10 mL	B	NO	YES	
Diabetes	Insulins	<u>insulin R</u>	<i>HumuLIN R, Toronto Insulin</i>	inj: 100 units/mL, 10 mL	B	YES	YES	
Diuretics & Potassium	Diuretics	acetaZOLAMIDE	<i>Diamox</i>	tab: 250 mg	B	YES		<ul style="list-style-type: none"> For glaucoma use in patients with increased intraocular pressure Caution in patients with renal impairment.
Diuretics & Potassium	Diuretics	furosemide	<i>Lasix</i>	inj: 10 mg/mL, 4 mL	D	YES		
Diuretics & Potassium	Diuretics	furosemide	<i>Lasix</i>	tab: 20 mg	B	YES		
Diuretics & Potassium	Diuretics	hydroCHLOROthiazide	<i>Hydrodiuril</i>	tab: 25 mg	B	NO		
Diuretics & Potassium	Diuretics	<u>mannitol</u>		bag: 200 mg/mL, 500 mL	B	YES	YES	<ul style="list-style-type: none"> Use a 0.22 micron filter during administration.
Diuretics & Potassium	Potassium Supplements	potassium chloride	<i>K10 Sol</i>	liq: 20 mEq/15 mL, 500 mL	B	YES		<ul style="list-style-type: none"> Safety Alert: Only pre-mixed bags and oral solutions may be stocked. Must never be stored in a patient care area. May crystallize when exposed to low temperatures.
Ear, Nose & Throat	Ear, Nose & Throat	ciprofloxacin/dexAMETHasone	<i>Ciprodex</i>	otic drops: 0.3%/0.1%, 7.5 mL	C	YES		<ul style="list-style-type: none"> One course for ciprofloxacin/dexAMETHasone otic drops is 7 days NOT for ophthalmic use
Ear, Nose & Throat	Ear, Nose & Throat	sodium chloride nasal spray	<i>Salinex Nasal Spray</i>	spray: 0.9%, 30 mL	A	NO		
Gastrointestinal	Antacids	aluminum-magnesium hydroxides	<i>Dioval, Almagel</i>	liq: 350 mL	A	YES		
Gastrointestinal	Laxatives	bisacodyl	<i>Dulcolax</i>	tab: 5 mg	C	YES		<ul style="list-style-type: none"> Bowel Preparation Protocol: As directed for the patient by the clinician. Contact Stanton Internal Medicine or General Surgery for protocol
Gastrointestinal	Miscellaneous GI	dimenhyDRINATE	<i>Gravol</i>	inj: 50 mg/mL, 1 mL	A	YES		<ul style="list-style-type: none"> Use of this medication should be avoided in frail and/or older adults.
Gastrointestinal	Miscellaneous GI	dimenhyDRINATE	<i>Gravol</i>	liq: 15 mg/5 mL, 75 mL	A	YES		<ul style="list-style-type: none"> Use of this medication should be avoided in frail and/or older adults.
Gastrointestinal	Miscellaneous GI	dimenhyDRINATE	<i>Gravol</i>	supp: 50 mg	A	YES		<ul style="list-style-type: none"> Use of this medication should be avoided in frail and/or older adults.

Drug Class	Drug Subclass	Drug Name	Brand name(s)	Dosage	Category	MUST STOCK	HIGH ALERT?	Practice Notes
Gastrointestinal	Miscellaneous GI	dimenhydrINATE	<i>Gravol</i>	tab: 50 mg	A	YES		•Use of this medication should be avoided in frail and/or older adults.
Gastrointestinal	Miscellaneous GI	electrolyte/dextrose preparations	<i>Hydralyte, Enfalyte, Pedialyte</i>	pkg: 5 mg	A	YES*		* Health centre must stock at least one electrolyte formulation – either powder or pre-mixed solution. •Oral rehydration therapy is the treatment of choice for children with mild to moderate dehydration.
Gastrointestinal	Miscellaneous GI	electrolyte/dextrose preparations	<i>Hydralyte, Enfalyte, Pedialyte</i>	liq: 90 mL	A	YES*		* Health centre must stock at least one electrolyte formulation – either powder or pre-mixed solution. •Oral rehydration therapy is the treatment of choice for children with mild to moderate dehydration.
Gastrointestinal	Antacids	famotidine	<i>Pepcid</i>	Inj: 10 mg/mL, 2 mL	A	YES		
Gastrointestinal	Antacids	famotidine	<i>Pepcid AC</i>	tab: 20 mg	C	YES*		*A CHC must stock either ranITidine or famotidine, not both
Gastrointestinal	Laxatives	glycerin suppository		supp (adult)	A	YES		
Gastrointestinal	Laxatives	glycerin suppository		supp (peds)	A	YES		
Gastrointestinal	Miscellaneous GI	hyoscine butylbromide	<i>Buscopan</i>	inj: 20 mg/mL, 1 mL	D	YES		
Gastrointestinal	Miscellaneous GI	hyoscine butylbromide	<i>Buscopan</i>	tab: 10 mg	A	YES		
Gastrointestinal	Laxatives	lactulose	<i>ratio-Lactulose</i>	liq: 667 mg/mL, 500 mL	A	YES		
Gastrointestinal	Miscellaneous GI	metoclopramide	<i>Maxeran</i>	inj: 5 mg/mL, 2 mL	B	YES		•Extrapyramidal syndromes including acute dystonic reactions can occur with metoclopramide therapy. Treatment for these symptoms is to administer diphenhydrAMINE (Benadryl) 50 mg IM. Notify a physician if administered.
Gastrointestinal	Miscellaneous GI	metoclopramide	<i>Maxeran</i>	tab: 5 mg	B	YES		•Extrapyramidal syndromes including acute dystonic reactions can occur with metoclopramide therapy. Treatment for these symptoms is to administer diphenhydrAMINE (Benadryl) 50 mg IM. Notify a physician if administered.
Gastrointestinal	Miscellaneous GI	ondansetron	<i>Zofran</i>	wafer: 4 mg	B/D	YES		•Ondansetron is approved as a category D pharmaceutical for use in patients 15 kg and above for vomiting associated with gastroenteritis to facilitate administration of oral rehydration therapy. All other uses require an order from a physician or NP. •Open wafer packages carefully as they are fragile. •Use with caution in pregnancy, avoid first trimester use.
Gastrointestinal	Miscellaneous GI	ondansetron	<i>Zofran</i>	inj: 2 mg/mL, 2 mL	B/D	YES		•Ondansetron is approved as a category D pharmaceutical for use in patients 15 kg and above for vomiting associated with gastroenteritis to facilitate administration of oral rehydration therapy. All other uses require an order from a physician or NP. •Use with caution in pregnancy, avoid first trimester use.
Gastrointestinal	Antacids	pantoprazole	<i>Panto IV, Pantoloc</i>	inj: 40 mg/10 mL, 10 mL	B	YES		•Use of this medication should be avoided in frail and/or older adults.
Gastrointestinal	Antacids	pantoprazole	<i>Panto, Pantoloc</i>	tab: 40mg	B	YES		•Use of this medication should be avoided in frail and/or older adults.
Gastrointestinal	Laxatives	polyethylene glycol & electrolyte solution	<i>Golytely, PegLyte</i>	susp: 4L	B	YES		• Name Alert: polyethylene glycol for whole bowel irrigation (GoLyteLy, PegLyte) and polyethylene glycol for constipation (Restoralax, Lax-A-Day) are often confused for each other. •Bowel Preparation Protocol: As directed for the patient by the clinician. Contact Stanton Internal Medicine or General Surgery as appropriate.

Drug Class	Drug Subclass	Drug Name	Brand name(s)	Dosage	Category	MUST STOCK	HIGH ALERT?	Practice Notes
Gastrointestinal	Laxatives	polyethylene glycol (PEG) 3350	PEG 3350, Restoralax, Lax-A-Day	powder for solution: 17 g	C	YES		<ul style="list-style-type: none"> •Name Alert: polyethylene glycol used for whole bowel irrigation (GoLyteLy, PegLyte) and polyethylene glycol used for pediatric constipation (Restoralax, Lax-A-Day) are often confused for each other. •PEG 3350 is an effective and well-tolerated treatment choice for pediatric constipation, especially as an adjunct to education and behavioral training. •Use with caution in children less than 2 years.
Gastrointestinal	Antacids	ranitidine	Zantac	tab: 150 mg	C	YES*		*A CHC must stock either ranitidine or famotidine, not both
Gastrointestinal	Laxatives	sodium phosphate enema	Fleet Enema	liq: adult, 130 mL	A	YES		
Gastrointestinal	Laxatives	sodium phosphate enema	Fleet Enema	liq: pediatric, 65 mL	D	YES		
IV Solutions	IV Solutions	dextrose in saline, 0.9%	D5NS	inj: 5% in 0.9% saline, 500 mL	A	YES		<ul style="list-style-type: none"> •Not for use during emergent volume resuscitation. •In emergent situations where other dextrose concentrations are required consult Stanton or Inuvik Hospital pharmacy for instructions on preparation. •IV dextrose solutions increase thiamine requirements, therefore administer thiamine prior to dextrose infusions, especially in those who may be thiamine deficient (Wernicke's encephalopathy).
IV Solutions	IV Solutions	dextrose in water, 10%	D10W	inj: 10% in water, 250 mL	A	YES		<ul style="list-style-type: none"> •Not for use during emergent volume resuscitation. •In emergent situations where other dextrose concentrations are required consult Stanton or Inuvik Hospital pharmacy for instructions on preparation. •IV dextrose solutions increase thiamine requirements, therefore administer thiamine prior to dextrose infusions, especially in those who may be thiamine deficient (Wernicke's encephalopathy).
IV Solutions	IV Solutions	dextrose in water, 5%	D5W	inj: 5% in water, 1000 mL	A	YES		<ul style="list-style-type: none"> •Not for use during emergent volume resuscitation. •In emergent situations where other dextrose concentrations are required consult Stanton or Inuvik Hospital pharmacy for instructions on preparation. •IV dextrose solutions increase thiamine requirements, therefore administer thiamine prior to dextrose infusions, especially in those who may be thiamine deficient (Wernicke's encephalopathy).
IV Solutions	IV Solutions	dextrose in water, 5%	D5W	inj: 5% in water, 500 mL	A	YES		<ul style="list-style-type: none"> •Not for use during emergent volume resuscitation. •In emergent situations where other dextrose concentrations are required consult Stanton or Inuvik Hospital pharmacy for instructions on preparation. •IV dextrose solutions increase thiamine requirements, therefore administer thiamine prior to dextrose infusions, especially in those who may be thiamine deficient (Wernicke's encephalopathy).
IV Solutions	IV Solutions	dextrose in water, 5%	D5W	inj: 5% in water, 100 mL	A	YES		<ul style="list-style-type: none"> •Not for use during emergent volume resuscitation. •In emergent situations where other dextrose concentrations are required consult Stanton or Inuvik Hospital pharmacy for instructions on preparation. •IV dextrose solutions increase thiamine requirements, therefore administer thiamine prior to dextrose infusions, especially in those who may be thiamine deficient (Wernicke's encephalopathy).
IV Solutions	IV Solutions	dextrose in water, 5%	D5W	inj: 5% in water, 250 mL (non-PVC A bags)		YES		<ul style="list-style-type: none"> •Not for use during emergent volume resuscitation. •In emergent situations where other dextrose concentrations are required consult Stanton or Inuvik Hospital pharmacy for instructions on preparation. •IV dextrose solutions increase thiamine requirements, therefore administer thiamine prior to dextrose infusions, especially in those who may be thiamine deficient (Wernicke's encephalopathy).
IV Solutions	IV Solutions	Ringer's Lactate	Lactated Ringers	inj: 1000 mL	B	Yes		
IV Solutions	IV Solutions	Ringer's Lactate	Lactated Ringers	inj: 500 mL	B	Yes		

