CHAPTER 140-30
MEDICAID DIVISION

SUBCHAPTER 140-30.1
MEDICAID DRUG FORMULARY RULES AND REGULATIONS

Subchapter Authority: 1 CMC §§ 2605 and 2603(d).

Subchapter History: Amdts Adopted 26 Com. Reg. 21891 (Feb. 23, 2004); Amdts Emergency and Proposed 26 Com. Reg. 21526 (Jan. 22, 2004) (effective for 120 days from Jan. 8, 2004); Adopted 25 Com. Reg. 21052 (Aug. 22, 2003); Proposed 25 Com. Reg. 20462 (July 15, 2003).

Commission Comment: PL 1-8, tit. 1, ch. 12, codified as amended at 1 CMC §§ 2601-2633, created the Department of Public Health and Environmental Services within the Commonwealth government. See 1 CMC § 2601. 1 CMC § 2603(d) grants the Department the power and duty to establish and administer a Medicaid program. 1 CMC § 2605 directs the Department to adopt rules and regulations regarding those matters over which it has jurisdiction.

Executive Order 94-3 (effective August 23, 1994) reorganized the Commonwealth government executive branch, changed agency names and official titles and effected numerous other revisions. According to Executive Order 94-3 § 105:

> Section 105. Department of Public Health.
>
> The Department of Public Health and Environmental Services is re-designated the Department of Public Health.

The full text of Executive Order 94-3 is set forth in the commission comment to 1 CMC § 2001.

Public Law 16-51 (effective Jan. 15, 2010), the "Commonwealth Healthcare Corporation Act of 2008," codified at 3 CMC § 2801 et seq., established the Commonwealth Healthcare Corporation, which assumed the duties of the Department of Public Health as of January 15, 2011.

Part 001 - General Provisions

§ 140-30.1-001 Introduction

For purposes of the rules and regulations in this subchapter, the drugs set forth in part 100 shall be recognized and approved for CNMI Medicaid payment, except that the Medicaid Administrator shall have the authority for medical necessity or other good cause to add other drugs to the formulary.

Modified, 1 CMC § 3806(d), (f).

History: Adopted 25 Com. Reg. 21052 (Aug. 22, 2003); Proposed 25 Com. Reg. 20462 (July 15, 2003).

Commission Comment: The Commission created the section title.

§ 140-30.1-005 Additions/Deletions to Drug Formulary

Drugs added or deleted by the CHC Pharmacy and Therapeutic Committee shall be automatically added or deleted to the Medicaid Drug Formulary. Additional items not listed in the formulary may be authorized for Medicaid reimbursement by the Medicaid Administrator only if medically necessary or for other good cause. The following drugs are now added to the formulary, though not included in the CHC hospital formulary: gengraft, oxycodone, mycophenylate, and medications for the treatment of HIV as recommended by the patient's physician and approved by the Medicaid Administrator.

History: Adopted 25 Com. Reg. 21052 (Aug. 22, 2003); Proposed 25 Com. Reg. 20462 (July 15, 2003).

Commission Comment: The notice of adoption for the 2003 regulations added this section. See 25 Com. Reg. at 21052 (Aug. 22, 2003).

§ 140-30.1-010 Generic Substitutions

Generic drugs must be dispensed unless the name brand is determined by the physician to be

medically necessary and is so stated on the prescription.

History: Adopted 25 Com. Reg. 21052 (Aug. 22, 2003); Proposed 25 Com. Reg. 20462 (July 15, 2003).

Commission Comment: The notice of adoption for the 2003 regulations added this section. See 25 Com. Reg. at 21052 (Aug. 22, 2003).

Part 100 - Formulary Drugs

§ 140-30.1-101 Anti-infectives

(a) Amebicides
(1) Chloroquine Phosphate
(2) Metronidazole
(3) Pyrimethamine

(b) Aminoglycosides
(1) Amikacin Sulfate
(2) Gentamicin Sulfate
(3) Neomycin Sulfate
(4) Streptomycin Sulfate
(5) Tobramycin Sulfate

(c) Antihelminthics
(1) Mebendazole
(2) Praziquantel

(d) Antifungal Agents
(1) Amphotericin
(2) Fluconazole
(3) Nystatin
(4) Terbinafine

(e) Antimalarial Agents
(1) Hydroxychloroquine Sulfate
(2) Mefloquine
(3) Primaquine
(4) Sulfadoxine & Pyrimethamine

(f) Antituberculosis Drugs
(1) Ethambutol HCL
(2) Isoniazid
(3) Pyrazinamide
(4) Rifampin

(g) Antiviral Agents
(1) Acyclovir

(2) Amantadine
(3) Indinavir
(4) Lamivudine
(5) Zidovudine

(h) Carbapenems
(1) Meropenem

(i) Cephalosporins
(1) Cefazolin Sodium
(2) Cefixime
(3) Cefotaxime Sodium
(4) Cefotetan
(5) Ceftazidime Sodium
(6) Ceftriaxone Sodium
(7) Cefuroxime
(8) Cephradine

(j) Macrolides
(1) Azithromycin
(2) Clarithromycin
(3) Erythromycin
(4) Erythromycin/Sulfasoxazole

(k) Monobactams
(1) Aztreonam

(l) Penicillins
(1) Amoxicillin/Clavulanate
(2) Amoxicillin Trihydrate
(3) Ampicillin
(4) Ampicillin/Sulbactam
(5) Dicloxicillin Sodium
(6) Oxacillin
(7) Penicillin
(8) Penicillin G. Benzathine
(9) Penicillin G Procaine
(10) Penicillin V Potassium
(11) Piperacillin
(12) Ticarcillin/Clavulanate

(m) Quinolones
(1) Ciprofloxacin

(n) Sulfonamides
(1) Erythromycin/Sulfasoxazole

(2) Sulfamethoxazole/Trimethoprim
(3) Sulfasalazine
(4) Sulfisoxazole

(o) Tetracyclines
(1) Doxycycline
(2) Tetracycline HCL

(p) Urinary Anti-infectives
(1) Methylene Blue
(2) Nitrofurantoin

(q) Miscellaneous Anti-infectives
(1) Chloramphenicol
(2) Clindamycin
(3) Clofazimine
(4) Dapsone
(5) Metronidazole
(6) Polymyxin B Sulfate
(7) Spectinomycin HCL
(8) Vancomycin
(9) Linezolid

Modified, 1 CMC § 3806(f).

History: Adopted 25 Com. Reg. 21052 (Aug. 22, 2003); Proposed 25 Com. Reg. 20462 (July 15, 2003).

§ 140-30.1-105 Antineoplastic Agents

(a) Alkylating Agents
(1) Cyclophosphamide

(b) Antibiotics
(1) Doxorubicin

(c) Antimetabolites
(1) Fluorouracil
(2) Methotrexate

(d) Hormones
(1) Flutamide
(2) Tamoxifen Citrate

(e) Mitotic Inhibitors

(f) Miscellaneous Antineoplastic Agents
(1) Azathioprine

(2) Hydroxyurea
(3) Leucovorin Calcium

Modified, 1 CMC § 3806(f).

History: Adopted 25 Com. Reg. 21052 (Aug. 22, 2003); Proposed 25 Com. Reg. 20462 (July 15, 2003).

§ 140-30.1-110 Biologicals

(a) Antitoxins and Ativenins
(1) Antivenom, Stonefish

(b) Immune Serums
(1) Hepatitis B. Immune Globulin
(2) Immune Globulin, IV
(3) Rho (D) Immune Globulin
(4) Tetanus Immune Globulin, Human
(5) Varicella Zoster Immune Globulin

(c) In Vivo Diagnostic Biologicals
(1) Mumps Skin Test Antigen
(2) Tuberculin, Purified Protein Derivative

(d) Toxoids
(1) Diphtheria and Tetanus Toxoids Combined, adsorbed
(2) Tetanus Toxoid, adsorbed

(e) Vaccines
(1) Cholera Vaccine
(2) Pneumococcal Vaccine
(3) Typhoid Vaccine

(f) Vaccines, Viral
(1) Hepatitis A Vaccine
(2) Hepatitis B Vaccine
(3) Influenza Vires Vaccine (current strain)
(4) MMR Vaccine
(5) Varricella Vaccine

Modified, 1 CMC § 3806(f).

History: Adopted 25 Com. Reg. 21052 (Aug. 22, 2003); Proposed 25 Com. Reg. 20462 (July 15, 2003).

§ 140-30.1-115 Blood Modifiers

(a) Anticoagulants
(1) Dalteparin

(2) Heparin Sodium
(3) Warfarin Sodium

(b) Antihemophilic Products
(1) Anti - Inhibitor Complex
(2) Factor VIIa recombinant
(3) Factor VIII, Human
(4) Factor IX, human, heat-treated

(c) Antiplatelet Agents
(1) Aspirin
(2) Clopidogrel
(3) Dipyridamole

(d) Colony Stimulating Factors
(1) Filgrastin

(e) Dextran Adjunct

(f) Epoetin, Human Recombinant
(1) Epogen

(g) Folic Acid and Derivatives
(1) Folic Acid
(2) Leucovorin Calcium

(h) Hemorrheologic Agents
(1) Pentoxifylline

(i) Hemostatics
(1) Aminocaproic Acid
(2) Thrombin

(j) Heparin Antagonists
(1) Protamine Sulfate

(k) Iron Products
(1) Ferrous Fumarate
(2) Ferrous Gluconate
(3) Ferrous Sulfate
(4) Iron Dextran

(l) Plasma Expanders

(m) Plasma Protein Fractions
(1) Albumin, Normal Human Serum

(2) Plasma Protein Fraction 5%

(n) Thrombolytic Enzymes
(1) Streptokinase

(o) Tissue Plasminogen Activator
(1) Alteplase, Human Recombinant
(2) Tenecteplase

(p) Vitamin B12
(1) Cyanocobalamin

(q) Vitamin K
(1) Phytonadione

(r) Miscellaneous

Modified, 1 CMC § 3806(f).

History: Adopted 25 Com. Reg. 21052 (Aug. 22, 2003); Proposed 25 Com. Reg. 20462 (July 15, 2003).

§ 140-30.1-120 Cardiovascular Agents

(a) Alpha Adrenergic Blocking Agents
(1) Phentolamine

(b) Alpha/Beta Adrenergic Blocking Agents
(1) Labetalol

(c) Angiotensin Converting Enzyme (ACE) Inhibitors
(1) Captopril
(2) Fosinopril
(3) Lisinopril

(d) Angiotensin II Antagonists
(1) Losartan

(e) Antiadrenergic Agents - centrally acting
(1) Clonidine
(2) Methyldopa

(f) Antiadrenergic Agents - peripherally acting
(1) Doxazosin

(g) Antianginal Agents
(1) Dipyridamole
(2) Isosorbide Dinitrate

(3) Isosorbide Mononitrate
(4) NTG, injection
(5) NTG, sublingual
(6) NTG, topical

(h) Antiarrhythmics
(1) Amiodorone
(2) Adenosine
(3) Digoxin
(4) Diltiazem
(5) Lidocaine
(6) Nadolol
(7) Phenytoin
(8) Procainamide HCL
(9) Propranolol
(10) Quinidine Gluconate
(11) Sotalol
(12) Verapamil

(i) Antihyperlipidemic Agents
(1) Atorvastatin
(2) Colestipol
(3) Gemfibrozil
(4) Nicotinic Acid (Niacin)
(5) Pravastatin

(j) Beta-adrenergic Blocking Agents
(1) Atenolol
(2) Labetalol
(3) Metoprolol
(4) Nadolol
(5) Propranolol

(k) Calcium Channel Blockers
(1) Amlodipine
(2) Diltiazem
(3) Nifedipine
(4) Nimodipine
(5) Verapamil

(l) Diuretic, Carbonic Anhydrase Inhibitors
(1) Acetazolamide

(m) Diuretics, Combination
(1) Hydrochlorothiazide/Triamterene

(n) Diuretics, Loop
(1) Ethacrynate Sodium
(2) Furosemide

(o) Diuretics, Osmotic
(1) Mannitol

(p) Diuretics, Potassium-sparing
(1) Spironolactone

(q) Diuretics, Thiazide
(1) Chlorothiazide
(2) Hydrochlorothiazide
(3) Metolazone

(r) Ganglionic Blocking Agents

(s) Inotropic Agents
(1) Amrinone Lactate
(2) Digoxin

(t) Sympathomimetics - Drugs used in shock
(1) Dobutamine
(2) Dopamine
(3) Ephedrine Sulfate
(4) Epinephrine
(5) Isoproterenol
(6) Metaraminol
(7) Norepinephrine
(8) Phenylephrine

(u) Vasodilators
(1) Diazoxide
(2) Dipyridamole
(3) Hydralazine
(4) Isosorbide Dinitrate
(5) Isosorbide Mononitrate
(6) Minoxidil
(7) Nitroglycerin
(8) Sodium Nitroprusside
(9) Tolazoline

(v) Miscellaneous Cardiovascular Agents
(1) Sodium Polystyrene Sulfonate
(2) Digoxin Immune Fab

Modified, 1 CMC § 3806(f).

History: Adopted 25 Com. Reg. 21052 (Aug. 22, 2003); Proposed 25 Com. Reg. 20462 (July 15, 2003).

§ 140-30.1-125 Central Nervous System Drugs

(a) Analgesics and Antipyretics
(1) Acetaminophen
(2) Aspirin
(3) Butalbital Compound (Butalbital/Aspirin/Caffeine)

(b) Anesthetics, General
(1) Etomidate
(2) Isoflurane
(3) Ketamine HCL
(4) Midazolam HCL
(5) Propofol
(6) Sevoflurane
(7) Thiopental Sodium

(c) Antianxiety Agents
(1) Buspirone
(2) Diazepam
(3) Droperidol
(4) Hydroxyzine
(5) Lorazepam

(d) Anticonvulsants
(1) Carbamazepine
(2) Clonazepam
(3) Diazepam
(4) Divalproex Sodium
(5) Ethosuximide
(6) Gabapentin
(7) Magnesium Sulfate
(8) Phenobarbital
(9) Phenytoin Sodium
(10) Valproic Acid

(e) Antidepressants
(1) Amitriptyline
(2) Bupropion
(3) Desipramine HCL
(4) Doxepin
(5) Fluoxetine
(6) Imipramine HCL
(7) Sertraline

(8) Trazodone HCL

(f) Anti-inflammatory Drugs, Nonsteroidal
(1) Ibuprofen
(2) Indomethacin
(3) Ketorolac
(4) Naproxen
(5) Piroxicam
(6) Sulindac

(g) Antimanic Agents
(1) Lithium Carbonate

(h) Antiparkinson Agents
(1) Amantidine
(2) Benztropine Mesylate
(3) Bromocriptine Mesylate
(4) Diphenhydramine
(5) Levodopa
(6) Levodopa with Carbidopa
(7) Selegiline
(8) Trihexyphenidyl HCL

(i) Antipsychotic Agents
(1) Chlorpromazine
(2) Clozapine
(3) Fluphenazine Decanoate
(4) Fluphenazine HCL
(5) Haloperidol
(6) Haloperidol Decanoate
(7) Olanzapine
(8) Perphenazine
(9) Risperidone
(10) Thioridazine
(11) Thiothixene
(12) Trifluoperazine

(j) Antivertigo Agents
(1) Dimenhydrinate
(2) Meclizine
(3) Promethazine
(4) Scopolamine

(k) Migraine, Agents Used in
(1) Ergotamine/caffeine
(2) Sumatriptan

(3) Midrin (Isometheptene/Dichloralphenazone/Acetaminophen)

(l) Muscle Relaxants - Adjunts to Anesthesia
(1) Cisatracurium - (Restricted)
(2) Pancuronium
(3) Rocuronium - (Restricted)
(4) Succinylcholine Chloride

(m) Muscle Relaxants - Skeletal
(1) Baclofen
(2) Cyclobenzaprine
(3) Dantrolene
(4) Diazepam
(5) Methocarbamol

(n) Narcotic Agonist Analgesics
(1) Codeine
(2) Fentanyl Citrate
(3) Fentanyl Transdermal System
(4) Meperidine
(5) Morphine Sulfate
(6) Oxycodone/Acetaminophen

(o) Narcotic Agonist - Antagonist Analgesics

(p) Narcotic Antagonists
(1) Naloxone
(2) Naltrexone

(q) Sedatives and Hypnotics
(1) Chloral Hydrate
(2) Lorazepam
(3) Oxazepam
(4) Triazolam

(r) Stimulants
(1) Methylphenidate

(s) Miscellaneous

Modified, 1 CMC § 3806(f).

History: Adopted 25 Com. Reg. 21052 (Aug. 22, 2003); Proposed 25 Com. Reg. 20462 (July 15, 2003).

§ 140-30.1-130 Dermatologic and Mucous Membrane Preparations

(a) Anesthetics, Local

(1) Bupivacaine
(2) Bupivacaine with Epinephrine
(3) Dibucaine HCL
(4) Lidocaine
(5) Lidocaine/Epinephrine/Tetracaine Compound
(6) Lidocaine and Prilocaine
(7) Tetracaine HCL

(b) Anorectal Products
(1) Hemorrhoidal Suppositories
(2) Hemorrhoidal with Hydmcortisone Suppositories

(c) Antibiotics
(1) Bacitracin
(2) Bacitracin/Polymixin/Neomycin
(3) Clindamycin
(4) Gentamicin
(5) Mupirocin

(d) Antifungal Agents
(1) Clotrimazole
(2) Ketoconazole
(3) Nystatin
(4) Tolnaftate

(e) Antineoplastic
(1) Fluorouracil

(f) Antiseborrheic Products
(1) Coal Tar Jel
(2) Coal Tar, Sulfur, Salicylic Shampoo
(3) Selenium Sulfide

(g) Antiseptics and Germicides
(1) Povidone Iodine Ointment
(2) Sodium Hypochlorite (Dakin's Solution)

(h) Antipsoriatics
(1) Acitretin
(2) Calcipotriene

(i) Antiviral
(1) Acyclovir

(j) Astringents
(1) Aluminum Acetate

(2) Benzoyl Peroxide
(3) Silver Nitrate

(k) Burn Preparations
(1) Silver Sulfadiazine

(l) Corticosteroids
(1) Amcinonide
(2) Betamethasone
(3) Clobetasol Propionate
(4) Hydrocortisone
(5) Nystatin/Triamcinolone
(6) Triamcinolone

(m) Depigmenting Agents

(n) Emollients, Demulcents, and Protectants
(1) Aquaphor Ointment
(2) Benzoin Compound Tincture
(3) Calamine Lotion
(4) Colloidal Oatmeal Bath
(5) Flexible Collodiol
(6) Hydrophillic Ointment
(7) Lactic Acid 12%
(8) Petrolatum, White
(9) Zinc Oxide Ointment

(o) Keratolytics
(1) Benzoyl Peroxide
(2) Podophyllum
(3) Salicylic Acid Plaster
(4) Trichloroacetic Acid

(p) Mouth and Throat Products
(1) Benzocaine Lozenges
(2) Lidocaine (Viscous)
(3) Nystatin

(q) Otic Preparations
(1) Acetic Acid/benz/ppg
(2) Acetic Acid/benz/ppg/hc
(3) Aluminum Acetate & 2% Acetic Acid
(4) Antipyrine & Benzocaine
(5) Carbamide Peroxide
(6) Polymixin/Neomycin/HC
(7) Triethanolamine Polypeptide

(r) Scabicides and Pediculocides
(1) Crotamiton
(2) Permethrin

(s) Topical Enzyme Preparations
(1) Collagenase

(t) Vaginal Products
(1) Clindamycin Cream
(2) Clotrimazole
(3) Dinoprostone Gel
(4) Estrogen Conj.
(5) Dinoprostone Suppository
(6) Triple Sulfa Vag. Cream

Modified, 1 CMC § 3806(f).

History: Adopted 25 Com. Reg. 21052 (Aug. 22, 2003); Proposed 25 Com. Reg. 20462 (July 15, 2003).

§ 140-30.1-135 Diagnostic Agents

(a) Adrenocortical Insufficiency
(1) Cosyntropin

(b) Bronchial Airway Hyperreactivity
(1) Methacholine Chloride

(c) Diabetes Mellitus
(1) Test Tape

(d) Gallbladder Function

(e) Gastric Function

(f) Intestinal Absorption

(g) Kidney Function

(h) Mumps
(1) Mumps Skin Test Antigen

(i) Myasthenia Gravis
(1) Edrophonium Chloride

(j) Pancreatic Function

(k) Pheochromocytoma
(1) Phentolamine Mesylate
(l) Pituitary Function

(m) Roentgenography
(1) Diatrizoate Meglumine
(2) Diatrizoate Meglumine and Diatrizoate Sodium
(3) Iopanioc Acid

(n) Thyroid Function

(o) Tuberculosis
(1) Tuberculin, Purified Protein Derivative

(p) Urine Contents

(q) Miscellaneous
(1) Indigo Carmine

Modified, 1 CMC § 3806(f).

History: Adopted 25 Com. Reg. 21052 (Aug. 22, 2003); Proposed 25 Com. Reg. 20462 (July 15, 2003).

§ 140-30.1-140 Gastrointestinal Drugs

(a) Adsorbents
(1) Charcoal, Activated

(b) Antacids
(1) Aluminum Carbonate
(2) Aluminum Hydroxide
(3) Aluminum Magnesium Hydroxide Compound
(4) Calcium Carbonate
(5) Magnesium Oxide
(6) Milk of Magnesia (Magnesium Hydroxide)
(7) Sodium Bicarbonate

(c) Anticholinergics/Antispasmodics
(1) Atropine Sulfate
(2) Belladonna Alkaloids and Phenobarbital
(3) Glycopyrrolate
(4) Propantheline Bromide

(d) Anti-diarrhea Agents
(1) Bismuth Subsalicylate
(2) Diphenoxylate HCL
(3) Kaolin with Pectin Mixture

(4) Loperamide HCL
(5) Paregoric

(e) Anti-emetics
(1) Chlorpromazine
(2) Dimenhydrinate
(3) Droperidol
(4) Hydroxyzine
(5) Meclizine HCL
(6) Metoclopramide
(7) Ondansetron
(8) Prochlorperazine
(9) Promethazine
(10) Scopolamine

(f) Antiflatulants
(1) Simethicone

(g) Bowel Evacuants

(h) Digestive Enzymes
(1) Pancrelipase

(i) Emetics
(1) Ipecac

(j) GI Stimulants
(1) Metoclopramide

(k) Histamine (H2) Antagonists
(1) Ranitidine

(l) Laxatives (Cathartic)
(1) Bisacodyl
(2) Castor Oil
(3) Docusate Sodium
(4) Glycerin
(5) Lactulose
(6) Magnesium Citrate
(7) Magnesium Sulfate
(8) Milk of Magnesia
(9) Mineral Oil
(10) Mineral Oil enema
(11) Phosphate enema
(12) Polyethylene Glycol & electrolytes
(13) Psyllium Hydrophilic Mucilloid

(14) Sennosides
(15) Sodium phosphate
(16) Sorbitol

(m) Miscellaneous GI Drugs
(1) Misoprostol
(2) Sucralfate
(3) Urosodiol

(n) Proton-pump Inhibitor
(1) Omeprazole

Modified, 1 CMC § 3806(f).

History: Adopted 25 Com. Reg. 21052 (Aug. 22, 2003); Proposed 25 Com. Reg. 20462 (July 15, 2003).

§ 140-30.1-145 Hormones

(a) Androgens
(1) Danazol

(b) Androgen Inhibitors

(c) Antithyroid Agents
(1) Methimazole
(2) Potassium Iodide Sat. solution
(3) Propylthiouracil

(d) Calcitonin

(e) Contraceptives
(1) Ethinyl Estr. 30mcg with Norgestrel 0.3mg
(2) Ethinyl with Norethindrone 1mg
(3) Ethinyl Estradiol 50 with Norgestrel 0.5mg
(4) Medroxyprogesterone Acetate
(5) Mestranol 50mcg with Norethindrone 1mg

(f) Estrogens
(1) Estrogenic Substances, Conjugated

(g) Biphosphates
(1) Etidronate

(h) Glucocorticoids
(1) Betamethasone
(2) Dexamethasone
(3) Hydrocortisone

(4) Methylprednisolone
(5) Prednisolone
(6) Prednisone
(7) Triamcinolone Injection

(i) Glucose Elevating Agents
(1) Glucagon

(j) Gonadotropins

(k) Insulins and Antidiabetic Agents
(1) Acarbose
(2) Glipizide
(3) Glyburide
(4) Insulin, Human
(5) Metformin
(6) Rosiglitazone

(l) Mineralocorticoids
(1) Fludrocortisone Acetate

(m) Ovulation Stimulants
(1) Clomiphene

(n) Oxytocics
(1) Carboprost Tromethamine
(2) Dinoprostone
(3) Ergonovine Maleate
(4) Methylergonovine
(5) Oxytocin

(o) Pituitary Function Tests

(p) Pituitary Hormones
(1) Corticotropin
(2) Desmopressin
(3) Vasopressin

(q) Progestins
(1) Levonorgestrel
(2) Medroxyprogesterone Acetate
(3) Norgestrel
(4) Norethindrone

(r) Omatostatin Analogs

(s) Thyroid Hormones
(1) Levothyroxine Sodium

(t) Uterine Relaxant

Modified, 1 CMC § 3806(f).

History: Adopted 25 Com. Reg. 21052 (Aug. 22, 2003); Proposed 25 Com. Reg. 20462 (July 15, 2003).

§ 140-30.1-150 Nutritional Products

(a) Caloric Agents
(1) Amino Acid 8.5% s/electrolytes
(2) Dextrose
(3) Fat Emulsion, IV

(b) Combination IV Replenishment Solutions
(1) [+]Dextrose 5% with 0.2% NaCl
(2) [+]Dextrose 5% with 0.45% NaCl
(3) [+]Dextrose 5% with Ringer's Injection, Lactated
(4) [+]Ringer's Injection
(5) [+]Ringer's Injection, Lactated
([+]These items are supplied through materials management)

(c) Electrolytes, Intravenous
(1) Calcium Gluconate
(2) Magnesium Sulfate
(3) Potassium Acetate
(4) Potassium Chloride
(5) Potassium Phosphate
(6) Sodium Acetate
(7) Sodium Bicarbonate Injection
(8) Sodium Chloride
(9) Sodium Phosphate
(10) Trace Elements (TPN)

(d) Elextrolytes, Oral
(1) Calcium Acetate
(2) Calcium Carbonate
(3) Magnesium Oxide
(4) Potassium Chloride
(5) Potassium Phosphate
(6) Sodium Bicarbonate
(7) Sodium Citrate
(8) Zinc Sulfate

(e) Minerals and Elextrolytes, Oral

(1) Ferrous Fumarate
(2) Ferrous Gluconate
(3) Ferrous Sulfate
(4) Fluoride

(f) Minerals, Injectable
(1) Iron Dextran

(g) Vitamins
(1) Ascorbic Acid (Vitamin C)
(2) Calcitriol
(3) Cyanocobolamin (B12)
(4) Folic Acid
(5) Niacin
(6) Paracalcital
(7) Phytonadione
(8) Pyridoxine
(9) Thiamine HCl
(10) Vitamin A
(11) Vitamin D
(12) Vitamin E

(h) Vitamin Combination
(1) Multiple Vitamin B Complex with Ascorbic Acid
(2) Multiple Vitamin Drops, Pediatric
(3) Multiple Vitamin for Infusion
(4) Multiple Vitamin for Infusion, Pediatric

(i) Vitamin and Mineral Combination
(1) Multivitamin with Fluoride
(2) Multiple Vitamin with Folic Acid (Pre-natal)
(3) Multiple Vitamin - Mineral Supplement

Modified, 1 CMC § 3806(f).

History: Adopted 25 Com. Reg. 21052 (Aug. 22, 2003); Proposed 25 Com. Reg. 20462 (July 15, 2003).

§ 140-30.1-155 Ophthalmic Products

(a) Anesthetics, Local
(1) Proparacaine HCl
(2) Tetracaine HCl

(b) Antiallergic
(1) Lodoxamide
(2) Naphazoline with Antazoline
(3) Trimethamine

(c) Antibiotics
(1) Bacitracin
(2) Erythromycin Ophthalmic
(3) Gentamicin Ophthalmic
(4) Neosporin Ophthalmic
(5) Sulfacetamide Sodium
(6) Combinations (antibiotic w/steroids)
(i) Sulfacetamide/Prednisolone
(ii) Tobramycin/Dexamethasone

(d) Anti-inflammatory - Nonsteroidal
(1) Ketorolac

(e) Antiviral
(1) Idoxuridine
(2) Trifluridine
(3) Vidarabine

(f) Beta-adrenergic Blocking Agents
(1) Betaxolol
(2) Timolol

(g) Carbonic Anhydronase Inhibitors
(1) Dorzolamide

(h) Corticosteroids
(1) Dexamethasone Phosphate Ophthalmic
(2) Fluorometholone
(3) Prednisolone Acetate

(i) Diagnostic Products
(1) Fluorescein
(2) Fluorescein & Benoxinate

(j) Enzymes

(k) Irrigation Solution
(1) Irrigation, Ophthalmic

(l) Lubricants and Artificial Tear Solutions
(1) Hydroxypropyl Methylcellulose
(2) Methylcellulose
(3) Ocular Lubricant

(m) Miotics, Cholinesterase Inhibitors

(1) Echothiophate Iodide

(n) Miotics, Direct Acting
(1) Acetylcholine HCl Injection
(2) Carbachol
(3) Pilocarpine

(o) Mydriatics, Cycloplegic
(1) Atropine Sulfate Ophthalmic
(2) Cyclopentolate HCl
(3) Homatropine
(4) Tropicamide

(p) Combination
(1) Cyclopentolate/Phenylephrine

(q) Mydriatics/Ophthalmic Vasoconstrictors
(1) Phenylephrine HCl

(r) Sympathomimetics
(1) Dipivefrin

(s) Miscellaneous
(1) Sodium Chloride 5%

Modified, 1 CMC § 3806(f).

History: Adopted 25 Com. Reg. 21052 (Aug. 22, 2003); Proposed 25 Com. Reg. 20462 (July 15, 2003).

§ 140-30.1-160 Respiratory Drugs

(a) Antihistamine/Decongestant Combination Products
(1) Carbinoxamine/Pseudoephedrine
(2) Triprolidine/Pseudoephedrine

(b) Antihistamines
(1) Chlorpheniramine
(2) Diphenhydramine
(3) Hydroxyzine
(4) Lorantidine
(5) Promethazine

(c) Antitussives and Antitussive Combination Products
(1) Codeine
(2) Codeine with Guaifenesin
(3) Dextromethophan with Guifenessin

(d) Bronchodilators
(1) Albuterol
(2) Aminophylline
(3) Caffeine Citrate
(4) Ephedrine Sulfate
(5) Epinephrine
(6) Isoproterenol Hcl
(7) Metaproterenol Sulfate
(8) Terbutaline
(9) Theophylline

(e) Decongestants, Nasal
(1) Oxymetazoline.
(2) Pheylephrine HCl

(f) Decongestants, Oral
(1) Pseudoephedrine

(g) Emergency Kit
(1) Ana-kit

(h) Expectorants
(1) Guaifenesin

(i) Inhalant Products, Respiratory
(1) Acetylcysteine
(2) Ammonia Aromatic
(3) Cromolyn Sodium
(4) Epinephrine, Racemic
(5) Flunisolide
(6) Ipratropium Bromide
(7) Sodium Chloride
(8) Triamcinolone Acetonide

(j) Intranasal Steroids
(1) Beclomethasone
(2) Flunisolide

(k) Other Intranasal
(1) Cromolyn Sodium
(2) Sodium Chloride

(l) Lung Surfactant
(1) Beractant

Modified, 1 CMC § 3806(f).

History: Adopted 25 Com. Reg. 21052 (Aug. 22, 2003); Proposed 25 Com. Reg. 20462 (July 15, 2003).

§ 140-30.1-165 Miscellaneous Products

(a) Antidotes
(1) Acetylcysteine
(2) Antivenon, Stonefish
(3) Calcium Disodium Edetate
(4) Charcoal, Activated
(5) Deferoxamine Mesylate
(6) Digoxin Immune Fab
(7) Dimercaprol
(8) Flumazenil
(9) Ipecac
(10) Methylene Blue
(11) Naloxone HCl
(12) Penicillamine
(13) Physostigmine
(14) Pralidoxime Chloride

(b) Antirheumatic Agents
(1) Hydroxychloroquine Penicillamine

(c) Compounding Agents
(1) Acacia Powder
(2) Aromatic Ammonia Spirit
(3) Boric Acid
(4) Carboxymethylcellulose
(5) Cherry syrup
(6) Methylcellulose
(7) Methylparaben
(8) Ointment Base
(9) Propylene glycol
(10) Simple Syrup
(11) Sodium Phophate (monobasic & dibasic)
(12) Sucrose
(13) Talc
(14) Vehicle “S” suspending agent

(d) Dilaysis Solutions

(e) Enzymes
(1) Hyaluronidase

(f) Gout, agents used in
(1) Allopurinol

(2) Colchicine
(3) Probenecid

(g) Immunosuppressive Agents
(1) Azathioprine
(2) Cyclosporine

(h) Irrigating Solutions
(1) Acetic Acid

(i) Local Anesthetics
(1) Bupivacaine HCl
(2) Lidocaine HCl
(3) Lidocaine with Epinephrine
(4) Procaine HCl

(j) Myesthenia Gravis, agents used in
(1) Neostigmine
(2) Pyridostigmine

(k) Other
(1) Bath Oil
(2) Bethanechol
(3) Ethanol USP 95%
(4) Ethyl Chloride Spray
(5) Nicotine, Polarilex Gum
(6) Nicotine, Transdermal
(7) Oxybutynin
(8) Phenazopyridine
(9) Quinine Sulfate
(10) Sevelamer
(11) Water for Injection, Bacteriostatic
(12) Water for Injection, Pre-free

(l) Sclerosing Agents
(1) Sodium Tetradecyl Sulfate

Modified, 1 CMC § 3806(f).

History: Adopted 25 Com. Reg. 21052 (Aug. 22, 2003); Proposed 25 Com. Reg. 20462 (July 15, 2003).

Part 200 - Medicaid Outpatient Drug Formulary

§ 140-30.1-201 Introduction

All generic medications are covered under the formulary in this part. The name brand medications listed in this part are also covered if generic alternatives don't exist or the physician

determines that use of the name brand is medically necessary (and so states on the prescription). Some name brands require prior authorization (listed as "PA required" or "PA REQ."). All prescriptions over $500 require prior authorization. The Medicaid Administrator shall have the authority for medical necessity or other good cause to add other drugs to this outpatient formulary, or to otherwise authorize Medicaid reimbursement.

Modified, 1 CMC § 3806(d).

History: Amdts Adopted 26 Com. Reg. 21891 (Feb. 23, 2004); Amdts Emergency and Proposed 26 Com. Reg. 21526 (Jan. 22, 2004) (effective for 120 days from Jan. 8, 2004).

Commission Comment: The Commission created the section title. This part was originally published as a table of out-patient formulary drugs. See 26 Com. Reg. at 21892-21893 (Feb. 23, 2004).

§ 140-30.1-205 Anti-infectives

(a) Cephalosporins
(1) Omnicef

(b) Erythromycins
(1) Zithromax
(2) Biaxin, -XL

(c) Quinolones
(1) Cipro
(2) Levaquin

(d) Antituberculosis
(1) Myambutol

(e) Antifungal
(1) Fulvicin UF
(2) Fulvicin /G

(f) Antiviral
(1) Valtrex
(2) Presently all drugs specifically indicated for treatment of HIV and its opportunistic infections are on formulary.

(g) Antimalarial
(1) Daraprim
(2) Primaquine
(3) Fansidar
(4) Aralen
(5) Lariam

(h) Amebicides

(1) Yodoxin

(i) Antheimintics
(1) Mintezol

(j) Miscellaneous Anti-infectives
(1) Trimpex
(2) Dapsone
(3) Thalomid
(4) Rifmate
(5) Flagyl 750 mg

Modified, 1 CMC § 3806(f).

History: Amdts Adopted 26 Com. Reg. 21891 (Feb. 23, 2004); Amdts Emergency and Proposed 26 Com. Reg. 21526 (Jan. 22, 2004) (effective for 120 days from Jan. 8, 2004).

Commission Comment: The Commission created the section title.

§ 140-30.1-210 Antineoplastics and Immunosupressants

All oral FDA-approved antineoplastic and immunosuppressive agents are eligible.

Modified, 1 CMC § 3806(g).

History: Amdts Adopted 26 Com. Reg. 21891 (Feb. 23, 2004); Amdts Emergency and Proposed 26 Com. Reg. 21526 (Jan. 22, 2004) (effective for 120 days from Jan. 8, 2004).

