

Universal Stock Medication List Tennessee Department of Correction

Updated 05/20/22

Kenneth Wiley, MD

05/24/2022

Date

Kenneth Williams, M.D., Ph D. Assistant Commissioner of Clinical Services/Chief Medical Officer Tennessee Department of Correction



Fax: 1-877-404-1925

TDOC UNIVERSAL STOCK MEDICATION LIST*

Bold, Italic medications indicate approved nursing protocol medication.

*Per TDOC Policy #113.70, private facilities are excluded from this requirement

Analgesics and Anti-Inflammatory Agents	Strength	Par Per 1,000	Qty	on Hand	Qty	Needed
Acetaminophen (Tylenol)	325mg	4 cards	#	cards	#	cards
Acetaminophen (Tylenol) – 1,000 tabs	325mg	1 bottle	#	bottles	#	bottles
Acetaminophen (Tylenol) 24 tabs/box	325mg	boxes	#	boxes	#	boxes
Allopurinol	100mg	2 cards	#	cards	#	cards
Aspirin (Bayer)	325mg	2 cards	#	cards	#	cards
Aspirin (Bayer) – 1,000 tabs	325mg	1 bottle	#	bottles	#	bottles
Aspirin (Bayer) – 24 tabs/box	325mg	boxes	#	boxes	#	boxes
Cyclobenzaprine (Flexeril)	5mg	2 cards	#	cards	#	cards
Ibuprofen (Advil)	200mg	2 cards	#	cards	#	cards
Ibuprofen (Advil) - 500 tabs	200mg	2 bottles	#	bottles	#	bottles
Ibuprofen (Advil) – 24 tab/box	200mg	boxes	#	boxes	#	boxes
Ketorolac (Toradol) Injection	30mg/ml	10 vials	#	vials	#	vials
Naltrexone (Revia)	50mg	1 card	#	cards	#	cards
Naproxen (Aleve)	250mg	2 cards	#	cards	#	cards
Naproxen (Aleve)	500mg	2 cards	#	cards	#	cards
Meloxicam (Mobic)	15mg	2 cards	#	cards	#	cards
Throat Lozenges 18 lozenges/box		boxes	#	boxes	#	boxes
Antihistamines and Cough Medications	Strength	Par Per 1,000	Qty	on Hand	Qty	Needed
CTM (Chlor-Trimeton)	4mg	6 cards	#	cards	#	cards
CTM (Chlor-Trimeton) – 1,000 tabs	4mg	1 bottle	#	bottles	#	bottles
CTM (Chlor-Trimeton) 24 tabs/box	4mg	boxes	#	boxes	#	boxes
Diphenhydramine (Benadryl)	25mg	6 cards	#	cards	#	cards
Diphenhydramine (Benadryl)	50mg/vial	vials	#	vials	#	vials
Guaifenesin (Robitussin)	200mg	4 cards	#	cards	#	cards
Guaifenesin/Dextro (Robitussin DM) 120mL	100mg/10mg	4 bottles	#	bottles	#	bottles

1 card equivalent to 30 tablets/capsules. Brand name for reference only.

Updated: 05/8/20

Ordered By (Print):	Date:
Reviewed and Approved By:	Date:



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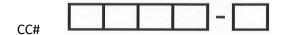
*Per TDOC Policy #113.70, private facilities are excluded from this requirement

Anti-Infectives	Strength	Par Per 1,000	Qty on Hand	Qt	y Needed
Acyclovir (Zovirax)	400mg	2 cards	# cards	#	cards
Amoxicillin	500mg	2 cards	# cards	#	cards
Ampicillin/Sulbactam (Unasyn)	1.5gm	20 vials	# vials	#	vials
Ampicillin/Sulbactam (Unasyn)	3gm	20 vials	# vials	#	vials
Azithromycin (Z-Pak #6 tabs)	250mg	10 packs	# packs	#	packs
Cefazolin	1gm	10 vials	# vials	#	vials
Cefotaxime (Claforan)	1gm	10 vials	# vials	#	vials
Cefotaxime (Claforan)	2gm	10 vials	# vials	#	vials
Ceftazidime	1gm	10 vials	# vials	#	vials
Ceftazidime	2gm	10 vials	# vials	#	vials
Ceftriaxone (Rocephin)	1gm	10 vials	# vials	#	vials
Maalox/Lido/Benadryl (Mary's Magic)	2% susp	2 bottles	# bottles	#	bottles
Ceftriaxone (Rocephin)	2gm	10 vials	# vials	#	vials
Ceftriaxone (Rocephin) for IM Inj.	1gm	10 vials	# vials	#	vials
Ceftriaxone (Rocephin) for IM Inj.	2gm	5 vials	# vials	#	vials
Cefuroxime (Zinacef)	1.5gm	10 vials	# vials	#	vials
Cephalexin (Keflex)	500mg	2 cards	# cards	#	cards
Clindamycin (Cleocin)	150mg	2 cards	# cards	#	cards
Erythromycin (Ery-Tab))	500mg	2 cards	# cards	#	cards
Fluconazole (Diflucan)	100mg	2 cards	# cards	#	cards
For Women and HIV only					
Gentamicin	40mg/ml	10 vials	# vials	#	vials
Imipenem/Cilastatin (Primaxin)	250mg	10 vails	# vials	#	vials
Imipenem/Cilastatin (Primaxin)	500mg	30 vials	# vials	#	vials
Isoniazid (INH)	300mg	2 cards	# cards	#	cards
Ivermectin (Stromectol) tablets	3mg	20 tabs	# tabs	#	tabs
Metronidazole (Flagyl)	250mg	2 cards	# cards	#	cards