Drug Class	Drug Subclass	Drug Name	Brand name(s)	Dosage	Category	MUST STOCK	HIGH ALERT?	Practice Notes
IV Solutions	IV Solutions	sodium chloride 0.9%	<i>Normal Saline, NS</i>	inj: 0.9%, 10 mL vial or PLS	A	YES		
IV Solutions	IV Solutions	sodium chloride 0.9%	<i>Normal Saline, NS</i>	inj: 0.9%, 1000 mL	A	YES		
IV Solutions	IV Solutions	sodium chloride 0.9%	<i>Normal Saline, NS</i>	inj: 0.9%, 500 mL	A	YES		
IV Solutions	IV Solutions	sodium chloride 0.9%	<i>Normal Saline, NS</i>	inj: 0.9%, 100 mL	A	YES		
IV Solutions	IV Solutions	sodium chloride 0.9% with potassium	<i>NS with 20 mEq KCl</i>	inj: 20 mEq/L, 1000 mL	B	YES		• Safety Alert: Concentrated electrolyte solutions are high-risk medications. Only pre-mixed bags and oral solutions may be stocked
IV Solutions	IV Solutions	sodium chloride for irrigation, 0.9%		bottle: 0.9%, 500 mL or 1000 mL	A	YES		
IV Solutions	IV Solutions	sterile water for injection	<i>SWI</i>	inj: 10 mL	A	YES		
Nicotine Replacement & Cessation	Nicotine Replacement & Cessation	nicotine	<i>Nicoderm, Habitrol</i>	Patch: 7 mg, 14 mg, 21 mg	C	YES		<ul style="list-style-type: none"> •Category C duration = 14 days •Patient resources for smoking cessation are available from the NWT Quitline (https://www.hss.gov.nt.ca/en/services/nwt-quitline). •Short acting nicotine (gum/inhaler) may be combined with nicotine patches. •Patch may be removed at night if sleep if affected
Nicotine Replacement & Cessation	Nicotine Replacement & Cessation	nicotine	<i>Nicoderm, Habitrol</i>	Patch: 14 mg	C	YES		<ul style="list-style-type: none"> •Category C duration = 14 days •Patient resources for smoking cessation are available from the NWT Quitline (https://www.hss.gov.nt.ca/en/services/nwt-quitline). •Short acting nicotine (gum/inhaler) may be combined with nicotine patches. •Patch may be removed at night if sleep if affected
Nicotine Replacement & Cessation	Nicotine Replacement & Cessation	nicotine	<i>Nicoderm, Habitrol</i>	Patch: 21 mg	C	YES		<ul style="list-style-type: none"> •Category C duration = 14 days •Patient resources for smoking cessation are available from the NWT Quitline (https://www.hss.gov.nt.ca/en/services/nwt-quitline). •Short acting nicotine (gum/inhaler) may be combined with nicotine patches. •Patch may be removed at night if sleep if affected
Nicotine Replacement & Cessation	Nicotine Replacement & Cessation	nicotine	<i>Nicorette</i>	Gum: 2 mg	C	YES		<ul style="list-style-type: none"> •Category C duration = 14 days •Patient resources for smoking cessation are available from the NWT Quitline (https://www.hss.gov.nt.ca/en/services/nwt-quitline). •Short acting nicotine (gum/inhaler) may be combined with nicotine patches. •Patch may be removed at night if sleep if affected
Nicotine Replacement & Cessation	Nicotine Replacement & Cessation	nicotine	<i>Nicorette</i>	Lozenge: 2 mg	C	YES		<ul style="list-style-type: none"> •Category C duration = 14 days •Patient resources for smoking cessation are available from the NWT Quitline (https://www.hss.gov.nt.ca/en/services/nwt-quitline). •Short acting nicotine (gum/lozenge/inhaler) may be combined with nicotine patches. •Patch may be removed at night if sleep if affected
Nicotine Replacement & Cessation	Nicotine Replacement & Cessation	nicotine	<i>Nicorette</i>	Lozenge: 4 mg	C	YES		<ul style="list-style-type: none"> •Category C duration = 14 days •Patient resources for smoking cessation are available from the NWT Quitline (https://www.hss.gov.nt.ca/en/services/nwt-quitline). •Short acting nicotine (gum/lozenge/inhaler) may be combined with nicotine patches. •Patch may be removed at night if sleep if affected
Nicotine Replacement & Cessation	Nicotine Replacement & Cessation	nicotine	<i>Nicorette</i>	Spray: 1 mg	C	YES		<ul style="list-style-type: none"> •Category C duration = 14 days •Patient resources for smoking cessation are available from the NWT Quitline (https://www.hss.gov.nt.ca/en/services/nwt-quitline). •Short acting nicotine (gum/lozenge/inhaler) may be combined with nicotine patches. •Patch may be removed at night if sleep if affected

Drug Class	Drug Subclass	Drug Name	Brand name(s)	Dosage	Category	MUST STOCK	HIGH ALERT?	Practice Notes
Nicotine Replacement & Cessation	Nicotine Replacement & Cessation	nicotine	<i>Nicorette</i>	Inhaler cartridge: 10 mg	C	YES		<ul style="list-style-type: none"> •Category C duration = 14 days •Patient resources for smoking cessation are available from the NWT Quitline (https://www.hss.gov.nt.ca/en/services/nwt-quitline). •Short acting nicotine (gum/inhaler) may be combined with nicotine patches. •Patch may be removed at night if sleep is affected
Nicotine Replacement & Cessation	Nicotine Replacement & Cessation	varenicline	<i>Champix</i>	tab: 0.5 mg	C	YES		<ul style="list-style-type: none"> •Category C duration = 14 days •Patients starting varenicline with pre-existing mental health issues are at higher risk adverse effects. •Ask that patients report any of the following: agitation/aggression, depression/mood changes, suicidal ideation. •Patients with pre-existing seizure disorders should be assessed by a practitioner prior to starting varenicline. •Patients may continue to smoke for up to 14 days after starting varenicline.
Oxytocics	Oxytocics	misOPROStol	<i>Cytotec</i>	tab: 200 mcg	B	YES		
Oxytocics	Oxytocics	oxytocin	<i>Syntocinon</i>	inj: 10 IU/mL	D	YES	YES	
Palliative Care Management	Palliative Care Management	glycopyrrolate (glycopyrronium)		inj: 0.2 mg/mL, 1 mL	B	NO		
Palliative Care Management	Palliative Care Management	methotrimeprazine	<i>Nozinan</i>	inj: 25 mg/mL, 1 mL	B	NO		
Palliative Care Management	Palliative Care Management	midazolam	<i>Versed</i>	inj: 5 mg/mL, 1 mL	B	NO	YES	
Poisoning & Overdose	Poisoning & Overdose	calcium gluconate		inj: 10%, 10 mL	B	YES	YES	<ul style="list-style-type: none"> •Safety Alert: Concentrated electrolyte solutions are high risk medications.
Poisoning & Overdose	Poisoning & Overdose	charcoal, activated aqueous	<i>Charac</i>	susp (adult): 50 g/225 mL, 225 mL	A	YES		<ul style="list-style-type: none"> •The adult and pediatric formulations differ only in volume, not concentration.
Poisoning & Overdose	Poisoning & Overdose	charcoal, activated aqueous	<i>Charac</i>	susp (peds): 25 g/112.5 mL, 112.5 mL	A	YES		<ul style="list-style-type: none"> •The adult and pediatric formulations differ only in volume, not concentration.
Poisoning & Overdose	Poisoning & Overdose	deferoxamine	<i>Desferal</i>	inj: 500 mg	B	YES		
Poisoning & Overdose	Poisoning & Overdose	flumazenil	<i>Anexate</i>	inj: 0.1 mg/mL, 5 mL	B	YES		<ul style="list-style-type: none"> •Administration of flumazenil can precipitate withdrawal seizures in patients who have developed a tolerance to benzodiazepines. Flumazenil does not consistently reduce respiratory depression caused by overdose.
Poisoning & Overdose	Poisoning & Overdose	fomepizole	<i>Antizol</i>	inj: 1.5 g/1.5 mL	B	YES*		<ul style="list-style-type: none"> • To be stocked in Regional Centres: Inuvik, Norman Wells, Yellowknife, Behchoko, Hay River, Ft. Smith, Ft. Simpson • Additional CHC may stock
Poisoning & Overdose	Poisoning & Overdose	N-acetylcysteine	<i>Parvolex, Mucomyst, NAC</i>	inj: 200 mg/mL, 30 mL	D	YES		<ul style="list-style-type: none"> •An order set, Acetaminophen Overdose, Adults – N-Acetylcysteine Administration, is available on ournthssa. •This replaces the previous, “3-bag” protocol. •Acute flushing and erythema have been reported with administration of N-acetylcysteine and may be treated with diphenhydramine.
Poisoning & Overdose	Poisoning & Overdose	naloxone	<i>Narcan</i>	inj: 0.4 mg/mL, 1 mL	C	YES		<p>Dosages for Opiate Overdose:</p> <ul style="list-style-type: none"> •Adults: 0.4-2 mg IV every 2-3 minutes to a maximum of 10 mg. •Pediatrics: Up to 5 years or less than 20 kg: 0.1 mg/kg, every 2-3 minutes. •Older than 5 years or more than 20 kg: 2 mg/dose, every 2-3 minutes.