Commission Comment: The Commission corrected the spelling of "suppressive."

§ 140-30.1-215 Endocrine Medications

(a) Glucocorticosteroids
(1) Pediapred

(b) Mineralocorticoids
(1) Florinef

(c) Androgens
(1) Testoderm patch
(2) Androderm patch
(3) Androgel

(d) Estrogens
(1) Premarin
(2) Estratab
(3) Vivelle, -Dot
(4) Estraderm

(5) Femhrt
(6) Premarin
(7) Premphase
(8) Prempro
(9) Estratest, -HS

(e) Antithyroid Drugs
(1) Tapazole

(f) Thyroid Hormones
(1) Armour Thyroid
(2) Synthroid
(3) Levoxyl
(4) Levothroid
(5) Cytomel

(g) Other Endocrine Drugs
(1) Parlodel
(2) Actonel
(3) Evista

Modified, 1 CMC § 3806(f).

History: Amdts Adopted 26 Com. Reg. 21891 (Feb. 23, 2004); Amdts Emergency and Proposed 26 Com. Reg. 21526 (Jan. 22, 2004) (effective for 120 days from Jan. 8, 2004).

§ 140-30.1-220 Contraceptives

Teens should be referred to the Family Planning Clinics for free medications and supplies. Adults may receive the following (along with generics) as Medicaid covered benefits.

(a) Mono-phasic Oral Contraceptives
(1) Mircette
(2) Ovcon-35, Ovcon-50
(3) Ovral
(4) Ortho-cept
(5) Yasmin
(6) Nuvaring
(7) Ortho-evra

(b) Tri-phasic Oral Contraceptives
(1) Orthotricyclen
(2) Estrostep 21
(3) Estrostep Fe
(4) Tri-norinyl

(c) Progestin Only Oral Contraceptives

(1) Micronor, NOR-Q-D
(2) Ovrette

(d) Progestines
(1) Prometrium

(e) By injection
(1) Depo-provera

Modified, 1 CMC § 3806(f).

History: Amdts Adopted 26 Com. Reg. 21891 (Feb. 23, 2004); Amdts Emergency and Proposed 26 Com. Reg. 21526 (Jan. 22, 2004) (effective for 120 days from Jan. 8, 2004).

§ 140-30.1-225 Diabetic Medication

(a) Oral Hypoglycemics
(1) Glucotrol XL
(2) Glucovance
(3) Amaryl
(4) Prandin
(5) Precose

(b) Thiazolidinediones
(1) Avandia
(2) Actos

(c) Insulins
(1) Humulin
(2) Novolin
(3) Humalog
(4) Novolog

(d) All insulin syringes covered

(e) Glucose Test Strips
(1) Accu-check, one touch

(f) Glucagon
(1) Glucagon kit

Modified, 1 CMC § 3806(f).

History: Amdts Adopted 26 Com. Reg. 21891 (Feb. 23, 2004); Amdts Emergency and Proposed 26 Com. Reg. 21526 (Jan. 22, 2004) (effective for 120 days from Jan. 8, 2004).

§ 140-30.1-230 Cardiovascular Medications

(a) Cardiac Glycosides
(1) Lanoxin

(b) Nitrates
(1) Nitrostat
(2) Nitrolingual Spray
(3) Imdur
(4) Monoket
(5) Ismo SR
(6) Dilatrate SR

(c) Beta-1 Specific
(1) Toprol XL

(d) Non-selective
(1) Zebeta
(2) Levatol
(3) Coreg

(e) Calcium Antagonists
(1) Dilacor XR
(2) Tiazac
(3) Cardizem CD SR
(4) Dynacirc CR
(5) Norvasc
(6) Nimotop
(7) Plendil

(f) Antidysrhythmic Drugs
(1) Procanbid
(2) Tonocard
(3) Ethmozine
(4) Tambocor
(5) Mexitil

(g) Angiotensin Converting Enzyme Inhibitor
(1) Lotensin
(2) Accupril
(3) Altace

(h) Angiotensin Converting Enzyme Inhibitors Combination
(1) Lotensin/HCT
(2) Capozide

(i) Angiotensin II Antagonists (ARB)

(1) Cozaar
(2) Diovan
(3) Avapro
(4) Benicar

(j) Angiotensin II Antagonist Combination
(1) Diovan HCT
(2) Avalide
(3) Lotrel

(k) Antiadrenergic Agents - Peripheral Acting
(1) Flomax

(l) Loop Diuretics
(1) Demadex

(m) Thiazide and Related Diuretics
(1) Enduronyl and Enduronyl Forte

(n) Cholesterol Lowering Agents
(1) HMG CoA Reductase
(i) Lipitor
(2) Other Cholesterol Lowering Agents
(i) Lorelco
(ii) Tricor
(iii) Colestid
(iv) Colestid flavored (can only)
(v) Colestid tablets
(vi) Welchol

(o) Miscellaneous Cardiovascular Drugs
(1) St. Joseph's Bayer, etc. – OTC

Modified, 1 CMC § 3806(f).

History: Amdts Adopted 26 Com. Reg. 21891 (Feb. 23, 2004); Amdts Emergency and Proposed 26 Com. Reg. 21526 (Jan. 22, 2004) (effective for 120 days from Jan. 8, 2004).

§ 140-30.1-235 Respiratory Medications

(a) Antihistamines
Consider OTC products as first line therapy.

(b) Single-entity Products
(1) Allegra
(2) Zyrtec

(c) Combination Products
(1) Brexin LA
(2) Trinalin

(d) Lower Sedating Combination Antihistamines
(1) Semprex-D
(2) Allegra D
(3) Zyrtec D

(e) Nasal Antihistamines
(1) Astelin nasal spray

(f) Antitussives and Expectorants
(1) Humibid DM
(2) Codiclear DH
(3) Codimal DH
(4) Histussin HC

(g) Adrenergic Stimulants - Inhalers
(1) Alupent inhaler
(2) Maxair autohaler
(3) Combivent
(4) Porventil HFA
(5) Serevent

(h) Adrenergic Stimulants - Oral Tabs
(1) Brethine
(2) Volmax

(i) Xanthine Derivatives
(1) Uniphyl, Slo-phyllin

(j) Corticosteroids for Inhalation
(1) Plumicort
(2) Azmacort
(3) Flovent

(k) Leukotriene Inhibitor
(1) Accolate

(l) Other Drugs for Asthma
(1) Atrovent inhaler
(2) Advair

(m) Respiratory Speciality Drugs
(1) Pulmozyme (PA Required)

(2) Tracleer (PA Required)

Modified, 1 CMC § 3806(f).

History: Amdts Adopted 26 Com. Reg. 21891 (Feb. 23, 2004); Amdts Emergency and Proposed 26 Com. Reg. 21526 (Jan. 22, 2004) (effective for 120 days from Jan. 8, 2004).

§ 140-30.1-240 Gastrointestinal Medications

(a) Antidiarrheal Preparations
Consider OTC Imodium as first line therapy.

(b) Antiulcer Drugs
(1) H2 Antagonists
(i) Pepcid AC - OTC
(2) Proton Pump Inhibitors
(i) Prevacid
(ii) Protonix
(3) H. Pylori Treatments
(i) Prevpac

(c) Other GI Products
(1) Cytotec

(d) Antiemetic
(1) Torecan
(2) Trans-derm SCOP
(3) Zofran, Zofran ODT

(e) Digestants
(1) Cotazym
(2) Pancrease
(3) Viokase
(4) Creon

Modified, 1 CMC § 3806(f).

History: Amdts Adopted 26 Com. Reg. 21891 (Feb. 23, 2004); Amdts Emergency and Proposed 26 Com. Reg. 21526 (Jan. 22, 2004) (effective for 120 days from Jan. 8, 2004).

§ 140-30.1-245 Genitourinary

(a) Vaginal Anti-infectives
(1) Consider OTC products as first line therapy.
(2) Diflucan 150 TAB
(3) Terazol
(4) Cleocin VAG cream

(5) Metrogel – Vaginal

(b) Anticholinergic- Antispasmodics
(1) Detrol

(c) Miscellaneous Genitourinary
(1) Cardura
(2) Flomax
(3) Proscar

Modified, 1 CMC § 3806(f).

History: Amdts Adopted 26 Com. Reg. 21891 (Feb. 23, 2004); Amdts Emergency and Proposed 26 Com. Reg. 21526 (Jan. 22, 2004) (effective for 120 days from Jan. 8, 2004).

§ 140-30.1-250 Central Nervous System

(a) Antidepressants
(1) Anafranil
(2) Celexa
(3) Paxil
(4) Effexor, - XR
(5) Wellbutrin SR
(6) Zoloft

(b) Antipsychotic Agents
(1) Zyprexa
(2) Risperdal

(c) Monoamine Oxidase Inhibitors
(1) Parnate

(d) CNS Stimulants
(1) Dexedrine
(2) Adderall
(3) Cylert
(4) Metadate CD
(5) Provigil

(e) Other CNS Drugs
(1) Aricept
(2) Exelon

(f) Smoking Deterrents
Patients should be referred to the Community Guidance Center for its smoking cessation program, where the medications and supplies are free.

Modified, 1 CMC § 3806(f).

History: Amdts Adopted 26 Com. Reg. 21891 (Feb. 23, 2004); Amdts Emergency and Proposed 26 Com. Reg. 21526 (Jan. 22, 2004) (effective for 120 days from Jan. 8, 2004).

§ 140-30.1-255 Analgesics

(a) Non-narcotic Analgesics
(1) Esgic-plus
(2) Axocet

(b) Narcotic Analgesics
(1) Fioricet/Codeine
(2) Kadian
(3) Oxycontin
(4) Duragesic
(5) Actiq

(c) Non-steroidal Anti-inflammatory Drugs
(1) Voltaren

(d) Cox-2 Inhibiting
(1) Celebrex

(e) Antirheumatics
(1) Cuprimine
(2) Plaquenil
(3) Ridaura

(f) Migraine Agents
(1) Axert
(2) Ergomar
(3) Amerge
(4) Imitrex

Modified, 1 CMC § 3806(f).

History: Amdts Adopted 26 Com. Reg. 21891 (Feb. 23, 2004); Amdts Emergency and Proposed 26 Com. Reg. 21526 (Jan. 22, 2004) (effective for 120 days from Jan. 8, 2004).

§ 140-30.1-260 Neuromuscular

(a) Anticonvulsants
(1) Mysoline
(2) Zonegran

(b) Antiparkinson Drugs

(1) Permax
(2) Requip
(3) Mirapex
(4) Tasmar
(5) Comtan

(c) Skeletal Muscle Relaxants
(1) Dantrium

(d) Anticholinesterase Muscle Stimulants
(1) Mestinon

Modified, 1 CMC § 3806(f).

History: Amdts Adopted 26 Com. Reg. 21891 (Feb. 23, 2004); Amdts Emergency and Proposed 26 Com. Reg. 21526 (Jan. 22, 2004) (effective for 120 days from Jan. 8, 2004).

§ 140-30.1-265 Nutritional Products

(a) Prenatal Vitamins
(1) Niferex PN
(2) Pnforte
(3) Precare

(b) Vitamins
(1) Mephyton
(2) Rocaltrol
(3) Chromagen

(c) Minerals
(1) Luride (tablets and drops)

(d) Miscellaneous Nutritional
(1) Carnitor

Modified, 1 CMC § 3806(f).

History: Amdts Adopted 26 Com. Reg. 21891 (Feb. 23, 2004); Amdts Emergency and Proposed 26 Com. Reg. 21526 (Jan. 22, 2004) (effective for 120 days from Jan. 8, 2004).

§ 140-30.1-270 Hematological Agents

(a) Hematopoetic
(1) Aquasol A
(2) Niferex-150 Forte

(b) Anticoagulant Drugs

(1) Coumadin
(2) Lovenox (7 day supply maximum for first Rx, PA required after first Rx)

(c) Antiplatelet Drugs
(1) Plavix
(2) ASA/ER

(d) Miscellaneous Antiplatelet Agents
(1) Pletal

Modified, 1 CMC § 3806(f).

History: Amdts Adopted 26 Com. Reg. 21891 (Feb. 23, 2004); Amdts Emergency and Proposed 26 Com. Reg. 21526 (Jan. 22, 2004) (effective for 120 days from Jan. 8, 2004).

§ 140-30.1-275 Ophthalmic Medications

(a) Alpha-adrenoceptor Agonists
(1) Alphagan

(b) Non-steroidal Anti-inflammatory Drugs
(1) Acular
(2) Voltaren

(c) Anti-allergic Agents
(1) Zaditor
(2) Livostin
(3) Alomide
(4) Patanol

(d) Ophthalmic Mast Cell Stabilizers
(1) Alocril

(e) Antibiotics and Antibiotic Combinations
(1) Ocuflox

(f) Antivirals
(1) Viroptic
(2) Vira-A

(g) Artificial Tear Products/Lubricants
(1) Refresh tears - OTC
(2) Lacri-lube S.O.P.
(3) Refresh P.M.

(h) Beta-adrenoreceptor Antagonists

(1) Betoptic S suspension
(2) Betoptic solution

(i) Carbonic Anhydrase Inhibitors
(1) Azopt

(j) Prostaglandins
(1) Xalatan

(k) Prostamides
(1) Lumigan

Modified, 1 CMC § 3806(f).

History: Amdts Adopted 26 Com. Reg. 21891 (Feb. 23, 2004); Amdts Emergency and Proposed 26 Com. Reg. 21526 (Jan. 22, 2004) (effective for 120 days from Jan. 8, 2004).

§ 140-30.1-280 Ear, Nose and Throat Medications

(a) OTIC Anti-infectives
(1) Floxin OTIC

(b) OTIC Steroid Anti-infective Combinations
(1) Cerumenex
(2) Vosol

(c) Corticosteroids, Inhaled Nasal
(1) Rhinocort AQ
(2) Vancenase AQ-DS
(3) Beconase-AQ
(4) Flonase
(5) Nasonex
(6) Tri-nasal

(d) Miscellaneous Nasal
(1) Nasalcrom
(2) Atrovent
(3) 0.03% nasal spray

Modified, 1 CMC § 3806(f).

History: Amdts Adopted 26 Com. Reg. 21891 (Feb. 23, 2004); Amdts Emergency and Proposed 26 Com. Reg. 21526 (Jan. 22, 2004) (effective for 120 days from Jan. 8, 2004).

§ 140-30.1-285 Dermatologicals

(a) All topical dosage forms of listed items are formulary.

(b) Topical Antifungals
(1) Loprox PA Required
(2) Oxistat PA Required

(c) Topical Antivirals
(1) Zovirax

(d) Topical Corticosteroids
(1) Group I (Very High Potency)
(i) Diprolene, - AF
(ii) Ultravate PA Required
(2) Group II (High Potency)
(i) Aclovate
(ii) Diprosone
(iii) Lidex-E
(iv) Valisone
(3) Group III (Medium Potency)
(i) Derma-smoothe
(ii) Elocon
(iii) Synalar HP
(4) Group IV (Low Potency)
(i) Topical Corticosteroids in Combination
(A) Mycolog II

(e) Scabicides/Pediculocides
(1) Treatment of choice is OTC Nix

(f) Anorectal
(1) Anusol HC Supp
(2) Cortenema
(3) Cortifoam
(4) Procto-cream HC
(5) Procto-cream HC 2.5%
(6) Proctofoam HC

(g) Anti-psoriatics
(1) Soritane
(2) Dritho-creme
(3) Dovonex
(4) Tazorac

(h) Miscellaneous Topicals
(1) Actinex
(2) Aldara
(3) Condylox gel

(4) Efudex
(5) Elidel PA Required
(6) Lac-hydrin
(7) Regranex gel

Modified, 1 CMC § 3806(f).

History: Amdts Adopted 26 Com. Reg. 21891 (Feb. 23, 2004); Amdts Emergency and Proposed 26 Com. Reg. 21526 (Jan. 22, 2004) (effective for 120 days from Jan. 8, 2004).

§ 140-30.1-290 Other

(a) Mycophenylate

(b) Gengraf

Modified, 1 CMC § 3806(f).

History: Amdts Adopted 26 Com. Reg. 21891 (Feb. 23, 2004); Amdts Emergency and Proposed 26 Com. Reg. 21526 (Jan. 22, 2004) (effective for 120 days from Jan. 8, 2004).

Appendix A
Formulary Drugs in Alphabetical Order

ACACIA POWDER § 140-30.1-165(c)
Notes:
powder, compounding agent

ACARBOSE § 140-30.1-145(k)
Trade Names:
Precose
Dose:
oral - initially, 25 mg tid. Adjust dosage at 4-8 week intervals. Maximum dose for patients <=60kg is 50 mg tid; for patients >60kg, maximum is 100 mg tid.
Dosage Forms:
oral, tablet - 50mg

ACETAMINOPHEN § 140-30.1-125(a)
Trade Names:
Tylenol, Tylenol #3†, Tylenol with Codeine Elixir††
Dose:
oral - 325 to 650 mg every 4 to 6 hours
rectal - 300 to 600 mg every 4 to 6 hours
Dosage Forms:
oral, tablet - 325 mg
chewable tablet - 80 mg
elixir - 160 mg/5 mL
drops - 80 mg/0.8 mL
tablet - 325 mg with codeine 30 mg (Tylenol #3)†
elixir - 120 mg APAP with 12 mg codeine per 5 mL††
rectal, suppositories - 120, 325 and 650 mg
Notes:
Dose - Do not exceed 4 g/day.
†This is a controlled substance (Schedule III).
††This is a controlled substance (Schedule V).

ACETAZOLAMIDE § 140-30.1-120(l)
Trade Names:
Diamox Sequels
Dose:
oral - 500mg once - twice daily, but SR formulation is only indicated for use in glaucoma and acute mountain sickness
Dosage Forms:
oral, sustained release capsule - 500 mg. Do not crush SR capsule.

ACETIC ACID § 140-30.1-130(r) & § 140-30.1-165(h)

Dosage Forms:

ophthalmic, sterile solution

topical, for irrigation -0.25%, 1,000 mL

Notes:

Acetic acid irrigation should be stored at a temperature of 40ºC or less; freezing and exposure to extreme heat should be avoided. Acetic acid irrigation should not be heated to temperatures greater than 66ºC.

ACETIC ACID OTIC § 140-30.1-165(h)

Trade Names:

Vosol, Vosol HC, Borofair

Dose:

otic - (Vosol, Vosol HC) insert saturated wick; keep moist 24 hours. Remove wick and instill 5 drops 3 or 4 times daily.

(Borofair) instill 4 to 6 drops every 2 to 3 hours

Dosage Forms:

otic, solution - 10 mL (Vosol HC) and 15 mL

(Vosol) solution - 2% in aqueous aluminum acetate (Borofair)

ACETYLCHOLINE CHLORIDE, INTRAOCULAR § 140-30.1-130(n)

Trade Names:

Miochal

Dose:

ophthalmic - Instill the solution into the anterior chamber before or after securing 1 or more sutures.

Dosage Forms:

topical, ophthalmic - 1:100 when reconstituted, 2 mL dual chamber

Notes:

In cataract surgery, use only after delivery of the lenses. Prepare solutions immediately before use. Discard unused portion. Do not gas sterilize.

ACETYLCYSTEINE § 140-30.1-135(h) & § 140-30.1-165(a)

Trade Names:

Mucomyst

Dose:

oral- acetaminophen antidote-dosage based on patient weight

inhalation - 1 to 2 mL endobronchially every 1 to 4 hours

3 to 10 mL via nebulizer every 6 to 8 hours

Dosage Forms:

inhalation, sterile solution 20% (as the sodium salt) with disodium edetate, 30 mL vial

ACITRETIN § 140-30.1-130(h)

Trade Names:

Soriatane

Dose:

Oral - Initiate therapy at 25 or 50mg/day given as a single dose with the main meal. Maintenance doses of 25 to 50mg/day may be given after initial response to treatment; generally, terminate when lesions have resolved sufficiently. Relapses may be treated as outlined for initial therapy.

Dosage Forms:

Oral, capsule - 10mg and 25mg capsule

ACYCLOVIR § 140-30.1-101(g) & § 140-30.1-130(i)

Trade Names:

Zovirax

Dose:

oral - 200 mg 5 times a day; 80 mg 5 times daily (Herpes Zoster)

IV - 5 mg/kg IV infusion over 1 hour, every 8 hours (15 mg/kg/day)

Dosage Forms:

oral, capsule - 200 mg

parenteral, IV injection - 500 mg/vial

topical - 5% cream

Notes:

Rapid IV injection must be avoided. Adjust dose in patients with renal failure.

ADENOSINE § 140-30.1-120(h)

Trade Names:

Adenocard

Dose:

IV - 6 mg rapid bolus over to 1 to 2 seconds

Dosage Forms:

parenteral, IV injection - 6 mg/2 mL vial

Notes:

May give 12 mg dose 1 to 2 minutes later if initial dose is ineffective. May repeat the 12 mg dose one time.

ALBUMIN, NORMAL HUMAN SERUM § 140-30.1-115(m)

Trade Names:

Albumisol, Albuspan, Albutein, Buminate

Dosage Forms:

parenteral, IV injection - 5%, 50 mL, 250ml
25%, 50 mL, 100 mL

Notes:

Contains 13 to 16 mEq of sodium per 100 mL.

ALBUTEROL § 140-30.1-160(d)

Trade Names:

Proventil, Ventolin, Proventil Repetab

Dose:

oral, extended release tablet - 4 to 8 mg every 12 hours, max of 16 mg every 12 hours.

syrup - 14 to adult: 2 or 4 mg 3 or 4 times daily;
6 to 14 yrs: 2 mg 3 or 4 times daily;
2 to 6 yrs: 0.1 mg/kg 3 times daily.
inhalation - aerosol - 1 to 2 inhalations every 4 to 6 hours
nebulizer - 2.5 mg every 6 to 8 hours

Dosage Forms:
oral, tablet - 4 mg extended release
syrup - 2 mg (as sulfate)/5 mL, 473 mL
inhalation, aerosol - 90 mcg/actuation
sterile solution - 0.083%, 3 mL
0.5%, 20 mL

ALCOHOL, ABSOLUTE § 140-30.1-165(j)

Trade Names:
Ethyl Alcohol, Ethanol

Dose:
parenteral, IV injection - 99%, 1 mL ampule. Not for beverage purposes.

ALLOPURINOL § 140-30.1-165(f)

Trade Names:
Zyloprim

Dose:
oral - average 200 to 600 mg/day, max of 800 mg/day

Dosage Forms:
oral, tablet - 100 and 300 mg

Notes:
Adjust dose in patients with renal failure. If administered with mercaptopurine or azathioprine, the mercaptopurine or azathioprine dose must be decreased by 65% to 75%.

ALTEPLASE, RECOMBINANT § 140-30.1-115(o)

Trade Names:
Activase, Tissue Plasminogen Activator

Dose:
See guidelines for use.

Dosage Forms:
parenteral, 50mg vials with diluent

Notes:
Reserved for catheter clearance only.

ALUMINUM ACETATE § 140-30.1-130(j) & § 140-30.1-130(r)

Trade Names:
Burow’s Solution, Domeboro Tablet

Dose:
topical - apply every 15 to 30 minutes for 4 to 8 hours

Dosage Forms:
topical, effervescent tablets in packages of 10

Notes:

For external use only. One tablet in 480 mL water prepares a modified 1:40 Burow's solution.

ALUMINUM CARBONATE § 140-30.1-140(b)

Trade Names:

Basaljel

Dose:

oral, capsule - 2 capsules as often as every 2 hours up to 12 times a day.

oral, suspension - 10 mL in water/fruit juice taken as often as every 2 hours up to 12 times daily.

Dosage Forms:

oral, tablet - 500 mg

suspension - 400 mgl 5 mL

Notes:

Do not take more than 24 capsules in a 24 hour period or use this maximum dosage for more than 2 weeks.

ALUMINUM HYDROXIDE § 140-30.1-140(b)

Trade Names:

Amphojel, Aluminum Hydroxide gel, Gelusil

Dose:

oral, tablet - chew 500 to 1500 mg 3 to 6 times daily, between meals and at bedtime.

suspension - 5 to 30 mL as needed between meals & at bedtime.

Dosage Forms:

oral, tablet - 300 mg

liquid gel - 12 oz.

Notes:

Do not take more than 12 tablets in 24 hour period or use the maximum dosage for more than 2 weeks

ALUMINUM-MAGNESIUM HYDROXIDE/
SIMETHICONE COMPOUND § 140-30.1-140(b)

Trade Names:

Maalox Plus, Maalox II

Dose:

oral, suspension - 2 to 4 tsp. taken 4 times per day or as directed, up to 2 tbsp (30 cc) 4 times a day.

Dosage Forms:

oral, suspension, each 5 mL contains 600 mg Aluminum Hydroxide/300 mg Magnesium Hydroxide (Maalox plus)

AMANTADINE § 140-30.1-101(g) & § 140-30.1-125(h)

Trade Names:

Symmetrel

Dose:
oral - 100 mg twice a day; occasionally up to 400 mg/day
Dosage Forms:
oral, capsule - 100 mg

AMCINONIDE § 140-30.1-130(m)
Trade Names:
Cyclocort
Dose:
topical - Apply twice daily
Dosage Forms:
topical, lotion - each gram contains: 1mg Amcinonide
Notes:
NOT FOR OPHTHALMIC USE. For Dermatologic Use Only.

AMIKACIN SULFATE § 140-30.1-101(b)
Trade Names:
Amikin
Dose:
IV, IM - 15 mg/kg/day in equally divided doses at 8 or 12 hour intervals.
Neonates: loading dose - 10 mg/kg, followed by 7.5 mg/kg every 12 hours.
Dosage Forms:
parenteral, injection - 500 mg/2 mL
Notes:
Daily dosage should not exceed 15 mg/kg or 1.5 g. Monitor renal status; in renal impairment, dose reduction may be necessary. This is a targeted antibiotic and requires approval from infectious disease doctor.

AMINO ACID 8.5% WITH ELECTROLYTES § 140-30.1-150(a)
Trade Names:
Aminosyn
Essential Amino Acids/100ml: Isoleucine 561 mg; leucine 850 mg; lysine (as acetate salt) 893 mg; methionine 146 mg; phenylalanine 253 mg; threonine 340 mg; tryptophan 170 mg; valine 425 mg.
Nonessential Amino Acids/100 ml: N-acetyl-L-tyrosine 230 mg; alanine 844 mg; arginine 865 mg; glycine 425 mg; proline 614 mg; histidine 255 mg; serine 450 mg; L-aspartic acid 595 mg; L-glutamic acid 627 mg.
Electrolytes, each 1000 ml contains: Sodium 80 meq; potassium 66 meq; magnesium 10 meq; chloride 86 meq; acetate 61 meq; phosphorus 30 mm.
Notes:
Protein substrate for IV nutritional therapy

AMINO AClD 8.5% WITHOUT ELECTROLYTES § 140-30.1-150(a)
Trade Names:
Aminosyn

Essential Amino Acids/100ml: Isoleucine 561mg; leucine 850 mg; lysine (as acetate salt) 893 mg; Methionine 146 mg; phenylalanine 253 mg; threonine 340 mg; tryptophan 170 mg; valine 425 mg.
Nonessential Amino Acids/100ml: N-acetyl-L-tyrosine 230 mg; alanine 844 mg; arginine 865 mg; glycine 425 mg; proline 595 mg; histidine 255 mg; serine 450 mg; L-aspartic acid 595 mg; L-glutamic acid 627 mg.
Electrolytes, each 1000ml contains: Sodium 33.3 meq; acetate 61.1 meq.

Notes:

Protein substrate for IV nutritional therapy

AMINOCAPROIC ACID § 140-30.1-115(i)

Trade Names:

Amicar

Dose:

oral or IV - 4 to 5 g first hour, then 1g at 1 hour intervals

Dosage Forms:

oral, tablet - 500 mg
parenteral, IV injection - 250 mg/mL, 20 mL vial

Notes:

Administration of over 30 g a day is not recommended. Avoid rapid IV infusion.

AMINOPHYLLINE § 140-30.1-160(d)

Dose:

IV - in patients currently not receiving theophylline product: Loading dose = 6 mg/kg. Base maintenance dose on serum levels.

Dosage Forms:

oral, tablet - 100 and 200 mg
liquid - 105 mg/5 mL, 500 mL
parenteral, IV - 250 mg/10 mL vial

Notes:

Loading dose may be infused into 100 to 250 mL of D5W or NSS. (Not to exceed 25 mg/min. infusion rate).

AMIODARONE § 140-30.1-120(h)

Trade Name: Cordarone

Dose:

oral - load - 400 mg every 8 hours for 7-14 days
maintenance - 100 mg to 800 mg once daily.
parenteral - 150 mg over the first 10 minutes, followed by slow infusion of 360 mg over the next 6 hours (1 mg/min) followed by a maintenance infusion of 540 mg over the remaining 18 hours (0.5 mg/min). After 24 hours, continue at a rate of 0.5mg/min with supplemental 150 mg infusions (over 10 minutes) to treat breakthrough episodes.

Dosage Forms:

oral, tablet 200 mg
parenteral, injection - 50mg/ml, 3ml ampule

Notes:

Significant drug interactions with: digoxin, flecainide, procainamide, quinidine, warfarin, phenytoin.

AMITRIPTYLINE § 140-30.1-125(e)
Trade Names:
Elavil
Dose:
oral - initially 50 to 100 mg daily in divided doses. Maximum dosage 300 mg a day.
Dosage Forms:
oral, tablet - 25 and 50 mg

AMLODIPINE § 140-30.1-120(k)
Trade Names:
Norvasc
Dose:
oral - 2.5 mg to 10 mg once daily
Dosage Forms:
oral, tablet - 5 mg

AMMONIA AROMATIC § 140-30.1-160(h)
Dosage Forms:
ampule: alcohol 35%, ammonia 15%
Notes:
Respiratory stimulant for inhalation only

AMMONIUM LACTATE § 140-30.1-130(n)
Trade Names:
Lac Hydrin
Dose:
Apply twice daily
Dosage Forms:
12% lotion, topical.

AMOXICILLIN § 140-30.1-101(i)
Trade Names:
Amoxil, Trimox
Dose:
oral - children - 20 to 40 mg/kg/day in 3 divided doses
adult - 250 to 500 mg 3 times a day
Dosage Forms:
oral, capsule - 250 and 500 mg
suspension - 125 mg/5 mL and 250 mg/5mL

AMOXICILLIN/CLAVULANATE § 140-30.1-101(i)
Trade Names:

Augmentin

Dose:

oral - 250 - 500 mg every 8 hours or 500 mg every 12 hours.

Dosage Forms:

oral, tablet - 250 mg amoxicillin and 125 mg clavulanate
500 mg amoxicillin and 125 mg clavulanate
powder for oral suspension - 250 mg amoxicillin and 62.5 mg clavulanate per 5 mL

Notes:

Since both 250 mg and 500 mg tablets contain the same amount of clavulanate, two 250 mg tablets are not equivalent to one 500 mg tablet.

AMPHOTERICIN B § 140-30.1-101(d)

Dose:

IV - slow infusion over 4 to 6 hours - 0.25 to 0.5 mg/kg/day. First dose should be initially infused at 10 mL/hr for the first 2 hours as a test dose.

Dosage Forms:

parenteral, injection - 50 mg/vial

Notes:

Routine monitoring of renal function, serum potassium and magnesium is recommended. Initial dose should be administered as follows: ½ hour after premedication, if ordered, administer amphotericin at an IV rate of 10 mL/hr for 2 hours, and observe vital signs every 15 mins. If patient tolerates, increase IV rate so that the total dose is infused over 4 - 6 hours. In certain patients where it is deemed necessary, a 2 hr amphotericin infusion may be used if the following criteria are met:

1) Patients has tolerated a 4 hr infusion for ≥1 week;
2) No pre-existing impaired renal function;
3) No history of cardiac arrhythmias;
4) the patient is < 65 yrs of age;
5) No pre-existing serum electrolyte abnormalities.

Patients receiving 2 hr infusions should be carefully monitored for adverse effects and electrolyte abnormalities.

AMPICILLIN § 140-30.1-101(l)

Dose:

oral - adult - 250 to 500 mg every 6 hours
pediatric - 50 mg/kg/day divided into 4 doses
IV, IM - adult - 500 mg to 1 g every 6 hours
pediatric - (severe infections) 200-300 mg/kg/day divided into 4 to 6 doses.

Dosage Forms:

oral, capsule - 250 and 500 mg
suspension - 250 mg/5 mL, 200 mL
parenteral, injection - 125, 500 mg and 1 g vial

Notes:

For parenteral doses, the solution must be used within 1 hour after reconstitution.

AMPICILLIN/SULBACTAM § 140-30.1-101(l)
Trade Names. Unasyn
Dose:
IV, IM - 1.5 g to 3 g every 6 hours
Dosage Forms:
parenteral injection - 1.5g (1g ampicillin/0.5g sulbactam)
3 g (2 g ampicillin/1 g sulbactam)

AMRINONE LACTATE § 140-30.1-120(s)
Trade Names:
Inocor
Dose:
IV - Bolus dose of 0.75 mg/kg over 2 to 5 min. (may repeat dose 30 min. after initial dose) followed by maintenance infusion of 5-10 mcg/kg/min.
Dosage Forms:
parenteral, injection - 5 mg/mL, 20 mL ampule
Notes:
Amrinone should not be directly mixed with dextrose-containing solutions; it may be injected into running dextrose infusions through a Y-connector or directly into the tubing.

ANTIHEMOPHILIC FACTOR § 140-30.1-115(b)
Trade Names:
Factor VIII, AHF, Koate-DVI, Alphanate
Dose:
Dosage depends on person's weight, severity of the deficiency, severity of hemorrhage, presence of inhibitors and the Factor VIII level desired.
Dosage Forms:
parental-IV inj; approximately 100 Factor VIII units per ml.
Notes:
IV use only. Solution may stick to glass; use plastic syringes. After reconstitution, do not refrigerate and use within 3 hours.

ANTI-INHIBITOR COAGULATION COMPLEX § 140-30.1-115(i)
Trade Names:
Autoplex T, Feiba VH Immuno
Dose:
IV - 25 to 100 Factor VIII correctional units/kg, depending upon the severity of hemorrhage.
Dosage Forms:
parenteral, injection - vials with diluent, each vial labeled with number of units it contains.
Notes:
Dosage of anti-inhibitor coagulant complex is not well defined and therefore should be individualized carefully based on clinical response. Administer by slow IV injection or by IV infusion. The rate of administration should be individualized according to the patient's response.

ANTIPYRINE & BENZOCAINE OTIC § 140-30.1-130(r)
Trade Names:
Auralgan
Dose:
otic - fill ear canal with 2 to 4 drops. Moisten cotton pledget with medication and gently insert into ear canal. Repeat 3-4 times daily. Do not rinse ear after use.
Dosage Forms:
topical, otic - 1.4% Benzocaine, 5.4% Antipyrine, 15 mL bottle.

ANTIVENOM, STONEFISH § 140-30.1-110(a) & § 140-30.1-165(a)
Dose:
IM - dose as follows:
1 or 2 punctures - 2000 units (1 ampule)
3 or 4 punctures - 4000 units (2 ampules)
5 or 6 punctures - 6000 units (3 ampules)
Dosage Forms:
parenteral, IM injection - 2000 units, 4 mL ampule
Notes:
The antivenom should be given by intramuscular injection, but in severe cases should be given by intravenous infusion. If symptoms develop or persist and the identity of the stonefish is assured, the initial dose should be repeated.

AQUAPHOR § 140-30.1-130(n)
Dosage Forms:
ointment
Notes:
topical, for compounding use

AROMATIC ELIXIR § 140-30.1-165(k)

ASCORBIC ACID § 140-30.1-150(g)
Trade Names:
Vitamin C
Dose:
oral - 500 mg a day
Dosage Forms:
oral, tablet - 500 mg
parenteral, injection - 222 mg/mL, 30 mL/vial
Notes:
Avoid too rapid IV injection. Absorption and utilization are somewhat more efficient with the IM route; which is usually preferred.

ASPIRIN § 140-30.1-115(c) & § 140-30.1-125(a)
Trade Names:
A.S.A., Ecotrin

Dose:
oral - 325 to 650 mg every 4 to 6 hours
Dosage Forms:
oral, tablet - 325 mg
chewable - 81 mg
enteric coated tablet - 81 and 325 mg
rectal, suppository - 300 and 600 mg
Notes:
Use of salicylates, particularly aspirin, in children/teens with influenza or chicken pox may be associated with the development of Reye's Syndrome. Use in surgical patients: avoid aspirin, if possible, for 1 week prior to surgery because of the possibility of postoperative bleeding.