1 card equivalent to 30 tablets/capsules. Brand name for reference only.

Updated: 02/07/19

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TDOC UNIVERSAL STOCK MEDICATION LIST*

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Facility Name and Cost Center:	Approx. Census:
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Anti-Infectives - Continued	Strength	Par Per 1,000	Qt	ty on Hand	Qty	Needed
Minocycline (Minocin)	100mg	2 cards	#	cards	#	cards
Nitrofurantoin (MacroBID) (Twice-Daily)	100mg	2 cards	#	cards	#	cards
Oseltamivir (Tamiflu) – TDOC Flu Pandemic	75mg	6 boxes	#	boxes	#	boxes
Oxacillin	1gm	10 vials	#	vials	#	vials
Oxacillin	2gm	10 vials	#	vials	#	vials
Penicillin	250mg	2 cards	#	cards	#	cards
Penicillin	500mg	2 cards	#	cards	#	cards
Penicillin G (Bicillin LA)	1.2MU	2 inj	#	vials	#	vials
Penicillin G (Bicillin LA)	2.4MU	2 inj	#	vials	#	vials
Piperacillin/Tazobactam (Zosyn)	3.375gm	30 vials	#	vials	#	vials
Sulfamethoxazole/TMP (Bactrim DS)	800/160mg	2 cards	#	cards	#	cards
Vancomycin	500mg	20 vials	#	vials	#	vials
Vancomycin	1gm	20 vials	#	vials	#	vials
Anti-Infectives - Tuberculosis	Strength	Par Per 1,000		Qty on Hand	C	ty Needed
Ethambutol	400mg	2 cards	#	cards	#	cards
Isoniazid (INH)	300mg	2 cards	#	cards	#	cards
Pyrazinamide	500mg	2 cards	#	cards	#	cards
Rifampin	300mg	2 cards	#	cards	#	cards
Cardiovascular Agents	Strength	Par Per 1,000		Qty on Hand	C	ty Needed
Amlodipine (Norvasc)	5mg	2 cards	#	cards	#	cards
Clonidine (Catapress)	0.1mg	2 cards	#	cards	#	cards
Clopidogrel (Plavix)	75mg	2 cards	#	cards	#	cards
Digoxin (Lanoxin)	0.125mg	2 cards	#	cards	#	cards
Diltiazem (Cardizem)	60mg	2 cards	#	cards	#	cards
Furosemide (Lasix)	20mg	2 cards	#	cards	#	cards
Hydrochlorothiazide	12.5mg	4 cards	#	cards	#	cards
Lisinopril (Zestril)	10mg	2 cards	#	cards	#	cards
Metoprolol Tart. (Lopressor)	50mg	2 cards	#	cards	#	cards
, ,	50mg 0.4mg	2 cards 2 bottles	#	cards bottles	#	cards bottles

1 card equivalent to 30 tablets/capsules. Brand name for reference only.

Updated: 05/02/19

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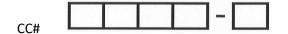
Facility Name and Cost Center:	Approx. Census:
racility Name and Cost Center.	Approx. Census.