Drug Class	Drug Subclass	Drug Name	Brand name(s)	Dosage	Category	MUST STOCK	HIGH ALERT?	Practice Notes
Poisoning & Overdose	Poisoning & Overdose	naloxone	<i>Narcan</i>	Nasal spray: 4 mg/0.1 mL	C	NO		Dosages for Opiate Overdose: <ul style="list-style-type: none"> •Adults: 0.4-2 mg IV every 2-3 minutes to a maximum of 10 mg. •Pediatrics: Up to 5 years or less than 20 kg: 0.1 mg/kg, every 2-3 minutes. •Older than 5 years or more than 20 kg: 2 mg/dose, every 2-3 minutes.
Poisoning & Overdose	Poisoning & Overdose	phytonadione	<i>Vitamin K1</i>	inj: 10 mg/mL, 1 mL (adult)	B/C	YES		<ul style="list-style-type: none"> •Category C for prophylaxis of hemorrhagic disease of the newborn. •Category B for all other indications. •Injectable formulation may be administered orally mixed with juice.
Poisoning & Overdose	Poisoning & Overdose	phytonadione	<i>Vitamin K1</i>	inj: 1 mg, 0.5 mL (peds)	B/C	YES		<ul style="list-style-type: none"> •Category C for prophylaxis of hemorrhagic disease of the newborn. •Category B for all other indications. •Injectable formulation may be administered orally mixed with juice.
Poisoning & Overdose	Poisoning & Overdose	sodium polystyrene sulfonate	<i>Kayexalate</i>	liq: 15 g, 60 mL	B	YES		<ul style="list-style-type: none"> •Not to be used in patients with increased risk of intestinal necrosis (eg. Impaired bowel perfusion, post-op bowel resection, bowel obstruction, IBD)
Topical Agents	Ophthalmic Preparations	atropine sulfate	<i>Isopto Atropine</i>	drops: 1%, 0.5 mL minim	B	YES		
Topical Agents	Topical Antimicrobials	bacitracin & polymyxin B	<i>Polysporin, Polyderm</i>	ung: 15 g	A	YES		
Topical Agents	Topical Corticosteroids	betamethasone	<i>Betaderm</i>	cream: 0.1%, 15 g	C	YES		<ul style="list-style-type: none"> •Use with caution on face due to increased risk of skin atrophy.
Topical Agents	Topical Corticosteroids	betamethasone	<i>Betaderm</i>	ung: 0.1%, 15 g	C	YES		<ul style="list-style-type: none"> •Use with caution on face due to increased risk of skin atrophy.
Topical Agents	Ophthalmic Preparations	carboxymethylcellulose	<i>RefreshCelluvisc</i>	drops: 1%, 0.4 mL minim	A	NO		
Topical Agents	Ophthalmic Preparations	ciprofloxacin	<i>Ciloxan</i>	drops: 0.3%, 5 mL	B	YES		<ul style="list-style-type: none"> •Ophthalmic preparations may also be used in the ear (but not vice-versa).
Topical Agents	Topical Antimicrobials	clotrimazole	<i>Canesten</i>	vaginal ovules/cream: 200 mg/1%, 3 days, 3 day pack	C	YES		<ul style="list-style-type: none"> *Stock at least one topical treatment for candidiasis, not all three are required
Topical Agents	Topical Antimicrobials	clotrimazole	<i>Canesten</i>	topical: 1%, 15 g	A	NO		<ul style="list-style-type: none"> *Stock at least one topical treatment for candidiasis, not all three are required
Topical Agents	Ophthalmic Preparations	erythromycin	<i>PMS-erythromycin ung</i>	ung: 5 mg/g, 3.5 g	A	YES		<ul style="list-style-type: none"> •Expect blurry vision upon application.
Topical Agents	Topical Corticosteroids	hydrocortisone	<i>Cortate, Hyderm</i>	cream: 1%, 15 g tube	C	YES		<ul style="list-style-type: none"> •Mix 1:1 with a base cream for a 0.5% cream.
Topical Agents	Topical Corticosteroids	hydrocortisone	<i>Cortate, Hyderm</i>	ung: 1%, 15 g	C	YES		<ul style="list-style-type: none"> •Mix 1:1 with a base cream for a 0.5% cream.
Topical Agents	Hemorrhoidal Preparations	hydrocortisone & zinc	<i>Anusol-HC, Ratio-Hemcort-HC</i>	supp: hydrocortisone 10 mg & zinc sulfate 10 mg	A	YES		
Topical Agents	Hemorrhoidal Preparations	hydrocortisone & zinc	<i>Anusol-HC, Ratio-Hemcort-HC</i>	cream: hydrocortisone 0.5% & zinc sulfate 0.5%, 30 g	A	YES		
Topical Agents	Topical Antimicrobials	isopropyl myristate/cyclomethicone	<i>Resultz</i>	Gum: 2 mg	A	NO		<ul style="list-style-type: none"> •Used in failure of first line agent (permethrin) for resistant cases.
Topical Agents	Ophthalmic Preparations	lubricant, ophthalmic	<i>Systane</i>	ung: 3.5 g	A	NO		
Topical Agents	Topical Antimicrobials	miconazole	<i>Monistat 7</i>	vaginal ovules/cream: 100 mg/2%, 7 days	A	YES		<ul style="list-style-type: none"> *Stock at least one topical treatment for candidiasis, not all three are required
Topical Agents	Topical Antimicrobials	mupirocin	<i>Bactroban, Taro-Mupirocin</i>	ung: 2%, 15 g	A	YES		<ul style="list-style-type: none"> If required for use in nose, cream formulation is recommended and can be obtained by prescription.
Topical Agents	Topical Antimicrobials	nystatin	<i>Mycostatin</i>	oral susp: 100,000 units/mL, 100 mL	C	YES		

Drug Class	Drug Subclass	Drug Name	Brand name(s)	Dosage	Category	MUST STOCK	HIGH ALERT?	Practice Notes
Topical Agents	Topical Antimicrobials	permethrin	<i>Nix, Kwellada-P Creme Rinse</i>	cream: 1%, 30 g cream rinse: 1%, 100 mL	A	YES		<ul style="list-style-type: none"> •Stocking Nix cream should be sufficient. Do not stock both cream and cream rinse. •For use in treatment of pediculosis (lice). •Safe for use in infants 2 months and older. There is no evidence of risk during pregnancy and lactation. •For effective lice removal, lice-comb must be used. •Repeat treatment in 7-10 days, if required.
Topical Agents	Topical Antimicrobials	permethrin	<i>Nix Dermal Cream, Kwellada-P Lotion</i>	dermal cream: 5% lotion: 100 mL	A	YES		<ul style="list-style-type: none"> •Stocking Nix cream should be sufficient. Do not stock both cream and lotion. •For use in treatment of scabies. •Safe for use in infants 2 months and older. The safety of this pharmaceutical during pregnancy and lactation has not been established, however there is no evidence of risk. •Repeat treatment in 7-10 days, if required.
Topical Agents	Ophthalmic Preparations	pilocarpine	<i>Isopto Carpine</i>	drops: 2%, 0.5 mL	B	YES		
Topical Agents	Ophthalmic Preparations	polymyxin B & gramicidin	<i>Polysporin Eye/Ear</i>	drops: polymyxin B 10,000 units/mL & gramicidin 0.025 mg/mL, 10 mL	C	YES		<ul style="list-style-type: none"> •Do not use ear drops for they eyes
Topical Agents	Ophthalmic Preparations	prednisolONE acetate	<i>Pred-Forte</i>	drops: 1%, 5 mL	B	YES		<ul style="list-style-type: none"> •Caution in patients with established or suspected increased intraocular pressure.
Topical Agents	Ophthalmic Preparations	sodium fluorescein		drops: 2%, 0.3 mL minim	A	YES*		* Must stock either strips or 2% drops
Topical Agents	Ophthalmic Preparations	sodium fluorescein		strips: each	A	YES*		* Must stock either strips or 2% drops
Topical Agents	Ophthalmic Preparations	tetracaine		drops: 0.5%, minim	A	YES		<ul style="list-style-type: none"> •Use for ocular exams only. Do not use in patient treatment due to risk of corneal complications (ie. Ulceration, impaired healing)
Topical Agents	Ophthalmic Preparations	tobramycin	<i>Tobrex</i>	ung: 0.3%, 3.5 g (ophthalmic)	C	YES*		*Must stock either ointment or drops
Topical Agents	Ophthalmic Preparations	tobramycin	<i>Tobrex</i>	drops: 0.3%, 5 mL	C	YES*		*Must stock either ointment or drops
Topical Agents	Ophthalmic Preparations	tropicamide	<i>Mydrilil</i>	drops: 1%, 0.5 mL	B	YES		
Vitamins & Minerals	Vitamins & Minerals	calcium carbonate		tab: 500 mg	A	YES		
Vitamins & Minerals	Vitamins & Minerals	ferric derisomaltose	<i>Monoferric</i>	vial: 500 mg	B	YES		<ul style="list-style-type: none"> •For use with the Adult - Ferric Derisomaltose Infusion (Monoferric) order set •Not indicated for pediatric use. •Contraindicated in patients with liver cirrhosis or active hepatitis.
Vitamins & Minerals	Vitamins & Minerals	ferrous sulfate	<i>Fer-In-Sol</i>	tab: 300 mg	C	YES		<ul style="list-style-type: none"> •Sulfate salt is 20% elemental iron (e.g. 300 mg ferrous sulfate = 60 mg elemental iron).
Vitamins & Minerals	Vitamins & Minerals	ferrous sulfate	<i>Fer-In-Sol</i>	drops: 75 mg/mL, 50 mL	C	YES		<ul style="list-style-type: none"> •Sulfate salt is 20% elemental iron (e.g. 300 mg ferrous sulfate = 60 mg elemental iron).
Vitamins & Minerals	Vitamins & Minerals	folic acid		tab: 1 mg	A	YES		
Vitamins & Minerals	Vitamins & Minerals	prenatal vitamins	<i>Nutrifer Plus, Prenavite, Materna</i>	tab	A	YES		
Vitamins & Minerals	Vitamins & Minerals	thiamine (Vitamin B1)	<i>Betaxin</i>	inj: 100 mg/mL, 1 mL	A	YES		<ul style="list-style-type: none"> •IV dextrose solutions increase thiamine requirements, therefore administer thiamine prior to dextrose infusions, especially in those who may be thiamine deficient (Wernicke's encephalopathy).
Vitamins & Minerals	Vitamins & Minerals	thiamine (Vitamin B1)	<i>Betaxin</i>	tab: 100 mg	A	YES		
Vitamins & Minerals	Vitamins & Minerals	cholecalciferol	<i>Vitamin D, D-Vi-Sol</i>	drops: 400 international units/mL, 3.4 mL	A	YES		<ul style="list-style-type: none"> •Safety note: different concentrations of Vitamin D drops exist, therefore pay careful attention to dosage if patient is using their own supply.

Drug Class	Drug Subclass	Drug Name	Brand name(s)	Dosage	Category	MUST STOCK	HIGH ALERT?	Practice Notes
Vitamins & Minerals	Vitamins & Minerals	cholecalciferol	<i>Vitamin D</i>	tab: 400 IU	A	YES		
Vitamins & Minerals	Vitamins & Minerals	cholecalciferol	<i>Vitamin D</i>	tab: 1000 IU	A	YES		
Vitamins & Minerals	Vitamins & Minerals	pyridoxine	<i>Vitamin B6, Hexa-betalin</i>	inj: 100 mg/mL, 30 mL	B	NO		For use in patients being treated for tuberculosis with isoniazid
Vitamins & Minerals	Vitamins & Minerals	pyridoxine	<i>Vitamin B6, Hexa-betalin</i>	tab: 25 mg	B	NO		For use in patients being treated for tuberculosis with isoniazid

Vaccines & Toxoids

Health Centres and Public Health units must stock the following vaccines:

- All vaccines listed on the current NWT Immunization Schedule as determined by the Chief Public Health Officer, and as amended from time-to-time (available at <http://www.hss.gov.nt.ca/health/immunization-and-vaccines/nwt-immunization-schedule>)
- Seasonal influenza and COVID-19 vaccines during the periods specified by the Office of the Chief Public Health Officer
- Rabies Vaccine
- Tuberculin Purified Protein Derivative (PPD) (Mantoux)

Certain Health Centres and Public Health Units must stock the following vaccines according to the following criteria:

- Bacille Calmette-Guérin (BCG) vaccine may only be stocked in health facilities where regular birthing services are offered, or in Public Health Units.
- Botulism antitoxin must be stocked in communities in which harvested foods are commonly found to be contaminated by botulism toxin. Such foods include walrus, seal or whale blubber (muktuk), meat aged in tightly sealed containers, fermented fish eggs/heads, fish, and other seafood.
- Rabies Immune Globulin must be stocked in one health facility in each community. See the Animal Bites/Rabies Investigation Form on <https://www.hss.gov.nt.ca/professionals/en/services/forms/prior-to-administering>.

Respiratory Syncytial Virus

- Respiratory syncytial virus monoclonal antibody (nirsevimab) should not be routinely stocked. Stock may be requested for individual eligible patients. Infants aged 0-3 months at the start of the RSV season or born during the RSV season are eligible.
- Infants and children older than 3 months of age and less than two years of age may be eligible for a nirsevimab. Access to nirsevimab for these patients requires approval of a Pediatrician. The RSV Prophylaxis Program Assessment Form should be completed and submitted to NTHSSA_PublicHealth@gov.nt.ca for review.
- See the latest NTHSSA Seasonal Respiratory Syncytial Virus (RSV) Prophylaxis Program Guidelines for more information. These are available on ournthssa.ca.

Other Vaccines

The below vaccines do not need to be must stock items as these are more for travel clinic and can be requested pretty quickly if necessary.

