



Universal Stock Medication List

Tennessee Department of Correction

Updated 05/20/22

Kenneth Wiley, MD

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

05/24/2022

Date

CC#

				-	
--	--	--	--	---	--

Tennessee Department of Correction Central Pharmacy
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*

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

Anti-Infectives	Strength	Par Per 1,000	Qty on Hand		Qty 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) For Women and HIV only	100mg	2 cards	#	cards	#	cards
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

Ordered By (Print): _____ Date: _____

Reviewed and Approved By: _____ Date: _____

CC#

--	--	--	--	--

 -

--

Tennessee Department of Correction Central Pharmacy

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*

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

Cardiovascular Agents - Continued	Strength	Par Per 1,000	Qty on Hand	Qty 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 on Hand	Qty Needed
Analgesic Balm (or comparable Methyl Salicylate/Menthol combo ointment)		10 tubes	# tubes	# tubes
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 on Hand	Qty 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: 03/01/22

Ordered By (Print): _____ Date: _____

Reviewed and Approved By: _____ Date: _____

CC#

				-	
--	--	--	--	---	--

Tennessee Department of Correction Central Pharmacy

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*

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

Gastrointestinal Agents	Strength	Par Per 1,000	Qty on Hand	Qty 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	Qty on Hand	Qty 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	Qty on Hand	Qty Needed
Phenytoin (Dilantin)	100mg	2 cards	# cards	# cards
Mental Health	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Risperidone (Risperdal) – PSYCH	1mg	2 cards	# cards	# cards
Flavoring Agent (Mental Health)	Strength	Par Per 1,000	Qty 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

*120 tablets per bottle

Ordered By (Print): _____ Date: _____

Reviewed and Approved By: _____ Date: _____

CC#

--	--	--	--	--	--

 -

--

Tennessee Department of Correction Central Pharmacy

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*

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

Ophthalmic Preparations	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Artificial Tears	15mL	6 bottles	# bottles	# bottles
Fluorescein/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	Qty on Hand	Qty Needed
<i>Ear Drops – ear wax and removal aid (Debrox)</i>		10 Bottles	# bottles	# bottles
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	Qty on Hand	Qty Needed
<i>Albuterol Nebulizer Sol. UD 25 – 3mL vials</i>	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

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

Updated: 05/20/22

Ordered By (Print): _____ Date: _____

Reviewed and Approved By: _____ Date: _____

CC# -

Tennessee Department of Correction Central Pharmacy

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*

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 (Hepelisav-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 Necessary	50 Test/5mL	5 vials	# vials	# vials
Vitamins – Minerals – Dietary Supplements	Strength	Par Per 1,000	Qty on Hand	Qty Needed
Potassium Chloride	10 MEq	2 cards	# cards	# cards
Vitamin B6 (Pyridoxine)	50mg	2 cards	# cards	# cards
Vitamin K (Phytonadione)	5mg	1 – 3 tab/card DSNF: 10 tabs	# cards	# cards

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

Updated: 08/19/21

† = ***Approved for WTRC and DJRC Only***

Ordered By (Print): _____ Date: _____

Reviewed and Approved By: _____ Date: _____

CC# -

Tennessee Department of Correction Central Pharmacy

Fax: 1- 877-404-1925

TDOC UNIVERSAL STOCK MEDICATION LIST*

INTAKE FACILITIES AND DSNF ADDITIONS

Bold, Italic medications indicate approved nursing protocol medication.

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

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

DeBerry Addition – Anti-infectives - HIV	Strength	Max Par	Qty on Hand	Qty 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	Qty Needed
Timolol Ophth Solution	0.25% - 5mL	2 bottles	# bottles	# bottles
DeBerry Additions - GI	Strength	Max Par	Qty on Hand	Qty Needed
Promethazine (Phenergan)	25 mg	1 card	# cards	# cards
Promethazine (Phenergan)	25 mg/mL	10 vials	# vials	# vials
DeBerry Additions – Colon Prep	Strength	Max Par	Qty on Hand	Qty Needed
Magnesium Citrate Liquid	1.745g/30mL	15 bottles	# bottles	# bottles

Anti-infectives – HIV (Intake Facilities)	Strength	Max Par	Qty on Hand	Qty Needed
Complera (Rilpivirine/Emtricitabine/Tenofovir)	25mg/200mg/ 300mg	6 doses	# doses	# doses
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

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

Updated: 09/01/19

Ordered By (Print): _____ Date: _____

Reviewed and Approved By: _____ Date: _____

CC#

--	--	--	--	--	--

 -

--

Tennessee Department of Correction Central Pharmacy

Fax: 1- 877-404-1925

TDOC UNIVERSAL STOCK MEDICATION LIST*

INTAKE FACILITIES AND DSNF ADDITIONS

Bold, Italic medications indicate approved nursing protocol medication.**Per TDOC Policy #113.70, private facilities are excluded from this requirement*