Cardiovascular Agents - Continued	Strength	Par Per 1,000	Qt	y on Hand	Qt	y Needed
Simvastatin (Zocor)	20mg	2 cards	#	cards	#	cards
Triamterene/HCTZ (Maxzide)	37.5/25mg	2 cards	#	cards	#	cards
Warfarin (Coumadin)	1mg	2 cards	#	cards	#	cards
Warfarin (Coumadin)	2.5mg	2 cards	#	cards	#	cards
Warfarin (Coumadin)	5mg	2 cards	#	cards	#	cards
Dermatological Agents	Strength	Par Per 1,000	Qty	y on Hand	Qt	y Needed
Analgesic Balm (or comparable Methyl		10 tubes	#	tubes	#	tubes
Salicylate/Menthol combo ointment)						
Benzoyl Peroxide Gel	5%	10 tubes	#	tubes	#	tubes
Calamine Lotion 120mL		10 bottles	#	bottles	#	bottles
Clotrimazole Cream 28gm	1%	4 tubes	#	tubes	#	tubes
Clotrimazole Vaginal Cream 45gm	1%	4 tubes	#	tubes	#	tubes
Bacitracin Oint. (Unit Dose)	500 Unit/G	Boxes	#	boxes	#	boxes
Hydrocortisone 30gm topical	1%	Tubes	#	tubes	#	tubes
Ferric Subsulfate (Monsels Solution)		1 bottle	#	bottles	#	bottles
Permethrin (Nix)	5%	5 tubes	#	tubes	#	tubes
Pyrethrin (RID) 60mL		10 bottles	#	bottles	#	bottles
Tolnaftate cream 30gm tube		tubes	#	tubes	#	tubes
Endocrine – Metabolic Agents	Strength	Par Per 1,000	Qty	y on Hand	Qt	y Needed
Glipizide (Glucotrol)	5mg	2 cards	#	cards	#	cards
Glucose Gel	15gm	9 tubes	#	tubes	#	tubes
Glucagon Emergency Injection	1mg	4 inj	#	Inj	#	inj
Glucose Chewable Tabs (10 tabs per tube)	4gm	9 tubes	#	tubes	#	tubes
Insulin Regular (Novolin R)		40 vials	#	vials	#	vials
Insulin NPH (Novolin N)		30 vials	#	vials	#	vials
Insulin 70/30 (Novolin 70/30)		30 vials	#	vials	#	vials
Metformin (Glucophage)	500mg	2 cards	#	cards	#	cards
Methylprednisolone Succ. (Solu-Medrol)	125mg/2ml	4 vials	#	vials	#	vials
Methylprednisolone Acetate (Depo-Medrol)	40mg/ml	4 vials	#	vials	#	vials
Prednisone	10mg	6 cards	#	cards	#	cards

1 card equivalent to 30 tablets/capsules. Brand name for reference only.

Updated: 03/01/2

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Facility Name and Cost Center:	Approx. Census:
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Gastrointestinal Agents	Strength	Par Per 1,000	Q	ty on Hand	Qt	y Needed
Bisacodyl (Dulcolax)	5mg	4 cards	#	cards	#	cards
Dibucaine oint. 30gm	1%	4 tubes	#	tubes	#	tubes
Docusate (Colace)	100mg	10 cards	#	cards	#	cards
Docusate (Colace) – 1,000 caps	100mg	1 bottle	#	bottles	#	bottles
Docusate (Colace) 30 caps/box	100mg	boxes	#	boxes	#	boxes
Hemorrhoidal/Preparation H Supp.		48 supp	#	supp	#	supp
Lactulose	10mg/15ml	10 bottles	#	bottles	#	bottles
Loperamide (Imodium)	2mg	2 cards	#	cards	#	cards
Mag/Alum/Simeth (Mylanta) tablets*	200/200/25mg	5 bottles	#	bottles	#	bottles
Mineral Oil Enema (Fleet Enema)		4 bottles	#	bottles	#	bottles
PEG/Electrolyte (Golytley)	3350	5 bottles	#	bottles	#	bottles
Ondansetron (Zofran)	4mg	2 cards	#	cards	#	cards
Simethicone 18 tabs/box	125mg	boxes	#	boxes	#	boxes
Gastrourinary Agents	Strength	Par Per 1,000	Q	ty on Hand	Qt	y Needed
Phenazopyridine (Pyridium)	200mg	2 cards	#	cards	#	cards
Sodium Polystyrene Sulfonate (Kayexalate)	15gm/60mL	20 UD	#	UD	#	UD
Neurological Agents	Strength	Par Per 1,000	Q	ty on Hand	Qt	y Needed
Phenytoin (Dilantin)	100mg	2 cards	#	cards	#	cards
Mental Health	Strength	Par Per 1,000	Q	ty on Hand	Qt	y Needed
Risperidone (Risperdal) – PSYCH	1mg	2 cards	#	cards	#	cards
Flavoring Agent (Mental Health)	Strength	Par Per 1,000	Qty	y on Hand	Qty	Needed
Sugar Free Flavoring Agent		1 bottle				

¹ card equivalent to 30 tablets/capsules. Brand name for reference only.

Updated: 07/31/19

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^{*120} tablets per bottle



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Facility Name and Cost Center: _	Approx. Census:

Ophthalmic Preparations	Strength	Par Per 1,000	C	ty on Hand	Q	ty Needed
Artificial Tears	15mL	6 bottles	#	bottles	#	bottles
Flurescein/Benoxinate Opt Solution	5mL	2 bottles	#	bottles	#	bottles
Gentamicin Sulfate Opt Ointment (Gentak)	0.3% - 3.5g	2 tubes	#	tubes	#	tubes
Gentamicin Opt Solution	0.3% - 5 mL	4 bottles	#	bottles	#	bottles
Neo/Polymyx B/Dex Opt Oint(Maxitrol)	3.5g	2 tubes	#	tubes	#	tubes
Neo/Polymyx B/Dex Opt Susp (Maxitrol)	3.5g – 5 mL	2 bottles	#	bottles	#	bottles
Neo/Polymyx B/Gram Opt Sol (Neosporin)	10 mL	2 bottles	#	bottles	#	bottles
Ofloxacin (Ocuflox)	0.3% - 10 mL	2 bottles	#	bottles	#	bottles
Pilocarpine Opt Solution (Isopto Carpine)	1% - 15 mL	2 bottles	#	bottles	#	bottles
Prednisolone Acetate (Pred Forte)	1% - 5 mL	2 bottles	#	bottles	#	bottles
Proparacaine Opt Solution	15 mL	2 bottles	#	bottles	#	bottles
Tropicamide	1% - 15 mL	2 bottles	#	bottles	#	bottles
Acetazolamide Tablets	250mg	4 tablets	#	tablets	#	tablets
Timolol Opt Solution (Timoptic)	0.5%-5mL	1 bottles	#	bottles	#	bottles
Brimonidine Opt Solution (Alphagan)	0.2%-5mL	1 bottles	#	bottles	#	bottles
Pilocarpine Opt Solution (Isopto Carpine)	2%-15mL	1 bottles	#	bottles	#	bottles
Otic Preparations	Strength	Par Per 1,000	C	ty on Hand	Q	ty Needed
Ear Drops – ear wax and removal aid		10 Bottles	#	bottles	#	bottles
(Debrox)						
Ofloxacin (Floxin Otic)	0.3% - 10 mL	2 bottles	#	bottles	#	bottles
Neo/Polymyx B/HC (Cortisporin)	10 mL	2 bottles	#	bottles	#	bottles
Respiratory Agents	Strength	Par Per 1,000	C	ty on Hand	Q	ty Needed
Albuterol Nebulizer Sol. UD 25 – 3mL vials	0.083%	10 boxes	#	boxes	#	boxes
Albuterol HFA	90 mcg/ACT	10 boxes	#	inhalers	#	inhalers
Ipratropium Nebulizer Solution UD	0.02%	4 boxes	#	boxes	#	boxes
Theophylline (Theo-Dur)	200mg	2 cards	#	cards	#	cards

 $^{{\}it 1 card equivalent to 30 tablets/capsules. Brand name for reference only.}$

Updated: 05/20/22

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Facility Name and Cost Center: _____ Approx. Census: _____

Vaccines	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Hepatitis A (Havrix)	1440ELU/mL	10 vials	# vials	# vials
Hepatitis B Recombinant (Heplisav-B)	20mcg/.5mL	20 vials	# vials	# vials
Influenza – seasonal		******	# vials	# vials
Measles, Mumps, Rubella (MMR II) †	0.5/mL	10 vials	# vials	# vials
Pneumococcal (Pneumovax)		4 vials	# vials	# vials
Tetanus/Diphtheria (Td)	0.5/mL	200 SDV	# syg	# syg
Tuberculin (Tubersol) – Brand Name	50 Test/5mL	5 vials	# vials	# vials
Necessary				
Vitamins – Minerals – Dietary	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Supplements				
Potassium Chloride	10 MEq	2 cards	# cards	# cards
Vitamin B6 (Pyridoxine)	50mg	2 cards	# cards	# cards
Vitamin K (Phytonadione)	5mg	1 - 3 tab/card	# cards	# cards
		DSNF: 10 tabs		

1 card equivalent to 30 tablets/capsules. Brand name for reference only.

Updated: 08/19/21

T = Approved for WTRC and DJRC On	ly	/
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TDOC UNIVERSAL STOCK MEDICATION LIST*

INTAKE FACILITIES AND DSNF ADDITIONS

Bold, Italic medications indicate approved nursing protocol medication.

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Facility Name and Cost Center: _	 Approx. Census:

DeBerry Addition – Anti-infectives - HIV	Strength	Max Par	Ot۱	on Hand	Ot	y Needed
Indinavir (Crixivan)	200mg	1 card	#	cards	#	cards
Lamivudine (Epivir)	150mg	1 card	#	cards	#	cards
Nelfinavir (Viracept)	250mg	1 card	#	cards	#	cards
Stavudine (Zerit)	30mg	1 card	#	cards	#	cards
Stavudine (Zerit)	40mg	1 card	#	cards	#	cards
Zidovudine (Retrovir)	300mg	1 card	#	cards	#	cards
DeBerry Additions – Ophthalmic	Strength	Max Par	Qty	on Hand	Qt	y Needed
DeBerry Additions – Ophthalmic Timolol Ophth Solution	Strength 0.25% - 5mL	Max Par 2 bottles	Qty #	on Hand bottles	Qt #	y Needed bottles
·			#		#	<i>'</i>
Timolol Ophth Solution	0.25% - 5mL	2 bottles	#	bottles	#	bottles
Timolol Ophth Solution DeBerry Additions - Gl	0.25% - 5mL Strength	2 bottles Max Par	# Qty	bottles on Hand	# Qt	bottles y Needed
Timolol Ophth Solution DeBerry Additions - Gl Promethazine (Phenergan)	0.25% - 5mL Strength 25 mg	2 bottles Max Par 1 card	# Qty # #	bottles on Hand cards	# Qt # #	bottles y Needed cards