- Hepatitis A
- Hepatitis A & B
- Cholera Vaccine
- Japanese Encephalitis
- Typhoid Vaccine
- Yellow Fever vaccine (Must stock vaccine **ONLY** in a facility designated by the Office of the Chief Public Health Officer.
*As of the date of formulary publication the Yellowknife Public Health Unit is the only facility with this designation.)

Immunizations required for travel or work in endemic countries are not considered an insured service and most authorities charge patients for these vaccines. Patients are charged in accordance with the [service fee guide](#).

As brands and combinations of available vaccine products vary, the vaccine components are must-stock items rather than specific brands or formulations. Refer to the latest version of the Canadian Immunization Guide for a listing of the approved immunizing agents available in Canada available at: <http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php>

[Refer to Appendix F for applicability to Public Health Units](#)

Appendix A: Abbreviations

Abbreviation	Translation
amp	ampoule
BID	twice daily
cap	capsule
CNS	central nervous system
EENT	eyes, ears, nose, throat
g	gram
h	hour
inj	injection
IV	intravenous
L	Litre
liq	liquid
mcg	microgram
MDI	metered dose inhaler
mEq	milliequivalent
mg	milligram
mL	millilitre
mmol	millimoles
NIHB	Non-Insured Health Benefits
NP	Nurse Practitioner
NPO	Nothing to eat or drink
NS	normal saline
PLS	pre-loaded syringe
PO	by mouth
PR	by rectum
PRN	as needed
g[]h	every [] hours
SL	sublingual
sol	solution
supp	suppository
susp	suspension
tab	tablet
TID	three times daily
ung	ointment

Appendix B: Recommended Crash Cart List

TOP	Magnesium Sulfate 2g/10ml [1]
Defibrillator or AED	Metoprolol 1 mg/ml [1]
Extra monitor paper	Naloxone 0.4 mg/ml [2]
ACLS algorithms/PACS algorithms	Nitroglycerine Spray 0.4mg/dose [1]
Quick-combo pads – adult & peds	Norepinephrine 1 mg/mL, 4 mL
Electrodes (Red Dots) [6]	Phenytoin 50 mg/ml [4]
Broselow Tape	Sodium Bicarbonate, Adult 8.4% PLS [1]
Sharps container	IV DRAWER
Medium gloves, 1 box	NS 1000 ml [2]
Stethoscope	NS 100 mL [2]
Blood pressure cuff, adult	NS 10 mL [2]
Trauma scissors	D5W 500 ml
Safety glasses or face shield	IV tubing [2]
SIDE	IV secondary medication set [2]
O ₂ Tank with wrench and gauge	Buretrol
Suction device & tubing	1" tape
AIRWAY DRAWER	Blood tube set (purple, yellow, blue, green)
Laryngoscope handle	Occlusive dressing (OpSite or similar) [4]
Extra batteries for laryngoscope	2x2 Gauze [5]
Extra laryngoscope bulb	Tourniquet
Laryngoscope blades – 0, 1, 2 straight; 2, 3, 4 curved	3" Kling
ET tubes (uncuffed) 2.5 – 5.5	Adhesive bandages (Band-Aids) [4]
ET tubes (cuffed) 5.0 – 8.5	Medication labels [2]
Adult stylets [2]	Butterfly needles 25, 23, 21
Peds stylets [2]	IV catheters 24, 22, 20, 18, 16, 14 [4 each]
Lubricating jelly packets [2]	Alcohol or chlorhexidine swabs [10]
Oral airways (00, 4, 6, 8, 10, 11, 12)	Razor
lidocaine endotracheal spray & spray tip	BOTTOM
MEDICATION DRAWER	Adult & peds bag-valve mask & tubing
Adenosine 6mg/2ml PLS [3]	Adult & Peds non-rebreather mask
Amiodarone 150 mg/3ml [3]	Adult & infant nasal prongs
ASA 80 mg chewable tabs [2]	Adult & Peds nebulizer mask
Atropine PLS 1mg/10ml [2]	Suction catheter 5, 8, 10, 12
50% Dextrose PLS [1]	Suction connector
DiazePAM 10 mg/2 ml [2]	Yankauer suction catheter
DilTIAZem 25mg/5ml (in fridge) [2]	Nasogastric tube – 12, 14, 16
DiphenhydrAMINE 50 mg/ml [1]	60 mL catheter tip syringe
EPINEPHrine 1:1000 1mg/1ml [2]	Arm board
EPINEPHrine Preload 1:10,000 (1 mg/10ml) [4]	Miscellaneous Items
Intraosseous Needles & Setup O ₂ Saturation	LMA (Laryngeal Mask Airway)
monitor Broselow bags	Cricothyroidotomy kit
Furosemide 10 mg/ml [2]	Calculator
Glucagon Kit [1]	Code Record & Pen
Oral glucose [1]	

Appendix C: Facility Standards Regulations

HOSPITAL INSURANCE AND HEALTH AND
SOCIAL SERVICES ADMINISTRATION ACT

**HOSPITAL AND HEALTH CARE
FACILITY STANDARDS
REGULATIONS**

43. (2) Medical and professional staff and other hospital personnel who dispense drugs in a hospital or health care facility shall do so in accordance with a formulary approved by the Minister or other directions provided in writing by the Minister.

Appendix D: Nursing Profession Act

NURSING PROFESSION ACT

S.N.W.T. 2023, c. 32
In force November 1, 2023
SI-005-2023

2. (1) A registered nurse is entitled to apply nursing knowledge skills and judgment (g) to dispense, compound and package drugs where the bylaws so permit.

9. (3) A licensed practical nurse is entitled, subject to the bylaws and any terms and conditions set out in their certificate of registration, to apply nursing knowledge, skills and judgment, with a focus on stable or predictable states of health, (g) to dispense, compound, package and administer drugs, where the bylaws so permit.

11. (1) A registered psychiatric nurse is entitled, subject to the bylaws and any terms and conditions set out in their certificate of registration, to apply nursing knowledge, skills and judgment, with a focus on psychosocial, mental or emotional health, (f) to dispense, compound, package and administer drugs, where the bylaws so permit.

Appendix E: CANNN Bylaw 21

SECTION 1

- (1) A registered nurse may dispense, compound or package drugs
- (a) in accordance with employer policies and guidelines;
 - (b) on the instruction of a pharmacist, nurse practitioner, midwife, physician, dentist or veterinarian; or
 - (c) from a formulary of stocked drugs in accordance with employer policies and guidelines.
- (2) A registered nurse must have the specific knowledge, skills and judgement to dispense, compound or package the drug safely, effectively and ethically in accordance with the requirements of the policy and standards of practice.

SECTION 2

- (1) A registered nurse shall dispense, compound or package drugs in the interests of patient care.
- (2) A registered nurse shall not derive personal or commercial monetary gain from the dispensing, compounding or packaging of drugs other than employment remuneration.
- (a) A registered nurse shall not sell drugs by retail.
 - (b) A registered nurse may collect a specific fee for a specific drug on behalf of the employer in accordance with employer policy.

[Bylaw 21 \(approved March 23, 2007\)](#)

College and Association of Nurses of the Northwest Territories and Nunavut

Appendix F: Applicability to Public Health Units

The scope of services offered through Public Health Units in the Northwest Territory varies from those offered in Community Health Centres. Therefore Public Health Units:

- Shall carry all must-stock vaccines, including Bacille Calmette-Guérin (BCG)
- May stock vaccines listed under “Other Vaccines”

Other Pharmaceuticals

All Public Health Units shall:

- Stock the medications for the emergency treatment of anaphylaxis listed in Appendix H of this formulary
- Carry the tuberculosis medication listed in this formulary as necessary
- Carry medication on this formulary required for the treatment of sexually-transmitted infections as outlined in the [NWT Communicable Disease Manual](#).

• Stock any item from this formulary deemed appropriate for use for the scope of services offered in the Public Health Unit and supported by approved guidelines

Appendix G: Container Labeling

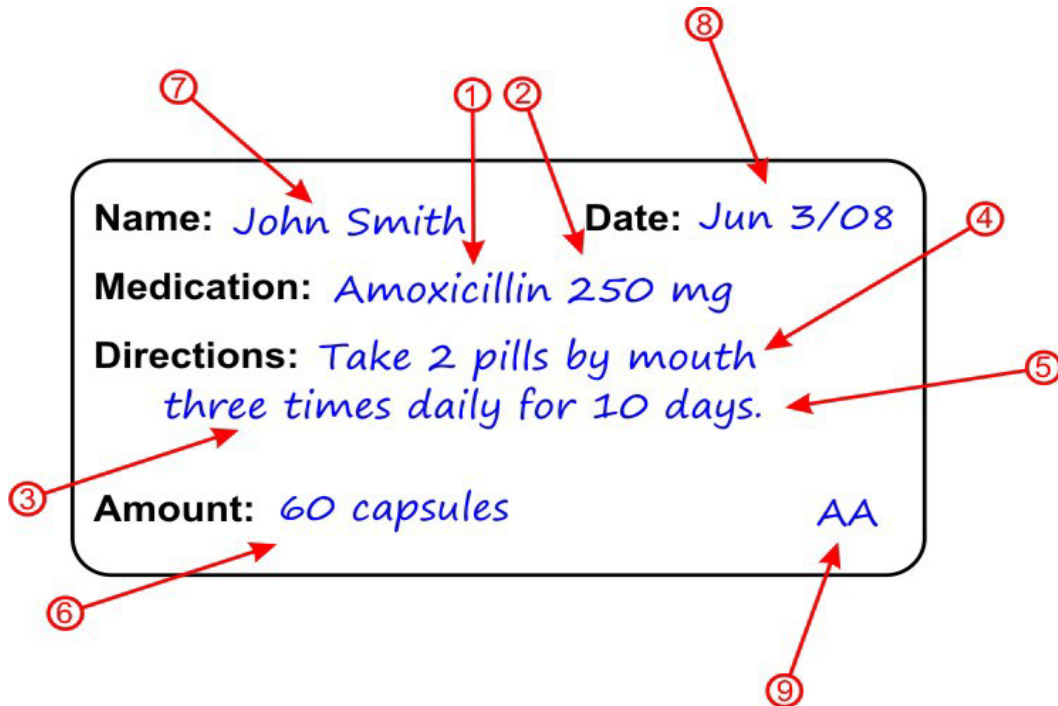
Labeling of Pharmaceutical Agent Containers

In the community health setting all pharmaceutical agent containers shall be labeled in a standardized manner according to the Health and Social Services Authority (HSSA) policy, applicable laws and regulations, and standards of practice.

Labels shall include the following information:

1. Manufacturer's pharmaceutical agent name
2. Strength
3. Frequency
4. Route
5. Duration
6. Amount dispensed
7. Client's Name
8. Date dispensed
9. The initials of the registered nurse dispensing the pharmaceutical agent

Every effort shall be made to affix the completed label directly to the pharmaceutical agent container.