ATENOLOL § 140-30.1-120(j)
Trade Names:
Tenormin
Dose:
oral - 50 to 100 mg a day
Dosage Forms:
oral, tablet - 50 and 100 mg

ATORVASTATIN § 140-30.1-120(i)
Trade Names:
Lipitor
Dose:
oral - initially 10mg once daily; maximum dose, 80mg/day
Dosage Forms:
oral, tablet - 10 and 20mg

ATROPINE SULFATE § 140-30.1-140
Dose:
IM, IV or SC - 0.5 mg
Dosage Forms:
parenteral, injection - 0.4 mg/1 mL, 20 mL vial and 1 mg/l0 mL syringe

ATROPINE SULFATE OPHTHALMIC § 140-30.1-155(k)
Trade Names:
Isopto-Atropine
Dosage Forms:
ophthalmic, solution- 1%, 15 mL dropper

AZATHIOPRINE § 140-30.1-101(f) & § 140-30.1-165(g)
Trade Names:
Imuran
Dose:
oral - Renal homotransplantation adults & children: initially, 3 to

5 mg/kg; maintenance, 1 to 3 mg/kg a day
Rheumatoid arthritis - initial dose 1 mg/kg per day. Increase to a max. of 2.5 mg/kg per day

Dosage Forms:
oral, tablet - 50 mg

Notes:
CAUTION - If administered with allopurinol, azathioprine dose must be decreased by 65% - 75%.

AZITHROMYCIN § 140-30.1-101(j)

Trade Names:
Zithromax

Dose:
oral - 500 mg on day 1 then 250 mg every day on days 2 through 5.
- chancroid, chlamydia & non-gonococcal urethritis & cervicitis: 1 gram as single dose

Dosage Forms:
oral, tablet - 250 mg
suspension - 200mg/5ml

AZTREONAM § 140-30.1-101(k)

Trade Names:
Azactam

Dose:
IV, IM adult - 500 mg to 2 g every 8 to 12 hours; severe infections 2 g every 6 to 8 hours.
Children - 30. mg/kg every 6 to 8 hours; 50 mg/kg every 4 to 6 hours for *P. aeruginosa*

Dosage Forms:
parenteral, IV- 1 g/vial

Notes:
This is a targeted antibiotic and requires approval from the infectious disease doctor.

BACITRACIN TOPICAL § 140-30.1-130(c)

Dosage Forms:
topical - apply a small amount to the cleansed affected area(s) 1 to 3 times daily.

BACITRACIN/NEOMYCIN/POLYMIXIN § 140-30.1-130(c) & § 140-30.1-155(c)

Trade Names:
Neosporin, Neosporin Ophthalmic

Dosage Forms:
ointment, topical and ophthalmic

BACITRACIN/NEOMYCIN/POLYMIXIN/HC § 140-30.1-130(c)

Trade Names:
Cortisporin

Dosage Forms:

ophthalmic ointment, 3.5 g contains: hydrocortisone 1%, neomycin sulfate 0.35% base, polymixin B 10,000 u, bacitracin 400 units

BACLOFEN § 140-30.1-125(m)
Trade Names:
Lioresal
Dose:
oral - 5 mg 3 times a day for 3 days and increase to 20 mg 3 times a day over 6 days to maximum of 80 mg a day
Dosage Forms:
oral, tablet - 10 mg

BECLOMETHASONE § 140-30.1-160(j)
Trade Names:
Beconase, Vancenase
Dose:
nasal, inhalation - adults and children > 12 yrs - 1 spray in each nostril 2 to 4 times daily
6 to 12 yrs - 1 spray in each nostril 3 times a day
Dosage Forms:
inhaler, aerosol - 7 g

BELLADONNA/PHENOBARBITAL § 140-30.1-140(c)
Trade Names:
Donnatal
Dose:
oral - 1 tablet 3 times a day or 5 mL 3 times a day
Dosage Forms:
oral, each tablet or 5 mL of elixir contains:
Hyoscyamine Sulfate 0.10 mg
Atropine Sulfate 0.02 mg
Scopolamine 0.01 mg
Phenobarbital 16.20 mg
Notes:
The elixir also contains 23% alcohol.

BENZOIN COMPOUND TINCTURE § 140-30.1-130(o)
Notes:
for compounding use

BENZOCAIN LOZENGES § 140-30.1-130(p)
Dosage Form:
10 mg lozenge

BENZTROPINE § 140-30.1-125(h)
Trade Names:

Cogentin
Dose:
oral - 1 to 2 mg a day (Parkinson's)
1 to 4 mg once or twice daily (drug induced extrapyramidal disorders)
IV or IM - 0.5 to 2 mg
Dosage Forms:
oral, tablet - 1 and 2 mg
parenteral, IV - 2 mg/2 mL ampule

BENZOYL PEROXIDE § 140-30.1-130(j) & § 140-30.1-130(p)
Dose:
topical - apply once daily; may increase to 2 or 3 times daily
Dosage Forms:
topical, gel - 5% and 10%, 60 g tube
Notes:
benzoyl peroxide may bleach hair or colored fabrics.

BERACTANT § 140-30.1-160(i)
Trade Names:
Survanta
Dose:
Intratracheal - 4 ml/kg, may repeat dose after 6 hours
Dosage Form:
Intratrachael vial - 25 mg phospholipids/ml in 8 ml vial.

BETAMETHASONE § 140-30.1-145(h)
Trade Names:
Celestone Soluspan
Dose:
IM - initial: 0.5 to 9 mg/day
Dosage Forms:
parenteral, injection, sterile suspension – 6 mg/mL, 5 mL vial
Each 1 mL contains:
Betamethasone Acetate 3.0 mg
Betamethasone Sodium Phosphate 3.0 mg
Notes:
Not for IV use.

BETAMETHASONE DIPROPIONATE § 140-30.1-130(m)
Trade Names:
Oiprosone
Dose:
topical - apply a thin film to affected skin area(s) once daily. In some cases twice daily dosage may be necessary. Not for opthalmic use.
Dosage Forms:
each gram contains 0.64 mg Betamethasone Dipropionate (equivalent to 0.5 mg

Betamethasone)
topical,cream - 0.05%, 15 and 45 g tube
ointment - 0.05%, 15 and 45 g tube

BETAXOLOL HCL § 140-30.1-155(f)
Trade Names:
Betoptic
Dose:
ophthalmic - instill 1 to 2 drops twice daily
Dosage Forms:
topical, ophthalmic solution - 0.5% solution, 5 mL dropper bottle
Notes:
Systemic absorption is possible, and may result in adverse cardiac and respiratory reactions.

BETHANECHOL CHLORIDE § 140-30.1-165(k)
Trade Names:
Urecholine
Dose:
oral - adult - 10 to 50 mg 3 to 4 times a day, give on an empty stomach to avoid nausea.
Dosage Forms:
oral, tablet - 10 and 25 mg

BISACODYL § 140-30.1-140(l)
Trade Names:
Dulcolax
Dose:
oral - 10 to 15 mg at bedtime. Do not crush tablet or administer with antacids.
rectal - 1 suppository at bedtime
Dosage Forms:
oral, tablet - enteric coated, 5 mg
rectal, suppository - 10 mg

BISMUTH-SUBSALICYLATE § 140-30.1-140(d)
Trade Names:
Pepto-Bismol
Dose:
Antidiarrheal Dose: Repeat every 1/2 to 1 hour as needed, to a maximum of 8 doses in 24 hour period:
oral, tablet - Adults: 2 tablets; Children (9-12 yrs): 1 tablet; (3-6 yrs.): 1/3 tablet
suspension - Adults: 2 tbsp.; 9-12 yrs: 1 tbsp.; 6-9 yrs.: 2 tsp.; 3-6 yrs: 1 tsp.
H Pylori Dose: 2 tablets 4 times dally.
Dosage Forms:
oral, tablet - 262 mg
suspension - 262 mg/15 mL, 240 mL bottle

Notes:
This medication may cause a temporary and harmless darkening of the tongue or stool.

BORIC ACID § 140-30.1-165(c)
Dosage Forms:
powder- compounding product
Notes:
For external use only.

BROMOCRIPTINE § 140-30.1-125(h)
Trade Names:
Parlodel
Dose:
Parkinson's Disease: 1.25 mg 2 times a day to start, increase until max therapeutic response is achieved. (usual range is 10 to 40 mg/day)
Hyperprelactinemic: initial 0.5 to 2.5 mg daily with meals, increase until therapeutic response (usual range is 5 to 7.5 mg/day)
Acromegaly: 1.25 to 2.5 mg/day to start, increase until response (usual range is 20 to 30 mg/day)
Dosage Forms:
oral, tablet - 2.5 mg
Notes:
Careful titration of bromocriptine is necessary. Dosage adjustments should be increased as tolerated, usually 2.5 mg every 7 to 14 days, depending on diagnosis. The safety of doses in excess of 100 mg/day has not been established.

BUPIVACAINE § 140-30.1-165(i)
Trade Names:
Marcaine, Sensorcaine, Marcaine Spinal
Dosage Forms:
parenteral, injection -
0.50% (with or without epinephrine 1:200,000), 30 mL vial, preservative-free
0.75% (with dextrose 8.25% dextrose), 2 mL ampule, preservative-free

BUPROPION § 140-30.1-125(e)
Trade Names:
Wellbutrin
Dose:
oral - Adult: Begin at 200 mg/day, given at 100 mg twice daily. Dose may be increased 300 mg/day given 3 times daily, no sooner than 3 days after beginning of therapy.
Dosage Forms:
oral, tablet - 100 mg
Notes:
May increase to a max of 450 mg/day given in divided doses of not more than 150 mg each if no response after several weeks of treatment at 300 mg. Use and cessation of use may alter the seizure threshold. Minimize consumption of alcohol & if possible, avoid

completely.

BUSPIRONE § 140-30.1-125(c)
Trade Names:
BuSpar
Dose:
oral - initial dose: 5 mg 3 times daily; average dose of 20 to 30 mg/day in divided doses.
Dosage Forms:
oral, tablet - 5 mg
Notes:
May increase dose 5 mg/day every 2 to 3 days as needed. Do not exceed 60 mg/day.

BUTALBITAL/ASPIRIN/CAFFEINE § 140-30.1-125(a)
Trade Names:
Fiorinal, Butalbital Compound
Dose:
oral - 1 to 2 tablets every 4 hours as needed, up to 6 tablets per day
Dosage Forms:
oral, each compound tablet contains:
Butalbital 50 mg
Aspirin 325 mg
Caffeine 40 mg

CAFFEINE CITRATE § 140-30.1-165(c)
Trade Names:
Cafcit
Dose:
Neonatal apnea:
Loading dose: 10-20 mg/kg of citrate po or IV
Maintenance dose: 5-10 mg/kg of citrate po or IV Q 24 hours; start 24 hours after the loading dose
Dosage Forms:
powder for compounding,
parenteral - 20 mg/ml, 3ml for injection

CALAMINE § 140-30.1-130(o)
Dosage Forms:
topical - 120 mL bottle

CALCIPOTRIENE § 140-30.1-130(h)
Trade Names:
Dovonex
Dose:
external - thin layer to affected skin twice daily.
Dosage Forms:
external - 0.005% ointment

CALCITONIN-SALMON § 140-30.1-145(d)
Trade Names:
Calcimar, Miacalcin
Dose:
SC, IM - hypercalcemia: starting dose is 4 IU/kg every 12 hours, up to a maximum of 8 IU/kg every 6 hours.
Dosage Forms:
parenteral, injection - 400 IU/2ml vials
Notes:
Skin testing should be done prior to starting therapy.

CALCITRIOL § 140-30.1-150(g)
Trade Names:
Rocaltrol, Calcijex
Dose:
oral - initially, 0.25 mcg a day and slowly titrate, usual dose 0.25 mcg every other day to 1 mcg a day
I.V. - 0.5mcg three times weekly. Dosage may be increased by 0.25 to 0.5 mcg at 2-4 week intervals.
Maintenance dosage, 0.5 to 3 mcg IV three times weekly.
Dosage Forms:
oral, capsule - 0.25 mcg
injection - 1 mcg/ml ampule

CALCIUM ACETATE § 140-30.1-150(d)
Trade Names:
PhosLo
Dose:
oral - 2 tablets with each meal (for adult dialysis patients). Can increase dose until serum phosphate level is below 6 mg/dl (must monitor serum calcium levels).
Dosage Forms:
oral, tablet - 667 mg (169 mg calcium)
Notes:
Patients with end stage renal failure may develop hypercalcemia when given calcium with meals. Should not be administered with any other calcium supplements. Serum calcium times phosphate product should not exceed 66.

CALCIUM CARBONATE § 140-30.1-140(b) & § 140-30.1-150(d)
Trade Names:
Oscal
Dose:
Usual daily dose is 500 mg to 2 grams, in 2 to 4 divided doses
Dosage Forms:
oral, tablet - 648 mg contains 260 mg (13 mEq) elemental calcium

CALCIUM GLUCONATE § 140-30.1-150(c)
Dose:
IV - adult - 2.3 to 9.3 mEq (5 to 20 mL) as required. Daily dosage range is 4.65 to 70 mEq.
children - 2.3 mEq/kg/day or 56 mEq/m2/day. Well diluted & slowly given in divided doses.
infants - not more than 0.93 mEq (2 mL)
Dosage Forms:
parenteral, IV injection - 10%, 10 mL vial
Notes:
IV use only, either directly or by infusion. Doses may vary depending on condition being treated.

CAPTOPRIL § 140-30.1-120(c)
Trade Names:
Capoten
Dose:
oral - 12.5 mg 3 times a day, then titrate to usual dose of 25 to 150 mg 2 to 3 times a day.
Dosage Forms:
oral, tablet - 25 and 50 mg
Notes:
CAUTION - Monitor CBC and urinary protein. Max dose of 450 mg per day.

CARBACHOL § 140-30.1-155(n)
Trade Names:
Isopto Carbachol
Dose:
ophthalmic - Instill 2 drops into eye(s) up to 3 times daily.
Dosage Forms:
ophthalmic, solution - 3%, 15 mL dropper bottle

CARBAMAZEPINE § 140-30.1-125(d)
Trade Names:
Tegretol
Dose:
oral - children 6 to 12: 100 twice daily. Increase at weekly intervals by adding up to 100 mg/day using a TID or QID regimen until optimal response is obtained. May also calculate on basis of 20 to 30 mg/kg/day in 3 divided doses adult & children >12: initially 200 mg 2 times a day; increase by up to 200 mg at weekly intervals to optimum response, using a 3 to 4 times per day regimen. Max of 1000 mg/day in children 12 to 15 yrs. 1200 mg/day in patients > 15.
Dosage Forms:
oral, chewable tablet - 100 mg
tablet - 200 mg
Notes:
Serious hematologic adverse reactions have occurred. Monitor CBC periodically. Take

with meals.

CARBAMIDE PEROXIDE § 140-30.1-130(q)
Trade Names:
Debrox
Dose:
otic - instill 5 to 10 drops 2 times a day for up to 4 days.
Dosage Forms:
otic, solution - 6.5%, 15 mL dropper bottle

CARBINOXAMINE/PSEUDOEPHEDRINE § 140-30.1-160(a)
Trade Names:
Rondec TR, Rondec Syrup, Cardec-S Syrup
Dose:
oral - adult - 1 tablet (extended-release) every 12 hours
children - 18 months - 6 years: 2.5 ml syrup QID
6 years - 12 years: 5 ml syrup QID
or may dose according to pseudoephedrine component: 4 mg/kg/day
Dosage Forms:
Tablet - Rondec TR (extended-release) contains:
Carbinoxamine 8mg
Pseudoephedrine 120mg
Oral Liquid - Rondec Syrup per 5ml contains:
Carbinoxamine 4mg
Pseudoephedrine 60mg

CARBOPROST TROMETHAMINE § 140-30.1-145(n)
Trade Names:
Hemabate
Dose:
IM - 250 mcg
Dosage Forms:
parenteral, IM injection - 250 mcg/l mL ampule
Notes:
CAUTION - Avoid contact in case of spillage. Immediately wash hands or any skin area with soap and water if exposed.

CARBOXYMETHYLCELLULOSE § 140-30.1-165(c)
Dosage Forms:
oral - bulk powder
Notes:
Use as a suspending agent of viscosity - increasing agent in compounding

CASTOR OIL § 140-30.1-140(l)
Dose:

oral - adult - 15 to 60 mL
children - 5 to 15 mL
Dosage Forms:
oral, liquid - 2 oz bottle

CEFAZOLIN § 140-30.1-101(i)
Trade Names:
Ancef
Dose:
IV or IM - adults: 500 mg to 2 g every 8 hours; maximum dose of 6 g/day.
children - 25 to 50 mg/kg up to 100mg/kg in 3 or 4 equal doses.
Dosage Forms:
parenteral, injection - 1 and 10 g vial

CEFIXIME § 140-30.1-101(j)
Trade Names:
Suprax
Dose:
oral, tablet - adult - 400 mg/day as a single dose or divided twice daily.
children - 8 mg/kg/day as single dose or divided twice daily.
Dosage Forms:
oral, tablet - 400 mg
suspension - 100 mg/5 mL
Notes:
Single dose of 400 mg is effective for treatment of uncomplicated gonococcal infections.

CEFOTAXIME § 140-30.1-101(i)
Trade Names:
Claforan
Dose:
IV or IM - 1 to 2 g every 6 to 8 hours
Dosage Forms:
parenteral, injection - 1 and 2 g vials

CEFOTETAN § 140-30.1-101(i)
Trade Names:
Cefotan
Dose:
IV or IM - 1 to 2 g every 12 hours, maximum of 6 g/day. Adjust dose in renal impairment.
Dosage Forms:
parenteral, inj - l and 2 gm vials

CETACAINE SPRAY § 140-30.1-130(p)
Trade Names:
Cetacaine

Dose:
topical - spray for less than 1 second; spray in excess of 2 seconds is contraindicated.
Dosage Forms:
topical - 56 gm spray
contents: Benzocaine 14%
Butyl Aminobenzoate 2%
Tetracaine HCL 2%

CEFTAZIDIME § 140-30.1-101(i)
Trade Names:
Fortaz, Tazicef
Dose:
IV or IM - 1 to 2 g every 8 hours
Dosage Forms:
parenteral, injection - 1, 2 and 6 g vial

CEFTRIAXONE § 140-30.1-101(i)
Trade Names:
Rocephin
Dose:
IM or IV - adults : 1 to 2 g once a day or divided twice a day; max of 4 g/day
children - 50 to 75 mg/kg/day; not to exceed 2 g/day in divided doses every 12 hours
Meningitis: 100 mg/kg/day
Dosage Forms:
parenteral, injection - 250 mg, 1 g and 2 g vial
Notes:
IM of 250 mg, once, for uncomplicated gonorrhea in adults.

CEFUROXIME § 140-30.1-101(i)
Trade Names:
Kefurox, Zinacef
Dose:
IV, IM - adults - 750 mg to 1.5 g every 8 hours
infant and children (>3mos): 50 to 100 mg/kg/day in divided, doses every 6 to 8 hours.
Meningitis: 200 to 240 mg/kg/day IV in divided doses every 6 to 8 hours.
Dosage Forms:
parenteral, injection - 750 mg vials

CEPHRADINE § 140-30.1-101(i)
Trade Names:
Velosef
Dose:
oral - adults - 250 to 500 mg every 6 hours or 500 mg to 1 g every 12 hours.
children - 25 to 50 mg/kg/day divided every 6 to 12 hours.

Dosage Forms:
oral, capsule - 250 and 500 mg
suspension - 125 mg/5 mL and 250 mg/5 mL, 100 mL
Notes:
In Otitis Media due to *H. influenzae*: 75 to 100 mg/kg/day is recommended.

CHARCOAL, ACTIVATED § 140-30.1-140(a) & § 140-30.1-165(a)
Dose:
oral - 30 to 100 g; alternative dose regimen is 1 to 2 g/kg or approximately 10 times the amount of poison ingested. Repeat doses may be needed every 2 to 6 hours. For maximum effect, administer within 30 minutes after ingestion of poison
Dosage Forms:
oral - 50 g/240 mL
Notes:
Administer to conscious persons only. In vivo data suggest that a charcoal to poison ratio of 8 to 10:1 is necessary to effectively inhibit the absorption of the substance ingested. Do not repeat a dose if bowel sounds are absent. Repeated administration following an adequate initial dose generally provides no additional benefit except possibly if the toxic agent is recycled into the GI tract following systemic absorption (such as thallium, digoxin or possibly phenobarbitol).

CHERRY SYRUP § 140-30.1-165(c)
Dosage Forms:
Syrup
Notes:
For use in compounding of suspensions; as a flavoring agent.

CHLORAL HYDRATE § 140-30.1-125(q)
Trade Names:
Noctec
Dose:
oral/rectal - adult - hypnotic - 500 mg to 1 g at bedtime
sedative - 250 mg 3 times daily after meals
children - hypnotic - 50 mg/kg/day up to 1 g
sedative - 25 mg/kg/day up to 500 mg/dose
Dosage Forms:
oral, elixir- 500 mg/5 mL
suppositories - 648 mg, 324 mg
Notes:
Maximum single or daily adult dose is 2 g. This is a controlled substance (Schedule IV). May be habit forming; do not discontinue abruptly.

CHLORAMPHENICOL § 140-30.1-101(q)
Trade Names:
Chloromycetin
Dose:

oral, IV or IM - 50 mg/kg/day in 4 divided doses in patients with normal renal and hepatic function. (May require up to 100 mg/kg/day.)

Dosage Forms:

parenteral, sodium succinate for injection - 1 g vial

Notes:

WARNING - Blood dyscrasia may be associated with the use of chloramphenicol. Monitoring of hematologic studies is essential. Preferably taken on an empty stomach, 1 hr before or 2 hours after meals. Premature and newborn infants are at risk for Gray Syndrome.

CHLOROQUINE PHOSPHATE § 140-30.1-101(a)

Trade Names:

Aralen

Dose:

oral - adult - Amebicide: 1 g (600 mg base) daily for 2 days, followed by 500 mg (300 mg base) daily for at least 2 to 3 weeks.
Anti Malarial (Suppression): adults: 500 mg (300 mg base) once weekly; begin 1 to 2 weeks prior to exposure; continue for 4 weeks after leaving endemic area. Children - 8 mg/kg (5 mg/kg base) weekly.

Dosage Forms:

oral, tablet - 250 and 500 mg

Notes:

Doses vary for acute treatment of malaria

CHLORPHENIRAMINE § 140-30.1-125(i) & § 140-30.1-140(e) & § 140-30.1-160(b)

Trade Names:

Chlortrimeton

Dose:

oral - 4 mg every 6 hours

Dosage Forms:

oral, tablet - 4 mg

CHLORPROMAZINE § 140-30.1-125(i) & § 140-30.1-140(e)

Trade Names:

Thorazine

Dose:

oral - 10 mg 4 times a day up to 2 g a day in acute, severe psychosis

IM - 25 mg for prompt control; may repeat in 1 hr if needed. Increase gradually over several days (up to 400 mg every 4 to 6 hours in severe cases) until patient is controlled.

Dosage Forms:

oral, tablet - 25, 50 and 100 mg

parenteral, IM injection - 25 mg/mL vial

CHOLERA VACCINE § 140-30.1-110(e)

Dose:

SQ, IM, Intradermally - 0.5 mL then 0.5 mL 7 to 28 days later

Dosage Forms:

parenteral, IM injection- 20 mL vial

Notes:

Indicated only for individuals traveling to or residing in countries where cholera is endemic or epidemic.

CIPROFLOXACIN § 140-30.1-101(m)

Trade Names:

Cipro

Dose:

oral - urinary tract infection - 250 mg 2 times a day
systemic infection - 500 to 750 mg 2 times a day

IV - 200 to 400 mg every 12 hours

Dosage Forms:

oral, tablet - 500 mg

parenteral, IV injection - 400 mg/40 mL vial

Notes:

Contraindicated in patients 18 years & under or pregnant women. Infuse IV solution over one hour. Separate oral form from antacids, carafate, and iron products by at least 2 hours. IV Cipro is a targeted antibiotic and requires approval from infectious disease doctor.

CISATRACURIUM § 140-30.1-125(l)

Trade Names:

Nibex

Dose:

IV- initial bolus dose 0.1mg/kg IV push; then maintenance dose of 0.15 mg/kg/hr (2.5mcg.kg/minute) as continuous infusion. Adjust dose to patient response. Use train-of-four stimulator for monitoring response.

Dosage Forms:

parenteral, IV injection - 2 mg/mL, 10 mL vial

Notes:

Restricted drug - for Department of Anesthesiology use only.

CLARITHROMYCIN § 140-30.1-101(j)

Trade Name: Biaxin

Dose:

oral - adult - 250 - 500 mg every 12 hours

Dosage Forms:

oral, tablet - 500mg

Notes:

Restricted to use only in the treatment of *H. Pylori* infections.

CLINDAMYCIN § 140-30.1-101(q) & § 140-30.1-130(c) & § 140-30.1-130(u)

Trade Names:

Cleocin, Cleocin-T

Dose:

oral - adult - 150 to 450 mg every 6 hours
pediatric (>1 month), 8 to 20 mg/kg/day in 4 divided doses depending on severity.
IM or IV - adult - 600 mg every 6 hours; 600 mg to 2.7 g/day depending on severity.
children 20 to 40 mg/kg/day in 3 or 4 doses.
topical - apply a thin film to affected areas 2 times a day.
vaginal - 1 applicator full at bedtime for 7 days.

Dosage Forms:
oral, capsule - 150 mg
parenteral, injection - 150 mg/1 mL, 4 and 6 mL vial
topical solution - 10 mg/mL, 30 mL & 60 mL (Cleocin-T)
topical gel - 1%, 30 gm
vaginal, cream - 2%, 100 mg/applicatorful

Notes:
IM doses greater than 600 mg not recommended in life threatening infections. Doses as high as 4.8 g/day have been given.

CLOBETASOL PROPIONATE § 140-30.1-130(m)

Trade Names:
Temovate

Dose:
topical - apply to affected area 2 times a day

Dosage Forms:
topical, cream and ointment - 0.05%, 15 g & 30 g tube

Notes:
Do not use with occlusive dressings. Limit treatment to 14 days. Do not use greater than 50 g per week due to potential to suppress HPA axis.

CLOFAZIMINE § 140-30.1-101(q)

Trade Names:
Lamprene

Dose:
oral - 100 to 200 mg/day with food.

Dosage Forms:
oral, capsule - 50 and 100 mg

CLOMIPHENE § 140-30.1-145(m)

Trade Names:
Clomid

Dose:
oral - 50 to 100 mg/day for 5 days of cycle

Dosage Forms:
oral, tablet - 50 mg

CLONAZEPAM § 140-30.1-125(d)

Trade Names:
Klonopin

Dose:
oral - adult - initially do not exceed 1.5 mg a day in 3 divided doses.
pediatric - initially, 0.01 to 0.03 mg/kg/day in 2 to 3 divided doses.
Dosage Forms:
oral, tablet - 1 and 2 mg
Notes:
This is a controlled substance (Schedule IV). In adult dose, increase in increments of 0.5 to 1 mg every 3 days until seizures are adequately controlled or until side effects preclude any further increase. In pediatric dosing, increase by not more than 0.25 to 0.5 mg every 3rd day until maintenance dose of 0.1 to 0.2 mg/kg has been reached.

CLONIDINE § 140-30.1-120(e)
Trade Names:
Catapres
Dose:
oral - adult - 0.2 to 0.8 mg a day up to 2.4 mg a day in 2 divided doses.
children - 5 to 25 mcg/kg/day in divided doses every 6 hours.
Dosage Forms:
oral, tablet - 0.1 and 0.2 mg
Notes:
On withdrawal, taper over 2 to 4 days.

CLOPIDOGREL § 140-30.1-115(c)
Trade Names:
Plavix
Dose:
oral - 75 mg once daily
Dosage Forms:
oral, tablet - 75mg

CLOTRIMAZOLE TOPICAL § 140-30.1-101(d) & § 140-30.1-130(d) & § 140-30.1-130(u)
Trade Names:
Lotrimin, Mycelex, Mycelex-7
Dose:
topical - apply 2 times a day
vaginal - 1 applicatorful (5 g) a day for 7 to 14 days.
Dosage Forms:
topical, cream - 1%, 15 and 30 g
vaginal, cream - 1%, 45 g (Mycelex-7)

CLOZAPINE § 140-30.1-125(i)
Trade Names:
Clozaril
Dose:
Initial dose of 25 mg once or twice daily, then titrate with daily dosage increments of 25-50 mg to target maintenance dose of 300-450 mg a day.

Dosage Forms:
oral, tablet - 25 and 100 mg
Notes:
Warning - Agranulocytosis may be associated with use of Clozapine. Monitor WBC count weekly per protocol. Restricted to physicians approved by the Clozaril National Registry.

COAL TAR § 140-30.1-130(f)
Trade Names:
Estar
Dose:
topical - apply once or twice daily
Dosage Forms:
topical, jel - 3 oz.
shampoo - 4 oz (contains sulfur, salicylaic acid)
Notes:
It may increase the tendency to sunburn up to 24 hours after application. Do not use on children under 6 months. May discolor the skin.

CODEINE § 140-30.1-125(n) & § 140-30.1-160(c)
Dose:
oral - analgesic - 15 to 60 mg every 4 to 6 hours
antitussive - 10 to 20 mg every 4 to 6 hours
Dosage Forms:
oral, tablet - 30 mg (sulfate salt)
Notes:
This is a controlled substance (Schedule II).

COLCHICINE § 140-30.1-165(f)
Dose:
oral - 1 to 1.2 mg initial, followed by 0.5 to 1.2 mg every 1 to 2 hours until pain is relieved or patient experiences gastric distress
IV - average initial is 2 mg; may follow by 0.5 every 6 hours until satisfactory response achieved.
Dosage Forms:
oral, tablet - 0.6 mg
parenteral, injection - 1 mg/2 mL
Notes:
Total amount to control pain during acute attack is 4 to 8 mg. Oral can also be used prophylactically; dose 0.5 to 0.6 mg/day. IV dose not to exceed 4 mg in 24 hours.

COLESTIPOL HCL § 140-30.1-120(i)
Trade Names:
Colestid
Dose:
oral - adult - 5 to 30 g/day given once or in divided doses. Start with 5 g once or twice

with a daily increment of 5 g at 1 or 2 month intervals.
Dosage Forms:
powder, 5g per pack
Notes:
Do not take dry; mix in liquid.

COLLAGENASE § 140-30.1-130(s)
Trade Name: Santyl Ointment
Dose:
external - ointment, once daily (more frequently if needed)

COLLODION, FLEXIBLE § 140-30.1-130(o)
Dosage Forms:
topical, solution - 4 oz.
Notes:
For external use only. For compounding use.

COLLOIDAL OATMEAL BATH § 140-30.1-130(o)
Trade Names:
Aveeno Bath Treatment
Dose:
topical - Empty packet in a tub with warm running water & bathe for 15 to 20 minutes once or twice daily. For external use only.
Dosage Forms:
topical, powder packet - 100% collodial oatmeal

CORTICOTROPIN § 140-30.1-145(p)
Trade Names:
ACTH, ACTH Gel, Corlicotropin Gel
Dose:
IM, SC - usual dose 20 units 4 times daily, normal max of 120 units/day
Dose Forms:
parenteral, IM repository injection - 40 units/mL, 5 mL vial
Notes:
Repository Dose: 40 to 80 units IM or SC every 24 to 72 hours.

COSYNTROPIN § 140-30.1-135(a)
Trade Names:
Cortrosyn
Dose:
IM or IV - 0.25 mg, also as infusion of 0.04 mg/hr over 6 hours.
Dosage Forms:
parenteral, injection - 0.25 mg/mL, 1 mL vial
Notes:
For diagnostic use only.

CROMOLYN SODIUM § 140-30.1-160(i) & § 140-30.1-160(k)
Trade Names:
Intal
Dose:
inhalation or nebulizer - 20 mg 4 times a day
aerosol - 2 inhalations 4 times a day
Dosage Forms:
solution, (for nebulizer only) - 20 mg/2 mL amp
aerosol, 800 mcg/actuation, 8.1 gm inhaler

CROTAMITON § 140-30.1-130(s)
Trade Names:
Eurax
Dose:
topical - scabies, apply from chin down – reapply 24 hours later. Thoroughly wash off 48 hours after last application.
Dosage Forms:
topical, cream - 10%, 60 gm

CYANOCOBALAMIN § 140-30.1-115(p) & § 140-30.1-150(g)
Trade Names:
Vitamin B-12
Dose:
IM, SC - 30 mcg daily for 5 to 10 days followed by 100 to 200 mcg monthly.
Dosage Forms:
parenteral, injection - 100 and 1000 mcg/mL, 1 mL ampule
Notes:
Larger amounts (e.g. 1000 mcg) have been recommended.

CYCLOBENZAPRINE § 140-30.1-125(m)
Trade Names:
Flexeril
Dose:
oral - 10 mg 3 times daily
Dosage Forms:
oral, tablet - 10 mg
Notes:
Do not exceed 60 mg/day. Do not use longer than 2 or 3 weeks. Avoid alcohol.

CYCLOPENTOLATE/PHENYLEPHRINE § 140-30.1-155(p)
Trade Names:
Cyclomydril
Dose:
ophthalmic - Instill 1 drop into each eye every 5 to 10 minutes, not to exceed 3 times.
Dosage Forms:
ophthalmic, solution - 0.2% cyclopentolate with 1% phenylephrine

CYCLOPENTOLATE HCL § 140-30.1-155(k)
Trade Names:
Cyclogyl
Dose:
ophthalmic - adult - 1 or 2 drops into eye(s). Repeat in 5 to 10 minutes, if necessary.
children - same as adult dose. Follow in 5 to 10 minutes with a second application of 0.5% to 1% if necessary.
small infants - 1 drop of 0.5% into each eye.
Dosage Forms:
ophthalmic, solution - 1%
Notes:
Compress the lacrimal sac by digital pressure for several minutes after instillation. Individuals with highly pigmented eyes may require higher strengths.

CYCLOPHOSPHAMIDE § 140-30.1-105(a)
Trade Names:
Cytoxan
Dose:
oral - 1 to 5 mg/kg a day
IV - maximum single dose - 500 mg/M2 BSA, repeated at 2 to 4 week intervals
Dosage Forms:
oral, tablet - 50 mg
parenteral, IV injection - 500 mg vial
Notes:
Adequate patient hydration and dose administration in the morning may reduce potential for hemorrhagic cystitis. Tablets preferably taken on an empty stomach.

CYCLOSPORINE A § 140-30.1-165(g)
Trade Names:
Neoral
Dose:
oral - initial - 15 mg/kg 4 to 12 hours before transplant
maintenance - 4 to 10 mg/kg/day
Dosage Forms:
oral, capsule - 25 and 100 mg
Notes:
Sandimmune and Neoral are NOT bioequivalent; conversion from Neoral to Sandimmune requires increased blood concentration monitoring to avoid the potential of underdosing. Sandimmune brand is non-formulary.

DALTEPARIN § 140-30.1-115(a)
Trade Names:
Fragmin
Dose:
SC - prophylaxis - 2500 IU each day, starting 1 to 2 hours prior to surgery and

continuing for 5 to 10 days post-operatively. High risk patients, 5000 IU once daily

Systemic anticoagulation - 200 IU/kg sc daily, or 100 IU/kg sc twice daily. Maximum 10000 IU twice daily.

Dosage Forms:

parenteral, SC injection - 2500 IU/ 0.2 ml syringe, 5000 IU/ 0.2 ml syringe

DANAZOL § 140-30.1-145(a)

Trade Names:

Danocrine

Dose:

Endometriosis: 800 mg/day in 2 divided doses. Downward titration to a dose sufficient to maintain amenorrhea may be considered depending upon response.

Mild cases: 200 to 400 mg in 2 divided doses. Individualize doses.

Fibrocystic breast disease: 100 to 400 mg/day in 2 divided doses. Begin therapy during menstruation or make sure patient is not pregnant.

Hereditary angioedema: 200 mg 2 or 3 times a day to start; after favorable initial response, determine continuing dosage by decreasing the dosage by 50% or less at intervals of 1 to 3 months or longer if frequency of attacks prior to treatment dictates.

Dosage Forms:

oral, tablet - 200 mg

DANTROLENE SODIUM § 140-30.1-125(m)

Trade Names:

Dantrium

Dose:

IM or IV - Malignant Hyperthermia: 2.5 mg/kg approximately 1 hour before anesthesia and infuse over approximately 1 hour.

Dosage Forms:

parenteral, injection - 20 mg vial

Notes:

Maximum dose is 400 mg a day.

DAPSONE § 140-30.1-101(q)

Dose:

oral - Dermatitis herpertiformis: initial 50 mg every 24 hours. Titrate up to 300 mg every 24 hours.