Anti-infectives – HIV (Intake Facilities)	Strength	Max Par	Qty on Hand	Qty Needed
Complera	25mg/200mg/	6 doses	# doses	# doses
(Rilpivirine/Emtricitabine/Tenofovir)	300mg			
Truvada (Emtricitabine/Tenofovir)	200mg/300mg	3 doses	# doses	# doses
Isentress (Raltegravir)	400mg	6 doses	# doses	# doses
Respiratory Agents (Intake Facilities)	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Alvesco (Ciclesonide)	80mcg/ACT	5 inhalers	# inhalers	# inhalers

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Updated:	09/01/	19
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INTAKE FACILITIES AND DSNF ADDITIONS

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Facility Name and Cost Center:	Approx. Census:
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Mental Health- BCCX, DJRC	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Aripiprazole (Abilify)	5mg	2 cards		
Bupropion (Wellbutrin)	75mg	2 cards		
Buspirone (Buspar)	10mg	2 cards		
Citalopram (Celexa)	20mg	2 cards		
Benztropine (Cogentin)	1mg	1 card		
Divalproex Sodium (Depakote)	250mg	2 cards		
Doxepin (Silenor)	50mg	1 card		
Venlafaxine (Effexor)	25mg	2 cards		
Lamotrigine (Lamictal)	25mg	1 card		
Lithium (Eskalith)	150mg	2 cards		
Paroxetine (Paxil)	10mg	1 card		
Fluphenazine (Prolixin)	5mg	1 card		
Fluoxetine (Prozac)	20mg	2 cards		
Nortriptyline (Pamelor)	25mg	2 cards		
Mirtazapine (Remeron)	15mg	2 cards		
Chlorpromazine (Thorazine)	50mg	1 card		
Olanzapine (Zyprexa)	5mg	2 cards		
Perphenazine (Trilafon)	2mg	1 card		
Quetiapine (Seroquel)	50mg	2 cards		
Sertraline (Zoloft)	50mg	2 cards		
Trazodone (Desyrel)	50mg	2 cards		
Ziprasidone (Geodon)	20mg	2 cards		
General Medicine-BCCX, DJRC	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Atenolol (Tenormin)	25mg	2 cards		
Carbamazepine (Tegretol)	100mg	2 cards		
Carvedilol (Coreg)	3.125mg	1 card		
Levetiracetam (Keppra)	500mg	1 card		

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TDOC EMERGENCY UNIVERSAL STOCK MEDICATION LIST

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Facility Name and Cost Center:	Annroy Concue
Facility Name and Cost Center:	Approx. Census:

Medication	Strength	Par Per 1,000		ty on Hand		ty Needed
Atropine	0.4mg/mL	4 vials	#	vials	#	vials
Bacteriostatic Water		4 vials	#	vials	#	vials
Benztropine (Cogentin) – PSYCH	1mg/mL	10 vials	#	vials	#	vials
Benzoin Compound Tincture	2 oz	2 bottles	#	bottles	#	bottles
Calcium Gluconate	10%	2 vials	#	vials	#	vials
Chlorpromazine (Thorazine) – PSYCH	50mg/2mL	10 vials	#	vials	#	vials
Dexamethasone (Decadron)	4mg/mL	4 vials	#	vials	#	vials
Dextrose – PFS	50%	20 PFS	#	PFS	#	PFS
Dextrose/Water	100mL	5 bags	#	bags	#	bags
Dextrose/Water	250mL	5 bags	#	bags	#	bags
Dextrose/Water	500mL	5 bags	#	bags	#	bags
Dextrose/Water	1000mL	5 bags	#	bags	#	bags
Digoxen	0.5mg/2mL	4 vials	#	vials	#	vials
Diphenhydramine (Benadryl) – PSYCH	25mg	2 cards	#	cards	#	cards
Diphenhydramine (Benadryl) – PSYCH	50 mg/1mL	20 vials	#	vials	#	vials
Enoxaparin (Lovenox)	30mg/0.3mL	20 PFS	#	PFS	#	PFS
Enoxaparin (Lovenox)	40mg/0.4mL	20 PFS	#	PFS	#	PFS
Enoxaparin (Lovenox)	60mg/0.6mL	20 PFS	#	PFS	#	PFS
Enoxaparin (Lovenox)	80mg/0.8mL	20 PFS	#	PFS	#	PFS
Epinephrine (1mg/mL)	1:1,000mg/mL	4 vials	#	vials	#	vials
Epinephrine (0.1mg/mL	1:10,000mg/mL	2 vials	#	vials	#	vials
Epinephrine (EpiPen) 2-Pak	0.3 mg/0.3 mL	1 package	#	packages	#	packages
Eye Wash Irrigation Ophth	120mL	4 bottles	#	bottles	#	bottles
Famotidine	10mg/mL	5 vials	#	vials	#	vials
Flumazenil	0.1 mg/mL	2 vials	#	vials	#	vials
Fluphenazine (Prolixin) – PSYCH	2.5mg/mL	10 vials	#	vials	#	vials
Fosphenytoin (Cerebyx)	50mg PE/mL	3 vials	#	vials	#	vials
	(10mL)					
Furosemide	10mg/1mL	3 vials	#	vials	#	vials
GI Cocktail (Medical Use +/- Donnatal)		2 bottles	#	bottles	#	bottles
Magic Mouthwash (Maalox + Viscous						
Lidocaine +/- Diphenhydramine)						

1 card equivalent to 30 tablets/capsules. Brand name for reference only.