Appendix H: Anaphylaxis Protocol

WHEN IN DOUBT GIVE EPINEPHRINE

THERE ARE NO ABSOLUTE CONTRAINDICATIONS
TO GIVING EPINEPHRINE FOR ANAPHYLAXIS
ALWAYS GIVE EPINEPHRINE FIRST

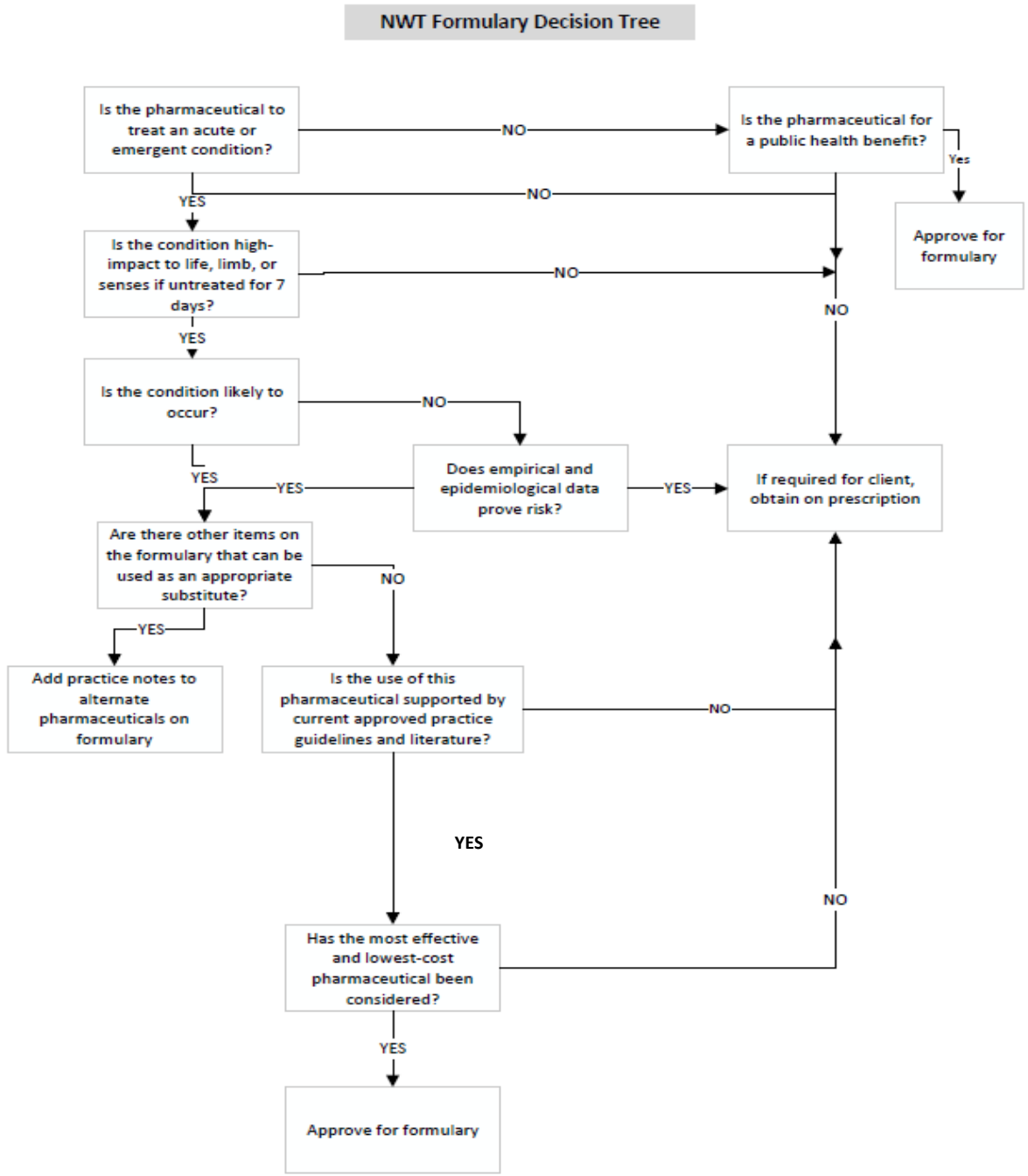
EPINEPHRINE DOSING BY AGE/WEIGHT				
Age	Weight (kg)	EPINEPHrine 1 mg/mL		EPINEIPHrine autoinjector dose
		mg or mg/kg/dose	Volume of 1 mg/mL	
Birth - 5 kg	Less than 5 kg	0.01 mg/kg/dose or 0.1 mg	0.1 mL	N/A
More than 5 kg and less than 2 years	5-10	0.1 mg	0.1 mL	0.15 mg
2 - less than 4 years	11-15	0.15 mg	0.15 mL	
4 - less than 7 years	16-20	0.2 mg	0.2 mL	0.3 mg
	21-25	0.25 mg	0.25 mL	
7 - less than 10 years	26-30	0.3 mg	0.3 mL	
	31-35	0.35 mg	0.35 mL	
10 - 12 years	36-40	0.4 mg	0.4 mL	
	41-45	0.45 mg	0.45 mL	
Older than 12 years	46 kg +	0.5 mg	0.5 mL	

DiphenhydrAMINE (Benadryl) is considered **ONLY AFTER EPINEPHRINE HAS BEEN GIVEN**

DiphenhydrAMINE IM/IV (may consider oral administration at same dose)		
Use with caution in children under 12 months due to risk of sedation or paradoxical excitement		
Age	Weight	Dose
12-23 months	7-12kg (15-25lbs)	6.25-12.5mg
2-4 years	12-25kg (25-55lbs)	12.5-25mg
5-11 years	25-45kg (55-99lbs)	25-50mg
12 years and older (including adults)	45kg+ (99lbs+)	50mg

Appendix I: NWT Formulary Decision Tree

To guide a consistent approach to determining necessary and appropriate pharmaceutical items the P&T Committee adopted the following decision tree tool in the review of this formulary.



Appendix J: Request for Addition/Deletion/Change

NWT Health Centre Formulary - Request for Addition/Deletion/Change	
Request for: <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	Date of Request:
Pharmaceutical Agent Generic Name:	
Pharmaceutical Agent Trade Name(s):	
Strength (include units):	Formulation (inj/susp/ung/etc.):
Usual dose and duration:	
Recommended Category: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Must Stock Item <input type="checkbox"/> Optional Stock Item
If Category C, suggested duration of course:	Suggested Qty:
Comparable pharmaceutical agents currently on formulary:	
Will this pharmaceutical agent replace an existing item on the formulary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Substantiation of request/notes:	
Requested By:	Phone:
	Fax:

For NTHSSA Pharmacy & Therapeutics Committee Use	
Date of P&T Meeting:	Request <input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Approved Pharmaceutical Agent:	
Strength:	Formulation: tab
Clinical Notes:	
Category: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Must Stock Item <input type="checkbox"/> Optional Stock Item
Course Duration (if Category C) :	Minimum Qty. :
<p>Send completed form to: NTHSSA Pharmacy & Therapeutics Committee</p> <p>c/o GNWT Department of Health and Social Services NTHSSA PT Formulary@gov.nt.ca</p>	

Appendix K: Agents Removed from the 2026 Formulary

Nystatin Vaginal Cream 25,000 U/g

- Removed and replaced with clotrimazole (Canestan) Combipack

Gentamicin 80 mg/mL, 2 mL vial

- Removed gentamicin 80 mg/mL, 2 mL vial and replaced with gentamicin 80 mg/mL, 20 mL vial

Metronidazole (Flagyl) 10% vaginal cream

- Removed metronidazole 10% vaginal cream due to product discontinuation. Oral metronidazole available

Sodium zirconium cyclosilicate (Lokelma) 5 g powder for suspension

- Removed Lokelma (negative recommendation from CDA)

Removal of Non-Formulary Drugs from Health Centres:

Pharmaceutical items that are in your health centre that are no longer on formulary may not be dispensed once the new formulary comes into effect. These items shall be disposed of in accordance with your Health Authority's policy or returned to your regional pharmacy where applicable.

Appendix L: Pharmaceutical Agent Must Stock List

Must Stock Items		
(*see pharmaceutical listing for note on optional stock conditions)		
Must Stock Items: Drug Name, Generic	Formulation	Minimum Stock
acetaminophen	supp: 120 mg	12 supp
acetaminophen	tab: 325 mg	100 tabs
acetaminophen	tab: 160 mg, chewable	80 tabs
acetaminophen, caffeine, and codeine	tab: with 30 mg codeine	15 tabs
acetaZOLAMIDE	tab: 250 mg	6 tabs
acetylsalicylic acid	tab: 80 mg chewable	8 tabs
adenosine	inj: 3 mg/mL PLS, 2 mL	5 PLS
aluminum-magnesium hydroxides	liq: 350 mL	2 bottles
amiodarone	inj: 150 mg/3 mL, 3mL	3 vials
amoxicillin	susp: 250mg/5mL, 100mL	12 bottles
amoxicillin	cap: 250mg	100 caps
amoxicillin	cap: 500mg	200 caps
amoxicillin/Clavulanic acid	susp: 200 mg/28.5 mg per 5 mL, 70 mL (7:1 susp)	5 bottles
amoxicillin/Clavulanic acid	tab: 875 mg/125mg	100 tabs
ampicillin	inj: 1g	2 vials
atropine	PLS: 1 mg/10 mL, 10 mL	2 PLS
atropine sulfate	drops: 1%, 0.5 mL minim	3 minims
azithromycin	inj: 500 mg/5 mL	2 vials
azithromycin	tab: 250 mg	16 tabs
bacitracin & polymyxin B	ung: 15 g	3 tubes
benztropine	inj: 1mg/mL, 2 mL	2 vials
betamethasone	cream: 0.1%, 15 g	2 tubes
betamethasone	ung: 0.1%, 15 g	2 tubes
bisacodyl	tab: 5 mg	8 tabs
budesonide	neb: 0.25 mg/mL, 2mL	12 nebs
budesonide	200 mcg/puff	2 inhalers
calcium carbonate	tab: 500 mg	60 tabs
calcium gluconate	inj: 10%, 10 mL	5 vials
ceFAZolin	inj: 1g	4 vials
cefixime	liq: 100 mg/5 mL, 50 mL	1 bottle
cefixime	tab: 400 mg	4 tabs
cefTRIAxone	inj: 1 g	2 vials
cefTRIAxone	inj: 250 mg	2 vials
cefuroxime axetil suspension	susp: 125 mg/5 mL	1 bottle
cephalexin	susp: 250 mg/5 mL, 100 mL	6 bottles
cephalexin	tab: 500 mg	56 tabs
charcoal, activated aqueous	susp (adult): 50 g/225 mL, 225 mL	2 bottles (adult)
charcoal, activated aqueous	susp (peds): 25 g/112.5 mL, 112.5 mL	2 bottles (peds)
cholecalciferol	drops: 400 international units/mL, 3.4 mL	10 minims

Appendix L: Pharmaceutical Agent Must Stock List

Must Stock Items		
(*see pharmaceutical listing for note on optional stock conditions)		
Must Stock Items: Drug Name, Generic	Formulation	Minimum Stock
cholecalciferol	tab: 400 IU	0
cholecalciferol	tab: 1000 IU	60 tabs
ciprofloxacin	IV: 400 mg minibag	4 bags
ciprofloxacin	tab: 250 mg	56 tabs
ciprofloxacin	drops: 0.3%, 5 mL	1 bottle
ciprofloxacin/ dexAMETHasone	otic drops: 0.3%/0.1%, 7.5 mL	1 bottle
clindamycin	inj: 150 mg/mL, 2 mL	6 vials
clindamycin	liq: 75 mg/5 mL, 100 mL	6 bottles
clindamycin	cap: 150 mg	56 caps
clopidogrel	tab: 75 mg	8 tabs
clotrimazole	vaginal ovules/cream: 200 mg/1%, 3 days, 3 day pac	1 pack
deferoxamine	inj: 500 mg	12 vials
dermatological base	tube, 50g	2 tubes
dexAMETHasone	inj: 10 mg/mL, 10 mL	1 vial
dextrose	PLS: 50%, 50 mL	4 PLS
dextrose in saline, 0.9%	inj: 5% in 0.9% saline, 500 mL	2 bags
dextrose in water, 10%	inj: 10% in water, 250 mL	2 bags
dextrose in water, 5%	inj: 5% in water, 1000 mL	2 bags
dextrose in water, 5%	inj: 5% in water, 500 mL	2 bags
dextrose in water, 5%	inj: 5% in water, 100 mL	2 bags
dextrose in water, 5%	inj: 5% in water, 250 mL (non-PVC bags)	2 bags
diazePAM	inj: 5 mg/mL, 2 mL	5 vials
diazePAM	tab: 5 mg	4 tabs
diITIAZem	inj: 5 mg/mL, 10 mL	1 vial
dimenhyDRINATE	inj: 50 mg/mL, 1 mL	4 vials
dimenhyDRINATE	liq: 15 mg/5 mL, 75 mL	1 bottle
dimenhyDRINATE	supp: 50 mg	2 supp
dimenhyDRINATE	tab: 50 mg	12 tabs
diphenhydrAMINE	inj: 50 mg/mL, 1 mL	2 vials
diphenhydrAMINE	liq: 1.25 mg/mL, 100 mL	1 bottle
diphenhydrAMINE	tab or cap: 25mg	56 tabs
DOPamine	bag: 400 mg/250 mL, 250 mL	2 bags
doxycycline	cap: 100 mg	28 caps
emtricitabine/ tenofovir + dolutegravir	kit, each	14 tabs = 2 kits
enoxaparin	inj: 300 mg/3 mL, 3 mL	3 vials
EPINEPHrine	inj: 1 mg/mL, 30 mL	1 vial
EPINEPHrine	inj: 1:1000, 1 mL	4 vials
EPINEPHrine	PLS: 1:10,000, 10 mL	6 PLS
erythromycin	ung: 5 mg/g, 3.5 g	2 tubes