Leprosy: adults: 50 to 100 mg daily

Dosage Forms:

oral, tablet - 25 and 100 mg

Notes:

Caution: Can cause severe hemolysis in individuals with glucose-6-phosphate dehydrogenase (G-6-PD) deficiency, methemoglobin reductase deficiency, or hemoglobin M. May cause photosensitivity. To reduce a secondary dapsone resistance in leprosy patients, it is recommended that dosage be commenced and maintained at full dosage (100 mg/day) without interruption in combination with one or more anti-leprosy

drugs.

DEFEROXAMINE MESYLATE § 140-30.1-165(a)
Trade Names:
Desferal
Dose:
IM, IV - acute iron intoxication: 1 g then 0.5 g every 4 hours for 2 doses. Subsequently give 0.5 g every 4 to 12 hours based on clinical response.
Chronic iron overload - IM: 0.5 to 1 g daily.
IV: Give 2g IV with but separate from each unit of blood. Rate not to exceed 15 mg/kg/hr.
SC: 1 to 2 g/day (20 to 40 mg/kg/day) over 8 to 24 hours.
Dosage Forms:
parenteral, IM injection - 500 mg vial
Notes:
CAUTION: Use immediately after reconstitution.

DESIPRAMINE HCL § 140-30.1-125(e)
Trade Names:
Norpramin
Dose:
oral - 100 to 200 mg a day, may increase up to 300 mg/day if necessary.
Dosage Forms:
oral, tablet - 25 and 50 mg

DESMOPRESSIN ACETATE § 140-30.1-145(p)
Trade Names:
DDAVP
Dose:
IV - Central cranial diabetes in sipidus: 0.5 to 1 mL daily in 2 divided doses.
Hemophilia A and Von Willebrand's disease: 0.3 mg/kg diluted in normal saline; infuse over 15 to 30 minutes
intranasal - 0.1 to 0.4 mL/day in 1 to 3 doses
Dosage Forms:
nasal solution - 10 mcg/spray, 5 mL bottle
parenteral, injection - 4 mcg/mL, 1 mL ampule

DESOXIMETASONE § 140-30.1-130(m)
Trade Names:
Topicort
Dose:
topical - apply a thin film to the affected skin area(s) twice daily. Rub in gently.
Dosage Forms:
each gram contains: 2.5 mg desoximetasone
Notes:

For external use only. The affected area should not be bandaged or otherwise covered or wrapped as to be occlusive unless directed by the physician. Pediatric patients may demonstrate greater susceptibility to topical corticosteroid-induced HPA axis suppression and Cushing's syndrome than mature patients because of a larger skin surface area to body weight ratio.

DEXAMETHASONE § 140-30.1-145(h)
Trade Names:
Decadron
Dose:
oral - initial 0.75 to 9 mg/day
Dosage Forms:
oral, tablet - 0.5, 0.75 and 4 mg
elixir - 0.5 mg/0.5 mL ("Intensol" - 30% alcohol)
parenteral, sodium phosphate injection - 4 mg/1 mL, 1 and 5 mL vial
Notes:
0.75 mg of dexamethasone equivalent to 5 mg prednisone.

DEXAMETHASONE OPHTHALMIC § 140-30.1-155(h)
Trade Names:
Decadron
Dose:
ophthalmic - 1 to 2 drops every hour to start, reduce to control symptoms, usually 3 to 4 times daily OR apply a thin coating in lower conjuctival sac 3 to 4 times daily, reduce to twice daily if response favorable.
Dosage Forms:
opthalmic, ointment - 0.05%
solution - 0.1%

DEXTROSE § 140-30.1-150(a) & § 140-30.1-150(b)
Trade Names:
Glucose
Dosage Forms:
parenteral, IV injection - 50%, 50 mL vial & syringe
IV injection - 50%, 500 mL†
IV injection - 20%, 500 mL
Notes:
†Must dilute prior to peripheral intravenous administration

DIATRIZOATE MEGLUMINE AND DIATRIZOATE SODIUM § 140-30.1-135(m)
Trade Names:
Reno-60, Hypaque
Dose:
Dosage Forms:
oral, solution - 76%, 120 mL bottle
parenteral, injection - 60%, 50 mL vial (Reno-60)

DIAZEPAM § 140-30.1-125(c) & § 140-30.1-125(d) & § 140-30.1-125(m)
Trade Names:
Valium, Diazepam Intensol
Dose:
oral - 2 to 10 mg, 2 to 4 times a day
IV - status epilepticus, up to 10 mg at a rate of 2 mg/min.
IV or IM - anxiety, 2 to 10 mg
Dosage Forms:
oral, tablet - 2 and 5 mg
parenteral, injection - 10 mg/2 mL vial and syringe
Notes:
This is a controlled substance (Schedule IV)

DIAZOXIDE, PARENTERAL § 140-30.1-120(u)
Trade Names:
Hyperstat IV
Dose:
IV - adult - 1 to 3 mg/kg up to a maximum of 150 mg in a single injection.
Dosage Forms:
Notes:
Administer undiluted and rapidly by IV injection. May be repeated at 5 to 15 minute intervals until satisfactory reduction of blood pressure has been achieved.

DIBUCAINE § 140-30.1-130(a)
Trade Names:
Nupercainal
Dose:
topical - apply to affected area as needed
Dosage Forms:
topical, ointment - 1%, 30 g tube

DICLOXACILLIN SODIUM § 140-30.1-101(l)
Trade Names:
Dynapen
Dose:
oral - children: 12.5 to 25 mg/kg a day in 4 divided doses
adult: 125 to 500 mg every 6 hours
Dosage Forms:
oral, capsule - 250 and 500 mg
suspension - 62.5 mg/5 mL

DIGOXIN § 140-30.1-120(h) & § 140-30.1-120(s)
Trade Names:
Lanoxin
Dose:
oral - loading - 15 to 20 mcg/kg in divided doses over 12 to 24 hours

maintenance - 0.125 mg to 0.5 mg a day
parenteral - IV loading - 10 to 15 mcg/kg in divided doses over 12 to 24 hours
Dosage Forms:
oral, tablet - 0.125 and 0.25 mg
pediatric elixir - 0.05 mg/mL, 60 mL bottle
parenteral, injection - 0.5 mg/2 mL ampule
Notes:
Reduce loading and maintenance dose in renal impairment. Monitor levels. Therapeutic levels = 0.5 to 2.2 mg/MI.

DIGOXIN IMMUNE FAB § 140-30.1-165(a)
Trade Names:
Digibind
Dose:
Variable; based on digoxin serum level and degree of toxicity
Dosage Forms:
Parenteral, injection - 40 mg/vial
Notes:
40 mg binds approximately 0.6 mg of digoxin or digitoxin.

DILTIAZEM § 140-30.1-120(h) & § 140-30.1-120(k)
Trade Names:
Cardizem, Cardizem CD, Cardizem Injectable, Dilacor XR
Dose:
oral - 30 to 90 mg 4 times a day, before meals and at bedtime
extended release - 120 to 360 mg once daily. Maximum dose, 480 mg/day.
IV - initially 0.25 mg/kg bolus over 2 minutes, then infusion at 5 to 10 mg/hr.
Dosage Forms:
oral, tablet - 30 and 60 mg
extended release - capsule -120, 180, 240 and 300 mg
parenteral, injection - 50 mg/10 mL vial
Notes:
Infusion may be maintained for up to 24 hours.

DIMENHYDRINATE § 140-30.1-125(j) & § 140-30.1-140(e)
Trade Names:
Dramamine
Dose:
oral - adult - 50 to 100 mg every 4 to 6 hours (max of 400 mg/24 hours)
6 to 12 yrs - 25 to 50 mg every 6 to 8 hours (max of 150 mg/24 hours)
2 to 6 yrs - 12.5 to 25 mg every 6 to 8 hours (max of 75 mg/24 hours)
Dosage Forms:
oral, tablet - 50 mg
Notes:
Use caution when given with certain antibiotics that may cause otoxicity; dimenhydrinate is capable of masking ototoxic symptoms and irreversible damage may result.

DIMERCAPROL § 140-30.1-165(a)
Trade Names:
BAL in Oil
Dose:
IM - 2.5 mg/kg 4 times daily for 2 days then 2 times on third day and once daily thereafter for 10 days. (Mild arsenic or gold poisoning)
- 3 mg/kg every 4 hours for 2 days then 4 times on third day then twice daily thereafter for 10 days. (Severe arsenic or gold poisoning)
- 5 mg/kg initially then 2.5 mg/kg 1 to 2 times/day for 10 days (mercury poisoning)
- 4 mg/kg alone in first dose and thereafter at 4 hr intervals in combination with calcium edetate disodium administered at separate site (acute lead encephalopathy)
Dosage Forms:
parenteral, IM injection - 10% (100 mg/mL) with benzyl benzoate 20% in peanut oil, 3 mL ampule
Notes:
Deep IM injection only. Use with caution in G-6-PD deficient patients.

DINOPROSTONE § 140-30.1-130(u) & § 140-30.1-145(n)
Trade Names:
Prostin E2, Prepidil Gel
Dose:
Intravaginal - (suppository) 20 mg at 3 to 5 hour intervals
(gel) 0.5 mg intracervically or 1 to 5 mg intravaginally for cervical ripening
Dosage Forms:
vaginal, suppository - 20 mg
gel - 0.5 mg in 2.5 mL of gel
Notes:
Gel is indicated for cervical ripening. Suppository is indicated as an abortifacient.

DIPHENHYDRAMINE HCL § 140-30.1-125(h) & § 140-30.1-160(b)
Trade Names:
Benadryl
Dose:
oral - adult - 25 to 50 mg 4 times a day
pediatric - 5 mg/kg a day
IV or IM - 10 to 50 mg/dose
Dosage Forms:
oral, capsule - 25 and 50 mg
elixir- 12.5 mg/5 mL (contains 14% alcohol)
parenteral, injection - 50 mg/1 mL

DIPHENOXYLATE WITH ATROPINE § 140-30.1-140(d)

Trade Names:
Lomotil
Dose:
oral - 2.5 to 5 mg up to 4 times a day
Dosage Forms:
oral, each tablet contains:
Diphenoxylate HCl 2.5 mg
Atropine Sulfate (sub-therapeutic) 0.025 mg
Notes:
This is a controlled substance (Schedule V). Do not exceed 8 tablets a day.

DIPHTHERIA & TETANUS TOXOID COMBINED § 140-30.1-110(d)

Trade Names:
Dose:
IM - 2 injections of 0.5 mL 4 to 8 weeks apart, then a third dose of 6 to 12 months later.
Dosage Forms:
parenteral, adult injection - 5 mL vial
Notes:
Adult injection contains ≤ 2 Lf units diphtheria.

DIPIVEFRIN HCL § 140-30.1-155(r)
Trade Names:
Propine
Dose:
ophthalmic - 1 drop into eye(s) every 12 hours (for initial glaucoma therapy)
Dosage Forms:
ophthalmic, solution - 0.1%, 10 mL dropper bottle
Notes:
Slight stinging or burning on initial instillation may occur.

DIPYRIDAMOLE § 140-30.1-115(c) & § 140-30.1-120(g) & § 140-30.1-120(u)
Trade Names:
Persantine
Dose:
oral - 150 to 400 mg a day in 4 divided doses
Dosage Forms:
oral, tablet - 25 and 50 mg

DIVALPROEX SODIUM § 140-30.1-125(d)
Trade Names:
Depakote
Dose:
oral - Epilepsy - 10 to 15 mg/kg/day; increase at 1 week intervals by 5 to 10 mg/kg/day until seizures are controlled
Mania - 750 mg daily in divided doses.

Dosage Forms:
oral, tablet - 250 and 500 mg
Notes:
Maximum of 60 mg/kg/day.

DOBUTAMINE HCL § 140-30.1-120(t)
Trade Names:
Dobutrex
Dose:
IV infusion - initially - 2.5 mcg/kg/min, increase by 2.5 mcg/kg/min every 10 to 30 minutes.
Dosage Forms:
parenteral, IV injection - 250 mg/20 mL vial
Notes:
Normal range of 2.5 mcg/kg/min to 15 mcg/kg/min. Maximum 40 mcg/kg/min.

DOCUSATE SODIUM § 140-30.1-140(l)
Trade Names:
Colace, Dioctyl Sodium Sulfosuccinate
Dose:
oral - 100 to 400 mg a day
Dosage Forms:
oral, capsule - 100 mg liquid - 50 mg/5 mL

DOPAMINE HCL § 140-30.1-120(t)
Trade Names:
Intropin
Dose:
IV infusion - initially - 2 to 5 mcg/kg/min, may increase up to 20 mcg/kg/min or 50 mcg/kg/min in more seriously ill patients.
Dosage Forms:
parenteral, IV injection - 40 mg/mL, 5 mL vial and 400 mg in D5W, 250 mL
Notes:
Higher doses (>20 mg/kg/min) may decrease renal blood flow. Phentolamine may be used for extravasation.

DORZOLAMIDE HCL § 140-30.1-155(g)
Trade Names:
Trusopt
Dose:
ophthalmic - 1 drop into affected eye(s) 3 times daily
Dosage Forms:
topical; ophthalmic - 2%, 15 ml dropper bottle
Notes:
Dorzolamide is a sulfonamide and although administered topically, it is absorbed systematically. If more than 1 ophthalmic drug is being used, administer the drugs at least 10 minutes apart.

DOXAZOSIN MESYLATE § 140-30.1-120(f)
Trade Names:
Cardura
Dose:
oral - initial - Hypertension: 1 mg once daily in the morning or evening
maintenance - may be increased to 2 mg and thereafter if necessary to 4, 8 and 16 mg to achieve the desired reduction in BP.
initial - BPH: same as above
maintenance - 2 mg and thereafter to 4 & 8 mg once daily.
Dosage Forms:
oral, tablet - 1, 2 and 4 mg

DOXEPIN § 140-30.1-125(e)
Trade Names:
Sinequan
Dose:
oral - mild to moderate severity - 75 mg/day (optimum dose range is 75 - 150 mg/day)
severely ill - gradual increase to 300 mg/day
Dosage Forms:
oral, capsule - 25 and 50 mg

DOXORUBICIN HCL § 140-30.1-101(b)
Trade Names:
Adriamycin
Dose:
IV push - 60 to 90 mg/M2 BSA every 3 weeks or 20 to 30 mg/M2 BSA a day for 3 days every 3 weeks.
IV continuous infusion - 5 to 10 mg/M2 BSA a day for 4 to 5 days.
Dosage Forms:
parenteral, IV injection - 50 mg vials
Notes:
Cardiac toxicity limits total lifetime dose to 550 mg/M2 BSA. Concomitant cyclophosphamide or radiation therapy may increase risk. Adjust dose in liver dysfunction. Avoid extravasation.

DOXYCYCLINE § 140-30.1-101(o)
Trade Names:
Vibramycin
Dose:
oral - 100 mg once or twice daily
IV - 200 mg first day in 1or 2 doses followed by 100 to 200 mg a day in 1 or 2 doses
Dosage Forms:
oral, tablet/capsule - 100 mg
parenteral, IV injection - 100 mg/10 mL vial
Notes:

Not for IM injection.

DROPERIDOL § 140-30.1-125(c) & § 140-30.1-140(e)
Trade Names:
Inapsine
Dose:
IM - premedication - 2.5 to 10 mg 30 minutes preop
Children: 1 to 1.5 mg per 9 to 11 kg body weight
IV - anesthesia: induction - 2.5 per 9 to 11 kg body weight
anesthesia: maintenance - 1.25 to 2.5 mg
Dosage Forms:
parenteral, injection - 2.5 mg/mL, 2 mL vial

ECHOTHIOPHATE IODIDE § 140-30.1-155(m)
Trade Names:
Phospholine Iodide
Dose:
opthalmic - 1 to 2 doses per day of 0.03% for glaucoma
Dosage Forms:
ophthalmic, solution with Mannitol - 150 mg/vial with dropper and 5 mL sterile buffered diluent for reconstitution
1.50 mg to make 0.03%;
3.00 mg to make 0.06%;
6.25 mg to make 0.125%
12.50 mg to make 0.25%

EDETATE CALCIUM DISODIUM § 140-30.1-165(a)
Dose:
IV - adult - Administer dilution over at least 1 hour twice daily for up to 5 days. Interrupt therapy for 2 days; follow with another 5 days of treatment if indicated.
IM - children - Give total dose in divided doses every 8 to 12 hours for 3 to 5 days. Give second course after rest period of ≥ 4 days.
Dosage Forms:
parenteral, injection - 5 mL vial
Notes:
Effective IV, SC or IM. Mild increase in ALT & AST are common but return to normal within 48 hours after discontinuing therapy.

EDROPHONIUM CHLORIDE § 140-30.1-135(i)
Trade Names:
Tensilon
Dose:
IV - for antagonism of curare, 10 mg slowly over 30 to 45 sec to detect onset of cholingergic reaction. Repeat when necessary. Maximum dosage is 40 mg.
Dosage Forms:
parenteral, IV injection - 10 mg/mL, 1 mL ampule

Notes:

Doses vary for diagnosis of myasthenia gravis.

EPHEDRINE SULFATE § 140-30.1-120(t) & § 140-30.1-160(d)

Dose:

IM - adult - 25 to 50 mg. Second dose of 50 mg IM or 25 mg IV may be administered.
IV - adult 10 to 25 mg administered slowly; additional doses may be given in 5 to 10 minutes.
SC or IM - pediatric - 16.7 mg/m2 every 4 to 6 hours

Dosage Forms:

parenteral, injection - 50 mg/1 mL ampule

Notes:

Absorption by IM route is more rapid than by SC injection. IV route may be used if an immediate effect is desired. 5 to 25 mg may be administered slow IV push. Additional doses may be given at 5 to 10 minute intervals. Parenteral adult dose should not exceed 150 mg in 24 hours.

EPINEPHRINE § 140-30.1-120(t) & § 140-30.1-160(d)

Trade Names:

Sus-Phrine

Dose:

IV - cardiac arrest - 0.5 to 1 mg every 5 minutes as needed
Intracardiad. - 0.3 to 0.5 mg
IM or SC - bronchospasm - adult - 0.1 to 0.5 mg
neonatal - 0.01 to 0.03 mg/kg
Infant to 12 yrs - 0.005 mL/kg
Children ≤ 30 kg, maximum of 0.15 mL single dose

Dosage Forms:

parenteral, injection (as the HCl) - 1:1,000, 1 mL amp.
IV injection (as the HCl) - 1:10,000, 10 mL syringe, 21 g x 1 1/2”
Sterile suspension - as base suspended in 25% glycerin water, 1:200, 0.5 mL ampule

Notes:

The sterile suspension is not for IV injection. It is only for SC use. Repeated local injection can result in necrosis at injection sites from vascular constriction. Tolerance can occur with prolonged use.

EPINEPHRINE W/CTM § 140-30.1-160(g)

Trade Names:

Ana- Kit

Dosage Forms:

each kit contains:
Epinephrine 1:1000
Chlorpheniramine maleate 2 mg (4 tablets)
Alcohol pads 2 pads
Tourniquet 1 each

EPINEPHRINE, RACEMIC § 140-30.1-160(h)
Dose:
inhalation - 0.5 mL into nebulizer, take 1 to 3 inhalations not more often than every 3 hours.
aerosol - 0.5 mL with 3 mL of diluent. Administer for 15 minutes every 3 to 4 hours.
Dosage Forms:
inhalation, solution - 2.25%, 15 mL bottle
Notes:
For oral inhalation only. Do not allow medication container to come in contact with metal.

EPOETIN ALPHA § 140-30.1-115(f)
Trade Names:
Epogen, Erythropoietin, EPO
Dose:
Initially:
IV or SC: 50 to 100 u/kg 3 times weekly until Hct reaches 30-33%
Individualize to maintain Hct at 30-33%
Dosage Forms:
parenteral - 10,000 U/1 mL vial
Notes:
A > 4 point rise in Hct in any 2 week period or a rise to > 33% requires a decrease in dose by 25 u/kg.

ERGOCALCIFEROL § 140-30.1-150(g)
Trade Names:
Vitamin D-2, Drisdol
Dose:
oral - Hypoperathyroidism - 50,000 to 200,000 IU daily plus 500 mg elemental calcium 6 times daily
Familial hypophosphatemia - 10,000 to 80,000 IU daily plus 1 to 2 g elemental phosphorous
Vitamin D resistant rickets: 12,000 to 800,000 IU daily.
Dosage Forms:
oral, liquid - 5 mcg (200 units)/drop, 60 mL dropper

ERGONOVINE MALEATE § 140-30.1-145(n)
Trade Names:
Ergotrate
Dose:
IM - 0.2 to 0.4 mg every 6 to 12 hours
Dosage Forms:
parenteral, injection - 0.2 mg/mL, 1 mL ampule

ERGOTAMINE TARTRATE § 140-30.1-125(k)
Trade Names:

Cafergot

Dose:

oral - initially - 2 mg, then 1 mg every 30 minutes not exceeding 6 mg/24 hours and 10 mg/week

Dosage Forms:

oral, tablet with caffeine - each tablet contains:

Ergotamine Tartrate 1.0 mg
Caffeine 100.0 mg

Notes:

Do not use concurrently with sumatriptan. Separate administration by at least 24 hours.

ERYTHROMYCIN § 140-30.1-101(j)

Trade Names:

E.E.S. Granules, Erythrocin I.V., Ery-Tab

Dose:

oral - 250 to 500 mg four times daily
IV - infuse over 1 hour, 1 to 2 g a day in 4 divided doses; maximum of 4 g a day.

Dosage Forms:

oral, tablet - 250 mg (base), 500 mg
ethylsuccinate granules for suspension - 200 mg (base)/5 mL, 200 mL bottle
parenteral, lactobionate for IV injection - 1 g vial

Notes:

Erythromycin should be taken on an empty stomach to minimize destruction by gastric acid, however, GI distress may necessitate administration with food.

ERYTHROMYCIN OPHTHALMIC § 140-30.1-155(c)

Trade Names:

Ilotycin

Dosage Forms:

ophthalmic, ointment - 0.5%

ERYTHROMYCIN/SULFASOXAZOLE § 140-30.1-101(j) & § 140-30.1-101(n)

Trade Names:

Pediazole

Dose:

oral - acute otitis media - 50 mg/kg/day erythromycin & 150 mg/kg/day sulfisoxazole (max. of 6 g/day), in divided doses, 4 times/day for 10 days

Dosage Forms:

oral, suspension - each 5 mL contains:

erythromycin 200 mg
sulfisoxazole 600 mg

Notes:

Do not administer to infants less than 2 months old.

ESTROGENS, CONJUGATED § 140-30.1-130(u) & § 140-30.1-145(f)

Trade Names:

Premarin, Premarin Vaginal Cream

Dose:

vaginal - 1/2 to 2 g intravaginally daily; administer cyclically
oral - 0.3 to 1.25 mg daily (usually administered cyclically 3 weeks on and 1 week off)
IV, IM - 25 mg, repeat in 6 to 12 hours if necessary

Dosage Forms:

oral, tablet - 0.3, 0.625 and 1.25 mg
parenteral, injection - 25 mg vial with 5 mL of diluent
vaginal cream - 0.625 mg conjugated estrogen/g of cream, 42.5 g tube

Notes:

Parenteral form for control of spontaneous hemorrhage and treatment of abnormal uterine bleeding due to hormonal imbalance. A patient package insert will be given to the patient if the patient has not previously received this product. Oral dose for female hypogonadism may range from 2.5 to 7.5 mg daily.

ETHACRYNATE ACID § 140-30.1-120(n)

Trade Names:

Edecrin

Dose:

oral - 50 to 100 mg a day
IV - 0.5 to 1 mg/kg in a single dose

Dosage Forms:

oral, tablet - 50 mg
parenteral, sodium ethacrynate, for IV injection 50 mg/vial

ETHAMBUTOL HCL § 140-30.1-101(f)

Trade Names:

Myambutol

Dose:

oral - initial dose 15 to 25 mg/kg body weight once a day; retreatment of 25 mg/kg every 24 hours.
Decrease to 15 mg/kg after 60 days.

Dosage Forms:

oral, tablet - 100 and 400 mg

Notes:

Do not use alone; use in combination with other anti-tuberculosis agents.

ETHANOL USP § 140-30.1-165(k)

Dosage Forms:

topical, solution - 95%

ETHINYL ESTRADIOL § 140-30.1-145(e)

Trade Names:

Estinyl

Dose:

oral - menopausal symptom - 0.02 to 0.05 mg/day

female hypogonadism - 0.05 mg 1 to 3 times daily for first 2 weeks of cycle, followed with a progestin for the last 2 weeks. Continue for 3 to 6 mos.
breast cancer - 1 mg 3 times a day given chronically for palliation
prostatic carcinoma - 0.15 to 2 mg/day chronically for palliation

Dosage Forms:
oral, tablet - 0.02 mg

ETHOSUXIMIDE § 140-30.1-125(d)
Trade Names:
Zarontin
Dose:
oral - initial - 250 to 500 mg a day; increase by small increments until control achieved with minimal side effects.
maintenance -20 to 40 mg/kg a day in 2 divided doses.
children - 20 mg/kg day optimal
Dosage Forms:
oral, tablet - 250 mg
syrup - 250 mg/5 mL
Notes:
Administer doses exceeding 1.5 g/day in divided doses only under strict supervision.

ETHYL CHLORIDE § 140-30.1-130(a)
Dosage Forms:
topical-spray

ETIDRONATE DISODIUM § 140-30.1-145(g)
Trade Names:
Didronel
Dose:
oral - Paget's Disease, initially - 5 to 10 mg/kg a day for no longer than 6 months or 11 to 20 mg/kg a day for no longer than 3 months.
Heterotopic Ossification, initially - 20 mg/kg a day for 2 weeks followed by 10 mg/kg a day for 10 weeks
Dosage Forms:
oral, tablet - 200 mg
Notes:
Avoid within 2 hours of dosing:
1) Food, especially items high in calcium
2) Vitamins with mineral supplements or antacids high in metals.

ETOMIDATE § 140-30.1-125(b)
Trade Names:
Amidate
Dose:
IV - induction - 0.2 to 0.6 mg/kg injected over a period of 30 to 60 seconds. Usual dose is 0.3 mg/kg injected over 30 to 60 sec.

Dosage Forms:
parenteral, IV injection - 2 mg/mL, 10 mL ampule

EUCERIN CREAM § 140-30.1-130(o)
Dosage Forms:
topical, cream - 454 g

FACTOR VIIa RECOMBINANT § 140-30.1-115(b)
Trade Names:
NovoSeven
Dose:
IV - recommended dose is 90mcg/kg every 2 hours until hemostasis is achieved, dose and administration interval may be adjusted based on the severity of the bleeding
Dosage Forms:
parenteral - 4.8 mg/vial

FACTOR IX COMPLEX § 140-30.1-115(b)
Trade Names:
Konyne-80, Pmfilnine
Dose:
IV - individualized according to the degree of the deficiency, the level of each factor desired, the weight of the patient, and the severity of the bleeding.
Dosage Forms:
parenteral, IV injection - 20 ml - approximately 600 Factor IX units
40 ml - approximately 1200 Factor IX units

FAT EMULSION, IV § 140-30.1-150(a)
Trade Names:
Intralipid
Dosage Forms:
parenteral, IV injection - 20%, 500 mL
Notes:
Dose dependent on patient's nutritional needs.

FENTANYL CITRATE § 140-30.1-125(n)
Trade Names:
Sublimaze
Dose:
Individualize dosage
Dosage Forms:
parenteral, injection - 50 mcg fentanyl/ml, 2 and 5 mL ampule
Notes:
This is a controlled substance (Schedule II).

FENTANYL TOPICAL § 140-30.1-125(n)
Trade Names:

Duragesic
Dose:
topical patch - replace patch every 72 hours†
Dosage Forms:
topical, patch - delivering 25, 50, and 100 mcg/hour
Notes:
†To convert a patient from oral or parenteral opiods to the transdermal system, please refer to the table in the clinical section (red pages). There is a risk of hypoventilation when used for the management of acute or postoperative pain, in mild pain and when the initial dose is greater than 25 mcg/hr. This is a controlled substance (Schedule II).

FERROUS FUMARATE § 140-30.1-115(k) & § 140-30.1-150(e)
Trade Names:
Chromagen Forte
Dose:
oral - 1 to 2 soft gelatin capsules per day
Dosage Forms:
oral, soft gelatin capsules - 460 mg (151 mg elemental iron)
Notes:
Soft gelatin capsule contains: ascorbic acid 60 mg, folic acid 1 mg, and cyanocobalamin 10 mcg.

FERROUS GLUCONATE § 140-30.1-115(k) & § 140-30.1-150(e)
Trade Names:
Fergon
Dose:
oral - 325 mg 3 times daily
Dosage Forms:
oral, tablet - 325 mg

FERROUS SULFATE § 140-30.1-115(k) & § 140-30.1-150(e)
Trade Names:
Feosol, Fer-In-Sol
Dose:
oral - adults: 2 to 3 mg/kg of elemental iron daily in three divided doses (normal therapeutic dose)
children (2 to 12 years): 3 mg/kg/day in 3 to 4 divided doses
(6 months to 2 years): up to 6mg/kg/day in 3 to 4 divided doses.
infants: 10 to 25 mg daily in 3 to 4 divided doses.
Dosage Forms:
oral, tablet - 324 mg (65 mg elemental iron)
drops - 15 mg elemental iron/0.6 ml dropper, 50 ml bottle

FILGRASTIM § 140-30.1-115(d)
Trade Names:
Neupogen

Dose:

SC, IV- initial dose = 5mcg/kg/day as a single injection. Doses may be increased in increments of 5mcg/kg

Dosage Forms:

parenteral - 300mcg/ml, 1.6ml vial

Notes:

Do not administer within 24 hours preceding or after administering chemotherapy.

FLUCONAZOLE § 140-30.1-101(d)

Trade Names:

Diflucan

Dose:

oral - adults: 200 to 400 mg loading dose, followed by 100 to 200 mg a day children: 3-12mg/kg daily; efficacy not established

Dosage Forms:

oral, tablet - 100 mg

FLUDROCORTISONE ACETATE § 140-30.1-145(l)

Trade Names:

Florinef

Dose:

oral - adult - usual dose of 0.1/day; range from 0.1 mg 3 times a week to 0.2 mg daily
children to adult - 0.05 to 0.1 mg/24 hours
infants - 0.1 to 0.2 mg/24 hours

Dosage Forms:

oral, tablet 0.1 mg

Notes:

Dizziness, severe or continuous headaches, swelling of the feet or lower legs or unusual weight gain may occur.

FLUMAZENIL § 140-30.1-165(a)

Trade Names:

Mazicon.

Dose:

IV - initial dose 0.2 mg administered over 15 seconds. May repeat at 1 minute intervals to a maximum dose of 1 mg, or up to 3 mg in the case of a benzodiazepine overdose.

Dosage Forms:

parenteral, injection - 0.1 mg/mL, 10 mL vial

FLUNISOLIDE § 140-30.1-160(i) & § 140-30.1-160(j)

Trade Names:

Nasalide, Aerobid

Dose:

oral - 6 yrs to adult - 2 puffs morning and evening. May increase to 2 puffs 3 times a day. Do not exceed 4 inhalations twice daily.

nasal - adult - 2 sprays in each nostril(s) 2 times a day. May increase to 2 sprays in each

nostril 3 or 4 times daily.
children - 1 spray in each nostril(s) 3 times a day or 2 sprays 2 times a day

Dosage Forms:
inhalation, aerosol - 7 g
nasal - 0.025%, 25 mL bottle

Notes:
Do not continue beyond 3 weeks in absence of significant symptomatic improvement.

FLUORESCEIN STRIP § 140-30.1-155(e)

Trade Names:
Fluor-1-Strip

Dose:

Dosage Forms:
ophthalmic, impregnated paper strip - 9 mg

Notes:
For use as an ophthalmic diagnostic aid. Soft contact lenses may become stained. Do not wear while fluorescein is being used.

FLUORESCEIN SODIUM § 140-30.1-155(i)

Dose:
ophthalmic - instill 1 or 2 drops, allow a few seconds for staining

Dosage Forms:
ophthalmic, solution - 2%, 15 mL bottle

Notes:
Soft contact lenses may become stained. Do not wear while fluorescein is being used.

FLUORIDE § 140-30.1-150(e)

Trade Names:
Fiuorodex, Fluradrops, Lundle

Dose:
oral - infants to 2 yrs - 1 drop (0.25 mg) once daily;
2 to 3 yrs. - 2 drops (0.5 mg);
3 to 12 yrs -4 drops (l mg)

Dosage Forms:
oral, tablet - 1.1. mg sodium fluoride (0.5 mg fluoride)
liquid - 1 mg fluoride in 0.2 mL, 24 mL & 50 mL

Notes:
Do not mix with milk or dairy foods.

FLUOROMETHOLONE § 140-30.1-155(h)

Trade Names:
FML

Dose:
ophthalmic - instill 2 drops in conjuntival sac every 1 to 2 hours during first 24 to 48 hours. Reduce when favorable response observed.

Dosage Forms:

ophthalmic, solution - 0.1%, 5 mL bottle

FLUOROURACIL § 140-30.1-105(c) & § 140-30.1-130(e)
Trade Names:
5-FU, Adrucil
Dose:
IV- 15 mg/kg for 4 successive days or continuous infusion. 500 - 1000 mg/M2 a day for 5 days
Dosage Forms:
parenteral, IV injection - 50 mg/mL, 10 mL ampule
Notes:
Reduced dosage is necessary in patients with reduced hepatic or renal function. Dose dependent on patient's response.

FLUOROURACIL CREAM § 140-30.1-105(c)
Trade Names:
Efudex
Dose:
topical - actinic or solar keratosis - apply twice daily to cover lesions, usual duration of 2 to 6 weeks
superficial basal cell carcinoma – use 5% strength; apply twice daily to cover lesions. Therapy may be required for as long as 10 to 12 weeks.
Dosage Forms:
topical, cream - 5%, 60 gram tube
Notes:
Apply with a non-metallic applicator, clean fingertips or gloved fingers. If hands or fingers are used, wash hands immediately afterwards.

FLUOXETINE HCL § 140-30.1-125(e)
Trade Names:
Prozac
Dose:
oral, adult - 20 mg daily in the morning initially. Do not exceed 80 mg/day.
Dosage Forms:
oral, capsule - 10 and 20 mg
oral, solution - 20 mg/5 ml
Note:
Potent cytochrome P450 2D6 inhibitor.

FLUPHENAZINE DECANOATE § 140-30.1-125(i)
Trade Names:
Prelixin Decanoate
Dose:
IM or SC - 12.5 to 25 mg; determine subsequent injections and dosage interval in accordance with patient response. Do not exceed 100 mg.
Dosage Forms:

parenteral, IM injection - 25 mg/mL, 5 mL vial

FLUPHENAZINE HCL § 140-30.1-125(i)
Trade Names:
Prolixin
Dose:
IM - start: 1.25 mg; total dose 2.5 to 10 mg in divided doses.
oral - 0.5 to 10 mg a day in divided doses
Dosage Forms:
oral, tablet - 1, 2.5 and 5 mg
parenteral, injection - 2.5 mg/mL, 10 mL vial

FLUTAMIDE § 140-30.1-105(d)
Trade Names:
Eulexin
Dose:
oral - 250 mg every 8 hours
Dosage Forms:
oral, capsule - 125 mg

FOLIC ACID § 140-30.1-115(g) & § 140-30.1-150(g)
Dose:
oral - therapeutic dosage: 1 mg a day
Dosage Forms:
oral, tablet - 1 mg

FOSINOPRIL § 140-30.1-120(c)
Trade Names:
Monopril
Dose:
oral - initial dose of 10 mg daily; normal maintenance of 20 to 40 mg daily
Dosage Forms:
oral, tablet - 10 and 20 mg
Notes:
Maximum dose of 40 mg per day. If patient on diuretic discontinue the diuretic 2 to 3 days prior to beginning fosinopril if possible, to avoid symptomatic hypotension.

FUROSEMIDE § 140-30.1-120(n)
Trade Names:
Lasix
Dose:
oral - 20 to 80 mg a day
IV or IM - 20 to 40 mg
continuous infusion 1 - 4 mg/min
Dosage Forms:
oral, tablet - 20 and 40 mg

solution - 10 mg/mL (with alcohol 11.5% and sorbitol)
parenteral, injection - 10 mg/mL, 20, 40 and 100 mg vial
Notes:
Doses as high as 2 to 2.6 g/day are tolerated by CHF and CRF patients.

GABAPENTIN § 140-30.1-125(d)
Trade Names:
Neurontin
Dose:
oral, adult - titrate up to 900-1800 mg/day in 3 divided doses as tolerated.
Dosage Forms:
oral, capsule - 100 and 300 mg
Notes:
Adjust dose for decreased renal function.