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Ordered By (Print):	Date:
Reviewed and Approved By:	Date:



Fax: 1-877-404-1925

TDOC EMERGENCY UNIVERSAL STOCK MEDICATION LIST

*Per TDOC Policy #113.70, private facilities are excluded from this requirement

Facility Names and Cost Conton	Annual Canalla
Facility Name and Cost Center:	Approx. Census:

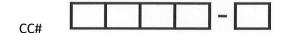
		D D 4 200			~	
Medication	Strength	Par Per 1,000		ty on Hand		y Needed
Haloperidol (Haldol) – PSYCH	5mg	2 cards	#	cards	#	cards
Haloperidol Lactate (Haldol) – PSYCH	5mg/mL	20 vials	#	vials	#	vials
Hep Lock Flush – PFS	100units/mL	120 PFS	#	vials	#	vials
Hydroxyzine – PSYCH	25mg	2 cards	#	cards	#	cards
Hydroxyzine – PSYCH	100mg/2mL	10 vials	#	vials	#	vials
Labetalol	5mg/2mL	5 vials	#	vials	#	vials
Lactated Ringers	1000mL	50 bags	#	bags	#	bags
Lidocaine	1%	3 vials	#	vials	#	vials
Lidocaine with Epi	1%	2 vials	#	vials	#	vials
Lidocaine	2%	3 vials	#	vials	#	vials
Lidocaine with Epi	2%	2 vials	#	vials	#	vials
Maalox/Lidocaine/Benadryl (Mary's	2% Suspension	2 bottles	#	bottles	#	bottles
Magic Mouthwash)						
Naloxone Nasal (Narcan Nasal Spray)	4mg/0.1mL	20 boxes	#	boxes	#	boxes
Ondansetron (Zofran)	2mg/mL	10 vials	#	vials	#	vials
Ranitidine	25mg/mL	10 vials	#	vials	#	vials
Silver Sulfadiazine Cream	25gm	10 tubes	#	tubes	#	tubes
Sodium Chloride 0.9% for Injection	10mL	200 vials	#	vials	#	vials
Sodium Chloride 0.9% ADD-Vantage	50mL	50 bags	#	bags	#	bags
Sodium Chloride 0.9% ADD-Vantage	100mL	50 bags	#	bags	#	bags
Sodium Chloride 0.9% IV	100mL	100 bags	#	bags	#	bags
Sodium Chloride 0.9% ADD-Vantage	250mL	50 bags	#	bags	#	bags
Sodium Chloride 0.9% IV	250mL	100 bags	#	bags	#	bags
Sodium Chloride 0.9% IV	500mL	100 bags	#	bags	#	bags
Sodium Chloride 0.9% IV	1000mL	100 bags	#	bags	#	bags
Ziprasidone (Geodon	20mg/mL	20 vials	#	vials	#	vials

1 card equivalent to 30 tablets/capsules. Brand name for reference only.

Updated: 05/02/19

Medication	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Adenosine – DEBERRY ONLY	6mg/2mL	2 vials	# vials	# vials
Bupivacaine – DEBERRY ONLY	0.25%	3 vials	# vials	# vials
Bupivacaine with EPI – DEBERRY ONLY	0.25%	2 vials	# vials	# vials

Ordered By (Print):	Date:
,	
Reviewed and Approved By:	Date:



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TDOC UNIVERSAL STOCK MEDICATION LIST*						
CONTROLLED SUBSTANCE STOCK MEDICATION LIST						
*Per TDOC Policy #113.70, private facilities are excluded from this requirement						
Facility Name and Cost Center: Approx. Census:						
Medication	Strength	Max Par	Qt	y on Hand	Qt	y Needed
Codeine/APAP (Tylenol #3)	30mg/300mg	2 boxes	#	boxes	#	boxes
Codeine/APAP (Tylenol #4)	60mg/300mg	2 boxes	#	boxes	#	boxes
Hydrocodone/APAP (Norco)	5mg/325mg	4 boxes	#	boxes	#	boxes
Hydrocodone/APAP (Norco)	10mg/325mg	4 boxes	#	boxes	#	boxes
Hyoscyamine/Atropine/Scopolamine/ Phenobarbital (Donnatal)	16.2mg	1 card	#	cards	#	cards
Lorazepam (Ativan) – PSYCH	2mg/mL	10 vials	#	vials	#	vials
Lorazepam (Ativan) – Medical for Seizure	2mg/mL	6 vials	#	vials	#	vials
Phenobarbital	16.2mg	1 box	#	boxes		
Phenobarbital	130mg/mL	2 vials	#	vials	#	vials
Tramadol (Ultram)	50mg	4 cards	#	cards	#	cards
1 card equivalent to 30 tablets/capsules. Bro	and name for reference	ce only.		Up	dated	d: 01/20/16
Ordered By (Print):			Da	te:		
Signature:			Tin	ne:		
Physician Signature:			Da	te:		