Appendix L: Pharmaceutical Agent Must Stock List

Must Stock Items		
(*see pharmaceutical listing for note on optional stock conditions)		
Must Stock Items: Drug Name, Generic	Formulation	Minimum Stock
estrogen 30 mcg or more, monophasic	tab: levonorgestrel 150mcg/ethinyl estradiol 30 mcg	21 tabs
estrogen under 30 mcg, monophasic	tab: levonorgestrel 100 mcg & thinyl estradiol 20 mc	21 tabs
famotidine	Inj: 10 mg/mL, 2 mL	2 vials
ferric derisomaltose	vial: 500 mg	3 vial
ferrous sulfate	tab: 300 mg	60 tabs
ferrous sulfate	drops: 75 mg/mL, 50 mL	2 bottles
flumazenil	inj: 0.1 mg/mL, 5 mL	2 vials
fluticasone propionate	MDI: 50 mcg/puff, 120 doses	1 MDI
fluticasone propionate	MDI: 125 mcg/puff, 60 doses	1 MDI
folic acid	tab: 1 mg	60 tabs
fosfomycin	sachet: 3 g	3 sachets
furosemide	inj: 10 mg/mL, 4 mL	2 vials
furosemide	tab: 20 mg	25 tabs
gentamicin	inj: 80 mg/ 2mL, 20 mL	4 vials
glucagon kit	inj: 1mg/mL	2 kits
glucose gel	tube: 15-31 g	2 tubes
glucose solution	liq: 50 g, 300 mL	4 bottles
glycerin suppository	supp (adult)	6 supp
glycerin suppository	supp (peds)	6 supp
haloperidol	inj: 5 mg/mL, 1 mL	10 vials
hydrocortisone	cream: 1%, 15 g tube	2 tubes
hydrocortisone	ung: 1%, 15 g	2 tubes
hydrocortisone & zinc	supp: hydrocortisone 10 mg & zinc sulfate 10 mg	12 supp
hydrocortisone & zinc	cream: hydrocortisone 0.5% & zinc sulfate 0.5%, 30 g	1 tube
HYDROMorphone	inj: 2 mg/mL, 1 mL	4 vials
hyoscine butylbromide	inj: 20 mg/mL, 1 mL	2 vials
hyoscine butylbromide	tab: 10 mg	20 tabs
ibuprofen	tab: 200 mg	100 tabs
ibuprofen	liq: 100 mg/5 mL, 100 mL	2 bottles
indomethacin	supp: 100 mg	6 supp
insulin R	inj: 100 units/mL, 10 mL	1 vial
ipratropium bromide	neb: 125 mcg/mL, 2 mL	20 nebs
ipratropium bromide	MDI: 20 mcg/puff	2 MDI
ketorolac	inj: 30mg/mL, 1mL	4 vials
labetalol	tab: 100 mg	56 tabs
lactulose	liq: 667 mg/mL, 500 mL	500 mL
lidocaine	endotracheal spray 10mg/spray	1 canister
lidocaine	inj: 1%, 5 mL polyamps	1 vial
lidocaine with EPINEPHrine	inj: 1%/1:100 000, 20 mL	1 vial

Appendix L: Pharmaceutical Agent Must Stock List

Must Stock Items		
(*see pharmaceutical listing for note on optional stock conditions)		
Must Stock Items: Drug Name, Generic	Formulation	Minimum Stock
loratadine	liq: 1 mg/mL, 120 mL	1 bottle
loratadine	tab: 10mg	28 tabs
LORazepam	inj: 4 mg/mL, 1 mL	2 vials
LORazepam	SL tab: 0.5 mg	20 tabs
magnesium sulfate	inj: 2 g/10 mL	10 vials
mannitol	bag: 200 mg/mL, 500 mL	2 bags
MDI Spacer Device	delivery device, neonate with mask	1
MDI Spacer Device	delivery device, adult without mask	1
MDI Spacer Device	delivery device, child with mask	1
medroxyPROGESTERone	PLS: 150mg, 1 mL	4 vials
methylPREDNISolone sodium succinate	inj: 125 mg	2 vials
metoclopramide	inj: 5 mg/mL, 2 mL	10 vials
metoclopramide	tab: 5 mg	32 tabs
metoprolol	inj: 1 mg/mL, 5 mL	3 vials
metoprolol	tab: 25 mg	56 tabs
metroNIDAZOLE	tab: 250 mg	42 tabs
metroNIDAZOLE	minibag: 5mg/mL, 100 mL	2 minibags
miconazole	vaginal ovules/cream: 100 mg/2%, 7 days	1 pack
miSOPROStol	tab: 200 mcg	4 tabs
morphine	inj: 10 mg/mL, 1 mL	6 vials
mupirocin	ung: 2%, 15 g	2 tubes
N-acetylcysteine	inj: 200 mg/mL, 30 mL	5 vials
naloxone	inj: 0.4 mg/mL, 1 mL	20 vials
nicotine	Patch: 7 mg, 14 mg, 21 mg	7 patches
nicotine	Patch: 14 mg	8 patches
nicotine	Patch: 21 mg	9 patches
nicotine	Gum: 2 mg	30 pieces
nicotine	Lozenge: 2 mg	40 pieces
nicotine	Lozenge: 4 mg	40 pieces
nicotine	Spray: 1 mg	2 devices
nicotine	Inhaler cartridge: 10 mg	20 cartridges
NIFEdipine	cap: 10 mg	4 caps
nitrofurantoin	cap: 100 mg	28 caps
nitroglycerin	patch: 0.2 mg/hr	7 patches
nitroglycerin	spray: 0.4 mg/dose, 75 doses	1 bottle
norepinephrine	inj: 1 mg/mL, 4 mL	4 vials
nystatin	oral susp: 100,000 units/mL, 100 mL	1 bottle
OLANZapine	tab: 5 mg (rapid dissolve)	14 tabs
ondansetron	wafer: 4 mg	8 wafers

Appendix L: Pharmaceutical Agent Must Stock List

Must Stock Items		
(*see pharmaceutical listing for note on optional stock conditions)		
Must Stock Items: Drug Name, Generic	Formulation	Minimum Stock
ondansetron	inj: 2 mg/mL, 2 mL	5 vials/amps
oseltamivir	cap: 75 mg	50 tabs
oxytocin	inj: 10 IU/mL	50 units
pantoprazole	inj: 40 mg/10 mL, 10 mL	2 vials
pantoprazole	tab: 40mg	14 tabs
penicillin G benzathine	inj: 600,000 units/mL, 2 mL	10 PFS
penicillin G sodium	inj: 5 Million Units/vial	4 vials
penicillin V	tab: 300 mg	100 tabs
permethrin	cream: 1%, 30 gcream rinse: 1%, 100 mL	3 tubes
permethrin	dermal cream: 5%lotion: 100 mL	2 tubes
Phenytoin	inj: 50 mg/mL, 5 mL	20 vials
Phenytoin	cap: 100 mg	56 caps
phytonadione	inj: 10 mg/mL, 1 mL (adult)	1 vial
phytonadione	inj: 1 mg, 0.5 mL (peds)	1 vial
pilocarpine	drops: 2%, 0.5 mL	3 minims
piperacillin/ tazobactam	vial: 4.5 g	4 vials
polyethylene glycol & electrolyte soluti	or susp: 4L	2 bottles
polyethylene glycol (PEG) 3350	powder for solution: 17 g	1 package
polymyxin B & gramicidin	drops: polymyxin B 10,000 units/mL & gramicidin 0.1	2 bottles
potassium chloride	liq: 20 mEq/15 mL, 500 mL	100 mL
prednisOLONE acetate	drops: 1%, 5 mL	2 bottles
predniSONE	tab: 5 mg	50 tabs
prenatal vitamins	tab	60 tabs
pyrantel pamoate	tab, chewable: 125mg	12 tabs chewable
ramipril	cap: 2.5 mg	14 caps
Ringer's Lactate	inj: 1000 mL	2 bags
Ringer's Lactate	inj: 500 mL	2 bags
salbutamol	neb: 1 mg/mL, 2.5 mL	20 nebs
salbutamol	MDI: 100 mcg/puff, 200 doses	2 MDI
sodium bicarbonate	inj: 4.2%, 10 mL PLS (infant)	2 syringes
sodium bicarbonate	inj: 8.4%, 10 mL PLS (peds)	2 syringes
sodium bicarbonate	inj: 8.4%, 50 mL PLS (adult)	2 syringes
sodium chloride 0.9%	inj: 0.9%, 10 mL vial or PLS	4 vials or PLS
sodium chloride 0.9%	inj: 0.9%, 1000 mL	6 bags
sodium chloride 0.9%	inj: 0.9%, 500 mL	6 bags
sodium chloride 0.9%	inj: 0.9%, 100 mL	6 bags
sodium chloride 0.9% with potassium	inj: 20 mEq/L, 1000 mL	2 bags
sodium chloride for irrigation, 0.9%	bottle: 0.9%, 500 mL or 1000 mL	2 bottles
sodium phosphate enema	liq: adult, 130 mL	1 bottle

Appendix L: Pharmaceutical Agent Must Stock List

Must Stock Items		
(*see pharmaceutical listing for note on optional stock conditions)		
Must Stock Items: Drug Name, Generic	Formulation	Minimum Stock
sodium phosphate enema	liq: pediatric, 65 mL	1 bottle
sodium polystyrene sulfonate	liq: 15 g, 60 mL	1 bottle
sterile water for injection	inj: 10 mL	4 vials
sulfamethoxazole/ trimethoprim	tab: 800/160 mg	56 tabs
SUMatriptan	tab: 50 mg	16 tabs
tetracaine	drops: 0.5%, minim	2 minims
thiamine (Vitamin B1)	inj: 100 mg/mL, 1 mL	1 vial
thiamine (Vitamin B1)	tab: 100 mg	14 tabs
tranexamic acid (TXA)	inj: 100 mg/mL, 10 mL	2 vials
tropicamide	drops: 1%, 0.5 mL	3 minims
ulipristal acetate	tab: 30mg	6 tabs
valACYclovir	tab: 500 mg	50 tabs
vancomycin	inj: 1 g	10 vials
varenicline	tab: 0.5 mg	14 tabs
vasopressin	vial: 20 International Units/mL, 2 mL	4 vials
warfarin	tab: 1 mg	28 tabs