GEMFIBROZIL § 140-30.1-120(i)
Trade Names:
Lopid
Dose:
oral - 600 mg 2 times a day, 30 minutes before meals.
Dosage Forms:
oral, tablet - 600 mg

GENTAMICIN OPHTHALMIC § 140-30.1-155(c)
Trade Names:
Garamycin, Genoptic
Dose:
varies
Dosage Forms:
ophthalmic, solution - 0.3%, 3 mg/mL dropper bottle
ointment - 3 mg/gram

GENTAMICIN SULFATE § 140-30.1-101(b) & § 140-30.1-130(c)
Trade Names:
Garamycin
Dose:
adults - IV or IM - 5 mg/kg a day in 3 divided doses or 6mg/kg ideal body weight every 24 hours
topical - apply to affected area 1 to 5 times a day
Dosage Forms:
parenteral, injection - 40 mg/l mL, 2 and 20 mL vial
premix bag - 80 mg/100 mL
pediatric injection - 20 mg/2 mL vial
topical, cream - 0.1%, 15 g tube
Notes:
Gentamicin is potentially nephrotoxic and ototoxic. Adjust initial dosage relative to renal

function and serum drug concentrations.

GENTIAN VIOLET
Trade Names:
Dose:
topical - applied 2 to 3 times daily for 3 days
Dosage Forms:
topical, liquid - 2%
Notes:
Treatment of cutaneous/mucocutaneous infections caused by *Candida albicans*. Gentian violet is contraindicated in patients who are sensitive to the drug.

GLIPIZIDE § 140-30.1-145(k)
Trade Names:
Glucotrol, Glucotrol XL
Dose:
oral - starting dose 5 mg about 30 minutes before breakfast. Increase as necessary according to blood glucose levels.
Dosage Forms:
oral, tablet - 5 and 10 mg; tablet (extended-release) 5 and 10 mg
Notes:
Maximum recommended once daily dose is 15 mg for regular release tablets, and maximum recommended total daily dose for regular release tablets is 40 mg. Maximum recommended daily dose for extended-release tablets is 20 mg.

GLUCAGON § 140-30.1-145(i)
Dose:
IV, IM, or SC - 5 to 1 mg; may repeat if needed.
Dosage Forms:
parenteral, injection - 1 mg vial

GLYBURIDE (Micronized) § 140-30.1-145(k)
Trade Names:
Glynase Prestab
Dose:
oral - 1.5 to 12 mg a day in single or divided doses of micronized glyburide. Initially 1.5 to 6 mg a day
Dosage Forms:
oral, tablet - 3 and 6 mg
Notes:
5 mg glyburide = 3 mg glynase (micronized glyburide)

GLYCERIN § 140-30.1-140(l)
Dose:
rectal - 6 yrs and up - 2 to 3 g as suppository, 5 to 15 mL as enema
infants to 6 yrs - 1 to 1.7 g as suppository, 2 to 5 mL as enema

Dosage Forms:
rectal, suppository - pediatric, infant & adult suppository
liquid -
Notes:
Poorly absorbed.

GLYCOPYRROLATE § 140-30.1-140(c)
Trade Names:
Robinul
Dose:
IM - 4 mcg/kg 30 minutes to 1 hour prior to anesthesia
Dosage Forms:
parenteral, IM injection, 0.2 mg/mL, 2 and 5 mL vial

GRISEOFULVIN § 140-30.1-101(d)
Trade Names:
Grifulvin V, Grisactin
Dose:
oral - 500 mg a day as a single dose or 2 to 4 divided doses
children - 11 mg microsize/kg/day
Dosage Forms:
oral, capsule microsize - 250 and 500 mg
suspension - 125 mg/5 mL

GUAIFENESIN †§ 140-30.1-160(c) & § 140-30.1-160(h)
Trade Names:
Robitussin and †Robitussin DM
Dose:
oral, solution - 100 to 200 mg every 4 to 6 hours as needed
†solution - 5 to 10 mL every 6 to 8 hours as needed
Dosage Forms:
oral, solution - 100 mg/5 mL, 118 mL bottle
†oral, each 5 mL contains:
Dextromethorphan 15.0 mg
Guaifenesin 100.0 mg
Alcohol 1.4 %

GUAIFENESIN WITH CODEINE § 140-30.1-160(c)
Trade Names:
Robitussin AC
Dose:
oral - 5 to 10 mL every 4 to 6 hours as needed
Dosage Forms:
oral, each 5 mL contains:
Codeine Phophate 10.0 mg
Guaifenesin 100.0 mg

Alcohol 3.5 %

Notes:

This is a controlled substance (Schedule V).

HALOPERIDOL

Trade Names:

Haldol

Dose:

oral - 0.5 up to 5 mg 2 to 3 times daily; occasionally doses up to 100 mg/day may be necessary

IM - 2.0 to 5.0 mg for prompt control of acute agitation

children - psychotic disorders - 0.05 to 0.15 mg/kg/day
nonpsychotic behavior disorders & Tourette's disorder - 0.05 to 0.075 mg/kg/day

Dosage Forms:

oral, tablet - 1, 2 and 5 mg

liquid, concentrate - 2 mg/l mL

parenteral, injection - 5 mg/mL (as lactate) 1 mL ampule

HALOPERIDOL DECANOATE § 140-30.1-125(i)

Trade Names:

Haldol Decanoate

Dose:

deep IM - initially 10 to 15 times the total daily oral haloperidol dose (not to exceed 100 mg) every month. Titrate gradually as needed.

Dosage Forms:

parenteral, injection - 50 mg/mL, 1 mL ampule and 5 mL vial
- 100 mg/mL, 5 mL vial

HEMORRHOIDAL SUPPOSITORY § 140-30.1-130(b)

Trade Names:

Anusol

Dose:

as needed

Dosage Forms:

rectal suppository

HEMORRHOIDAL SUPPOSITORY W/ HYDROCORTISONE § 140-30.1-130(b)

Trade Names:

Anusol HC

Dosage Forms:

rectal suppository with 25 mg hydrocortisone

HEPARIN SODIUM § 140-30.1-115(a)

Trade Names:

Dose:

SC: 5000 units every 8 to 12 hours (prophylaxis)
IV: See Guidelines for Heparin Infusion

Dosage Forms:

parenteral, injection - 10 units/mL, 1 mL vial; 100 units/mL, 2 mL vial; 100 units/mL, 2mL vial (pre-free); 1000 units/mL, 10 mL vial; 10000 units/mL, 4 mL vial; 20000 units/mL, 5 mL vial

Notes:

Standard solution for IV infusion - 25,000 units/500 mL D5W (50 units/mL)

HEPATITIS A VACCINE § 140-30.1-110(f)

Trade Names:

Havrix

Dose:

IM - adult - 1440 EL.U single dose
2 to 18 yrs - 2 doses, each containing 360 EL.U give 1 month apart

Dosage Forms:

parenteral, IM injection - 1440 elisa units (of viral antigen) per 0.5 mL

Notes:

IM use only. Shake before withdrawal and use. Give injection in deltoid region. Should not be administered in the gluteal region; such injection may result in suboptimal response. Booster dose recommended anytime between 6 and 12 months after the initiation of the primary course.

HEPATITIS B IMMUNE GLOBULIN § 140-30.1-110(b)

Trade Names:

H-Big

Dose:

IM - post exposure prophylaxis - 0.06 ml/kg and repeat at 28 to 30 days after exposure

Dosage Forms:

parenteral, IM injection - 5 mL vial

Notes:

Give IM only, preferable in the gluteal or deltoid region. Prophylaxis of infants born to HBsAG - positive mothers (0.5 mL IM into the anterolateral thigh, as soon as* after birth preferably within 12 hours).

*So in original.

HEPATITIS B VACCINE § 140-30.1-110(f)

Trade Names:

Recombivax HB

Dose:

IM - Infants, children, adolescents - 5 mcg and repeated at 1 and 6 months.
IM - Adults - 10 mcg and repeated at 1 and 6 months.
IM - Predialysis and Dialysis Patients - 40 mcg and repeated at 1, 2 and 6 months.

Dosage Forms:

parenteral, IM injection - Dialysis formulation; 40 mcg hepatitis B surface antigen per mL, 1 mL single dose vial.

Pediatric formulation; 5mcg/0.5ml single dose vial.
Adult formulation; 10mcg/l ml single dose vial.

Notes:

Give IM only, preferable in the deltoid region. The anterolateral thigh is the recommended site in infants and young children. Should not be administered in the gluteal region; such injection may result in suboptimal response. Shake before withdrawal and use.

HOMATROPINE § 140-30.1-155(o)

Trade Names:

Homatropine

Dose:

ophthalmic - Uveitis - instill 1 to 2 drops into eye(s) up to every 3 to 4 hours
Refraction - same as above and may repeat 5 to 10 minutes if necessary

Dosage Forms:

ophthalmic, solution - 5%, 15 mL dropper bottle

Notes:

Children - use only 2% strength (nonformulary).

HYALURONADASE § 140-30.1-165(e)

Trade Names:

Wydase

Dosage Forms:

parental, injection - 150 USP units/vial

Notes:

Not recommended for IV use.

HYDRALAZINE HCL § 140-30.1-120(u)

Trade Names:

Apresoline

Dose:

oral - start with 10 .g 4 times daily, gradually increase up to 300 mg a day in divided doses
children - initial 0.75 mg/kg/day in 4 divided doses, increase over 3 to 4 weeks to a max of 7.5 mg/kg or 200 mg daily
IV - children - 0.1 to 0.2 mg/kg/dose every 4 to 6 hours as needed.
adult - 20 to 40 mg, repeat as necessary

Dosage Forms:

oral, tablet - 25 and 50 mg
parenteral, injection - 20 mg/mL, 1 mL ampule

Notes:

Eclampsia: 5 to 10 mg every 20 minutes

HYDROCHLOROTHIAZIDE § 140-30.1-120(q)

Trade Names:

HCTZ, Hydrodiuril

Dose:

oral - 25 to 100 mg 1 or 2 times a day
Dosage Forms:
oral, tablet - 25 and 50 mg

HYDROCHLOROTHIAZIDE/TRIAMTERENE § 140-30.1-120(m)
Trade Names:
Maxzide
Dose:
oral – ½ to 1 tablet daily.
Dosage Forms:
oral tablet - 50 mg Hydrochlorothiazide with 75 mg triamterene

HYDROCORTISONE § 140-30.1-145(h)
Trade Names:
Cortef, Solu-Cortef, Hydrocortisone
Acetate
Dose:
oral - 20 to 240 mg a day in 2 to 3 divided doses
IV or IM - 100 mg; dose varies with indication
Dosage Forms:
oral, tablet - 5 mg
liquid - 10 mg/5 mL
parenteral, injection - 100 and 250 mg/2 mL vial (as the sodium succinate)
Notes:
Injectable hydrocortisone acetate sterile suspension not for IV use.

HYDROCORTISONE TOPICAL § 140-30.1-130(m)
Dosage Forms:
topical, cream as hydrocortisone acetate - 1%

HYDROXYCHLOROQUINE SULFATE § 140-30.1-101(e) & § 140-30.1-165(b)
Trade Names:
Plaquenil
Dose:
oral - rheumatoid arthritis:
adult - initially 400 - 600 mg daily; after a good response (4-12 weeks), reduce dose by 50% to 200 - 400mg daily.
malaria:
adult prophylaxis - 400 mg once a week, starting 1 to 2 weeks prior to exposure, continuing for 4 weeks after, consecutive days.
acute malarial attack - initially 800 mg, then 400 mg after 6 to 8 hours, then 400 mg on each of the next 2 consecutive days
Children - 5 mg base/kg weekly
Dosage Forms:
oral, tablet - 200 mg
Notes:

Each 200 mg tablet is equivalent to 155 mg hydroxychloroquine base and 250 mg chloroquine phosphate.

HYDROXYMETHYLCELLULOSE
Dosage Forms:
powder
Notes:
for compounding

HYDROXYPROPYL METHYLCELLULOSE § 140-30.1-155(l)
Trade Names:
Gonak
Dosage Forms:
ophthalmic, solution - 2.5%, 15 mL dropper
Notes:
For professional use in gonioscopic examinations.

HYDROXYUREA § 140-30.1-105(f)
Trade Names:
Hydrea
Dose:
oral - dose and dosing interval varies depending upon whether drug is being utilized as a single agent or in combination.
Solid tumors - intermittent therapy 80 mg/kg as a single dose every 3 days, continuous 20 to 30 mg/kg as a single daily dose.
Concomitant therapy with radiation - 80 mg/kg as a single dose every 3 days.
Dosage Forms:
oral, capsule - 500 mg
Notes:
Resistant chronic myelocytic leukemia - continuous therapy: 20 to 30 mg/kg/day recommended.

HYDROXYZINE § 140-30.1-125(c) & § 140-30.1-140(e)
Trade Names:
Atarax, Vistaril
Dose:
oral, adult - 25 to 100 mg 4 times/day
children > 6 yrs - 50 to 100 mg/day in divided doses; < 6 yrs - 50 mg/day in divided doses.
IM - adult - 25 to 100 mg
children - 1.1 mg/kg
Dosage Forms:
oral, tablet - 10 and 25 mg
syrup - 10 mg/5 mL
parenteral, injection - 50 mg/l mL

IBUPROFEN § 140-30.1-125(f)
Trade Names:
Motrin
Dose:
oral - analgesia - 400 to 800 mg every 6 hours
arthritis - 600 to 800 mg 3 or 4 times a day
Dosage Forms:
oral, tablet - 400 and 800 mg
suspension - 100 mg/5 mL
Notes:
Maximum of 3200 mg/day recommended.

IDOXURIDINE § 140-30.1-155(e)
Trade Names:
Herplex
Dose:
Initial - 1 drop into affected eye(s) every hour during the day and every 2 hrs at night. Continue until improved, then reduce to 1 drop every 2 hrs during the day and every 4 hrs at night. Continue treatment for 3 to 7 days after healing appears complete.
Dosage Forms:
ophthalmic, solution - 0.1%, 15 mL dropper bottle
Notes:
Maximum treatment period is ≤ 21 days.

IMIPRAMINE § 140-30.1-125(e)
Trade Names:
Tofranil
Dose:
oral - (Hospitalized) 100 to 150 mg/day gradually increase to 200 mg/day as required. If no response after 2 weeks, increase to 250 to 300 mg/day.
(Outpatient treatment) initially 75mg/day, increased to 150 mg/day. Maintenance of 50 to 150 mg/day.
(Children) 1.5 mg/kg/day in 3 divided doses, increase to max of 5 mg/kg/day.
Dosage Forms:
oral, tablet - 25 mg
Notes:
Doses for childhood enuresis is 25 to 75 mg/day.

IMMUNE GLOBULIN IV § 140-30.1-110(b)
Trade Names:
Sandoglobulin, Gamimune N
Dose:
Immunodeficiency syndrome: 200mg/kg/month IV infusion
ITP: 400mg/kg for 2 to 5 consecutive days
Dosage Forms:
injectable, IV - 3 and 6 grams, powder for injection

IMMUNE GLOBULIN IM § 140-30.1-110(b)
Trade Names:
Immune Serum Gamma Globulin-IM
Dose:
IM - 0.01 to 0.5 mL/lb of body weight
Dosage Forms:
parenteral, IM injection - 10 mL vial
Notes:
May be used in the prophylaxis and/or treatment of measles vaccination reaction, infectious hepatitis and immunoglobulin deficiency.

INDINAVIR § 140-30.1-101(g)
Trade Names:
Crixivan
Dose:
oral - in combination with nucleoside analogs; 800 mg every 8 hours administered with water on an empty stomach.
Dosage Forms:
oral, capsule - 400 mg
Notes:
For occupational exposure HIV prophylaxis indications, please refer to the Commonwealth Health Center Infection Control Policy. Patient should be instructed to drink at least 1.5 L of fluid per day.

INDOMETHACIN § 140-30.1-125(f)
Trade Names:
Indocin
Dose:
oral - 25 to 50 mg 3 times a day
Dosage Forms:
oral, capsule - 25 and 50 mg
parenteral, injection - 1 mg/l mL, 1 mL ampule
rectal, suppository - 50 mg

INFLUENZA WHOLE VIRUS VACCINE § 140-30.1-110(f)
Trade Names:
Flu Vaccine
Dose:
IM - 0.5 mL
Dosage Forms:
parenteral, IM injection - single dose syringe
Notes:
Children under 12 years of age should only receive split virus vaccine. Influenza virus vaccine should only be administered IM.

INSULIN, HUMAN § 140-30.1-145(k)
Trade Names:
Humulin, Novolin
Dosage Forms:
parenteral, injection - 100 units/mL, 10 mL vials
Regular (Humulin R, Novolin R)
Isophane - NPH (Humulin N, Novolin)
NPH/Reg - 70/30
Notes:
Switching a patient from an animal source to a human source requires close monitoring and may necessitate a dosage reduction. Rotate administration sites to prevent lipodystrophy. SC use only.

IOPANIOC ACID § 140-30.1-135(m)
Trade Names:
Telepaque
Dosage Forms:
oral, tablet - 500 mg
Notes:
Radiopaque agent, used for diagnostic purposes

IPECAC SYRUP § 140-30.1-140(i) & § 140-30.1-165(a)
Dose:
oral - adult - 15 to 30 mL followed by 3 to 4 glasses of water
children < l yr - 5 to 10 mL, then take ½ to 1 glass of water
> 1 to 12 yrs - 15 mL, then 1 to 2 glasses of water.
Dosage Forms:
oral, syrup - 30 mL bottle
Notes:
If vomiting does not occur within 30 minutes, repeat the dose in persons older than 1 yr. Activated charcoal will absorb Ipecac syrup. Do not give activated charcoal until after the patient has vomited, unless directed by a physician.

IPRATROPIUM BROMIDE § 140-30.1-160(i)
Trade Names:
Atrovent
Dose:
MDI - 2 inhalations 4 times a day
nebulizers - 20 mg 4 times daily
Dosage Forms:
MDI, 14 g inhaler
solution for nebulizer - 20 mg/2 mL ampule

IRON DEXTRAN § 140-30.1-115(k) & § 140-30.1-150(f)
Trade Names:
InFed, Dexferrum

Dose:
Dependent on condition and/or blood loss.
Dosage Forms:
parenteral, injection; 50 mg iron/mL, 2 mL vial
Notes:
Administer test dose of 25 mg IV over 5 minutes. Rate not to exceed 50 mg/minute by infusion. At least 1 hour should elapse between administration of the test dose and the remaining portion of the initial dose.

IRRIGATING SOLUTION, ISOTONIC § 140-30.1-155(k)
Trade Names:
Eye Irrigating Solution
Dose:
ophthalmic - flush affected eye(s) as needed
Dosage Forms:
ophthalmic, solution - 118 mL bottle

ISOFLURANE § 140-30.1-125(b)
Trade Names:
Forane
Dosage Forms:
inhalation, liquid - 100 mL bottle

ISOMETHEPTENE MUCATE/DICHLORALPH ENAZONE/ACETAMINOPHEN § 140-30.1-125(k)

Trade Names:
Midrin, Isopap
Dose:
oral - 2 capsules initially followed by 1 capsule every hour until relieved, up to 5 capsules within a 12 hour period.
Dosage Forms:
oral, capsule - each capsule contains:
Isometheptene Mucate 65 mg
Dichloralphenazone 100mg
Acetaminophen 325mg
Notes:
Due to interaction, should not be used concurrently with MAO inhibitors.

ISONIAZlD § 140-30.1-101(f)
Trade Names:
INH
Dose:

oral -	treatment of TB -	adult - 3 to 5 mg/kg up to 300 mg/day
		children - 10 to 20 mg/kg/day up to a max of 300 mg
	preventative -	adult - 300 mg/day

children - 10 mg/kg/day

Dosage Forms:

oral, tablet - 100 and 300 mg
syrup - 50 mg/5 mL

Notes:

Concomitant administration of pyridoxine, 6 to 50 mg/day, is recommended in the malnourished and those predisposed to neuropathy.

ISOPROTERENOL HCL § 140-30.1-120(t) & § 140-30.1-160(d)

Trade Names:

Isuprel

Dose:

IV - 0.02 to 0.06 mg initially, followed by 0.01 to 0.2 mg
IV infusion - 5 mcg/min
IM - 0.2 initially, followed by 0.02 to 1 mg
SC - 0.02 mg initially, followed by 0.15 to 0.2 mg
Intracardiac - 0.02 mg

Dosage Forms:

parenteral, injection - 1 to 5,000 (0.2 mg/mL), 5 mL ampule

Notes:

Infuse at 0.5 to 5 mcg/minute. If heart rate exceeds 110 beats/minute discontinue infusion or decrease rate.

ISOSORBIDE DINITRATE § 140-30.1-120(g) & § 140-30.1-120(u)

Trade Names:

Isordil

Dose:

oral - 5 to 60 mg 4 times a day

Dosage Forms:

oral, tablet - 10 and 20 mg
sustained release tablet - 40 mg

ISOSORBIDE MONONITRATE § 140-30.1-120(g) & § 140-30.1-120(u)

Trade Names:

Imdur

Dose:

oral - 30 - 60 mg once daily, may be increased to 120 mg once daily.

Dosage Forms:

oral, tablet - 30mg extended release. Do not crush tablet.

KAOLIN WITH PECTIN MIXTURE § 140-30.1-140(d)

Trade Names:

Kaopectate

Dose:

oral - adult - 60 to 120 mL after each loose bowel movement
children 6 to 12yrs - 30 to 60 mL/dose:

3 to 6 yrs - 15 to 30 mL/dose.
Dosage Forms:
oral, suspension - 30 and 240 mL

KETAMINE HCL § 140-30.1-125(b)
Trade Names:
Ketalar
Dose:
IV - 1 to 4.5 mg/kg over 60 seconds for induction
IM - 6.6 to 13 mg/kg
Dosage Forms:
parenteral, injection - 5.0 mg/mL, 10 mL vial
Notes:
This is a controlled substance (class III).

KETOCONAZOLE § 140-30.1-130(d)
Trade Name: Nizoral
Dose:
topical - apply once a day to affected area
Dosage Form:
topical cream - 2%, 15 mg tube

KETOROLAC TROMETHAMINE § 140-30.1-125(f)
Trade Names:
Toradol, Acular (opthalmic)
Dose:
IM - 30 to 60 mg initially, then 15 to 30 mg every 6 hours. Maximum, 120mg/day.
IV - 15 to 30 mg initially, then every 6 hours. Maximum, 120mg/day.
Opthalmic - 1 drop q.i.d.; efficacy beyond 1 week of continued use hasn't been established.
Dosage Forms:
parenteral, injection - 60 mg/2 mL
opthalmic - 0.5% solution
Notes:
Duration of use not to exceed 5 days for parenteral.

LABETALOL HCL § 140-30.1-120(b) & § 140-30.1-120(j)
Trade Names:
Normodyne, Trandate
Dose:
oral - 100 mg 2 times a day to start, titrate up to 200 to 400 mg twice daily
IV - 20 mg by slow injection over 2 minutes for hypertensive emergencies. Additional doses of 40 to 80 mg may be repeated at 10 minute intervals, not to exceed a maximum of 300 mg or IV infusion of 2 mg/min initially titrated to response.
Dosage Forms:
oral, tablet - 300 mg

parenteral, injection - 5 mg/mL, 20 mL vial

Notes:

When administering IV, total cumulative dose should not exceed 300 mg/day.

LACTULOSE § 140-30.1-140(l)

Trade Names:

Duphalac

Dose:

oral - adult - 20 to 30 g (30 to 45 mL) 3 to 4 times a day
children - 2.5 to 10 mL in divided doses

Dosage Forms:

oral, syrup - 10 g/15 mL

LAMIVUDINE § 140-30.1-101(g)

Trade Names:

Epivir

Dose:

oral - in combination with other antiretroviral agent(s): 150 mg twice daily

Dosage Forms:

oral, tablet - 150 mg

Notes:

For occupational exposure HIV prophylaxis indications, please refer to the Commonwealth Health Center Infection Control Policy.

LEUCOVORIN CALCIUM § 140-30.1-105(f) & § 140-30.1-115(g)

Trade Names:

Leucovorin

Dose:

IV - 10 mg/M2 every 6 hours. Higher doses may be used up to 100 mg/M2 for high methotrexate levels.

Doses vary depending on condition being treated.

Dosage Forms:

oral, tablet - 5 mg

parenteral, injection - 50-mg/vial

LEVODOPA § 140-30.1-125(h)

Trade Names:

L-Dopa

Dose:

oral - 500 mg to 1 g a day in 2 to 4 divided doses with meals

Dosage Forms:

oral, tablet - 250 mg

Notes:

Titrate slowly until response is achieved or side effects preclude dosage escalation. Maximum dose is 8 gm a day.

LEVODOPA/CARBIDOPA § 140-30.1-125(h)
Trade Names:
Sinemet
Dose:
oral, initial - 1 tablet (10/100 or 25/100) 3 times a day; titrate to response
Dosage Forms:
oral, tablet - 100 mg with 10 mg carbidopa (Sinemet 10/100)
100 mg with 25 mg carbidopa (Sinemet 25/100)
250 mg with 25 mg carbidopa (Sinemet 25/250)
Notes:
Discontinue levodopa therapy at least 8 hrs before initiating levodopa with carbidopa. Maximum dose - 8 of 10/100 or 25/100 tablet, 6 of 25/250 tablets.

LEVONORGESTROL § 140-30.1-145(q)
Trade Names:
Norplant
Dose:
subdermal - 6 capsules containing 36 mg
Dosage Forms:
capsule for subdermal implant - 6 per kit
Notes:
Implantation of all six capsules should be done during the first 7 days of the onset of menses. Insertion is subdermal in the mid-portion of the upper arm about 8 to 10 cm above the elbow crease. One system provides contraception protection for up to 5 yrs.

LEVOTHYROXINE § 140-30.1-145(s)
Trade Names:
Synthroid, Levothoid
Dose:
oral - initially - 0.05 mg a day, increase every 2 to 3 weeks until desired response reached. Maintenance doses normally no greater than 0.2 mg daily.
Dosage Forms:
oral, tablet - 0.10, 0.15 and 0.20 mg

LIDOCAINE HCL INJECTIONS § 140-30.1-120(h) & § 140-30.1-130(a) & § 140-30.1-165(i)
Trade Names:
Xylocaine, Xylocaine IV
Dose:
IV - 50 to 100 mg as a bolus, may repeat twice to total dose of 300 mg, then an IV infusion of 1 to 4 mg/min.
Dosage Forms:
parenteral, injection - 1% and 2%, 20 mL vial
1% and 2%, with epinephrine
1 to 100,000, 20 mL vial
100 mg syringe and 2 g/50 mL
premixed solution 4 g/500 mL D5W

Notes:

Constant ECG monitoring is required for IV administration of lidocaine. Dosage adjustment maybe necessary in patients with CHF, liver disease, or renal failure.

LIDOCAINE HCL TOPICAL § 140-30.1-130(a) & § 140-30.1-165(i)
Trade Names:

Xylocaine Jelly, Xylocaine Ointment, Xylocaine Oral Spray
Dosage Forms:

topical, ointment - 5%, 35 g tube
jelly - 2%, 30 mL tube
oral spray - 10%, 26.8 mL bottle

LIDOCAINE VISCOUS § 140-30.1-130(q) & § 140-30.1-165(i)
Trade Names:

Xylocaine Viscous
Dose:

oral - 15 mL as needed
Dosage Forms:

oral, solution - 2% in carboxymethylcellulose, 100 mL bottle
Notes:

Maximum dose is 300 mg or 15 mL 8 times a day.

LIDOCAINE WITH EPINEPHRINE & TETRACAINE § 140-30.1-130(a) & § 140-30.1-165(i)
Trade Names:

L.E.T. solution
Dosage Forms:

solution, lidocaine 4%, epinephrine 1:1000, tetracaine 0.5%. Topical use only.

LIDOCAINE/PRILOCAINE § 140-30.1-130(a) & § 140-30.1-165(i)
Trade Names:

EMLA
Dose:

topical - 2.5 grams/application site
Dosage Forms:

topical, cream - 2.5% lidocaine and 2.5% prilocaine
Notes:

Do not apply to open wounds (for use on normal, intact skin). Apply at least one hour prior to venipuncture (for more painful procedures, it should remain in contact for at least 2 hours), cover with an occlusive dressing. Not for patients less than one month of age.

LINEZOLID § 140-30.1-101(q)
Trade Name:

Zyvox
Dose:

parenteral - 600 mg IV every 12 hours
oral - 600 mg every 12 hours

Dosage Forms:

parentera l - 600 mg in dextrose, 300 ml pre-mix

oral - tablet, 600mg

Notes:

Targeted antibiotic. Requires documentation of approval from infectious disease doctor in chart.

LISINOPRIL § 140-30.1-120(c)

Trade Names:

Zestril, Prinivil

Dose:

oral - initially - 10 mg/day, then titrate to usual dose of 20 to 40 mg/day

Dosage Forms:

oral, tablet - 5, 10 and 20 mg

Notes:

Diuretic - treated patients may experience symptomatic hypotension following initial dose of lisinopril. If possible, diuretic should be stopped 2 to 3 days before initiation of lisinopril, then restarted if necessary. If discontinuation not possible, patient should be monitored after initial dose until blood pressure is stabilized.

LITHIUM CARBONATE § 140-30.1-125(g)

Dose:

oral - 600 mg 3 times a day for acute mania, 300 mg 3 to 4 times a day for long- term control. Extended release tablet allow dosing 2 times a day; dose should be individualized based on serum levels & clinical response.

Dosage Forms:

oral, capsule - 300 mg

Notes:

Toxicity may develop with doses near therapeutic levels. Blood levels should be monitored weekly during initial period and monthly during maintenance period.

LODOXAMIDE TROMETHAMINE § 140-30.1-155(b)

Trade Names:

Alomide

Dose:

ophthalmic- 2 yrs to adult - 1 to 2 drops in each affected eye(s) 4 times daily for up to 3 months.

Dosage Forms:

ophthalmic, solution - 0.1%, 10 mL dropper bottle

Notes:

May cause burning or stinging upon instillation.

LOPERAMIDE § 140-30.1-140(d)

Trade Names:

Imodium

Dose:

oral - 4 mg initially then 2 mg as needed. Maximum dose 16 mg/day.
Dosage Forms:
oral, capsule - 2 mg

LORATIDINE § 140-30.1-160(b)
Trade Names:
Claritin
Dose:
oral - adult - 10 mg once daily on an empty stomach
Dosage Forms:
oral, tablet - 10 mg

LORAZEPAM § 140-30.1-125(c) & § 140-30.1-125(q)
Trade Names:
Ativan
Dose:
oral - 2 to 6 mg a day in 2 to 3 divided doses (varies from 1 to 10 mg/day)
IV - 0.04 mg/kg up to maximum of 2 mg; may give doses as high as 0.05 mg/kg, up to a total of 4 mg if necessary
IM - 0.05 mg/kg up to maximum of 4 mg
Dosage Forms:
oral, tablet - 1 and 2 mg
parenteral, 2 mg/1 mL
Notes:
This is a controlled substance (Schedule IV).

LOSARTAN
Trade Names:
Cozaar
Dose:
oral - 50 mg once daily, 25 mg initial dose in patients with possible intravascular volume depletion or patients with hepatic impairment. May be given once or twice daily up to 100 mg total daily dose.
Dosage Forms:
oral, tablet - 25 and 50 mg

MAGNESIUM CITRATE § 140-30.1-140(l)
Trade Names:
Citroma
Dose:
oral - 120 to 240 mL as needed
Dosage Forms:
oral, solution - 300 mL

MAGNESIUM HYDROXIDE § 140-30.1-140(b) & § 140-30.1-140(l)
Trade Names:

Phillips Milk of Magnesia
Dose:
oral - antacid use: adult - 2 to 4 tablets up to 4 times daily, or 5 to 15 mL up to 4 times daily
7 to 14: 1 tablet up to four times daily
laxative use: 12 > - chew 6 to 8 tablets (or take 2 to 4 tbsp of liquid) at bedtime or upon arising)
6 to 11 yrs: chew 3 to 4 tablets (1 to 2 tbsp); 2 to 5 yrs: chew 1 to 2 tablets.
Follow with 8 ounces of liquid.
Dosage Forms:
oral, tablet - 311 mg
liquid - 400 mg/5 mL

MAGNESIUM OXIDE § 140-30.1-140(b) & § 140-30.1-150(d)
Trade Names:
Mag-Ox. 400
Dose:
oral - 400 to 800 mg/day
Dosage Forms:
oral, tablet - 400 mg

MAGNESIUM SULFATE § 140-30.1-125(d) & § 140-30.1-140(l) & § 140-30.1-150(c)
Dose:
see dosing guidelines for treatment of hypomagnesemia
Dosage Forms:
parenteral - 50%, 1 g/2 mL (8.12 mEq/1 g magnesium)

MANNITOL § 140-30.1-120(o)
Trade Names:
Osmitrol
Dose:
Varies depending on condition being treated. Usual range 20 to 200 g /24 hrs
Dosage Forms:
parenteral - 20%, 500 mL, 25%, 50 mL
Notes:
May crystallize on exposure to low temperature. Not for IM administration.

MEASLES/MUMPS/RUBELLA VACCINE § 140-30.1-110(e)
Trade Names:
M-M-R II
Dose:
SQ - 0.5 ml, Do Not Give IV
Dosage Forms:
parenteral - powder for injection in single dose vial with diluents

MEBENDAZOLE § 140-30.1-101(c)
Trade Names:
Vermox
Dose:
oral - enterobiasis - single 100 mg dose
trichuriasis, ascariasis, hookworm, or mixed, 100 mg twice a day for 3 days
Dosage Forms:
oral, chewable tablet - 100 mg
Notes:
Same dosage for children and adults. May repeat in 3 weeks if not cured.

MECLIZINE HCL § 140-30.1-125(j) & § 140-30.1-140(e)
Trade Names:
Antivert, Bonine
Dose:
oral - 25 to 100 mg a day in divided doses
Dosage Forms:
oral, tablet - 25 mg

MEDROXYPROGESTERONE ACETATE § 140-30.1-145(q)
Trade Names:
Provera, Depo-Provera
Dose:
oral - 5 to 10 mg a day - duration varies with indication
IM - endometrial or renal caminoma - 400 to 1000 mg weekly
contraceptive - 150 mg IM every 3 months
Dosage Forms:
oral, tablet - 2.5 and 10 mg
parenteral, IM suspension - 150 mg/l mL, 1 mL

MEFLOQUINE § 140-30.1-101(e)
Trade Names:
Larium
Dose:
oral - adult - treatment of mild to moderate malaria - 1250 mg as a single dose with 8 ounces of water
Dosage Forms:
oral, tablet - 250 mg
Notes:
Do not take on an empty stomach. CDC recommends these pediatric doses weekly, starting 1 week before travel to infected areas, continued weekly during travel and for 4 weeks after leaving such areas; 15 to 19 kg, 1/4 tab; 20 to 30 kg, 1/2 tab; 31 to 45 kg, 3/4 tab; > 45 kg, 1 tab. Adults: 1 tab.

MEPERIDINE § 140-30.1-125(n)
Trade Names:

Demerol

Dose:

oral, SC or IM - adult - 50 to 150 mg, every 3 to 4 hour
children - 1 to 1.8 mg/kg IM, SC or orally up to adult dose every 3 to 4 hrs as necessary

Dosage Forms:

oral, tablet - 50 mg
parenteral, injection - 50 and 75 mg/1 mL

Notes:

This is a controlled substance (Schedule II). Naloxone is the antidote. If IV administration required, decrease dosage and inject very slowly, preferable using a diluted solution.

MEROPENEM § 140-30.1-101(h)

Trade Name: Merrem

Dose:

parenteral - adult - 1 gm IV every 8 hours
children - 20-40 mg/kg every 8 hours

Dosage Forms:

parenteral - 1 gm powder for injection

Notes:

Adjust dose in patients with creatinine clearance <50ml/min. Targeted antibiotic. Requires documentation in chart of approval from infectious disease doctor.

METAPROTERENOL § 140-30.1-160(d)

Trade Names:

Alupent, Metaprel

Dose:

oral - children - (< 6 yrs) 1.3 to 2.6 mg/kg/day in divided doses:
under 60 lbs (6 - 9 yrs) 10 mg 3 or 4 times daily.
(> 9 yrs) or over 60 lbs, 20 mg 3 or 4 times daily.
adults - 20 mg 3 or 4 times daily.
inhalation - 0.2 to 0.3 mL vial IPPB 3 to 4 times a day
MDI - 2 to 3 inhalations every 3 - 4 hrs, do not exceed 12 inhalations per day.