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DIALYSIS TN STOCK MEDICATION LIST

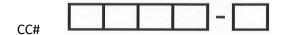
Facility Name and Cost Center: 6501 Dialysis

Analgasias and Anti Inflammaton.	Ctropath	Dorlovol		tt. on Hand	0+	v Noodod
Analgesics and Anti-Inflammatory Agents	Strength	Par Level	u	ty on Hand	Qt	y Needed
Acetaminophen (Tylenol) – 1,000 tabs	325mg	1 bottle	#	bottles	#	bottles
Ibuprofen (Advil – 500 tabs)	200mg	1 bottle	#	bottles	#	bottles
Antihistamines and Cough	Strength	Par Level	O	ty on Hand	Qt	y Needed
Medications	3			. ,		,
Diphenhydramine (Benadryl)	25mg	8 cards	#	cards	#	cards
Diphenhydramine (Benadryl)	50mg/vial	10 vials	#	vials	#	vials
Anti-Infectives	Strength	Par Level	Q	ty on Hand	Qt	y Needed
Gentamycin	80mg	48 vials	#	vials	#	vials
Tobramycin	80mg	25 vials	#	vials	#	vials
Vancomycin	1gm	20 vials	#	vials	#	vials
Cardiovascular Agents	Strength	Par Level	Q	ty on Hand	Qt	y Needed
Alteplase (Activase)	2mg	4 bottles	#	bottles	#	bottles
Clonidine (Catapress)	0.1mg	12 cards	#	cards	#	cards
Nitroglycerin SL (#25)	0.4mg (1/150)	2 bottles	#	bottles	#	bottles
Dermatological Agents	Strength	Par Level	Q	ty on Hand	Qt	y Needed
Mupirocin (Bactroban) Ointment	1 oz	10 tubes	#	tubes	#	tubes
Endocrine – Metabolic Agents	Strength	Par Level	Q	ty on Hand	Qt	y Needed
Paricalcitol (Zemplar)	5mcg	50 vials	#	vials	#	vials
Gastrointestinal Agents	Strength	Par Level	Q	ty on Hand	Qt	y Needed
Loperamide (Imodium)	2mg	4 cards	#	cards	#	cards
Calcium Carbonate (Tums)		4 bottles	#	bottles	#	bottles
Promethazine (Phenergan)	25mg/mL	10 vials	#	vials	#	vials
Hematological agents	Strength	Par Level	Q	ty on Hand	Qt	y Needed
Epoetin Alfa (Retacrit)	2,000mcg	48 vials	#	vials	#	vials
Epoetin Alfa (Retacrit)	3,000mcg	48 vials	#	vials	#	vials
Epoetin Alfa (Retacrit)	4,000mcg	20 vials	#	vials	#	vials
Epoetin Alfa (Retacrit)	10,000mcg	12 vials	#	vials	#	vials
Epoetin Alfa (Retacrit)	40,000mcg	12 vials	#	vials	#	vials
Vitamins – Mineral – Dietary	Strength	Par Level	Q	ty on Hand	Qt	y Needed
Supplements						
Ferric Gluconate (Nulecit)	62.5mg	80 vials	#	vials	#	vials
Iron Sucrose	20mg	40 vials	#	vials	#	vials

1 card equivalent to 30 tablets/capsules. Brand name for reference only.

Updated: 11/05/20

Date:	
Date:	
	Date: Date:



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DIALYSIS TN STOCK MEDICATION LIST

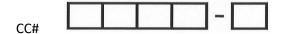
Facility Name and Cost Center: 6501 Dialysis

Fluids	Strength	Par Level	Qty o	n Hand	Qty	/ Needed
Sodium Chloride 0.9%	100mL	100 bags	#	bags	#	bags
Sodium Chloride 0.9%	250mL	100 bags	#	bags	#	bags
Sodium Chloride 0.9%	1000mL	500 bags	#	bags	#	bags
Sodium Chloride 23.4%	4mEq	100 bags	#	bags	#	bags
Sterile Water	10mL	10 vials	#	vials	#	vials

¹ card equivalent to 30 tablets/capsules. Brand name for reference only.