Appendix M: Pharmaceutical Agent Conditional Stock List

Conditional Stock Items

(*see pharmaceutical listing for note on optional stock conditions)

Must Stock Items:			
Drug Name, Generic	Formulation	Minimum Stock	Stock Condition
acetaminophen	drops: 80 mg/mL, 24 mL	12 bottles	•*a CHC must stock either the 80 mg/mL or 32 mg/mL, not both
acetaminophen	drops: 32 mg/mL, 100 mL	0	*a CHC must stock either the 80 mg/mL or 32 mg/mL, not both
clindamycin	minibag: 600 mg/50mL	0	* Optional stock item for use if vial format is unavailable.
electrolyte/dextrose preparations	pkg: 5 mg	6 pkgs	* Health centre must stock at least one electrolyte formulation – either powder or pre-mixed solution.
electrolyte/dextrose preparations	liq: 90 mL	6 bottles	* Health centre must stock at least one electrolyte formulation – either powder or pre-mixed solution.
famotidine	tab: 20 mg	10 tabs	*A CHC must stock either raNITidine or famotidine, not both
fomepizole	inj: 1.5 g/1.5 mL	4 vials	<ul style="list-style-type: none"> • To be stocked in Regional Centres: Inuvik, Norman Wells, Yellowknife, Behchoko, Hay River, Ft. Smith, Ft. Simpson • Additional CHC may stock
ketamine	inj: 50 mg/mL, 2 mL vial	4 vials	This product is a must stock ONLY in locations where a physician or nurse practitioner are present.
nirmatrelvir/ ritonavir	tabs: 150/100 mg	3 boxes	*may only be stocked in specified locations, which may change as response to COVID-19 changes. See the latest communication from the Northwest Territories Pharmacy and Therapeutics Committee for details
raNITidine	tab: 150 mg	15 tabs	*A CHC must stock either raNITidine or famotidine, not both
sodium fluorescein	drops: 2%, 0.3 mL minim	10 minims	* Must stock either strips or 2% drops
sodium fluorescein	strips: each	10 strips	* Must stock either strips or 2% drops

Appendix M: Pharmaceutical Agent Conditional Stock List

Conditional Stock Items

(*see pharmaceutical listing for note on optional stock conditions)

Must Stock Items:

Drug Name, Generic	Formulation	Minimum Stock	Stock Condition
succinylcholine	inj: 20 mg/mL, 10 mL	2 vials	<ul style="list-style-type: none"> This product is a must stock ONLY in locations where a physician or nurse practitioner are present.
sulfamethoxazole/ trimethoprim	susp: 200 mg/40 mg per 5 mL	2 bottles	*A CHC Must Stock either the suspension or pediatric tabs, not both.
sulfamethoxazole/ trimethoprim	pediatric tab: 100 mg/ 20 mg	56 tabs	*A CHC Must Stock either the suspension or pediatric tabs, not both.
tenecteplase (TNK)	inj: 50 mg vial	0	<ul style="list-style-type: none"> Stocked only in health facilities with a full-time physician on staff.
tobramycin	ung: 0.3%, 3.5 g (ophthalmic)	2 tubes	0
tobramycin	drops: 0.3%, 5 mL	1 bottle	0

Appendix N: Pharmaceutical Agent Optional Stock List

Optional Stock Items

(*see pharmaceutical listing for note on optional stock conditions)

Must Stock Items: Drug Name, Generic	Formulation
acetaminophen	supp: 325 mg
amLODIPine	tab: 5mg
amoxicillin/Clavulanic acid	tab: 500mg/125 mg
azithromycin	liq: 200 mg/5 mL, 15 mL
benztropine	tab: 1 mg
carboxymethylcellulose	drops: 1%, 0.4 mL minim
clotrimazole	topical: 1%, 15 g
cyclobenzaprine	tab: 10 mg
ethambutol	tab: 400 mg
fluconazole	tab: 50 mg
fluticasone propionate	Nasal spray: 50 mcg/spray, 120 doses
Gabapentin	Cap: 100 mg
glucose solution	liq: 75 g, 300 mL
glycopyrrolate (glycopyrronium)	inj: 0.2 mg/mL, 1 mL
hydroCHLOROthiazide	tab: 25 mg
insulin glargine	vial: 100 units/mL, 10 mL
isoniazid (INH)	susp: 10 mg/mL, 500 mL
isoniazid (INH)	tab: 100 mg
isoniazid (INH)	tab: 300 mg
isopropyl myristate/ cyclomethicone	Gum: 2 mg
lidocaine, viscous	liq: 2%, 50 mL
lubricant, ophthalmic	ung: 3.5 g
methotrimeprazine	inj: 25 mg/mL, 1 mL
methylPREDNISolone acetate suspension	inj: 40mg/mL, vial
midazolam	inj: 5 mg/mL, 1 mL
morphine	tab: 5 mg
naloxone	Nasal spray: 4 mg/0.1 mL
naproxen	tab: 250mg
oseltamivir	susp: 12mg/mL
predniSONE	tab: 50 mg
probenecid	cap: 500mg
pyrazinamide	tab: 500 mg
pyridoxine	inj: 100 mg/mL, 30 mL
pyridoxine	tab: 25 mg
QUetiapine	tab: 25 mg
rifAMPin	cap: 300 mg
rifapentine	tab: 150 mg
sodium chloride nasal spray	spray: 0.9%, 30 mL
tetracaine (amethocaine)	gel: 4%, 1.5g

Appendix O: Formulary Cabin Communities

MEDICATIONS	FORMULATION	MAXIMUM STOCK	MINIMUM STOCK
Allergy/Asthma Therapy			
Diphenhydramine (Benadryl)	25 mg caps (10 pill/bottle)	4 bottles	1 bottle
Diphenhydramine (Benadryl)	Syrup 6.25 mg/mL (100 mL/bottle)	1 bottle	1 bottle
Epinephrine (Epi-Pen Adult)	0.3 mg/mL autoinjector	2 pens	1 pens
Epinephrine (Epi-Pen Junior)	0.15 mg/mL autoinjector	2 pens	1 pens
Ipratropium Bromide (Atrovent)	125 mcg/mL nebule	10 nebules	4 nebules
Loratadine (<i>Claritin</i>)	10 mg tabs (5 tabs / bottle)	4 bottles	1 bottle
Loratadine (<i>Claritin</i>)	liquid: 1 mg/mL, 120 mL bottle	1 bottle	1 bottle
Salbutamol (Ventolin)	Nebules 5 mg/2.5 mL per nebule	20 nebules	4 nebules
Salbutamol (Ventolin)	MDI Inhaler 100 mcg/puff	2 puffers	1 puffer
Analgesic/Anti-inflammatory			
Acetaminophen (Tylenol)	325 mg tabs (20 tabs/bottle)	10 bottles	4 bottles
Acetaminophen (Tylenol or Tempra)	Liquid 80 mg/mL (100mL bottle)	6 bottles	2 bottles
Acetaminophen (Tylenol)	Chews 80 mg tab (20 Tabs/bottle)	4 bottles	1 bottle
Acetaminophen (Tylenol)	Suppositories 120 mg (Supps)	6 suppositories	2 suppositories
Baby Aspirin	80 mg tabs (2 tabs / envelope)	2 envelopes	1 envelope
Ibuprofen (Motrin)	200 mg (20 tabs/ bottle)	10 bottles	4 bottles
Ibuprofen (Motrin)	100 mg/5 mL liq (100 mL bottle)	4 bottles	1 bottle
Lidocaine Viscous	2% (100 mL bottle)	1 bottle	½ bottle
Prednisone	5 mg tablets (10 tabs/bottle)	6 bottles	5 bottles
Anti-infectives			
Amoxicillin (Amoxil)	Suspension 250 mg/5 mL (100 mL bottle)	6 bottles	2 bottles
Amoxicillin (Amoxil)	500 mg caps (21 pill/bottle)	6 bottles	2 bottles
Amoxicillin/Clavulanic Acid	875 mg tabs (21 tab/bottle)	1 bottle	1 bottle

Appendix O: Formulary Cabin Communities

MEDICATION NAME	FORMULATION	MAXIMUM STOCK	MINIMUM STOCK
Azithromycin (Zithromax)	250 mg tabs (6 tabs/bottle)	4 bottles	1 bottle
Azithromycin Susp (Zithromax)	200 mg/5 mL (15 ml bottle)	1 bottle	1 bottle
Cefixime	400mg tablets (10 tablets/bottle)	2 bottles	1 bottle
Cephalexin (Keflex)	500 mg tabs (56 tabs/bottle)	4 bottles	2 bottles
Ciprofloxacin	250 mg tabs (14 tabs/bottle)	4 bottles	1 bottle
Clindamycin	150 mg caps (56 caps/bottle)	2 bottles	1 bottle
Cotrimoxazole (Septra)	Suspension 200 mg/5 mL (400mL bottle)	1 bottle	1/3 bottle
Cotrimoxazole (Septra DS)	800 mg/160 mg (6 tabs/bottle)	3 bottles	1 bottle
Doxycycline	100 mg caps (20 caps/bottle)	3 bottles	1 bottle
Metronidazole (Flagyl)	250 mg tabs (28 tabs/bottle)	3 bottles	1 bottle
Nitrofurantoin monohydrate/ macrocrystals (Macrobid)	100 mg (28 caps/bottle)	2 bottles	1 bottle
Nystatin	Oral Solution 100,000 u/mL (24 mL bottle)	2 bottles	1 bottle
Penicillin V (Pen V)	300 mg tabs (40 tabs/bottle)	3 bottles	1 bottle
Valacyclovir	500 mg tabs (100 pills/bottle)	1 bottle	1 bottle
STI kit (Azithromycin 1000 mg / Cefixime 800 mg) kit (Put each medication in 2 separate envelopes, label each envelope and tape together)		2 kits	1 kit
Skeletal Muscle Relaxants			
Cyclobenzaprine (Flexeril)	10mg tabs (6tabs/bottle)	2 bottles	1 bottle
Contraceptives/Hormones/ Oxytocics			
Condoms		2 dozen	1 dozen

Appendix O: Formulary Cabin Communities

MEDICATION NAME	FORMULATION	MAXIMUM STOCK	MINIMUM STOCK
Estrogen less than 30 mcg monophasic OCP (Alesse) 1 in community travel bag, one in cabin	(28 tabs/pkg)	1 pkg	0 pkg or expired
Estrogen greater than 30 mcg monophasic OCP (Min-Ovral)	(28 tabs/pkg)	1 pkg	0 pkgs or expired
Ulipristal (Ella)	30 mg (1 tab/pkg)	2 pkgs	0 pkg or expired
Cough/Cold Preparations			
Dextromethorphan (Robitussin DM/Benlyn DME)	15 mg/5 mL (100 mL bottle)	4 bottles	1 bottle
Pseudoephedrine (Sudafed)	60 mg tabs (24 tabs/box)	2 boxes	1 box
Gastrointestinal Drugs			
Bisacodyl (Dulcolax)	5 mg tabs (4 tabs/bottle)	2 bottles	1 bottle
Dimenhydrinate (Gravol)	50 mg tabs (10 tabs/bottle)	4 bottles	1 bottle
Dimenhydrinate (Gravol)	Syrup 15 mg/5 mL (250 mL bottle)	1 bottle	0 bottle or expired
Dimenhydrinate (Gravol)	Suppository 50 mg Adult (Supps)	10 suppositories	2 suppositories
Hyoscine (Buscopan)	10 mg tab (10 tabs/bottle)	3 bottles	1 bottle
Glycerine Suppositories (Adult)	10 supp/box	10 Suppositories	2 suppositories
Glycerine Suppositories (Ped)	10 supp/box	10 Suppositories	2 suppositories
Pantoprazole (Pantoloc)	40 mg tabs (7 tabs/bottle)	2 bottles	1 bottle
Pedialyte (Pediatric Electrolyte powder)	10 per pk	2 boxes	1 box
Poison Antidote (Emergency)			
Charcoal Suspension	25 g (Pediatric) (125 mL bottle)	1 bottle	1 bottle
Charcoal Suspension	50 g (Adult) (250 mL bottle)	1 bottle	1 bottle
Liquid Glucose (Insta-glucose)	31 g tube	2 tubes	1 tube