Dosage Forms:

oral, syrup - 10 mg/5 mL
inhalation, solution - 0.4%, 2.5 mL ready to use single dose vial
5%, 10 mL bottle
MDI - 10 mL inhaler

METARAMINOL § 140-30.1-120(t)

Trade Names:

Aramine

Dose:

IM or SC - 2 to 10 mg
IV infusion - 15 to 100 mg in 250 or 500 mL NSS or D5W to maintain blood pressure

IV - 0.5 to 5 mg, followed by an infusion of 15 to 100 mg in 250 or 500 mL NSS or D5W
Children - 0.01 mg/kg as a single dose or a solution of 1 mg/25 mL in D5W or NSS

Dosage Forms:

parenteral, injection - 10 mg/mL, 10 mL vial

Notes:

May be given IM, SC or IV.

METFORMIN § 140-30.1-145(k)

Trade Names:

Glucophage

Dose:

oral - starting dose is 500 mg 2 times a day; increase each week up to a max of 850 mg 3 times daily.

Dosage Forms:

oral, tablet - 500 and 850 mg

Notes:

Because of lactic acidosis risk, should not be used in patients with renal or hepatic impairment. Patients should avoid excessive alcohol intake. Metformin should be discontinued prior to any intravascular radiocontrast study and for any surgical procedure.

METHACHOLINE § 140-30.1-135(b)

Trade Name: Provocholine

Dose:

inhalation - various dilutions compounded upon request

Dosage Forms:

inhalation - l00 mg vial, powder for reconstitution

Notes:

For diagnostic purposes only. Inhalation challenge should be performed only under the supervision of a trained physician familiar with the drug and technique.

METHIMAZOLE § 140-30.1-145(c)

Trade Names:

Tapazole

Dose:

oral - adult - initial- 15 mg daily for mild;
30 to 40 mg/day for moderately severe;
60 mg/day for severe hyperthyroidism
maintenance - 5 to 15 mg/day
children - initial - 0.4 mg/kg daily
maintenance – ½ the initial dose

Dosage Forms:

oral, tablet - 5 mg

Notes:

Another suggested dosage for children is as follows: Initial: 0.5 to 0.7 mg/kg/day or 15 to 20 mg/m2 /day in 3 divided doses. Maintenance: 1/3 to 2/3 of initial dose beginning when

the patient is euthyroid. Maximum: 30 mg/24 hr.

METHOCARBAMOL § 140-30.1-125(m)
Trade Names:
Robaxin
Dose:
oral - initially - 1.5 g 4 times a day for the 1st 48 to 72 hours
maintenance - 1 g 4 times a day or, 750 mg every 4 hrs or, 1.5 g 3 times daily
Dosage Forms:
oral, tablet - 500 mg

METHOTREXATE § 140-30.1-105(c)
Trade Names:
Rheumatrex
Dose:
Various dosing schedules
Dosage Forms:
oral, tablet - 2.5 mg
parenteral, sodium for injection - 25 mg/1 mL
Notes:
Calcium leucovorin is the antidote used in folinic acid rescue.

METHYLCELLULOSE § 140-30.1-155(l)
Trade Names:
Artificial Tears
Dose:
ophthalmic - instill 1 to 2 drops into eye(s) 3 or 4 times daily, as needed
Dosage Forms:
ophthalmic, solution - 15 mL dropper
Notes:
May cause mild stinging or temporary blurred vision. Some of these products should not be used with soft contact lenses.

METHYLDOPA § 140-30.1-120(e)
Trade Names:
Aldomet
Dose:
oral - 500 mg to 2 g daily in divided doses (max of 1 g every 6 hrs)
IV - adult - 250 to 500 mg (well diluted) every 6 hours
children - 20 to 40 mg/kg/day in divided doses q 6 hrs; max of 65 mg/kg or 3 g, whichever is less
Dosage Forms:
oral, tablet - 250 mg
parenteral, IV injection (methyldopate) - 50 mg/1 mL

METHYLENE BLUE § 140-30.1-165(a)

Dose:
parenteral - 1 to 2 mg/kg (0.1 to 0.2 ml/kg)
Dosage Forms:
parenteral - 1% ampule 10 ml
Notes:
May discolor the urine or stool blue-green. PRECAUTION: Do not use in G6PD deficiency.

METHYLERGONOVINE § 140-30.1-145(n)
Trade Names:
Methergine
Dose:
IM - 0.2 mg every 2 to 4 hours
Dosage Forms:
parenteral, injection - 0.2 mg/mL, 1 mL ampule
Notes:
Should not be routinely administered IV because it may induce sudden hypertension and cerebrovascular accidents.

METHYLPARABEN § 140-30.1-165(c)
Dosage Forms:
liquid, 4 oz bottle
Notes:
For compounding use.

METHYLPHENIDATE § 140-30.1-125(r)
Trade Names:
Ritalin
Dose:
oral - initially - 5 mg 2 to 3 times a day daily - dose above 60 mg not recommended
Dosage Forms:
oral, tablet - 10 and 20 mg
sustained release tablet - 20 mg
Notes:
This is a controlled substance (Schedule II).

METHYLPREDNISOLONE § 140-30.1-145(h)
Trade Names:
Depo-Medrol, Solu-Medrol
Dose:
IV or IM - 10 to 250 mg up to 6 times a day
Dosage Forms:
parenteral, as the sodium succinate (Solu-Medrol) 40, 125 and 500 mg vials
sterile suspension, as the acetate (Depo-Medrol) 40 mg/mL
Notes:
The sterile suspension (acetate salt) is not for IV use.

METOCLOPRAMIDE § 140-30.1-140(e) & § 140-30.1-140(j)
Trade Names:
Reglan
Dose:
oral or IV - 10 mg 4 times a day, 30 minutes before meals and at bedtime
cancer chemotherapy induced emesis: - 0.5 to 2.0 mg/kg IV 30 minutes before drug administration; repeated 2 to 4 times at 2 hour intervals
Dosage Forms:
oral, tablet - 10 mg
syrup - 5 mg/5 mL, 473 mL
parenteral, injection - 5 mg/mL, 2 and 10 mL vials

METOLAZONE § 140-30.1-120(q)
Trade Names:
Zaroxolyn
Dose:
oral - 2.5 to 20 mg once a day
Dosage Forms:
oral, tablet - 5 mg

METOPROLOL TARTRATE § 140-30.1-120(j)
Trade Names:
Lopressor, Toprol XL
Dose:
oral - 100 to 450 mg a day, may be divided into 2 to 3 doses; extended-release tablets are for once-a-day administration.
Dosage Forms:
oral, tablet - 50 mg, 50mg XL
parenteral, IV injection - 1 mg/mL, 5 mL ampule

METRONIDAZOLE § 140-30.1-101(a) & § 140-30.1-101(q)
Trade Names:
Flagyl
Dose:
oral - 250 mg 3 to 4 times a day or 500 mg twice daily.
Amebiasis: 500 to 750 mg 3 times daily
IV - 500 mg every 6 to 12 hours
Dosage Forms:
oral, tablet - 250 mg
parenteral, injection - 500 mg/100 mL PSS
Notes:
For trichomoniasis - 2 g as a single dose.

MIDAZOLAM § 140-30.1-125(b)
Trade Names:

Versed
Dose:
IV - conscious sedation - 1 to 2.5 mg IV over at least 2 minutes
preoperative sedation - 0.07 - 0.08 mg/kg up to one hour before surgery.
Dosage Forms:
parenteral, injection - 1 mg/mL, 2 mL vial; 5 mg/mL, 1 mL vial

MINERAL OIL § 140-30.1-140(l)
Trade Names:
Petrolatum Liquid
Dose:
oral - adult - 15 to 45 mL
children - 5 to 20 mL
Dosage Forms:
oral, liquid - 30 mL u/d and 480 mL

MINERAL OIL ENEMA § 140-30.1-140(l)
Trade Names:
Fleet Oil Enema
Dosage Forms:
rectal, retention enema - 135 mL

MINOXIDIL § 140-30.1-120(u)
Trade Names:
Loniten
Dose:
oral - adult - initially - 5 mg a day; maintenance - 10 to 40 mg a day
children - initially - 0.2 mg/kg/day as a single dose (normal range 0.25 to 1 mg/kg/day)
Dosage Forms:
oral, tablet - 10 mg

MISOPROSTOL § 140-30.1-140(m)
Trade Names:
Cytotec
Dose:
oral - adult - 100 to 200 mcg 4 times daily with food
Dosage Forms:
oral, tablet - 100 mcg
Notes:
Misoprostol can cause miscarriage, often associated with potentially dangerous bleeding. Do not take misoprostol if pregnant and do not become pregnant while taking this medication. Do not give misoprostol to anyone else. Take with meals. Last dose taken at bedtime.

MORPHINE SULFATE § 140-30.1-125(n)

Trade Names:
Morphine, MS Contin, Duramorph
Dose:
oral - 30 to 45 mg every 4 hours
controlled release - 30 to 60 mg every 8 to 12 hours
IV infusion - 0.1 to 1 mg/ml in 5% D5W
SC, IV, IM - adult -10 to 15 mg every 4 hours
children - 0.1 to 0.2 mg/kg every 4 hrs (up to 15 mg)
Dosage Forms:
oral, controlled release tablet (MS Contin) 30 and 60 mg
elixir - 20 mg/5 mL
parenteral, injection - 10 and 15 mg/mL
epidural, intrathecal - 1 mg/mL, preservative free (Duramorph)
Notes:
This is a controlled substance (Schedule II). Naloxone is an antidote.

MULTIPLE VITAMIN – PEDIATRIC § 140-30.1-150(h)
Trade Names:
Poly-Vi-Sol,Vi-Daylin; Poly-Vi-Flor,
Vi-Daylin/F
Dosage Forms:
oral, solution, multivitamin solution - 50 mL dropper bottle (Poly-Vi-SoI,Vi-Daylin)
each 1.0 mL contains:

Vitamin A	1,500 IU
Vitamin D	400 IU
Vitamin E	5.0 IU
Ascorbic Acid (C)	35 mg
Thiamin (B1)	0.5 mg
Riboflavin (B2)	0.6 mg
Niacin	8 mg
Pyridoxine (B6)	0.4 mg
Cyanocobalamin (B12)	2 mcg

oral, solution, multivitamin solution with Fluoride 0.25 mg, 50 mL dropper bottle (Poly-Vi-Flor, Vi-Daylin/F)
each 1 mL contains:

Vitamin A	1,500 IU
Vitamin D	400 IU
Vitamin E	5 IU
Ascorbic Acid (C)	35 mg
Thiamin (B1)	0.5 mg
Riboflavin (B2)	0.6 mg
Niacin	8 mg
Vitamin B6	0.4 mg
Cyanocobalarnin (B12)	2 mcg
Fluoride	0.25 mg

oral, tablet with fluoride - each chewable tablet contains:

Vitamin A	2,500 IU
Vitamin D	400 IU
Vitamin E	15 IU
Ascorbic Acid (C)	60 mg
Folic Acid	0.3 mg
Thiamin (B1)	1.05 mg
Riboflavin (B2)	1.2 mg
Niacin	13.5 mg
Vitamin B6	1.05 mg
Cyanocobalamin (B12)	4.5 mcg
Fluoride	(For ages 2 to 3: 0.5 mg) (For ages 3 and up: 1 mg)

MULTIPLE VITAMIN-MINERAL SUPPLEMENT § 140-30.1-150(i)

Dose:

oral - take 1 tablet daily

Dosage Forms:

each tablet contains:

Vitamin A	5,000 IU
Vitamin D	400 IU
Vitamin E	30 IU
Ascorbic Acid (C)	120 mg
Folic Acid	400 mcg
Thiamin (B1)	3 mg
Riboflavin (B2)	3.4 mg
Niacin	30 mg
Pyridoxine (B6)	3 mg
Cyanocobalamin (B12)	9 mcg
Pantothenic Acid	10 mg
Biotin	15 mcg
Calcium: (CaCO3, dical.phos., d-cal, pantothenate)	40 mg
Iodine (potassium Iodide)	150 mcg
Iron (Ferrous Fumarate)	27 mg
Magnesium	100 mg
Copper	2 mg
Zinc	15 mg
Manganese	5 mg
Chromium	15 mcg
Molybdenum	15 mcg
Selenium	10 mcg

MULTIVITAMIN B COMPLEX WITH C § 140-30.1-150(h)

Dose:

oral - take 1 tablet daily with or after each meal

Dosage Forms:

each tablet contains:

Ascorbic Acid (vitamin C)	500 mg

Calcium Pantothenate	20 mg
Cyanocobalamin (B-12)	5 mcg
Folic Acid	0.5 mg
Thiamine Mononitrate (B-1)	15 mg
Niacin	100 mg
Pyridoxine HCL (B-6)	5 mg
Riboflavin (B-2)	15 mg

MULTIVITAMIN WITH FOLIC ACID § 140-30.1-150(i)

Trade Names:

Prenatal Vitamins

Dosage Forms:

oral, tablet - each tablet contains:

Vitamin A	4,000 IU
Vitamin D	400 IU
Vitamin E	11 mg
Ascorbic Acid (C)	100 mg
Folic Acid	0.8 mg
Thiamine HCl	1.84 mg
Riboflavin (B2)	1.7 mg
Niacin	18 mg
Pyridoxine (B6)	2.6 mg
Cyanocobalamin (B12)	4 mcg
Calcium	200 mg
Iron	27 mg
Zinc	25 mg

MULTIPLE VITAMIN FOR INFUSION, ADULT § 140-30.1-150(h)

Trade Names:

Multi-12

Injectable vitamins for addition to intravenous fluids. Multi-12 is a sterile product in 2 separate vials. Use one of each vial (1 red cap vial & 1 gray cap vial) for each daily dose.

Daily dose provides:

Ascorbic Acid	100 mg
Vitamin A	3,300 IU
Vitamin D	200 IU
Thiamin (B1)	3 mg
Riboflavin (B2)	3.6 mg
Pyridoxine (B6)	4 mg
Niacin	40 mg
Dexpanthenol	15 mg
Vitamin E	10 IU
Biotin	60 mcg
Folic Acid	400 mcg
Cyanocobalamin (B12)	5 mcg

Notes:

Formulation is indicated as daily multivitamin maintenance dosage for adult and children aged 11 years and above receiving parenteral nutrition. CAUTION: Multi-12 is not compatible with acetazolamide 500 mg, chlorothiazide sodium 500mg or moderately alkaline solutions. Tetracycline 500 mg may not be physically compatible with Multi-12. It has been reported that folic acid is unstable in the presence of calcium salts such as calcium gluconate. Some of the vitamins in Multi-12 may react with Vitamin K bisulfite. Direct addition of Multi-12 to intravenous fat emulsions is not recommended.

MULTIPLE VITAMINS FOR INFUSION, PEDIATRIC § 140-30.1-150(h)
Trade Names:
Infuvite Pediatric
Injectable vitamins for addition to intravenous fluids.
Dose -
< 1kg: 1.2 ml of vial 1 & 0.3 ml of vial 2
>= 1 kg to < 3kg: 2.6 ml of vial 1 & 0.65 ml of vial 2
>= 3 kg to 11 years: 4 ml of vial 1 & 1 ml of vial 2
Dosage Forms:
each 4 ml of vial 1 contains:

Ascorbic Acid	80 mg
Vitamin A	2,300 IU
Vitamin D	400 IU
Thiamin (B1)	1.2 mg
Riboflavin (B2)	1.4 mg
Pyridoxine (B6)	1 mg
Niacin	17 mg
Dexpanihenol	5 mg
Vitamin E	7 IU
Phytonadione (Vit. K1)	200 mcg

each 1ml of vial 2 contains:

Biotin	20 mcg
Folic Acid	140 mcg
Cyanocobalamin (B12)	1 mcg

Notes:
This preparation is benzyl alcohol free.

MUMPS SKIN TESTING ANTIGEN § 140-30.1-110(c) & § 140-30.1-135(h)
Trade Names:
Mumps Skin Test
Dose:
intradermal - 0.1 mL
Dosage Forms:
parenteral, diagnostic injection - 10 tests/mL, 1 mL vial

MUPIROCIN § 140-30.1-130(c)
Trade Names:
Bactroban

Dose:
topical for impetigo - small amount to affected area 3 times a day
Dosage Forms:
topical, ointment - 2% (20 mg per g), 15 g tube

NADOLOL § 140-30.1-120(h) & § 140-30.1-120(j)
Trade Names:
Corgard
Dose:
oral - initially - 41 mg every day. Gradually increase dosage in 40 to 80 mg increments to a maximum of 240 to 320 mg.
Dosage Forms:
oral, tablet - 40 and 80 mg

NALOXONE HCL § 140-30.1-125(p) & § 140-30.1-165(a)
Trade Names:
Narcan
Dose:
adult - 0.4 to 2 mg IV every 2 to 3 minutes, according to patient's response
children/neonates - initially 0.01 mg/kg IV, IM or SC
Dosage Forms:
parenteral, injection - 0.4 mg/mL, 1 mL ampule
neonatal injection - 0.02 mg/mL, 2 mL ampule

NAPHAZOLINE/ANTAZOLINE § 140-30.1-155(b)
Trade Names:
Naphcon-A
Dose:
ophthalmic - instill 1 or 2 drops into affected eye(s) up to 4 times daily
Dosage Forms:
ophthalmic, solution - 15 mL dropper bottle

NAPROXEN § 140-30.1-125(f)
Trade Names:
Naprosyn
Dose:
oral, analgesia - 500 mg initially followed by 250 mg every 6 to 8 hours
arthritis - 250 to 500 mg 2 times daily
acute gout - 750 mg initially followed by 250 mg every 8 hours
Dosage Forms:
oral, tablet - 250 mg

NEOMYCIN SULFATE § 140-30.1-101(b)
Dose:
oral - preoperative intestinal antisepsis - 1 g every 4 hours for 4 doses, then 1 g every 4 hours for the balance of 24 hours or with 1 g erythromycin base at 19 hrs, 18 hrs,

9 hrs on the day before surgery.
Hepatic coma - adult - 4 to 12 g/day
children - 50 to 100 mg/kg/day in divided doses
Diarrhea caused by enteropathogenic E-Coli - 50 mg/kg daily in 4 divided doses for 2 to 3 days. 3 g usually adequate for adults

Dosage Forms:
oral, tablet - 500 mg

Notes:
500 mg sulfate equals 350 mg base. Oral neomycin provides local decontamination of gastrointestinal tract.

NEOSTIGMINE METHYLSULFATE § 140-30.1-165(j)

Dose:
Varies with condition being treated

Dosage Forms:
parenteral, injection - 1:1000, 10 mL vial

Notes:
When large doses of Neostigmine Methylsulfate injection are administered, the prior or simultaneous injection of atropine sulfate may be advisable. Separate syringes should be used for the neostigmine methylsulfate and atropine. Because of the possibility of hypersensivity in an occasional patient, atropine and antishock medication should always be readily available.

NIACIN § 140-30.1-120(i) & § 140-30.1-150(g)

Trade Names:
Nicotinic Acid

Dose:
oral - hypercholesteremia - 1 to 2 g 3 times/day, max of 8 g/day

Dosage Forms:
oral, tablet - 100 and 500 mg

Notes:
Has been used as vasodilator in doses of 100 to 150 mg 3 to 5 times a day.

NICOTINE POLACRILEX § 140-30.1-165(k)

Trade Names:
Nicorette Gum

Dosage Forms:
oral, gum - 2 mg nicotine (as polacrilex) per gum

Notes:
Avoid eating and drinking for 15 minutes before and during chewing of nicotine gum. Do not exceed 30 mg/day. Chew each piece intermittently for about 30 minutes. Chewing too quickly can rapidly release the nicotine which leads to effects similar to oversmoking.

NICOTINE TRANSDERMAL § 140-30.1-165(k)

Trade Names:
Habitrol, Nicoderm

Dose:

topical - initiate therapy with 21 mg/day or 14 mg/day system
Dosage Forms:
patch - 7 mg, 14 mg and 21 mg/day

NIFEDIPINE § 140-30.1-120(k)
Trade Names:
Procardia, Adalat, Procardia XL, Adalat CC
Dose:
oral - 10 to 30 mg every 6 to 8 hours
sustained release - usual maintenance of 30 or 60 mg once a day
Dosage Forms:
oral, capsule - 10 mg
sustained release, tablet - 30, 60 and 90 mg
Notes:
Every 4 hour dosing may be necessary in unstable angina. Maximum dose is 180 mg a day. The FDA has recently recommended that immediate release nifedipine be avoided in some patients with hypertension, hypertensive crisis, acute myocardial infarction, and some forms of unstable angina.

NIMODIPINE § 140-30.1-120(k)
Trade Names:
Nimotop
Dose:
oral - 60 mg every 4 hours for 21 days, begin within 96 hours of subarachnoid hemorrhage
Dosage Forms:
oral, capsule - 30 mg
Notes:
For use in subarachnoid hemorrhage only.

NITROFURANTOIN § 140-30.1-101(p)
Trade Names:
Macrodantin, Furadantin
Dose:
oral - 50 to 100 mg 4 times a day
Dosage Forms:
oral, capsule (as macrocrystals) - 25 and 50 mg
suspension - 25 mg/5 mL, 473 mL

NITROGLYCERIN INJECTION § 140-30.1-120(g) & § 140-30.1-120(u)
Trade Names:
Nitro-bid IV
Dose:
IV - initially - 5 mcg/minute; adjust according to need. Titrate to response by 10 mcg/min every 5 minutes.
Dosage Forms:

parenteral, IV injection - 5 mg/mL, 10 mL vial
premixed solution - 100 mg in 250 mL D5W

Notes:

Use glass container for IV infusion only.

NITROGLYCERIN, SUBLINGUAL § 140-30.1-120(g)

Trade Names:

Nitrostat

Dose:

oral - sublingual - 0.4 at 1st sign of angina attack, Repeat every 5 minutes until relief is obtained.

Dosage Forms:

oral, sublingual tablet - 0.4 mg

Notes:

No more than 3 tablets in 15 minutes. May be used prophylactically 5 to 10 minutes prior to activities which may precipitate an acute attack. Must be stored in original container; discard 6 months after bottle is first opened.

NITROGLYCERIN, TOPICAL § 140-30.1-120(g)

Trade Names:

Nitro-Bid, Nitrol, Nitro-Dur

Dose:

topical - ointment - 1 to 2 inches every 3 to 4 hours
patch - replace patch every 24 hours

Dosage Forms:

topical, ointment - 2%, 20 grams
topical patch - delivering 0.1, 0.2, or 0.4 mg per 24 hours

Notes:

Tolerance to the hemodynamic and antianginal effects of nitroglycerin patches often occurs in patients. Although the minimum nitrate-free interval has not been defined, data show that a nitrate free interval of 10 to 12 hours is sufficient to restore nitroglycerin's effectiveness.

NITROPRUSSIDE SODIUM § 140-30.1-120(u)

Trade Names:

Nipride

Dose:

IV - 0.5 to 10 mcg/kg/minute

Dosage Forms:

parenteral, IV injection - 5 mL vial containing 50 mg

Notes:

Protect from light. Use only freshly prepared solution. Possibility of cyanide toxicity if used for extended period or in patients with renal failure. Discontinue if adequate blood pressure is not reached after 10 minutes at 10 mcg/kg/min.

NOREPINEPHRINE § 140-30.1-120(t)

Trade Names:
Levophed
Dose:
IV - initially - 8 to 12 mcg/min (base) by IV infusion then 2 to 4 mcg/min.
Dosage Forms:
parenteral, IV injection - 1 mg/ml (base), 4 mL ampule
Notes:
Mix in dextrose solutions only.

NORETHINDRONE § 140-30.1-145(q)
Trade Names:
Nor-Q.D, Micronor
Dose:
oral - 0.35 mg daily continuously through out cycle
Dosage Forms:
oral, tablet - 0.35 mg

NORGESTREL § 140-30.1-145(q)
Trade Names:
Ovrette
Dose:
oral - 0.075 mg daily through out cycle
Dosage Forms:
oral, tablet - 0.075 mg

NYSTATIN § 140-30.1-101(d) & § 140-30.1-130(q)
Trade Names:
Nilstat
Dose:
oral - tablet: 100,00 to 1,000,000 units 3 times a day
suspension - adult and children - 400,000 to 600,000 units swish and swallow 4 times daily
Infants - 200,000 units 4 times daily (100,000 units to each side of mouth)
Dosage Forms:
oral, tablet - 500,000 units
suspension - 100,000 units/mL, 60 mL bottle
Notes:
Not effective for esophageal or systemic candidiasis. Continue treatment for at least 48 hrs after symptoms have disappeared.

NYSTATIN TOPICAL § 140-30.1-130(d) & § 140-30.1-130(n)
Trade Names:
Mycostatin
Dose:
topical - apply to affected area(s) 2 to 3 times daily

Dosage Forms:
topical, cream - 100,000 units/g, 15 g tube

NYSTATIN & TRIAMCINOLONE § 140-30.1-130(l)
Trade Names:
Mycolog II
Dose:
topical - apply to affected area(s) 2 to 4 times daily
Dosage Forms:
topical, cream -each gram contains
nystatin 100,000 USP units
triamcinolone 1 mg

OCULAR LUBRICANT § 140-30.1-155(l)
Trade Names:
Artificial Tears Ointment
Dose:
ophthalmic - apply a small amount (1/4 inch) to the inside of the lower lid.
Dosage Forms:
ophthalmic, ointment - 3.5 g tube
Notes:
Do not touch tip of container to any surface. Do not use with contact lens.

OINTMENT BASE § 140-30.1-165(c)
Dosage Forms:
ointment
Notes:
For external use and use in compounding

OLANZAPINE § 140-30.1-125(i)
Trade Names:
Zyprexa
Dose:
oral - to start, 5 to 10 mg once daily, with a target of 10 mg daily within several days. If dosage adjustments are necessary, they should occur at intervals not < 1 week, in 5 mg increments. Safety of doses > 20 mg not established.
Dosage form:
oral, tablet - 5 mg, 10 mg

OMEPRAZOLE § 140-30.1-140(m)
Trade Names:
Prilosec
Dose:
oral - usual: 2 to 40 mg by mouth daily
pathological hypersecretory conditions - individualize dosage - doses go up to 120 mg 3 times a day have been administered.

acute upper GI bleed - 40 mg 2 times a day for 5 days
Dosage Forms:
oral, sustained release capsule - 20 mg

ONDANSETRON § 140-30.1-140(e)
Trade Names:
Zofran
Dose:
IV - 8 mg for moderatly emetogenic chemotherapy regimens
32 mg for highly emetogenic chemotherapy
Dosage Forms:
parenteral, injection - 2 mg/mL, 20 mL vial

OXACILLIN § 140-30.1-101(l)
Trade Name: Bactocill
Dose:
IV or IM - adult - 250 mg - 1 gm IM/IV every 4-6 hours
children - 2 5- 100 mg/kg/day IM/IV in equally divided doses every 4 - 6 hours
Dosage Forms:
parenteral - 1gm vial

OXAZEPAM § 140-30.1-125(q)
Trade Names:
Serax
Dose:
oral - adult - 10 to 15 mg 3 or 4 times daily (mild to moderate anxiety)
15 to 30 mg 3 or 4 times daily (severe anxiety)
6 to 12 years - same as above
Dosage Forms:
oral, capsule - 10 mg
Notes:
This is a controlled substance (Schedule IV).

OXYBUTYNIN CHLORIDE § 140-30.1-165(k)
Trade Names:
Ditropan
Dose:
oral - adult - 5 mg 2 or 3 times daily, maximum of 4 times daily
children - 5 mg twice a day, maximum of 5 mg 3 times daily
Dosage Forms:
oral, tablet - 5 mg
syrup - 5 mg/5 mL, 473 mL

OXYCODONE WITH ACETAMINOPHEN § 140-30.1-125(n)
Trade Names:

Percocet
Dose:
oral - 1 to 2 tablet(s) every 4 to 6 hours
Dosage Forms:
oral, each tablet, contains:
Oxycodone HCl 5 mg
Acetaminophen 325 mg
Notes:
This is a controlled substance (Schedule II).

OXYMETAZOLINE HCL § 140-30.1-160(e)
Trade Names:
Afrin
Dose:
nasal - ≥6 - 2 or 3 sprays or 2 or 3 drops of 0.05% solution in each nostril twice daily in the morning and evening or every 10 to 12 hours.
2 to 5 yrs - 2 or 3 drops of 0.025% solution in each nostril twice daily in the morning and evening
Dosage Forms:
nasal, solution - 0.05%, 3 mL bottle

OXYTOCIN § 140-30.1-145(n)
Trade Names:
Pitocin
Dose:
Induction of labor - IV- initially - 0.0005 to 0.001 units/min, increase as needed by 0.001 to 0.002 units/min at 15 - 30 minute intervals
Control of post partum uterine bleeding:
IV infusion: 10 to 40 units may be added to IV, max of 40 units/liter
IM - 10 units after delivery of placenta
Dosage Forms:
parenteral, injection - 10 units/mL, 1 mL vial
Notes:
Rates exceeding 0.009 to 0.01 units/min rarely required.

PANCRELIPASE § 140-30.1-140(h)
Trade Names:
Pancrease
Dose:
oral - based on lipase content - adult - 4000 to 48000 units lipase with each meal & with snacks
Dosage Forms:
oral, each enteric coated capsule contains:
Lipase 4,500 IU
Amylase 20,000 IU
Protease 25,000 IU

PANCURONIUM § 140-30.1-125(l)
Trade Names:
Pavulon
Dose:
IV - initially - 0.04 to 0.1 mg/kg
maintenance - 0.01 to 0.015 mg/kg at 25 to 60 minute intervals
skeletal muscle relaxation for endotracheal intubation - bolus of 0.06 to 0.1 mg/kg
Dosage Forms:
parenteral, IV injection - 1 mg/mL, 10 mL; 2 mg/mL, 2 mL vial
Notes:
Dosage adjustment required for patients with renal impairment. See guidelines for use.

PAREGORIC § 140-30.1-140(d)
Trade Names:
Camphorated Tincture of Opium
Dose:
oral, adult - 5 to 10 mL up to 4 times a day
children - 0.25 to 0.5 mL/kg 1 to 4 times daily
Dosage Forms:
oral, each 5 mL liquid contains:
Opium 2.0 mg of morphine equivalent
Alcohol 45 %
Notes:
This is a controlled substance (Schedule III). DO NOT confuse with Opium Tincture.

PARICALCITAL § 140-30.1-150(g)
Trade Name: Zemplar
Dose:
parenteral - initial dose is 0.04 - 0.1mcg/kg as a bolus dose no more frequently than every other day during dialysis. Dose may be increased by 2 - 4 mcg at 2 - 4 week intervals.
Dosage Forms:
parenteral - 5mcg/ml injection

PENICILLAMINE § 140-30.1-165(a) & § 140-30.1-165(b)
Trade Names:
Depen
Dose:
oral - adult - Cystinuda - 1 to 4 g/day
Wilson's disease - 1 to 2 g/day
Rheumatoid arthritis - 125 mg to 250 mg/daily to start. Increase at 2 to 3 month intervals until satisfactory remission, nmmax of 1.5 g per day.
Dosage Forms:
oral, capsule - 250 mg
Notes:
Routine CBC, platelet counts, urinalysis should be performed during therapy with

penicillamine.

PENICILLIN G § 140-30.1-101(l)
Trade Names:
Penicillin G (potassium salt)
Dose:
IV, IM - adult - 1,000,000 to 2,000,000 units every 4 hours
children - 100,000 to 250,000 units/kg/day in divided doses q 4 hrs
Dosage Forms:
parenteral, buffered (potassium salt) - 1 million and 5 million unit vial
Notes:
Each 1 million units of penicillin contains 1.7 mEq of potassium and 0.3 mEq of sodium.

PENICILLIN G BENZATHINE § 140-30.1-101(l)
Trade Names:
Bicillin L.A.
Dose:
IM - 600,000 to 2.4 million units
Dosage Forms:
parenteral, IM suspension - 600,000 units/mL and 1,200,000 units/2 mL

PENICILLIN G PROCAINE § 140-30.1-101(l)
Trade Names:
Wycillin
Dose:
IM, usual dose - 600,000 to 1.2 million units daily, given in 1 or 2 doses
Dosage Forms:
parenteral, IM aqueous suspension - 600,000 units/mL, 1,200,000 units/2 mL and 2,400,000 units/4 mL

PENICILLIN V POTASSIUM § 140-30.1-101(l)
Trade Names:
Pen-Vee K
Dose:
oral - 250 to 500 mg 4 times a day
Dosage Forms:
oral, tablet - 250 mg (400,000 units) and 500 mg
suspension - 250 mg/5 mL, 200 mL

PENTOXIFYLLINE § 140-30.1-115(h)
Trade Names:
Trental
Dose:
oral - 400 mg 3 times a day with meals
Dosage Forms:
oral, controlled release tablet - 400 mg

PERMETHRIN § 140-30.1-130(s)
Trade Names:
Nix, Elimite
Dose:
topical - liquid - saturate hair and scalp, leave on for 10 minutes, then rinse thoroughly
cream - apply from neck down to toes and leave on overnight. Wash off the next day. Wash linens and clothes.
Dosage Forms:
topical, liquid - 1%, 60 mL (Nix)
cream - 5%, 60 g tube (Elimite)

PERPHENAZINE § 140-30.1-125(i)
Trade Names:
Trilafon
Dose:
oral, antipsychotic - 4 to 8 mg 3 times a day (non-hospitalized patients)
8 to 16 mg 2 to 4 times a day (hospitalized patient)
antiemetic - 8 to 16 mg daily in divided doses, occasionally 24 mg may be necessary
Dosage Forms:
oral, tablet - 4 mg
Notes:
Maximum of 64 mg/day

PETROLATUM, WHITE § 140-30.1-130(o)
Trade Names:
Vaseline
Dosage Forms:
topical, ointment - 30 and 454 g

PHENAZOPYRIDINE HCL § 140-30.1-165(k)
Trade Names:
Pyridium
Dose:
oral - 100 to 200 mg 3 times a day
Dosage Forms:
oral, tablet - 100 mg
Notes:
May discolor urine.

PHENOBARBITAL § 140-30.1-125(d)
Dose:
oral -
anticonvulsant - children - 3 to 6 mg/kg/day

adult - 60 to 100 mg/day in 2 to 3 divided doses or once a day if patient tolerates
sedative - children - 8 to 32 mg
adult - 30 to 120 mg daily in 2 to 3 divided doses
hypnotic - children - determined by age and weight
adult - 100 to 200 mg

IM, IV
anticonvulsant- children - 4 to 6 mg/kg/day IV or IM 10 days to blood level of 10 to 15 mcg/ml, or 10 to 15 mg/kg/day
sedative - adults - 30 to 120 mg/day IV or IM in divided doses
preoperative sedation - children - 1 to 3 mg/kg IV or IM
adults - 100 to 200 mg IM only, 60 - 90 minutes before surgery
acute convulsions - children- (status epilepticus) - 15 to 20 mg/kg IV over 10 to 15 minutes
adults - 200 to 320 mg IM or IV, repeated in 6 hours as necessary
adult - 200 to 320 mg IM or IV repeated 6 hrs if necessary
hypnotic - adults - 100 to 320 mg IV or IM

Dosage Forms:
oral, tablet - 30 mg
elixir- 20 mg/5 mL
parenteral, injection - 130 mg

Notes:
This is a controlled substance (Schedule IV).

PHENTOLAMINE § 140-30.1-120(a) & § 140-30.1-135(k)

Trade Names:
Regitine

Dose:
IV - (for use in pheochromocytoma)
adult - 5 mg IV or IM 1 to 2 hrs prior to surgery, repeat if necessary
children - 1 mg IV or IM 1 to 2 hrs prior to surgery, repeat if necessary

Dosage Forms:
parenteral, injection: (as the mesylate) 5 mg/l mL vial

Notes:
For treatment of extravasation: Inject 5 to 10 mg in 10 mL of saline into area within 12 hours.

PHENYLEPHRINE HCL INJECTION § 140-30.1-120(t)

Trade Names:
Neo-Synephrine

Dose:
IV, injection - 0.2 mg (range 0.1 to 0.5 mg) do not exceed initial dose of 0.5 mg, titrate to response
IV, infusion - start at 100 to 180 mcg/minute; titrate to response

IM or SC - 2 to 5 mg (range 1 to 10 mg) do not exceed an initial dose of 5 mg
Dosage Forms:
parenteral, injection - 1%, 1 mL vial

PHENYLEPHRINE HCL OPHTHALMIC § 140-30.1-155(q)
Trade Names:
Neosynephrine
Dose:
ophthalmic - 1 drop prior to procedure
Dosage Forms:
ophthalmic, solution - 2.5%, 5 mL

PHENYLEPHRINE HCL NASAL § 140-30.1-160(e)
Trade Names:
Neosynephrine Nasal
Dose:
nasal - 2 to 3 sprays or drops in each nostril, repeat q 3 to 4 hrs
Dosage Forms:
topical, nasal solution - 0.25%, 15 mL dropper

PHENYTOIN SODIUM § 140-30.1-120(h) & § 140-30.1-125(d)
Trade Names:
Dilantin
Dose:
oral, pediatric - 5 mg/kg/day in 2 or 3 equally divided doses; individualize to a max. of 300 mg/day. Maintenance of 4 to 8 mg/kg/day.
adult - start at 100 mg 3 x daily. Maintenance of 300 to 400 mg/day; occasionally increase to 600 mg/day. Individualize dosage.
IV - same as above
Status epilepticus:
adults: loading dose 10 to 15 mg/kg IV slowly. Follow by maintenance oral or IV of 100 mg q 6 to 8 hrs.
children or neonates IV load is 15 to 20 mg/kg in divided doses of 5 to 10 mg/kg.
Dosage Forms:
oral, extended release capsule - 100 mg
chewable tablet - 50 mg
Suspension - 125 mg/5 mL, 240 mL
parenteral, injection - 100 and 250 mg vial
Notes:
IM administration has erratic absorption. IV administration should not exceed 50 mg/minute in adults, or 1 to 3 mg/kg/min in neonates.