Updated: 01/20/16

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Reviewed and Approved by	Date



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DENTAL CARDS

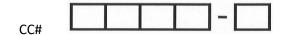
Cards must be signed by a Dentist

Facility Name and Cost Center:	Approx. Census:	_ Date:
racility Name and Cost Center.	Approx. Cerisus.	_ Date

Medication	Directions	Par Per 1,000		Qty on Hand	N	Qty eeded
Acetaminophen #30/card	Take 2 tablets 4 times daily as needed for pain	10 cards	#	cards	#	cards
Amoxicillin 250mg #30/card	Take 1 capsule 3 times a day until gone	10 cards	#	cards	#	cards
Amoxicillin 500mg #30/card	Take 1 capsule 3 times a day until gone	10 cards	#	cards	#	cards
Cephalexin 500mg #30/card	Take 1 capsule 3 times a day until gone	10 cards	#	cards	#	cards
Clindamycin 150mg #30/card	Take 2 capsules every 8 hours until gone	10 cards	#	cards	#	cards
Minocycline 100mg #20/card	Take 1 capsule 2 times a day until gone	10 cards	#	cards	#	cards
Ibuprofen 600mg #30/card	Take 1 tablet 3 times a day as needed **Take with food**	30 cards	#	cards	#	cards
Naproxen 500mg #30/card	Take 1 tablet twice a day **Take with food**	10 cards	#	cards	#	cards
Mobic 7.5mg #30/card	Take 1 tablet 2 times a day **Take with food**		#	cards	#	cards
Penicillin 500mg #30/card	Take 1 tablet 3 times a day until gone	15 cards	#	cards	#	cards
Bactrim DS 800mg/160mg #20/card	Take 1 tablet 2 times a day until gone	15 cards	#	cards	#	cards

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1 card equivalent to 30 tablets/capsules. Brand name for reference only.		Updated: 02/28/2
Ordered By (Print):	Date:	
Reviewed and Approved By:	Date:	



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TN PRACTITIONER CARDS

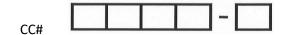
INVENTORY AND REORDER FORM

MUST BE SIGNED BY, AND ISSUED BY, THE SITE MEDICAL DIRECTOR

Facility Name and Cost Center:	Approx. Census:
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MEDICATIONS	DIRECTIONS	REORDER RX#	QUANTITY ON HAND	QUANTITY REQUESTED
ALBUTEROL INHALER	Use 1-2 puffs every 4 hours as			
90mcg/act (Ventolin)	needed.			
AMOXICILLIN 500mg #30	Take 1 cap 3 times a day till gone.			
CEPHALEXIN 500mg #30	Take 1 cap 3 times a day till gone.			
CLINDAMYCIN 150mg #30	Take 2 caps every 8 hours for 10 days.			
MINOCYCLINE 100mg #20	Take 1 cap 2 times a day till gone.			
ERYTHROMYCIN 333mg #30	Take 1 tab 3 times a day till gone.			
IBUPROFEN 600mg #30	Take 1 tab 3 times a day as needed. **Take with Food**			
MELOXICAM 15mg #30	Take 1 tab daily. **Take with Food**			
METRONIDAZOLE 500mg #30	Take 1 tabs 3 times a day till gone.			
NAPROXEN 500mg #30	Take 1 tab twice a day. **Take with Food**			
PENICILLIN VK 500mg #30	Take 1 tab 3 times a day till gone.			
PREDNISONE 10mg DOSEPAK	Take as directed on package till gone.			
SULFAMETH/TRIMETH DS 800mg/160mg #20	Take 1 tab 2 times a day till gone.			

	Updated:02/	<i>'05/21</i>
Ordered By (Print):	Date:	
Reviewed and Approved By:	Date:	



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TDOC UNIVERSAL STOCK MEDICATION LIST*

Debra K. Johnson Rehabilitation Center (DJRC) ADDITIONS

Use is restricted to OB Specialist Recommendation

*Per TDOC Policy #113.70, private facilities are excluded from this requirement

Facility Name and Cost Center:		Approx. Census:		
OB Specialty-DJRC	Strength	Par	Qty on Hand	Qty Needed
Rhogam	1500 Units	1		
1 card equivalent to 30 tablets/capsu	ies. Brana name for referenc	e oniy.	Upo	dated: 08/19/21
Ordered By (Print):			Date:	
Reviewed and Approved By:			Date:	



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TDOC UNIVERSAL STOCK MEDICATION LIST*

WEST TENNESSEE PENITENTIARY SITE 2 ADDITIONS

Use is restricted to WEST TENNESSEE PENITENTIARY SITE 2 MAT PROGRAM

*Per TDOC Policy #113.70, private facilities are excluded from this requirement

Facility Name and Cost Center: ______ Approx. Census: _____

MAT Program Medication-WTSP (Site 2)	Strength	Par	Qty on Hand	Qty Needed
Buprenorphine Tablet (Subutex)	2mg			
Buprenorphine Tablet (Subutex)	8mg			

Distributed in Manufacturer Bottle from Cardinal

Updated: 05/25/21

Ordered By (Print):***Should Be Ordered Via Cardinal Web Portal ***_ Date:	
Reviewed and Approved By: Date:	