Appendix O: Formulary Cabin Communities

MEDICATION NAME	FORMULATION	MAXIMUM STOCK	MINIMUM STOCK
Nitro spray 0.4 mg	75 sprays/bottle	1 bottle	1 bottle
Vitamins/Minerals			
Prenatal Vitamins	100 tabs/bottle	2 bottles	2 bottles
Vitamin-D Infant Drops (D-Vi-Sol)	400 IU/mL (3.4 mL bottle)	2 bottles	2 bottles
Topical Agents			
Bacitracin/Polymixin-B (Polysporin) oint	15 g tube	6 tubes	1 tube
Isopropyl myristate/ Cyclomethicone (R&C)	0.33/3% Shampoo: 50 mL	2 Bottles	1 bottle
Permethrin (Nix)	Cream Rinse 1% (50 mL bottle)	4 bottles	1 bottle
Permethrin (Nix)	Dermal Cream 5% (30 g tube)	2 tubes	2 tubes
Betamethasone (Betaderm)	0.1% cream (15g jar)	3 jars	1 jar
Betamethasone (Betaderm)	0.1% ointment (15 g jar)	3 jars	1 jar
Clotrimazole (Canesten)	0.1% cream (30 g tube)	3 tubes	1 tube
Hydrocortisone (Hyderm)	0.1% cream (15 g jar)	3 jars	1 jar
Hydrocortisone (Hyderm)	0.1% ointment (15 g jar)	3 jars	1 jar
Mupirocin (Bactroban)	Ointment 2% (15 g tube)	3 tubes	1 tube
Taro Base, Glaxal Base	Tube 50 g	3 jars	1 jar
Eye/Ear/Nose/Throat			
Erythromycin	Ophthalmic Ointment 5 mg/g (tube)	4 tubes	1 tube
Eye Lubricant Ointment (Lacrilube)	3.5 g tube	2 tubes	1 tube
Normal Saline (Salinex)	0.9% nasal spray	1 bottle	1 bottle
PolymyxinB/Gramicidin (Polysporin)	Eye drops (10 mL bottle)	3 bottles	1 bottle

Appendix O: Formulary Cabin Communities

MEDICATION NAME	FORMULATION	MAXIMUM STOCK	MINIMUM STOCK
Tobramycin (Tobrex)	Ophthalmic ointment: 0.3% (3.5 g tube)	2 tubes	1 tube
Tobramycin (Tobrex)	Ophthalmic drops: 0.3%, (5 mL bottle)	2 bottles	1 bottle
Hemorrhoid/Vaginal Preparations			
Hydrocortisone/Zinc sulphate (Anusol HC)	0.5%/0.5% cream (15 g tube)	2 tube	1 tube
Miconazole (Monistat 7)	vaginal ovules/ cream: 100 mg/2%, 7 days	2 boxes	1 box

Appendix P: Correctional Health Services Pharmaceutical Must Stock List

MEDICATIONS	FORMULATION	MINIMUM STOCK
Acetaminophen (Tylenol)	325 mg	100 tablets
Acetaminophen caffeine and codeine (Lenoltec #3)	325 mg/15 mg/ 30 mg codeine	15 tablets
Acetylsalicylic acid	80 mg chewable tablet	8 tablets
Aluminum-magnesium hydroxide	350 mL	2 bottles
Amoxicillin	250 mg	100 capsules
Amoxicillin	500 mg	200 capsules
Amoxicillin/clavulanic acid	875 mg/125 mg	28 tabs
Ampicillin	Injection: 1 gram	2 vials
Azithromycin	250 mg	16 tablets
Bacitracin & polymyxin B	15 g	3 tubes
Betamethasone valerate cream	0.1%, 15 g	2 tubes
Betamethasone valerate oint	0.1%, 15 g	2 tubes
Bisacodyl	5 mg	8 tablets
Budesonide	0.25 mg/mL, 2 mL	12 nebulers
Cefazolin	Injection: 1 gram	4 vials
Cefixime	400 mg	4 tablets
Ceftriaxone	Injection: 250 mg	2 vials
Ceftriaxone	Injection: 1 gram	2 vials
Cephalexin	500 mg	56 tablets
Charcoal activated aqueous	50 g/225 mL, 225 mL	2 bottles (adult)
Ciprofloxacin	250 mg	56 tablets
Ciprofloxacin	Ophthalmic drops: 0.3%, 5 mL	1 bottle
Ciprofloxacin/dexamethasone	Otic drops: 0.3/0.1%, 7.5 mL	1 bottle
Clindamycin	150 mg	56 capsules
Clotrimazole	200 mg/1% ovules, 3 day pack	1 pack
Clotrimazole	1%, 15 grams	2 tubes

Appendix P: Correctional Health Services Pharmaceutical Must Stock List

MEDICATIONS	FORMULATION	MINIMUM STOCK
Dermatological base	50 gram tube	2 tubes
Dexamethasone	10 mg/mL, 10 mL	1 vial
Diazepam	Injection: 5 mg/mL, 2 mL	5 vials
Diazepam	5 mg	4 tablets
Dimenhydrinate	Injection: 50 mg/mL, 1 mL	4 vials
Dimenhydrinate	50 mg	Suppositories
Dimenhydrinate	50 mg	12 tablets
Diphenhydramine	Injection: 50 mg/mL, 1 mL	2 vials
Doxycycline	100 mg	28 capsules
Epinephrine	Injection: 1:1000, 30 mL	1 vial
Epinephrine	Injection: 1:1000, 1 mL	4 vials
Epinephrine	Injection: 1:1000, 10 mL PLS	6 PLS
Erythromycin	250 mg	112 tablets
Flumazenil	Injection: 0.1 mg/mL, 5 mL	2 vials
Fluticasone propionate	50 mcg/puff inhaler, 120 doses	1 MDI
Fluticasone propionate	125 mcg/puff inhaler, 60 doses	1 MDI
Glucagon kit	Injection: 1 mg/mL, 1 mL	2 kits
Glucose gel	31 grams	2 tubes
Haloperidol	Injection: 5 mg/mL, 1 mL	2 vials
HIV Exposure prophylaxis	**	1 of each kit
Hydrocortisone & zinc sulphate	10 mg/ 10 mg	12 suppositories
Hydrocortisone & zinc sulphate	0.5%/0.5%, 15 grams	1 tube
Hydrocortisone cream	1%, 15 grams	2 tubes
Hydrocortisone ointment	1%, 15 grams	2 tubes
Ibuprofen	200 mg	100 tablets
Insulin NPH	Injection: 100 units/mL, 10 mL	1 vial
Insulin R	Injection: 100 units/mL, 10 mL	1 vial

Appendix P: Correctional Health Services Pharmaceutical Must Stock List

MEDICATIONS	FORMULATION	MINIMUM STOCK
Ipratropium bromide	125 mg/mL, 2 mL	5 nebulas
Isoniazid (INH)	100 mg	10 tablets
Isoniazid (INH)	300 mg	10 tablets
Isopropyl myristate/ cyclomethicone	50%/50%	2 bottles
Ketorolac	Injection: 30 mg/mL, 1 mL	2 vials
Lactulose	667 mg/mL, 500 mL	2 bottles
Lidocaine	10 mg/spray, 50 mL	1 canister
Lidocaine	Injection: 1%, 50 mL	1 vial
Lidocaine viscous	2%, 50 mL	1 bottle
Lidocaine with epinephrine	Injection: 1%/1:100,000, 20 mL	1 vial
Loratadine	10 mg	28 tablets
Lorazepam	Injection: 4 mg/mL, 1 mL	2 vials
Lorazepam	0.5 mg	20 tablets
Lubricant, ophthalmic	3.5 g	5 tubes
MDI spacer device	Adult without mask	1 device
Metoclopramide	5 mg	32 tablets
Metoprolol	25 mg	56 tablets
Metronidazole	250 mg	42 tablets
*Miconazole	400 mg/2%, ovules/cream 3 days	1 pack
Misoprostol	200 mcg	4 tablets
Mupirocin	2%, 15 grams	2 tubes
Naloxone	Injection: 0.4 mg/mL, 1mL	5 vials
Naloxone	Nasal spray: 4 mg/0.1 mL	8 units
Naproxen	250 mg	30 tablets
Nitrofurantoin monohydrate/ macrocrystals	100 mg	28 capsules

Appendix P: Correctional Health Services Pharmaceutical Must Stock List

MEDICATIONS	FORMULATION	MINIMUM STOCK
Nitroglycerine	0.4 mg/dose, 75 doses	1 bottle
Nystatin	Suspension: 100,000 units/mL, 24 mL	1 bottle
Olanzapine (rapid dissolving)	5 mg	14 tablets
Ondansetron	4 mg	8 wafers
Pantoprazole	40 mg	14 tablets
Penicillin V	300 mg	100 tablets
Permethrin	1% cream rinse, 59 mL	3 bottles
Permethrin	5% cream, 30 grams	2 tubes
Phenytoin	Injection: 50 mg/mL, 5 mL	20 vials
Phenytoin	100 mg	56 capsules
Pilocarpine	Ophthalmic drops: 2%, 0.3 mL	3 minims
Polyethylene glycol (PEG) 3350	238 grams powder for solution	1 bottle
Prednisolone acetate	Ophthalmic drops: 1%, 5 mL	2 bottles
Prednisone	5 mg	50 tablets
Prenatal vitamins		60 tablets
Pyrazinamide	500 mg	10 tablets
Pyridoxine	25 mg	10 tablets
Ramipril	2.5 mg	14 capsules
Ranitidine	150 mg	15 tablets
Rifampin	300 mg	10 capsules
Salbutamol	1 mg/mL, 2.5 mL	5 nebulas
Salbutamol	100 mcg/puff MDI inhaler, 200 doses	2 inhalers
*sodium chloride for irrigation 0.9%	0.9%, 500 mL or 1000 mL	2 bottles
Sodium chloride 0.9%	Injection: 100 mL, 500 mL, 1000 mL	6 bags
Sodium chloride nasal spray	0.9%, 30 mL	1 unit
*sodium fluorescein	Ophthalmic drops: 2%, 0.3mL	10 minims
*sodium fluorescein	Strips	10 strips

Appendix P: Correctional Health Services Pharmaceutical Must Stock List

MEDICATIONS	FORMULATION	MINIMUM STOCK
Sodium phosphate enema	130 mL	1 bottle (adult)
Sterile water for injection	Injection: 10 mL vial	4 vials
Sulfamethoxazole/trimethoprim	800/160 mg	56 tablets
Sumatriptan	50 mg	16 tablets
Tetracaine	Ophthalmic drops: 0.5%	2 minims
Tetracaine	Ophthalmic ointment: 4%, 1.5 grams	1 tube
Thiamine (vitamin B1)	100 mg	14 tablets
Tobramycin	Ophthalmic ointment: 0.3%, 3.5 grams	2 tubes
Tobramycin	Ophthalmic drops: 0.3%, 5 mL	1 bottle
Tropicamide	Ophthalmic drops: 1%, 0.3 mL	3 minims
Valacyclovir	500 mg	50 tablets
Vitamin D	1000 IU	60 tablets
Warfarin	1 mg	28 tablets