PHOSPHATE ENEMA § 140-30.1-140(l)
Trade Names:
Fleet Enema
Dose:

rectal - 12 to adult - 118 mL single dose
2 to 12 yrs – ½ adult dose
Dosage Forms:
rectal, solution - 118 mL bottle
Notes:
Do not administer to children under 2 years.

PHYSOSTIGMINE SALICYLATE § 140-30.1-165(a)
Trade Names:
Antilirium
Dose:
IV or IM -
Post-anesthesia - 0.5 to l mg; repeat at 10 minute intervals if desired response not obtained
Anticholinergic toxicity - 2 mg; repeat if life threatening signs occur
Pediatric dose - 0.02 mg/kg IM or slow IV injection ≤ 0.5 mg/min if necessary, repeat at 5 to 10 minute intervals until a therapeutic effect or a max dose of 2 mg is attained.
Dosage Forms:
parenteral, injection - 2 mg/2 mL ampule
Notes:
Administer IV slowly ≤ l mg/minute.

PHYTONADIONE § 140-30.1-150(g)
Trade Names:
Vitamin K-l, Aqua-Mephyton
Dose:
oral - 2.5 to 25 mg, rarely up to 50 mg
IV or IM - adult - 5 to 25 mg, rarely up to 50 mg
SC or IM - pediatric - 0.5 to 1 mg
Dosage Forms:
oral, tablet - 5 mg
parenteral, injectable, colloidal solution - 2 mg/1 mL ampule; 10 mg/mL, 2.5 mL vial
Notes:
The IV route should only be used when IM administration is not feasible. When treating anticoagulant induced hypoprothrombinemia, the lowest possible dose should be used to prevent prolonged refractoriness upon reinstitution of therapy. See guidelines for oral anticoagulation.

PILOCARPINE HYDROCHLORIDE § 140-30.1-155(n)
Trade Names:
Isopto-Carpine
Dose:
ophthalmic - 1 to 2 drop(s) 3 to 4 times daily
Dosage Forms:
ophthalmic, solution - 1%, 2% and 4% 15 mL dropper

PIPERACILLIN § 140-30.1-101(l)
Trade Names:
Piperacil
Dose:
IV or IM, adult - 3 to 4 g every 4 to 6 hrs, max of 24 g/day
Dosage Forms:
parenteral, injection - 4 g vials

PIROXICAM § 140-30.1-125(f)
Trade Names:
Feldene
Dose:
oral - 20 mg daily; may divide daily dose
Dosage Forms:
oral, capsule - 20 mg

PNEUMOCCOCAL VACCINE, POLYVALENT § 140-30.1-110(e)
Trade Names:
Pneumovax 23
Dose:
IM or SC - 0.5 mL
Dosage Forms:
parenteral - 0.5 mL/syringe and 2.5 mL multi-dose vial
Notes:
Do not give a repeat injection to previously vaccinated patients.

PODOPHYLLUM RESIN § 140-30.1-130(p)
Trade Names:
Podocon-25
Dose:
Dosage Forms:
topical, liquid - 25% podophyllum resin in tincture of benzoin, 15 mL bottle
Notes:
For external use only. To be applied only by a physician. Do not use on pregnant women or on women who plan to become pregnant. Do not use on nursing patients. Do not use on bleeding warts, moles, birthmarks or unusual warts with hair growing from them.

POLYETHYLENE GLYCOL LAVAGE § 140-30.1-140(l)
Trade Names:
GoLytely
Dose:
oral - 240 mL every 10 minutes until 4000 mL consumed or diarrhea is clear and contains no food particles
Dosage Forms:
oral, solution - 4000 mL bottle for reconstitution

POLYMYXIN/NEOMYCIN/HC § 140-30.1-130(r)
Trade Names:
Cortisporin Otic
Dose:
otic - 4 drops in affected ear(s) 3 or 4 times a day
Dosage Forms:
otic, suspension - each mL contains:
Polymyxin B sulfate 10,000 units
Neomycin sulfate equivalent to 3.5 mg
Neomycin base
Hydrocortisone 10 mg

POTASSIUM ACETATE § 140-30.1-150(c)
Dosage Forms:
parenteral, IV injection - 2 mEq/mL, 20 mL vial
Notes:
Not for direct intravenous injection. DILUTE PRIOR TO ADMINISTRATION.

POTASSIUM CHLORIDE § 140-30.1-150(c) & § 140-30.1-150(d)
Trade Names:
KCL Solution, K-Dur
Dose:
oral - 16 to 24 mEq/day for prevention of hypokalemia, 40 to 100 mEq/day for treatment of potassium depletion.
IV - See guidelines for KCI infusion
Dosage Forms:
oral, tablet - 10 mEq
effervescent granules - 20 mEq/packet
parenteral, IV injection - 10 mEq/5 mL, 10 and 20 mL vial
premix bags - 20 mEq and 40 mEq in D5/0.45NS, 1000 mL
Notes:
IV not for direct intravenous injection. DILUTE PRIOR TO ADMINISTRATION.

POTASSIUM IODIDE § 140-30.1-145(c)
Dose:
oral - adult - 0.3 to 0.6 mL 3 or 4 times daily diluted in water
children – ½ adult dose
Dosage Forms:
oral, liquid - each mL contains 1 g potassium iodide, 30 mL bottle
Notes:
Optimal dosage is 1 to 1.5 g 3 times daily. Do not take more than 12 times a day.

POTASSIUM PHOSPHATE § 140-30.1-150(c) & § 140-30.1-150(d)
Dose:
See guidelines for intravenous potassium chloride therapy.

Dosage Forms:
oral, tablet - 1.45 g
parenteral, IV injection - 4.4 mEq K+/mL; 3 mMol phophate/mL; 5 mL vial
Notes:
Not for direct intravenous injection. DILUTE PRIOR TO ADMINISTRATION.

POVIDONE IODINE § 140-30.1-130(g)
Trade Names:
Betadine
Dosage Forms:
topical, ointment - 10%, 30 g tube
Notes:
Treated areas may be bandaged.

PRALIDOXIME CHLORIDE § 140-30.1-165(a)
Trade Names:
Protopam
Dose:
IV - children - 20 to 40 mg/kg
adult - 1 to 2 g slowly, IV infusion or intermittent infusion; total daily dose - 3 to 12 g a day
Dosage Forms:
parenteral, injection - 1 g/20 mL vial
Notes:
Some studies suggest that a plasma concentration of > 4 mcg/mL is needed to protect against organophosphate toxicity.

PRAVASTATIN § 140-30.1-120(i)
Trade Names:
Pravachol
Dose:
oral - initial - 10 to 20 mg once a day at bedtime, up to 40 mg a day.
Dosage Forms:
oral, tablet- 10 and 20 mg

PRAZIQUANTEL § 140-30.1-101(c)
Trade Names:
Biltricide
Dose:
Schistosomiosis - 3 doses of 20 mg/kg as 1 day treatment
Clonorchiasis & opisthorciasis - 3 doses of 25 mg/kg as 1 day treatment
Dosage Forms:
oral, tablet - 600 mg
Notes:
Do not chew tablets. Take with liquids during meals. May cause dizziness or drowsiness. Intervals between the doses should be not < 4 and not > 6 hours.

PREDNISOLONE ACETATE § 140-30.1-155(h)
Trade Names:
Pred Mild, Pred Forte
Dose:
ophthalmic - initial, 1 to 2 drops in conjuctival sac q hr during the day, q2h at night, decrease as condition improves.
Dosage Forms:
ophthalmic, suspension - 0.12%, 5 mL dropper bottle (Mild); 1%, 5 mi dropper bottle (Forte)

PREDNISONE § 140-30.1-145(h)
Trade Names:
Deltasone
Dose:
oral - adults - initial dose of 5 to 60 mg/day
pediatric - (acute asthma) - 1-2 mg/kg/day in 1 to 2 divided doses
Dosage Forms:
oral, tablet - 1, 5, 10 and 20 mg

PREDNISOLONE § 140-30.1-145(h)
Trade Names:
Prelone
Dose:
oral, initial - pediatric, (acute asthma) - 1-2 mg/kg/day in 1 to 2 divided doses
Dosage Forms:
oral, liquid - 15 mg/5 mL

PRIMAQUINE PHOSPHATE § 140-30.1-101(e)
Dose:
oral, adult - 26.3 mg daily for 14 days
children - 0.5 mg/kg/day for 14 days
Dosage Forms:
oral, tablet - 26.3 mg
Notes:
If GI upset occurs, may be taken with food. Begin therapy during the last 2 weeks of, or following a course of, suppression with chloroquine or comparable drug.

PROBENECID § 140-30.1-165(f)
Trade Names:
Benemid
Dose:
oral, gout -500 mg 2 times a day
Dosage Forms:
oral, tablet - 500 mg
Notes:

Also used to maintain therapeutic levels of penicillins & cephalosporins.

PROCAINAMIDE HCL § 140-30.1-120(h) & § 140-30.1-165(i)
Trade Names:
Procan SR
Dose:
oral - sustained release - 500 to 1250 mg every 6 hours (50 mg/kg)
IV - load: 17 mg/kg over 1 hour or 100 mg IV every 5 minutes, not to exceed 1 g
infusion: 1 to 4 mg/min
Dosage Forms:
oral, sustained release tablet - 250 and 500 mg
parenteral, IV injection - 100 mg/mL, 10 mL or 500 mg/mL, 2 mL
Notes:
May also be used for myotonia. Do not crush sustained release tablets. IV administration may cause severe hypotension; monitor blood pressure. Adjust dosage for renal impairment.

PROCHLORPERAZINE § 140-30.1-140(e)
Trade Names:
Compazine
Dose:
oral - 5 to 10 mg 3 to 4 times a day
IM - 5 to 10 mg repeated every 3 or 4 hours (not more than 40 mg a day)
Dosage Forms:
oral, maleate tablet - 5 mg
parenteral, injection - 5 mg/mL, 2 mL

PROMETHAZINE HCL § 140-30.1-125(j) & § 140-30.1-140(e) & § 140-30.1-160(b)
Trade Names:
Phenergan
Dose:
oral - as an antihistamine
adult - 12.5 to 25 mg every 4 to 6 hours or 25 mg at bedtime
children under 12 yrs. - 0.1mg/kg/dose every 6 hours
oral - as a sedative/hypnotic - 25 to 50 mg a day
IM, antihistamine - 25 mg, repeated in 2 hrs if necessary
for nausea/vomiting - oral, rectal or IM - 12.5 to 25 mg q 4 to 6 hrs
Dosage Forms:
oral, tablet - 25 mg
elixir - 6.25 mg/5 mL
rectal, suppository - 12.5 and 25 mg
parenteral, injection - 25 mg/1 mL ampule
Notes:
CAUTION - Subcutaneous administration is contraindicated as it may result in skin necrosis. Inadvertent intra-arterial injection may cause gangrene of the extremity.

PROPANTHELINE BROMIDE § 140-30.1-140(c)

Trade Names:
Pro-Banthine
Dose:
oral - 15 mg 3 times a day before meals and 30 mg at bedtime
Dosage Forms:
oral, tablet - 15 mg

PROPARACAINE HCL § 140-30.1-155(a)
Trade Names:
Ophthaine, Alcaine
Dose:
Varies
Dosage Forms:
ophthalmic, solution - 0.5%, 15 mL dropper bottle

PROPOFOL § 140-30.1-125(b)
Trade Names:
Diprivan
Dose:
IV - induction of anesthesia: 2.0 - 2.5 mg/kg
maintenance of anesthesia: 0.1 - 0.2 mg/kg/min, titrate to desired effect
Dosage Forms:
parenteral, injection - 10 mg/mL, 20 mL ampule
Notes:
Propofol may be used in critical care units to provide sedation for intubated, mechanically ventilated patients. See guidelines for propofol sedation.

PROPRANOLOL HCL § 140-30.1-120(h) & § 140-30.1-120(j)
Trade Names:
Inderal
Dose:
oral - 30 to 240 mg a day in divided doses
IV - maximum dose, 1 to 3 mg under ECG monitoring, not to exceed 1 mg/minute
Dosage Forms:
oral - tablet - 10, 20 and 40 mg
parenteral, injection - 1 mg/mL, 1 mL ampule

PROPYLENE GLYCOL § 140-30.1-165(c)
Dosage Forms:
Bulk liquid
Notes:
For compounding use

PROPYLTHIOURACIL § 140-30.1-145(c)
Trade Names:
PTU

Dose:
oral, adult - initially - 300 mg/day in 3 divided doses (every 8 hours); occasionally up to 600 to 900 mg daily;
maintenance - l00 to 150 mg/day in 3 divided doses
children 6 to 10 yrs - initial - 50 to 150 mg/day; ≥ 10 yrs, 150 to 300 mg/day; maintenance determined by response.
Dosage Forms:
oral, tablet - 50 mg

PROTAMINE SULFATE § 140-30.1-115(j)
Dose:
IV - dose according to amount of heparin estimated to be remaining in circulation, not > 50 mg
Dosage Forms:
parenteral, IV injection - 250 mg vial
Notes:
Do not exceed 50 mg in a 10 minute period.

PSEUDOEPHEDRINE HCL § 140-30.1-160(f)
Trade Names:
Sudafed
Dose:
oral - 30 to 60 mg, 3 to 4 times a day
Dosage Forms:
oral, tablet - 60 mg
syrup - 30 mg/5 mL

PSYLLIUM HYDROPHYLIC MUCILLOID § 140-30.1-140(l)
Trade Names:
Metamucil
Dose:
oral - 4 to 7 g 1 to 3 times a day
Dosage Forms:
oral, powder

PYRAZINAMIDE § 140-30.1-101(f)
Trade Names:
PZA
Dose:
oral - 15 to 30 mg/kg once daily; alternative 50 to 70 mg/kg twice weekly
Dosage Forms:
oral, tablet - 500 mg

PYRIDOSTIGMINE BROMIDE § 140-30.1-165(j)
Trade Names:
Mestinon

Dose:
oral, adult - 600 mg/day (range of 60 to 1500 mg) spaced for maximum relief
children - 7 mg/kg/24 hrs, divided into 5 or 6 doses
Dosage Forms:
oral, tablet - 60 mg

PYRIDOXINE § 140-30.1-150(g)
Trade Names:
Vitamin B-6
Dose:
Varies depending on condition
Dosage Forms:
oral, tablet - 50 mg
parenteral, injection - 100 mg/mL, 10 mL
Notes:
Pyridoxine IV should not be administered to a patient with heart disease.

PYRIMETHAMINE § 140-30.1-101(a)
Trade Names:
Daraprim
Dose:
oral - malaria prophylaxis > 10 yrs - 25 mg once weekly; 4 to 10 yrs: 12.5 mg once weekly; < 4 yrs: 6.25 mg once weekly
toxoplasmosis: adult - initially 50 to 75 mg daily along with 1 to 4 g of a sulfonamide of a sulfapyrimidine type. Continue 1 to 3 weeks, then reduce by half and continue, for an additional 4 to 5 weeks
pediatric - l mg/kg/day divided into 2 doses; after 2 to 4 days, reduce by half and continue for 1 month.
Dosage Forms:
oral, tablet - 25 mg
Notes:
May also be used in acute malaria if organism is susceptible.

QUINIDINE GLUCONATE § 140-30.1-120(h)
Trade Names:
Quinaglute
Dose:
oral - normal maintenance - 648 mg q 12 hrs or 324 to 660 mg q 8 hrs.
Dosage Forms:
oral, sustained release tablet - 324 mg

QUININE SULFATE § 140-30.1-165(k)
Dose:
oral - nocturnal leg cramps - 260 to 300 mg at bedtime
antimalarial, adult - 260 to 650 mg 3 times daily for 6 to 12 days

children - 10 mg/kg q 8 hrs for 5 to 7 days

Dosage Forms:
oral, tablet - 300 mg

RANITIDINE § 140-30.1-140(k)
Trade Names:
Zantac
Dose:
oral - 150 mg 2 times a day or 300 mg at bedtime
IM, IV - 50 mg every 6 to 8 hrs
Dosage Forms:
oral, tablet- 150 mg
oral, syrup - 15 mg per ml (contains 7.5% alcohol and saccharin)
parenteral, injection - 25 mg/mL, 6 mL vial
Notes:
Renal impairment - CICr < 50 mL/min. Adjust dose 150 mg orally q 24 hrs, 50 mg IV q 18 to 24 hrs may increase to q 12 hrs with caution.

REHYDRATION SALTS

RHo-D IMMUNE GLOBULIN IV § 140-30.1-110(b)
Trade Names:
WinRho SD
Dose:
IV, IM - 1 vial
Dosage Forms:
parenteral, IM, IV- injection - 1500 IU at 28 weeks gestation. If given early in pregnancy, repeat at 12 week intervals. 600 IU as soon as possible after delivery of Rh^+ baby.
Notes:
Also used for ITP.

RIFAMPIN § 140-30.1-101(f)
Trade Names:
Rifadin, †Rifamate (combination)
Dose:
oral, tuberculosis: adult - 600 mg a day
pediatric - 10 to 20 mg/kg a day
meningococcal carriers: adult - 600 mg a day for 4 days
pediatric - 10 to 20 mg/kg a day for 4 days
Dosage Forms:
oral, capsule - 150 and 300 mg
†oral, capsule - each capsule contains:
Rifampin 300 mg
Isoniazid 150 mg

RISPERIDONE § 140-30.1-125(i)

Trade Names:
Risperdal
Dose:
oral - l mg twice daily on day one, then increase by l mg on second and third day as tolerated to target dose of 3 mg twice daily. Maximum recommended daily dose is 6 mg/day.
Dosage Forms:
oral, tablet - 1 and 2 mg

ROCURONIUM BROMIDE § 140-30.1-125(l)
Trade Names:
Zemuron
Dose:
IV - varies
Dosage Forms:
parenteral, IV injection - 10mg/ml, 5ml vial

ROSIGLITAZONE § 140-30.1-145(k)
Trade Name:
Avandia
Dose:
oral - initially, 4 mg daily in the morning or divided doses. Dosage may be increased to 8 mg daily after 8-12 weeks if needed.
Dosage Forms:
oral, tablet - 4 mg

SALICYLIC ACID PLASTER § 140-30.1-130(p)
Trade Names:
Mediplast
Dose:
topical - cut strip to size and apply to affected area(s). Re-apply daily.
Dosage Forms:
topical, plaster - 40%
Notes:
For external use only. Do not use on moles, birthmarks, warts with hair growing from them, genital warts or warts on the face or mucous membranes.

SCOPALAMINE TRANSDERM § 140-30.1-125(j) & § 140-30.1-140(e)
Trade Names:
TransdermScop
Dose:
topical - apply 1 system behind the ear at least 4 hours before antiemetic effect is required. Patch delivers drug over 3 days. Change patch after 3 days if therapy is to continue.
Dosage Forms:
topical, patch - 1.5 mg

SELEGILINE § 140-30.1-125(h)
Trade Names:
Eldepryl
Dose:
oral - 10 mg/day, administered as 5 mg at breakfast and at lunch
Dosage Forms:
oral, tablet - 5 mg
Notes:
Advise patient of the possible need to reduce levodopa dosage after the initiation of therapy. Do not exceed dose of 10 mg daily. Do not use with meperidine.

SELENIUM SULFIDE § 140-30.130(f)
Trade Names:
Selsun
Dosage Forms:
topical, lotion - 2.5%, 120 mL
shampoo - 1%, 120 mL
Notes:
For external use only. Usually 2 applications each week for 2 weeks will afford control.

SENNOSIDES § 140-30.1-140(l)
Trade Names:
Senokot
Dose:
oral, adult - 2 tablets; l tsp of granules dissolved in water
Dosage Forms:
oral - tablet - 8.6 mg
granules - 15 mg/tsp

SERTRALINE § 140-30.1-125(d)
Trade Names:
Zoloft
Dose:
oral - initial dose 50 mg daily. Do not exceed 200 mg daily.
Dosage Forms:
oral, tablet - 100 mg

SEVELAMER § 140-30.1-165(k)
Trade Name:
Renagel
Dose:
oral - recommended starting dose is 2-4 capsules with each meal depending on the severity of hyperphosphatemia.
Dosage Forms:
oral - capsule - 403 mg

SEVOFLURANE § 140-30.1-125(b)
Trade Name:
Ultane
Dose:
Administration must be individualized based on patient response. Should be administered only by those with appropriate training and experience. Maintenance of surgical levels of anesthesia can usually be obtained with concentrations of 0.5% to 3%.
Notes:
Use restricted to the anesthesiology department.

SILVER NITRATE § 140-30.1-130(j)
Dose:
Topical, apply on the affected area or lesion 2 or 3 times a week for 2 to 3 weeks as needed
Dosage Forms:
topical, stick applicator

SILVER SULFIDAZINE § 140-30.1-130(k)
Trade Names:
Silvadene
Dose:
topical - apply 1/6 inch thickness to clean and debrided wound.
Dosage Forms:
topical, cream - 20 g tube or 1 lb jar
Notes:
For external use only. Cover area with silvadene at all times. Continue treatment until satisfactory healing occurs or until site is ready for grafting.

SIMETHICONE § 140-30.1-140(f)
Trade Names:
Mylicon, Mylicon Drops
Dose:
oral - adult - 40 mg to 120 mg 4 times daily, after each meal and at bedtime; max of 500 mg/day. Tablets must be chewed before swallowing.
drops - < 2yrs - 20 mg 4 times daily; 2 to 12 yrs - 40 mg 4 times daily
Dosage Forms:
oral, chewable tablet - 80 mg
liquid - 40 mg/0.6 mL, 30 mL (Mylicon Drops)

[Missing Page – see 25 Com. Reg. at 20603-20604 (July 15, 2003)]

oral - 1 tablet by mouth if needed
Dosage Forms:
oral, tablet - 250 mg

SODIUM CITRATE § 140-30.1-150(d)

Trade Name:
Bicitra, Oracit
Dose:
oral - 10 to 30 mL, diluted with water, after meals and at bedtime
Dosage Forms:
oral, solution: each 5 mL contains:
Sodium citrate dehydrate 500 mg
Citric acid USP 334 mg

SODIUM HYPOCHLORITE § 140-30.1-130(g)
Trade Names:
Dakin's Solution (Modified)
Dosage Forms:
topical, solution - full, half, quarter and 1/10 strength. For external use only.

SODIUM HYALURONATE & CHONDROITIN SULFATE § 140-30.1-155(s)
Trade Names:
Viscoat
Dosage Forms:
Solution, < 40 mg sodium chondroitin sulfate, 30 mg sodium hyaluronate per ml
Notes:
Surgical aid.

SODIUM INDIGOTINDISULFONATE § 140-30.1-135(q)
Trade Names:
Indigo-Carmine
Dose:
IV - 40 mg
Dosage Forms:
parenteral, IV injection - 0.8% 40 mg/5 ml ampule
Notes:
For diagnostic use only.

SODIUM PHOSPHATE § 140-30.1-140(l) & § 140-30.1-150(c)
Dose:
See guidelines for parenteral treatment of hypophosphatemia
Dosage Forms:
parenteral, IV injection - 4 mEq Na/mL, 3 mMol phosphate per mL; 15 mL vial
Notes:
Not for direct intravenous injection. DILUTE PRIOR TO ADMINISTRATION. Infuse solution slowly. Monitor calcium levels. Infants receiving TPN - 1.5 to 2 mM/kg/day.

SODIUM PHOSPHATE, COMPOUNDING § 140-30.1-165(c)
Dosage Forms:
topical, powder - dibasic and monobasic
Notes:

For compounding.

SODIUM POLYSTYRENE SULFONATE § 140-30.1-120(v)
Trade Names:
Kayexalate
Dose:
oral - 15 to 60 g, or 15 g 1 to 4 times a day
Dosage Forms:
oral, suspension - 15 g/60 mL bottle
Notes:
Calcium deficiency and/or digitalis intoxication may occur.

SODIUM TETRADECYL SULFATE § 140-30.1-165(l)
Trade Names:
Sotradecol
Dose:
IV - 0.5 to 2 mL per varix, dose should not exceed 10 mL of a 3% solution
Dosage Forms:
parenteral, injection - 3%, 2 mL ampule

SORBITOL § 140-30.1-140(l)
Dosage Forms:
oral, solution - 70%

SOTALOL § 140-30.1-120(h)
Trade Names:
Betapace
Dose:
oral - initial - 80 mg twice daily
maintenance - 160 mg to 320 mg daily, in 2 to 3 divided doses
Dosage Forms:
oral, tablet - 80mg
Notes:
Adjust dosage for renal impairment (CrCL < 60 ml/min).

SPECTINOMYCIN HCL § 140-30.1-101(q)
Trade Names:
Trobicin
Dose:
IM - uncomplicated gonorrhea - single 2 g dose
Dosage Forms:
parenteral, IM injection - 2 g/vial

SPIRONOLACTONE § 140-30.1-120(p)
Trade Name:
Aldactone

Dose:
oral - 25 to 200 mg/day in single or divided doses
Dosage Forms:
oral, tablet - 25 and 100 mg

STREPTOKINASE § 140-30.1-115(n)
Trade Names:
Kabikinase
Dose:
See guidelines for use of thrombolytic therapy in acute myocardial infarction and in the treatment of pulmonary embolism or deep vein thrombosis.
Dosage Forms:
parenteral, injection - 750,000 and 1,500,000 IU/vial
Notes:
Streptokinase is the preferred thrombolytic for the treatment of acute myocardial infarction.

STREPTOMYCIN § 140-30.1-101(b)
Dose:
IM - tuberculosis - 1 g (base) once a day
Dosage Forms:
parenteral, IM injection - 1 g (base)/2.5 mL ampule
Notes:
For IM administration only.

SUCCINYLCHOLINE CHLORIDE § 140-30.1-125(l)
Trade Names:
Anectine
Dose:
IV - individualize based on response to 10 mg test dose
Dosage Forms:
parenteral, IV injection - 20 mg/mL, 10 mL vial
Notes:
Usual dose is 10 to 30 mg over 10 to 30 sec up to 80 mg.

SIMPLE SYRUP § 140-30.1-165(c)
Dosage Forms:
syrup
Notes:
For compounding use

SODIUM ACETATE § 140-30.1-150(c)
Dosage Forms:
parenteral, IV injection - 2 mEq/mL, 20 mL vial
Notes:
Not for direct IV injection. DILUTE PRIOR TO ADMINISTRATION.

SODIUM BICARBONATE INJECTION § 140-30.1-150(c)
Dosage Forms:
IV, injection - 8.4%, 4.2 g (50 mEq)/50 mL vial or syringe

SODIUM BICARBONATE § 140-30.1-140(b) & § 140-30.1-150(d)
Dosage Forms:
oral, tablet - 650 mg
Notes:
Each tablet contains 7.8 mEq sodium and 7.8 mEq bicarbonate.

SODIUM CHLORIDE INJECTION § 140-30.1-150(c)
Dosage Forms:
parenteral, injection - 0.9% bacteriostatic, 30 mL; 0.9% preservative free, 20 mL; 14.6% (2.5 mEq/mL), 20 mL; 23.4% (4 mEq/mL), 30 mL

SODIUM CHLORIDE OPHTHALMIC § 140-30.1-155(s)
Trade Names:
Absorboc a C
Dose:
ophthalmic - instill 1 or 2 drops in affected eye(s) every 3 or 4 hours
Dosage Forms:
topical, ophthalmic - each mL contains 5% (hypertonic), 15 mL dropper

SODIUM CHLORIDE § 140-30.1-160(i) & § 140-30.1-160(k)
Dosage Forms:
inhalation solution - 0.9%, 3 mL
nasal solution - 0.9%, 15 mL dropper

SUCRALFATE § 140-30.1-140(m)
Trade Names:
Carafate
Dose:
oral - 1 g 4 times a day (1 hour before each meal and at bedtime)
Dosage Forms:
oral, tablet - 1 g

SUCROSE § 140-30.1-165(c)
Dosage Forms:
Bulk chemical
Notes:
For compounding use

SULFACETAMIDE SODIUM § 140-30.1-155(c) & § 140-30.1-155(d)†
Trade Names:
Sodium Sulamyd, Blephamide

Dose:
ophthalmic - 1 to 2 drops into lower conjuntival sac every 2 to 3 hours
Dosage Forms:
ophthalmic, solution - 10% with methylcellulose, 15 mL
ointment - 10%, 3.5 g tube
suspension - 10% with Prednisolone acetate[†]
0.25%, and methylcellulose 10 mL dropper bottle (Blephamide)

SULFA VAGINAL CREAM § 140-30.1-130(u)
Trade Names:
Triple Sulfa, Sultrin
Dose:
vaginally - insert one applicatorful twice daily for 4 to 6 days
Dosage Forms:
topical, vaginal - 45 g cream

SULFADOXINE & PYRIMETHAMINE § 140-30.1-101(e)
Trade Names:
Fansidar
Dose:
oral - malaria prophylaxis, adult - 1 tablet once weekly during exposure and for 4 to 6 weeks after exposure
treatment of malaria - adults - 2 to 3 tablets as a single dose
Dosage Forms:
oral, tablet - each tablet contains:
Sulfadoxine 500 mg
Pyrimethamine 25 mg

SULFAMETHOXAZOLE/TRIMETHOPRIM § 140-30.1-101(n)
Trade Names:
Bactrim, Bactrim DS, Septra, Septra-DS, Co-Trimazole
Dose:
oral, adult - UTI - 800 mg sulfamethoxazole/160 mg trimethoprim every 12 hours
suspension, children - 8 mg/kg TMP/40 mg/kg SMZ per day given in 2 divided doses, q 12 hrs.
IV - 8 to 20 mg/kg/day (based on trimethoprim) in 3 to 4 divided doses infused over 60 to 90 minutes
Dosage Forms:
oral, double strength tablet - 800 mg sulfamethoxazole with 1.60 mg trimethoprim
suspension - 200 mg sulfamethoxazole with 80 mg trimethoprim/5 mL
Notes:
Not for IM injection.

SULFASALAZINE § 140-30.1-101(n)
Trade Names:
Azulfidine

Dose:

oral, adult - initial - 3 to 4 g a day in divided doses; maintenance of 2 g/day (500 mg 4 times daily)
children - > 2 - 40 to 60 mg/kg/24 hrs in 4 to 6 divided doses; maintenance of 20 to 30 mg/kg/day in 4 divided doses

Dosage Forms:

oral, tablet - 500 mg

SULFISOXAZOLE § 140-30.1-101(n)

Trade Names:

Gantrisin

Dose:

oral - adult - 2 to 4 g loading dose then 4 to 8 g a day in 4 to 6 divided doses
children and infants over 2 months – 75 mg/kg initially then 120 to 150 mg/kg/day in 4 to 6 divided doses with a maximum of 6 g/day.

Dosage Forms:

oral, pediatric oral suspension (acetylsufisoxazole) - 500 mg/5 mL

SULINDAC § 140-30.1-125(f)

Trade Names:

Clinoril

Dose:

oral - 150 to 200 mg twice daily

Dosage Forms:

oral, tablet - 200 mg

SUMATRIPTAN SUCCINATE § 140-30.1-125(k)

Trade Names:

Imitrex

Dose:

SC - 6 mg; max of two 6 mg doses, separated by at least 1 hr, in a 24 hr period
oral - 25 - 100 mg initially, may give second dose of 25 - 100 mg after 2 hours, additional doses may be given after intervals of at least 2 hours. Maximum daily dose, 300 mg.

Dosage Forms:

parenteral, injection - 6 mg
oral - tablets - 50 mg

Notes:

Do not give if patient has heart disease or uncontrolled hypertension. Should not be used concurrently with ergotamine preparations.

TALC § 140-30.1-165(c)

Dosage Forms:

Bulk powder

Notes:

For compounding use.

TAMOXIFEN CITRATE § 140-30.1-105(d)
Trade Names:
Nolvadex
Dose:
oral - 10 to 20 mg 2 times a day or 20 mg daily
Dosage Forms:
oral, tablet - 10 mg

TENECTEPLASE § 140-30.1-115(o)
Trade Names:
TNKase
Dose:
IV- dose based on weight to a maximum of 50 mg, give as a single IV bolus over 5 seconds
Dosage Form:
parenteral - powder for injection, 50 mg vial
Notes:
Carefully evaluate each patient being considered for therapy. Avoid IM injections and nonessential handling of the patient for the first few hours following TNKase therapy.

TERBINAFINE § 140-30.1-101(d)
Trade Name:
Lamisil
Dose:
oral - 250 mg once daily; onychomycosis: fingernail - for 6 weeks; toenail - for 12 weeks
Dosage Form:
oral, tablet - 250 mg

TERBUTALINE § 140-30.1-160(d)
Trade Names:
Brethine
Dose:
oral - 2.5 to 5 mg 3 times a day
SC - 0.25 mg with maximum of 0.5 mg/4 hour period
Dosage Forms:
oral, tablet - 5 mg
parenteral, SC injection - 1 mg/mL ampule
Notes:
Maximum dose is 15 mg a day.

TEST TAPE § 140-30.1-135(c)
Notes:
For diagnostic purposes

TETANUS IMMUNE GLOBULIN, HUMAN § 140-30.1-110(b)
Trade Names:

Hypertet
Dose:
IM - 250 units
Dosage Forms:
parenteral - 250 units/vial
Notes:
Active immunization with tetanus toxoid should begin with the use of tetanus immune globulin.

TETANUS TOXOID, ADSORBED § 140-30.1-110(d)
Dose:
IM - 2 injections of 0.5 to 1 mL 4 to 8 weeks apart then a third dose 6 to 12 months after second injection.
Dosage Forms:
parenteral - 0.5 mL in disposable unit
Notes:
Booster doses of 0.5 mL are given every 10 years.

TETRACAINE HCL § 140-30.1-130(a) & § 140-30.1-155(a)
Dose:
ophthalmic - 1 to 2 drops
Dosage Forms:
ophthalmic, solution - 0.5%, 15 mL

TETRACYCLINE HCL § 140-30.1-101(o)
Trade Names:
Achromycin
Dose:
oral - 1 to 2 g a day in 4 divided doses. Maximum dose is 2 g a day
Dosage Forms:
oral, capsule - 250 and 500 mg

THEOPHYLLINE § 140-30.1-160(d)
Trade Names:
TheoDur
Dose:
See guidelines for theophylline dosing
Dosage Forms:
oral, tablet time release - 100, 200 and 300 mg (TheoDur)
capsule time release - 50 and 75 mg sprinkle
elixir - 80 mg/15 mL
Notes:
Monitor blood levels for dosage adjustment.

THIAMINE HCL § 140-30.1-150(g)
Trade Names:

Vitamin B-1
Dose:
oral - dietary supplement - 5 to 30 mg daily
IM, IV - thiamine deficiency or malabsorption syndromes - 5 to 100 mg three times daily
Wemicke's encephalopathy - 100 mg to start, then 50 to 100 mg daily
Dosage Forms:
oral, tablet - 100 mg
parenteral - 100 mg/mL, 2mL vial

THIOPENTAL SODIUM § 140-30.1-125(b)
Trade Names:
Pentothal
Dose:
IV - test dose - 25 to 75 mg injection; observe patient for at least 60 seconds. Titrate against patient requirement.
Dosage Forms:
parenteral, IV injection - 500 mg vial
Notes:
This is a controlled substance (Schedule III). Administer IV only.

THIORIDAZlNE HCL § 140-30.1-125(i)
Trade Names:
Mellaril
Dose:
oral - 20 to 100 mg 3 times daily. Maximum 800 mg/day in 2 - 4 divided doses
Dosage Forms:
oral, tablet - 25 and 50 mg
liquid concentrate - 30 mg/mL

THIOTHIXENE § 140-30.1-125(i)
Trade Names:
Navane
Dose:
oral - initially - 2 mg 3 times a day; the dose may be increased up to 20 mg 3 times a day in severe cases
Dosage Forms:
oral, capsule - 5 mg
Notes:
Not recommended in children less than 12 years of age.

