

2023 REGULATION DRUG SCHEDULES

SCHEDULE 1 – SUBSTANCES ADMINISTERED BY INJECTION INTO THE FOOT

- Betamethasone sodium phosphate beta-acetate
- Dexamethasone sodium phosphate
- Hydrocortisone sodium succinate
- Methylprednisolone acetate
- Triamcinolone acetonide
- Denatured alcohol 4% (ethyl alcohol)
- Bupivacaine
- Lidocaine hydrochloride (with or without epinephrine)
- Mepivacaine hydrochloride
- B12- Cyanocobalamin

SCHEDULE 2 – DRUGS FOR TOPICAL USE

Topical Antibacterial Agents – for the purpose of managing superficial bacterial infections of the foot:

- Bacitracin
- Framycetin sulfate
- Fusidic acid
- Gentamicin sulfate
- Mupirocin
- Silver sulfadiazine
- Erythromycin
- Bacitracin/neomycin sulphate
- Neomycin sulphate/polymyxin B sulphate/bacitracin
- Neomycin sulphate/polymyxin B sulphate/gramicidin

Topical Antifungal Agents – for the purpose of managing fungal and/or yeast infections of the skin and nails of the foot:

- Ciclopirox olamine
- Clotrimazole
- Ketoconazole
- Miconazole nitrate
- Nystatin
- Terbinafine HCl
- Tolnaftate cream
- Undecylenic acid
- Efinaconazole
- Clioquinol

Topical Antipruritic and Local Anesthetic Agents – for the purpose of decreasing or eliminating sensation in an area of skin of the foot to relieve inflammatory skin symptoms or prior to injection or superficial procedures:

- Benzocaine
- Lidocaine
- Prilocaine
- Topical Nonsteroidal Anti-inflammatory Agents – for the purpose of relieving inflammation and pain in structures of the foot:
 - Diclofenac
 - Ketoprofen
 - Piroxicam
 - Sulindac

Topical Corticosteroid Agents – for the purpose of treating inflammatory manifestations of corticosteroid responsive dermatoses in structures of the foot:

- Amcinonide
- Betamethasone dipropionate
- Betamethasone valerate
- Desoximetasone
- Flumethasone/clioquinol
- Fluocinonide
- Halcinonide
- Hydrocortisone
- Hydrocortisone 17 valerate
- Mometasone furoate
- Triamcinolone acetonide

Topical Emollients, Keratolytic, and Miscellaneous Skin Agents – for the management of hyperkeratotic, inflammatory, and/or infectious skin conditions of the foot, adjunct treatment of fungal nails, and/or chemical destruction of miscellaneous skin and nail lesions:

- Salicylic Acid (70% or less)
- Urea (50% or less)
- Ammonium lactate (12% or less)
- Cantharidin (1% or less)
- Silver Nitrate (95% or less)
- 5-Fluorouracil (5% or less)
- Podophyllin (2% or less)
- Lactic acid (16.7% or less)
- Imiquimod (3.75% w/w)
- Pimecrolimus (1% w/w)
- Calcipotriol (50 mcg/g)
- Collagenase

SCHEDULE 2 – DRUGS FOR ORAL USE

Oral Penicillin Antibacterial Agents – for the purpose of managing susceptible bacterial infections of foot wounds (traumatic, post-op complications), cellulitis, lacerations/punctures, abscesses, and/or surgical prophylaxis:

- Amoxicillin
- Amoxicillin/Clavulanic acid
- Cloxacillin
- Oral First-Generation Cephalosporin Agents – for the purpose of managing susceptible bacterial infections of foot wounds (traumatic, post-op complications), cellulitis, lacerations/punctures, abscesses, and/or surgical prophylaxis:
 - Cefadroxil
 - Cephalexin

Oral Erythromycin and Macrolide Agents – for the purpose of managing susceptible bacterial infections of foot wounds (traumatic, post-op complications), cellulitis, lacerations/punctures, abscesses, and/or surgical prophylaxis:

- Erythromycin
- Azithromycin
- Clarithromycin

Oral Quinolone Agents – for the purpose of managing susceptible bacterial infections of foot wounds (traumatic, post-op complications), cellulitis, lacerations/punctures, abscesses, and/or surgical prophylaxis:

- Ciprofloxacin
- Levofloxacin
- Moxifloxacin

Oral Sulfonamide Agents – for the purpose of managing susceptible bacterial infections of foot wounds (traumatic, post-op complications), cellulitis, lacerations/punctures, abscesses, and/or surgical prophylaxis:

- Sulfamethoxazole/trimethoprim

Oral Tetracycline Agents – for the purpose of managing susceptible bacterial infections of foot wounds (traumatic, post-op complications), cellulitis, lacerations/punctures, abscesses, and/or surgical prophylaxis:

- Tetracycline
- Doxycycline

Oral Lincomycins – for the purpose of managing susceptible bacterial infections of foot wounds (traumatic, post-op complications), cellulitis, lacerations/punctures, abscesses, and/or surgical prophylaxis:

- Clindamycin

Oral Metronidazole – for the purpose of managing susceptible anaerobic bacterial infections of foot wounds (traumatic, post-op complications), cellulitis, lacerations/punctures, and abscesses:

- Metronidazole

Oral Nonsteroidal Anti-Inflammatory Agents – for the purpose of relieving inflammatory conditions or pain of the foot:

- Diclofenac potassium
- Diclofenac sodium
- Diflunisal
- Ibuprofen
- Indomethacin
- Meloxicam
- Ketorolac tromethamine (maximum daily dosage of 10 mg every 4-6 hours, as needed for pain, with the total dosage not to exceed 4 doses per day, or 40 mg in total per day, for a maximum duration of 5 days)
- Naproxen
- Naproxen sodium
- Tiaprofenic acid
- Celecoxib
- Ketoprofen
- Piroxicam
- Sulindac

Oral Misoprostol – to be prescribed only in conjunction with Nonsteroidal Anti-inflammatory Agents for the purpose of preventing gastric bleeding, in the course of engaging in the practice of chiropody:

- Misoprostol

Oral Azole Agents – for the purpose of managing fungal and/or yeast infections of the skin and nails of the foot:

- Itraconazole
- Fluconazole

Oral Allylamine Agents – for the purpose of managing fungal and/or yeast infections of the skin and nails of the foot:

- Terbinafine

Oral First-Generation Antihistamines – for use in the management of nausea/vomiting, pruritis, urticaria, and/or allergic symptomatology, in the course of engaging in the practice of chiropody:

- Diphenhydramine
- Promethazine
- Hydroxyzine

Oral Second-Generation Antihistamines – for use in the management of pruritis, urticaria, and/or allergic symptomatology, in the course of engaging in the practice of chiropody:

- Cetirizine

Oral Histamine H2-Antagonists – to be prescribed only in conjunction with Nonsteroidal Anti-inflammatory Agents for the purpose of preventing gastric bleeding, in the course of engaging in the practice of chiropody:

- Cimetidine
- Nizatidine

SCHEDULE 3 – ANXIOLYTICS

Benzodiazepines for Oral Use: for the purpose of treatment of anxiety before and during surgical procedures and to provide minimal sedation during surgical procedures:

- Diazepam – individual dosing range of 2.5-10 mg, with 10 mg being the maximum individual dose, every 6-12 hours. Maximum total dosage not to exceed 40 mg within 24 hours. Maximum total duration not to exceed 24 hours
- Lorazepam – individual dosing range of 0.5-1 mg, with 1 mg being the maximum individual dose, every 12 hours. Maximum total dosage not to exceed 2 mg within 24 hours. Maximum total duration not to exceed 24 hours
- Triazolam – individual dosing range of 0.125 to 0.25 mg, with 0.25 mg being the maximum individual dose, limited to a single dose, with the total dosage not to exceed 0.25 mg per day, for a maximum duration of 1 day
- Alprazolam – individual dosing range of 0.25 to 0.5 mg, with 0.5 mg being the maximum individual dose, limited to a single dose, with the total dosage not to exceed 0.5 mg per day, for a maximum duration of 1 day

SCHEDULE 4 – NARCOTICS

Narcotics for Oral Use: for the purpose of treatment of acute moderate to severe pain related to surgical procedures and trauma as an adjunct to appropriate non-pharmacological pain management options:

- Tramadol – individual dosing range of 50-100 mg, with 100 mg being the maximum individual dose, 3-4 times a day, with the total dosage not to exceed 400 mg per day, for a maximum duration of 3 days
- Oxycodone (5 mg) with Acetaminophen (325 mg) – individual dosing range of 1-2 tablets, with 2 tablets being the maximum individual dose, every 4-6 hours as needed, with the total dosage not to exceed 6 tablets per day, for a maximum duration of 3 days
- Codeine (15 mg) with Acetaminophen (300 mg) and Caffeine (15 mg) – individual dosing range of 1-2 tablets, with 2 tablets being the maximum individual dose, every 4-6 hours as needed, with the total dosage not to exceed 12 tablets per day, for a maximum duration of 3 days
- Codeine (30 mg) with Acetaminophen (300 mg) and Caffeine (15 mg) – individual dosing range of 1-2 tablets, with 2 tablets being the maximum individual dose, every 4-6 hours as needed, with the total dosage not to exceed 12 tablets per day, for a maximum duration of 3 days