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

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		
Benzotropine (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		

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

Updated: 08/19/21

Ordered By (Print): _____ Date: _____

Reviewed and Approved By: _____ Date: _____

CC#

--	--	--	--	--	--

 -

--

Tennessee Department of Correction Central Pharmacy**Fax: 1- 877-404-1925****TDOC EMERGENCY UNIVERSAL STOCK MEDICATION LIST****Per TDOC Policy #113.70, private facilities are excluded from this requirement*

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

Medication	Strength	Par Per 1,000	Qty on Hand	Qty 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 Magic Mouthwash)	2% Suspension	2 bottles	# bottles	# bottles
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: _____

CC#

--	--	--	--

 -

--

Tennessee Department of Correction Central Pharmacy**Fax: 1- 877-404-1925****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	Qty on Hand	Qty 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. Brand name for reference only.**Updated: 01/20/16*

Ordered By (Print): _____ Date: _____

Signature: _____ Time: _____

Physician Signature: _____ Date: _____

CC#

--	--	--	--	--	--

 -

--

Tennessee Department of Correction Central Pharmacy

Fax: 1- 877-404-1925

DIALYSIS TN STOCK MEDICATION LIST

Facility Name and Cost Center: 6501 Dialysis

Analgesics and Anti-Inflammatory Agents	Strength	Par Level	Qty on Hand	Qty Needed
Acetaminophen (Tylenol) – 1,000 tabs	325mg	1 bottle	# bottles	# bottles
Ibuprofen (Advil – 500 tabs)	200mg	1 bottle	# bottles	# bottles
Antihistamines and Cough Medications	Strength	Par Level	Qty on Hand	Qty Needed
Diphenhydramine (Benadryl)	25mg	8 cards	# cards	# cards
Diphenhydramine (Benadryl)	50mg/vial	10 vials	# vials	# vials
Anti-Infectives	Strength	Par Level	Qty on Hand	Qty Needed
Gentamycin	80mg	48 vials	# vials	# vials
Tobramycin	80mg	25 vials	# vials	# vials
Vancomycin	1gm	20 vials	# vials	# vials
Cardiovascular Agents	Strength	Par Level	Qty on Hand	Qty Needed
Alteplase (Activase)	2mg	4 bottles	# bottles	# bottles
Clonidine (Catapres)	0.1mg	12 cards	# cards	# cards
Nitroglycerin SL (#25)	0.4mg (1/150)	2 bottles	# bottles	# bottles
Dermatological Agents	Strength	Par Level	Qty on Hand	Qty Needed
Mupirocin (Bactroban) Ointment	1 oz	10 tubes	# tubes	# tubes
Endocrine – Metabolic Agents	Strength	Par Level	Qty on Hand	Qty Needed
Paricalcitol (Zemplar)	5mcg	50 vials	# vials	# vials
Gastrointestinal Agents	Strength	Par Level	Qty on Hand	Qty 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	Qty on Hand	Qty 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 Supplements	Strength	Par Level	Qty on Hand	Qty Needed
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

Ordered By (Print): _____ Date: _____

Reviewed and Approved By: _____ Date: _____

CC#

				-	
--	--	--	--	---	--

Tennessee Department of Correction Central Pharmacy

Fax: 1- 877-404-1925

DIALYSIS TN STOCK MEDICATION LIST

Facility Name and Cost Center: 6501 Dialysis

Fluids	Strength	Par Level	Qty on 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

Ordered By (Print): _____ Date: _____

Reviewed and Approved By: _____ Date: _____

CC#

--	--	--	--

 -

--

Tennessee Department of Correction Central Pharmacy**Fax: 1- 877-404-1925****DENTAL CARDS*****Cards must be signed by a Dentist***

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

Medication	Directions	Par Per 1,000	Qty on Hand	Qty Needed
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

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

Updated: 02/28/20

Ordered By (Print): _____ Date: _____

Reviewed and Approved By: _____ Date: _____

CC#

				-	
--	--	--	--	---	--

Tennessee Department of Correction Central Pharmacy

Fax: 1- 877-404-1925

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: _____

MEDICATIONS	DIRECTIONS	REORDER RX#	QUANTITY ON HAND	QUANTITY REQUESTED
ALBUTEROL INHALER 90mcg/act (Ventolin)	Use 1-2 puffs every 4 hours as 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:02/05/21

Ordered By (Print): _____ Date: _____

Reviewed and Approved By: _____ Date: _____

CC#

				-	
--	--	--	--	---	--

Tennessee Department of Correction Central Pharmacy

Fax: 1- 877-404-1925

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/capsules. Brand name for reference only.

Updated: 08/19/21

Ordered By (Print): _____ Date: _____

Reviewed and Approved By: _____ Date: _____

CC#

				-	
--	--	--	--	---	--

Tennessee Department of Correction Central Pharmacy

Fax: 1- 877-404-1925

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: _____