THROMBIN § 140-30.1-115(i)
Trade Names:
Thrombostat
Dosage Forms:
topical, for solution - 10,000 units/vial

TICARCILLIN/CLAVULANIC § 140-30.1-101(l)
Trade Names:
Timentin
Dose:
IV - 3.1 g every 4 to 6 hrs
Dosage Forms:
parenteral, injection - 3 g ticarcillin and 0.1 g clavulanate

TIMOLOL MALEATE OPHTHALMIC § 140-30.1-155(f)
Trade Names:
Timoptic
Dose:
ophthalmic - 1 drop 1 or 2 times a day
Dosage Forms:
ophthalmic, solution - 0.5%, 5 mL dropper bottle

TOBRAMYCIN SULFATE § 140-30.1-101(b)
Dose:
IV or IM - 3 mg/kg a day in 3 divided doses, up to 5 mg/kg/day in life threatening situations
Dosage Forms:
parenteral, injection - 80 mg/2 mL vial
Notes:
Tobramycin is potentially nephrotoxic and ototoxic. Adjust initial dose relative to renal function and serum drug concentration. This is a targeted antibiotic and requires documentation in chart of approval from infectious disease doctor.

TOBRAMYCIN/DEXAMETHASONE § 140-30.1-155(d)
Trade Names:
Tobradex
Dose:
ophthalmic, suspension - 1 to 2 drops into affected eye(s) q 3 to 4 hrs, taper to discontinue
ointment - apply a thin ribbon to affected eye(s) q 3 to 4 hrs
Dosage Forms:
ophthalmic, ointment and suspension - 0.1% dexamethasone & 0.3% tobramycin

TOLAZOLINE § 140-30.1-120(v)
Trade Names:
Priscoline
Dose:
IV - 1 to 2 mg/kg over 10 minutes; followed by infusion of 1 to 2 mg/kg/hr
Dosage Forms:
parenteral, injection - 25 mg/mL, 4 mL ampule

TOLNAFTATE § 140-30.1-130(d)
Trade Names:
Tinactin
Dose:
topical - apply twice daily for up to 6 weeks
Dosage Forms:
topical, cream - 1%, 15 g tube

TRACE ELEMENTS § 140-30.1-150(c)
Trade Names:
M.T.E.
Dosage Forms:
parenteral, injection - 3 ml vial. Each ml contains:
Zinc l mg
Copper 0.4 mg
Manganese 0.1 mg
Chromium 4 mcg

TRAZODONE § 140-30.1-125(e)
Trade Names:
Desyrel
Dose:
oral - 150 mg a day in divided doses up to 600 mg a day
Dosage Forms:
oral, tablet - 50 mg

TRIAMCINOLONE ACETONIDE AEROSOL § 140-30.1-160(i)
Trade Names:
Azmacort
Dose:
oral inhalation, adult - 2 to 4 puffs 2 times a day
children - 2 inhalation twice daily
Dosage Forms:
MDI inhaler - 20 g

TRIAMCINOLONE INJECTION § 140-30.1-145(h)
Trade Names:
Kenalog-40
Dose:
IM - 2.5 to 60 mg a day. Not for IV use.
Intra-articular or intrabursal administration - 2.5 to 5 mg for smaller joints and 5 to 15 mg for larger joints. Maximum dose for adults: 10 mg for smaller areas and 40 mg for larger areas.
Dosage Forms:
parenteral, suspension - 40 mg/mL, 5 mL vial

TRIAMCINOLONE TOPICAL § 140-30.1-130(m)
Trade Names:
Kenalog, Aristocort
Dose:
topical - 2 or 3 applications daily
Dosage Forms:
topical, cream - 0.5%, 15 g tube; 0.1%, 15 g tube
ointment - 0.1%, 15 g tube

TRIAZOLAM § 140-30.1-125(q)
Trade Names:
Halcion
Dose:
oral - 0.125 to 0.5 mg at bedtime
Dosage Forms:
oral, tablet - 0.125 and 0.25 mg
Notes:
This is a controlled substance (Schedule IV).

TRICHLOROACETIC ACID § 140-30.1-130(p)
Dosage Forms:
topical, solution - 80%, 15 mL bottle
Notes:
Debride callus tissue. Apply to veruca. Cover with bandage for 5 to 6 days. Remove veruca, reapply as needed.

TRIETHANOLAMINE POLYPEPTIDE § 140-30.1-130(r)
Trade Names:
Cerumenex
Dose:
otic - fill ear canal with medication. Insert cotton plug and allow to remain 15 to 30 minutes. Flush with lukewarm water. Exposure of skin outside the ear to the drug should be avoided.
Dosage Forms:
otic, solution - 10% triethanolamine polypeptide oleate condensate, 6 mL dropper bottle

TRIFLUOPERAZINE § 140-30.1-125(i)
Trade Names:
Stelazine
Dose:
oral - initially - 2 to 5 mg 2 times a day; a few patients may require doses up to 40 mg a day
Dosage Forms:
oral, tablet - 2, 5 and 10 mg

TRIFLURIDINE § 140-30.1-155(e)

Trade Names:
Viroptic
Dose:
ophthalmic - instill 1 drop onto the cornea of the affected eye(s) every 2 hours while awake for a maximum daily dosage of 9 drops, until corneal ulcer has re-epithilialized
Dosage Forms:
ophthalmic, solution - 1%, 7.5 mL dropper bottle
Notes:
Following re-epitheliazation, treat for an additional 7 days with 1 drop every 4 hours for a minimum daily dosage of 5 drops. Transient stinging may occur upon instillation.

TRIHEXIPHENIDYL HCL § 140-30.1-125(h)
Trade Names:
Artane
Dose:
oral - 1 - 2 mg once a day, increase as needed by 2 mg increments up to 15 mg a day in divided doses
Dosage Forms:
oral, tablet - 2 and 5 mg

TRIMETHOPRIM/POLYMYXIN
Trade Names:
Polytrim
Dosage Forms:
ophthalmic, solution - 10 mL dropper bottle

TRIMETHOPRIM/SULFAMETHOXAZOLE
see sulfamethoxazole/trimethoprim

TRIPROLIDINE/PSEUDOEPHEDRINE § 140-30.1-160(a)
Trade Names:
Actifed
Dose:
oral - adult - 1 tablet every 4 to 6 hours or up to 4 tablet/day
Dosage Forms:
each tablet contains:
Pseudoephedrine 60 mg
Tripolidine 2.5 mg

TROPICAMIDE § 140-30.1-155(o)
Trade Names:
Mydriacyl
Dose:
ophthalmic - 1 to 2 drops; repeat in 5 minutes. Used prior to examinations.
Dosage Forms:
ophthalmic, solution - 1%, 15 mL dropper bottle

TUBERCULIN, PURIFIED PROTEIN DERIVATIVE § 140-30.1-110(c) & § 140-30.1-135(o)
Trade Names:
P.P.D.
Dose:
intradermal - 0.1 mL
Dosage Forms:
intermediate test strength - 5 TU/0.1 mL
Notes:
Standard Mantoux test utilizes 5 TU/0.1 mL strength. Test must be read 48 to 72 hrs after administration.

TYPHOID VACCINE § 140-30.1-110(e)
Dose:
SC - 2 doses of 0.5 mL at 4 week intervals (primary immunization)
Dosage Forms:
parenteral, SC injection - 10 mL

URSODIOL § 140-30.1-140(m)
Trade Names:
Actigall
Dose:
oral - 8-10 mg/kg/day in 2 - 3 divided doses
Dosage Forms:
oral, capsule - 300 mg

VALPROIC ACID § 140-30.1-125(d)
Trade Names:
Depakene (valporic acid, sodium valproate)
Dose:
oral - children - 15 to 30 mg/kg a day given in 3 divided doses with meals
adult - 10 to 15 mg/kg/day, increase by 5 to 10 mg/kg/week until seizures controlled or side effects preclude further increase.
Dosage Forms:
oral, syrup - 250 mg/5 mL (as sodium valproate)
Notes:
May cause serious hepatic adverse effects. Monitor liver function tests periodically. Maximum recommended dose of 60 mg/kg/day.

VANCOMYCIN HCL § 140-30.1-101(q)
Trade Names:
Vancocin
Dose:
IV - adult - 500 mg q 6 hrs or 1 g every 12 hours in patients with normal renal function
children - 10 mg/kg/dose q 6 hrs
Dosage Forms:

parenteral, IV injection - 500 mg vial

Notes:

The IV formulation may be given orally for treatment of *C. difficile* colitis. For IV administration dilute 500 mg in 100 mL and 750 mg or 1 gm in 200 mL of IV fluid. Run at a rate no faster than 500 mg/hour. Adjust dose relative to renal function and serum drug concentrations. This is a targeted antibiotic and requires approval from infectious disease doctor.

VARICELLA VIRUS VACCINE § 140-30.1-110(b)

Trade Name:

Varivax

Dose:

Adults and children age 13 and older: 0.5 ml S.C. followed by a second dose of 0.5 ml 4 - 8 weeks later.

Children age 1 to 12: 0.5ml S.C. as a single dose.

Notes:

Administer immediately after reconstitution. Discard if not used within 30 minutes.

VARICELLA-ZOSTER IMMUNE GLOBULIN § 140-30.1-110(b)

Dose:

IM - 125 units/10 kg (22 lbs)

Dosage Forms:

parenteral, injection - 125 units/2.5 mL ampule or vial

Notes:

Do not inject IV. Administer be deep IM injection in the gluteal muscle or in another large mass.

VASOPRESSIN § 140-30.1-145(p)

Trade Names:

Pitressin

Dose:

IM or SC - 5 to 10 units

IV infusion - 0.1 to 0.4 units/min. maximum of 0.9 units/min

Dosage Forms:

parenteral, aqueous 20 units/mL vial

Notes:

IM may be given at 3 to 4 hr intervals s needed.

VEHICLE “S” SUSPENDING VEHICLE § 140-30.1-165(c)

Trade Names:

Suspendol

Dosage Forms:

suspension

Notes:

Used for compounding.

VERAPAMIL § 140-30.1-120(h) & § 140-30.1-120(k)
Trade Names:
Calan-SR, Calan, Isoptin-SR, Isoptin
Dose:
oral - 80 to 120 mg 3 times a day; maximum of 480 mg a day
sustained release: 120 to 240 mg 1 to 2 times a day
IV - 5 to 10 mg IV bolus over at least 2 minutes, may repeat in 30 minutes if inadequate response
Dosage Forms:
oral, tablet - 80 and 120 mg
SR tablet - 120 and 240 mg
parenteral, IV injection - 5 mg/2 mL vial
Notes:
Initial doses in elderly patients may need to be reduced to 120 mg/day. When switching from immediate release products, total daily dose may remain the same.

VIDARABINE § 140-30.1-155(e)
Trade Names:
Vira-A
Dose:
ophthalmic - 0.5 inches of ointment into the lower conjuctival sac(s) 5 times/day at 3 hr intervals
Dosage Forms:
topical, ophthalmic - 3.5 gm tube

VITAMIN A § 140-30.1-150(g)
Trade Names:
Alphalin
Dose:
oral - therapeutic - 50,000 units once a day
Dosage Forms:
oral, capsule - 10,000 and 25,000 units
solution - 5,000 units/0.1 mL, 30 mL bottle
Notes:
Both acute and chronic toxicity syndromes have been reported. Once Vitamin A is repleted, dosage should be reduced.

VITAMIN D § 140-30.1-150(g)
Dose:
oral - 50,000 to 200,000 IU/day + 500 mg elemental calcium 6 times a day
Dosage Forms:
oral, tablet - 50,000 units

VITAMIN E § 140-30.1-150(g)
Trade Names:
Aquasol E

Dose:
oral - 1 softgel capsule daily
Dosage Forms:
oral, capsule - 400 and 1,000 units
solution - 15 units/0.3 mL, 30 mL bottle (Aquasol E)
Notes:
Iron supplement (inorganic) should not be taken within 8 hours of vitamin E ingestion since one may inhibit absorption of the other.

WARFARIN SODIUM § 140-30.1-115(a)
Trade Names:
Coumadin
Dose:
oral - induction - 5 to 10 mg/day for 2 to 4 days; adjust based on PT or INR; maintenance of 2 to 10 mg daily based on PT or INR
Dosage Forms:
oral, tablet - 2 and 5 mg
Notes:
Concurrent use of a number of other drugs may cause marked changes in the prothrombin time.

WATER FOR INJECTION § 140-30.1-165(k)

ZIDOVUDINE § 140-30.1-101(g)
Trade Names:
Retrovir
Dose:
oral - initially - 100 mg every 4 hours around the clock or 200 mg every eight hours around the clock
Dosage Forms:
oral, capsule - 100 mg
Notes:
Monitor carefully for hematologic toxicity. Discontinue or decrease dose for significant anemia or granulocytopenia. For occupational exposure HIV prophylaxis indications, please refer to the Commonwealth Health Center Infection Control Policy.

ZINC OXIDE OINTMENT § 140-30.1-130(n)
Dosage Forms:
topical - ointment, 20%, 30 gm tubes

ZINC SULFATE § 140-30.1-150(e)
Trade Names:
Zincate
Dose:
oral - 12 to adult - 1 capsule daily or as directed
Dosage Forms:

oral, capsule - 220 mg (equivalent to 50 mg of elemental zinc)

Modified, 1 CMC § 3806(c), (f), (g).

History: Adopted 25 Com. Reg. 21052 (Aug. 22, 2003); Proposed 25 Com. Reg. 20462 (July 15, 2003).

Commission Comment: Under "Amytriptyline," the Commission corrected the spelling of "Amitriptyline." Under "Amino Acid 8.5% with Electrolytes, the Commission corrected the spelling of "Nonessential." Under "Anti-Inhibitor Coagulation Complex," the Commission corrected the spelling of "hemorrhage." Under "Charcoal Activated," the Commission corrected the spelling of "approximately." Under "Colhicine," the Commission changed "no" to "not." Under "Dimecaprol," the Commission corrected the spelling of "thereafter." Under "Ergocalciferol," the Commission corrected the spelling of "elemental." Under "Ethinyl Estradiol," the Commission corrected the spelling of "female." Under "Fludrocortisone Acetate," the Commission changed "of lower legs" to "or lower legs." Under "Fluorescein Strip" and "Fluorescein Sodium," the Commission corrected the spelling of "fluorescein." Under "Haloperidol," the Commission corrected the spelling of "Tourette's." Under "Levodopa," the Commission corrected the spelling of "response." Under "Nitroglycerin Injection," the Commission corrected the spelling of "according." Finally, under "Oxazepam," the Commission corrected the spelling of "substance."

SUBCHAPTER 140-30.2
MEDICAL ASSISTANCE FOR THE NEEDY PROGRAM (MEDICAID) RULES AND REGULATIONS

Subchapter Authority: 1 CMC § 2605.

Subchapter History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: PL 1-8, tit. 1, ch. 12, codified as amended at 1 CMC §§ 2601-2633, created the Department of Public Health and Environmental Services within the Commonwealth government. See 1 CMC § 2601. 1 CMC § 2603(d) grants the Department the power and duty to establish and administer a Medicaid program. 1 CMC § 2605 directs the Department to adopt rules and regulations regarding those matters over which it has jurisdiction.

Executive Order 94-3 (effective August 23, 1994) reorganized the Commonwealth government executive branch, changed agency names and official titles, and effected numerous other revisions. According to Executive Order 94-3 §§ 105 and 305:

> Section 105. Department of Public Health.
>
> The Department of Public Health and Environmental Services is re-designated the Department of Public Health.

The full text of Executive Order 94-3 is set forth in the commission comment to 1 CMC § 2001.

Public Law 16-51 (effective Jan. 15, 2010), the "Commonwealth Healthcare Corporation Act of 2008," codified at 3 CMC § 2801 et seq., established the Commonwealth Healthcare Corporation, which assumed the duties of the Department of Public Health as of January 15, 2011.

Part 001 - General Provisions

[Reserved.]

Part 100 - Single State Agency Organization

§ 140-30.2-101 Delegation and Authority

(a)(1) The Department of Public Health and Environmental Services is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in the plan codified in this subchapter to "the Medicaid Agency" means the agency named in this subsection.)
(2) Attachment 1.1-A is a certification signed by the State Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program.

(b) The agency named in subsection (a) has responsibility for all determinations of eligibility for Medicaid under this subchapter.

Modified, 1 CMC § 3806(d), (f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The original paragraphs of subsection (a) were not designated. The Commission designated subsections (a)(1) and (a)(2).

The cited attachment 1.1-A was not published with the regulations.

With respect to the reference to the "Department of Health and Environmental Services, see Executive Order 94-3 (effective August 23, 1994), reorganizing the Commonwealth government executive branch, changing agency names and official titles, and effecting numerous other revisions; see also the general comment to this subchapter.

§ 140-30.2-105 Organization for Administration

(a) Attachment 1.2-A is an organization chart of the single state agency.

(b) Within the single state agency, the Division of Medicaid Services has been designated as the medical assistance unit. Attachment 1.2-B contains a description of the medical assistance unit and an organization chart of the unit.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The cited attachments 1.2-A and 1.2-B were not published with the regulations.

§ 140-30.2-110 Statewide Operation

The plan is in operation on a statewide basis in accordance with all requirements under the approved waiver granted by the Secretary. The plan is state administered.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

§ 140-30.2-115 Medical Referral Committee

(a) The Medicaid agency utilizes the Medical Referral Committee to advise on matters pertaining to health and medical care services in the CNMI. The Committee authorizes approval for off-island care when required services are not available on-island.

(b) It is the policy of the CNMI government, that when the medical facilities in the Commonwealth health system are not able to provide adequate diagnostic evaluation or care of a patient's illness, the government is obligated to seek services outside the system for that patient.

(c) All off-island referrals, except emergencies, must be authorized by the Medical Referral Committee. The Medical Referral Committee is established pursuant to by-laws of the organized medical staff at the Commonwealth Health Center. The Medical Referral Committee was established to safeguard indiscriminate referrals of patients to medical facilities outside the Commonwealth health care system.

(d) The Committee is composed of licensed physicians who review and evaluate the condition of referral candidates to decide whether the patient can be adequately treated within the Commonwealth health care system. If the determination is made that the Commonwealth health care system is inadequate, the Medical Referral Committee then recommends that the patient be referred to the closest medical facility that can provide the needed treatment or services.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The original paragraphs were not designated. The Commission designated subsections (a) through (d).

Part 200 - Coverage and Eligibility

§ 140-30.2-201 Method of Processing Applications and Determining Eligibility

The Medicaid agency will process applications, make determinations and furnish Medicaid as follows:

(a) Each applicant will be required to submit an application for medical assistance and to submit required supporting documents.

(b) Eligibility determination must be made within 60 days from the date the application is submitted to the Medicaid agency.

(c) Eligibility coverage may begin as much as three months prior to the submission date of application if the Medicaid agency determines that the applicant was otherwise eligible during that period.

(d) Eligibility coverage will be for up to one year. Changes of circumstances must be reported and re-determinations made where necessary. Recipients are required to re-apply and be redetermined annually.

(e) As a condition of eligibility, each legally able applicant and recipient will be required to assign his rights for release of information from agencies/organizations to the Medicaid agency for purposes of making eligibility determination. Refusal to assign rights to the Medicaid agency will result in the denial or termination of eligibility.

(f) SSI recipients are considered eligible upon filing an application for Medicaid.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

§ 140-30.2-205 Coverage and Conditions of Eligibility

(a) Medicaid is available to the following individuals:
(1) All SSI cash assisted recipients;
(2) Low-income individuals who meet the current SSI income and resource levels and any applicable disregards and exemptions for the determination of eligibility, who:
(i) Are U.S. citizens, lawfully admitted permanent residents of the U.S., or permanently residing in the U.S. under color of law, and
(ii) Establish residency in CNMI.

(b) The same eligibility requirements will be made applicable to all individuals except for those who are receiving SSI.

(c) As a condition of eligibility, each legally able applicant and recipient must assign his

rights to medical support or other third party payments to the Medicaid agency and must cooperate with the agency in obtaining medical support and payments.

(d) The income and resources of parents, including stepparents, grandparents, and other legal guardians with non-SSI children under age 18 will be counted if the child(ren) live(s) within the same household.

(e) Spend-down. The Medicaid agency allows spend-down for individuals whose income is in excess of the established income criteria, provided the amount in excess is less than the cost of medical services. The monthly spend-down amount in such cases will be the amount of income in excess of the monthly SSI income standard. The recipient will first have to incur the spend-down amount before Medicaid can pay for the difference.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The original paragraphs were not designated. The Commission designated subsections (a) through (e). The Commission inserted a comma after the word "grandparents" in subsection (d) pursuant to 1 CMC § 3806(g).

§ 140-30.2-210 Residence

Medicaid is furnished to eligible individuals who are residents of the Commonwealth.

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Part 300 - Services; General Provisions

§ 140-30.2-301 Amount, Duration, and Scope of Services

The following services, as described on the following pages, will be provided to those determined to be eligible for Medicaid:

(a)	Services	On-island	Off-island[†]
(1)	Inpatient Hospital	X*	X
(2)	Outpatient Hospital	X	X
(3)	Other Laboratory and X-Ray	X	X
(4)	Nursing Facility		X
(5)	Early and Periodic Screening, Diagnosis and Treatment	X	X
(6)	Physician's Services	X	X
(7)	Clinic Services	X	X
(8)	Dental Services	X	X
(9)	Physical Therapy	X	X
(10)	[††]Prescribed Drugs & Eyeglasses	X	X
(11)	[††]Home Health Services	X	X
(12)	Transportation	X	X

† Services provided off-island require prior authorization by the Medical Referral Committee.
†† Attachment 3.1-A specifies limitations for these services.

(b) Definitions

As noted in the preceding list and in the following description, some services are only provided off-island. For all of these services the following definitions apply:

(1) "Patient" means an individual receiving needed professional services which are directed by a licensed practitioner of the healing arts towards the maintenance, improvement, or protection of health, or lessening of illness, disability, or pain.

(2) "Outpatient" means a patient who is receiving professional services at an organized medical facility, or distinct part of such a facility, which is not providing the patient with room and board and professional services on a continuous 24-hour-a-day basis.

(c) Inpatient Services On and Off-Island

(1) All acute inpatient services, other than services in an institution for tuberculosis or mental disease, that are furnished in a hospital for the professional care and treatment of patients on a continuous 24-hour-a-day basis:

(i) Acute medical
(ii) Acute surgical
(iii) Acute pediatric
(iv) Acute obstetric/gynecology
(v) Intensive care

(2) These services must be provided in a facility that is certified as a Medicare/Medicaid provider.

(d) Outpatient Hospital Services On and Off-Island

Preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished on an outpatient basis by or under the direction of a physician or dentist in an institution that is licensed or formally approved as a hospital by an officially designated authority for state standard setting and meets the requirements for participation in Medicare. Onisland, these services will be provided through formally organized and regularly scheduled hospital outpatient clinics operated by the CNMI government. These clinics are as follows:

(1) General medical clinic
(2) General surgical clinic
(3) Pediatric clinic
(4) Obstetric/gynecology clinic
(5) Ear, nose, and throat clinic
(6) Eye clinic
(7) Dental clinic
(8) Emergency room clinic.

(e) Other Laboratory and X-Ray Services Off-island

Other laboratory and x-ray services means professional and technical laboratory and radiological services that are ordered and provided by or under the direction of a physician or other licensed practitioner of the healing arts within the scope of his practice as defined by state law. Such

services are provided in an office or similar facility other than a hospital outpatient department or clinic. They are provided by a laboratory that meets the requirements for participation in Medicare.

(f) Nursing Facility (NF) Services Off-island

NF services are provided to individuals age 21 or older, other than services in an institution for tuberculosis or mental disease. These services are needed on a daily basis and are required to be provided on an inpatient basis under 42 CFR §§ 409.31-409.35 as post-hospital extended care services. NF services are provided by a facility or distinct part of a facility that is certified to meet the requirements for participation in Medicare, and are ordered by and provided under the direction of a physician.

(g) Early and Periodic, Screening, Diagnosis and Treatment (ESPDT) Services

EPSDT services are screening and diagnostic services to determine physical or mental defects in recipients under age 21 and health care, treatment, and other measures to correct or ameliorate any defects and conditions discovered. These services are provided through the well-baby clinic, school health, and physical examination clinics.

(h) Family Planning Services

Family planning services and supplies are provided to individuals of child-bearing age.

(i) Physicians' Services On and Off-island

Physicians' services are services provided within the scope of practice of medicine or osteopathy as defined by state law and by or under the personal supervision of an individual licensed under state law to practice medicine or osteopathy.

(j) Home Health Services Off-island

Home health services are services provided to a patient on orders from a physician as part of a written plan of care that the physician reviews every 60 days. Such services are provided in the patient's temporary residence while authorized for off-island care and as part of a post-hospital care program, before returning to his permanent residence, provided by his off-island physician and only as an alternative to more costly inpatient or skilled nursing services. These services include:

(1) Nursing services, as defined in the state Nursing Practice Act, that are provided on a part-time or intermittent basis by a public or private home health agency or organization which meets the requirements for participation in Medicare.

(2) Home health aide services provided by a home health agency.

(3) Medical supplies, equipment and appliances suitable for use in the patient's temporary off-island residence.

(4) Physical therapy, occupational therapy, speech-therapy and audiology services provided by a home health agency or by a facility licensed by the state to provide medical rehabilitation services.

(k) Clinic Services Off-island

Preventive, diagnostic, therapeutic, rehabilitative or palliative nature services that are provided to outpatients by or under the direction of a physician or dentist by a facility that is not part of a

hospital but is organized and operated to provide medical care to outpatients.

(l) Dental Services On and Off-island
(1) Diagnostic, preventive and corrective procedures provided by or under the supervision of a dentist in the practice of dentistry, including treatment of:
(i) The teeth and associated structures of the oral cavity;
(ii) Disease, injury, or impairment that may affect the oral or general health of the recipient.
(2) Dental services not provided are as follows:
(i) Orthodontics
(ii) Prosthetics
(iii) Root canal
(iv) Oral surgery.

(m) Physical Therapy On and Off-island
Services provided to a patient that are prescribed by a physician provided by or under the direction of a qualified physical therapist who is a graduate of a program of physical therapy approved by both the Council of Medical Education of the American Medical Association and the American Physical Therapy Association or its equivalent and licensed to practice by the state.

(n) Prescribed Drugs On and Off-island
"Prescribed drugs" means single or compound substances or mixtures of substances prescribed for the cure, mitigation, or prevention of disease, or for health maintenance that are prescribed by a physician or other licensed practitioner of the healing arts within the scope of his professional practice in accordance with the state medical practice act. Such drugs must be dispensed by licensed, authorized pharmacists or practitioners on a written prescription that is recorded and maintained in the pharmacist's or practitioner's record in accordance with the state medical practice act.

(o) Transportation
Commercial air transportation cost within CNMI to and from the Commonwealth Health Center and commercial air transportation to and from facilities outside the CNMI will be provided by the Medicaid agency. Such airfare costs will be provided to patients and their escorts as authorized by the Medical Referral Committee in accordance with its policies and procedures for necessary medical care not available in the CNMI. Ground transportation will be provided by the Northern Marianas Liaison Office on Guam or Honolulu, or by a licensed ambulance service. Ambulance services within the CNMI are provided by the Department of Public Safety in cases of emergencies.

* So in original.

Modified, 1 CMC § 3806(f), (g).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The original paragraphs of subsection (a) and subsections (c) through (o) were not designated. The Commission designated subsections (a)(1) through (a)(12) and (c) through (o).

In subsection (b), the Commission corrected the spelling of "preceding." In subsections (c)(4) and (d)(4), the Commission corrected the spelling of "gynecology." In subsection (l)(1), the Commission corrected the spelling of "corrective." In subsections (d)(8) and (l)(2)(iv), the Commission inserted the final periods.

The cited attachments 3.1-A and 3.2-A were not published with the regulations.

§ 140-30.2-305 Coordination of Medicaid with Medicare Part B

The Medicaid agency makes the entire range of benefits under part B of title XVIII available as part of the plan to certain eligible individuals under a buy-in agreement, through payment of the premium charges on behalf of such individuals, by meeting all or part of the cost of the deductible cost sharing or similar charges under part B. Regulation requirements under 42 CFR § 431.625 will be met.

Modified, 1 CMC § 3806(f), (g).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The Commission corrected the spelling of "similar."

§ 140-30.2-310 Cost Sharing for Medicare Beneficiaries

For Medicaid eligible individuals enrolled in Medicare, the Medicaid agency pays the following costs:

(a) Premium under Medicare part B.

(b) Deductible and coinsurance amounts under Medicare part A and part B.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Part 400 - General Program Administration

§ 140-30.2-401 Method of Administration

The Medicaid agency employs methods of administration acceptable to the Secretary, as described in the plan in this subchapter, that are necessary for the proper and efficient operation of the program.

Modified, 1 CMC § 3806(d).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

§ 140-30.2-405 Hearings for Applicants and Recipients

The Medicaid agency has a system of hearings that meets all the requirements of 42 CFR part 431, subpart E.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

§ 140-30.2-410 Safeguarding Information on Applicants and Recipients

The Medicaid agency assures compliance on safeguarding information on applicants and recipients through a system that restricts the use or disclosure of information concerning applicants or recipients to purposes directly related to the Medicaid program administration.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

§ 140-30.2-415 Reports

The Medicaid agency will submit all reports required by the Secretary, and will follow instructions with regards to the form and content of those reports and will comply with the provisions that the Secretary finds necessary to verify and assure the correctness of the reports.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

§ 140-30.2-420 Maintenance of Records

The Medicaid agency maintains or supervises the maintenance of records necessary for the proper and efficient operation of the plan, including records regarding applications, determination of eligibility, the provision of medical assistance, and administrative costs, and statistical, fiscal and other records necessary for reporting and accountability, and retains these records for the period required by the Secretary and described in § 140-30.2-601.

Modified, 1 CMC § 3806(c), (f), (g).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The Commission inserted the final period.

§ 140-30.2-425 Availability of Agency Program Manuals

The Medicaid agency assures access to program manuals, rules and policies, including the plan in this subchapter, by individuals outside the Medicaid agency. Access is available at the agency's office and through other entities as determined appropriate by the agency.

Modified, 1 CMC § 3806(d), (f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

§ 140-30.2-430 Required Provider Agreement

The Medicaid agency, through the medical referral program, maintains agreements with off-island providers furnishing services under the plan in which the provider agrees to:

(a) Keep any record necessary to disclose the extent of service the provider furnishes to patients;

(b) On request, furnish to the Medicaid agency or the Secretary, any information maintained under subsection (a) of this section and any information regarding payments claimed by the provider for furnishing services under this plan;

(c) Maintain the confidentiality of patient information for other than Medicare or program administrative purposes;

(d) Not discriminate against any individual seeking services under this plan, on the basis of race, sex, religion, color, national origin, or handicap; and

(e) Not seek additional payments from patients beyond those allowed under the plan in this subchapter.

Modified, 1 CMC § 3806(d), (f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

§ 140-30.2-435 Relation with Vocational Rehabilitation Agencies and Title V Grantees

(a) The Medicaid agency coordinates its Medicaid program activities with other agency activities including title V program activities and with activities of the state vocational rehabilitation agency.

(b) Attachments 4.8-A and 4.8-A-1 are the cooperative agreements between the Medicaid agency and the vocational rehabilitation agencies.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The original paragraphs were not designated. The Commission designated subsections (a) and (b). The cited attachments 4.8-A and 4.8-A-1 were not published with the regulations.

§ 140-30.2-440 Payment for Services

(a) The Commonwealth Health Center on Saipan is the single, primary provider of all medical services, both inpatient and outpatient, throughout the CNMI. Established rates for outpatient services are nominal compared to operational costs.

(b) These established rates do not exceed combined payments the provider would get from the beneficiaries and carriers or intermediaries for comparable services under comparable circumstances under Medicare. The payments made by the Medicaid agency for inpatient services will be paid using Medicare principles of cost reimbursement. The rates are applicable to all patients including those with third party coverage.

(c) When a patient has medical needs which cannot be provided for by the government system, off-island providers will be utilized. The Medicaid agency will attempt to negotiate all-inclusive per diem rates or contract rates for specific services with these providers.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The original paragraphs were not designated. The Commission designated subsections (a) through (c).

§ 140-30.2-445 Third Party Liability

The Medicaid agency assures, to the extent possible, the identification of a liable third party to pay for services under the plan and for payment of claims involving third parties by:

(a) Inquiring during the application/interview process about the probable existence of a liable third party;

(b) Requiring, as a condition of eligibility, that each legally able applicant and recipient assign his rights to medical support or other third party payments to the Medicaid agency and cooperate with the agency in obtaining medical support and payments;

(c) Paying claims involving probable third party liability as follows:
(1) If the agency has established the probable existence of third party liability at the time the claim is filed, the agency must reject the claim and return it to the provider for a determination on the amount of liability. When the amount of liability is determined, the agency must then pay the claim to the extent that payment allowed under the agency's payment schedule exceeds the amount of the third party's payment.
(2) If the probable existence of third party liability cannot be established or third party benefits are not available to pay the recipient's medical expenses at the time the claim is filed, the agency must pay the full amount allowed under the agency's payment schedule.
(3) If after a claim has been paid, the agency learns of the existence of a third party resource, the agency must seek reimbursement from the third party within 60 days after the end of the month it learned of the existence of a liable third party or benefits become available.
(4) The Medicaid agency establishes a cumulative threshold amount of not less than $25.00 for seeking reimbursement. It is not considered cost effective to seek reimbursement below this amount in any given month.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Part 500 - Personnel Administration

§ 140-30.2-501 Standards of Personnel Administration

The Civil Service Commission Act under Public Law 1-9, establishes a Personnel Service System in the executive branch of government of the Commonwealth of the Northern Mariana Islands. The comprehensive Personnel Service System's Rules and Regulations [NMIAC, title 10, subchapter 20.2] which became effective on November 25, 1983, established a system for personnel administration based on merit principles and generally accepted methods governing the classification of positions and the employment, conduct, movement and separation of public officials and employees.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Part 600 - Financial Administration

§ 140-30.2-601 Fiscal Policies and Accountability

The Medicaid agency maintains an accounting system and supporting fiscal records to assure that claims for federal funds are in accord with applicable federal requirements. Records are retained for 3-years from the date of submission of a final expenditure report and will be retained beyond the 3-year period only if audit findings, litigation, claim negotiations, or other actions involving the records have not been resolved. This applies to all financial and programmatic records, supporting documents, statistical records and other records related to the grant.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

§ 140-30.2-605 Access to Records

The Medicaid agency assures that HHS, the Comptroller General of the U.S., and other cognizant federal agencies shall have access to books and all documents related to the HHS grant award.

Modified, 1 CMC § 3806(f), (g).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The Commission corrected the spelling of "cognizant."

§ 140-30.2-610 Cost Allocation

The Medicaid agency will claim federal financial participation (FFP) for Medicaid costs in accordance with its approved cost allocation plan.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Part 700 - Miscellaneous Provisions

§ 140-30.2-701 Plan Amendments

(a) CNMI may, on its own initiative, request plan changes at any time, as long as the provisions of title 19 § 1902(j) and the Secretary's waiver are complied with.
(b) Changes to the operational plan in this subchapter which are not consistent with the Secretary's waiver shall be submitted to the Secretary of DHHS as a modification to the waiver, rather than as a state plan amendment.
(c) This subchapter constitutes the total plan for the operation of the Medicaid program in the Commonwealth of the Northern Mariana Islands. Any federal requirements applicable to the operation of title XIX of the Social Security Act in other jurisdictions are not applicable to the plan unless they are specifically included.

Modified, 1 CMC § 3806(d), (f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

§ 140-30.2-705 Nondiscrimination

The Medicaid agency assures that no individual shall be subjected to discrimination under the plan in this subchapter on the grounds of race, color, sex, national origin, religion or handicap. Attachment 7.2-A describes methods of administration the agency uses in assuring compliance with the title VI regulations.

Modified, 1 CMC § 3806(d), (f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The cited attachment 7.2-A was not published with the regulations.

§ 140-30.2-710 Commonwealth Governor's Review

The Medicaid agency will provide the Office of the Governor with the opportunity to review amendments, any new state plan and subsequent amendments, and long-range program planning projections or other periodic reports thereon. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

§ 140-30.2-715 Drug-free Workplace Certification

The Medicaid agency certifies that it will maintain a drug-free workplace as a condition for federal grant application. Attachment 7.4-A describes the methods of how it plans to provide a drug-free workplace.

Modified, 1 CMC § 3806(f).

History: Adopted 11 Com. Reg. 6710 (Dec. 15, 1989); Proposed 11 Com. Reg. 6579 (Oct. 15, 1989).

Commission Comment: The cited attachment 7.4-A was not published with the regulations.

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