This document has two lists: Professional Service Area Items (Schedule II) and Professional Products Area Items (Schedule III). Within each list, drugs are categorized according to their common indications for use. These lists are meant to be used as a resource and are not exhaustive. The Drug Schedules Regulation is available on the College website.

### PROFESSIONAL SERVICE AREA ITEMS (SCHEDULE II)

Below are drugs listed in Schedule II of the Drug Schedules Regulation to the Pharmacists, Pharmacy Operations and Drug Scheduling Act. Schedule II drugs may be sold by a pharmacist on a non-prescription basis and which must be retained within the Professional Service Area of the pharmacy where there is no public access and no opportunity for patient self-selection.

<table>
<thead>
<tr>
<th><strong>ALLERGY, COUGH &amp; COLD PREPARATIONS</strong></th>
<th><strong>ANTI-PARASITICS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Codeine (exempted products: ≤8mg/solid unit OR ≤20mg/30mL)</td>
<td>Permethrin</td>
</tr>
<tr>
<td>Cyroheptadine</td>
<td>Pyrantel</td>
</tr>
<tr>
<td>Fluticasone 50mcg/spray (labelled for use in ≥18 years old) AND &gt;360 metered sprays/package</td>
<td>Piperonyl butoxide</td>
</tr>
<tr>
<td>Pseudoephedrine (single entity)</td>
<td></td>
</tr>
<tr>
<td>Triamcinolone acetonide 55mcg/spray (labelled for use in ≥12 years old) AND &gt;120 metered sprays/package</td>
<td></td>
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<tr>
<td>Xylometazoline hydrochloride (for pediatric use)</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>ANALGESICS</strong></th>
<th><strong>FEMININE PRODUCTS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen &amp; ibuprofen, oral fixed-dose combinations (containing &gt;20,000mg acet or &gt;6,000mg ibuprofen per package)</td>
<td>Levonorgestrel ≤1.5mg (when NOT labelled to be taken as a single dose of 1.5mg, NOT labelled for emergency contraception, &gt;1 tab/package)</td>
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<tr>
<td>ASA ≤80mg and ≤24’s</td>
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<tr>
<td>ASA PR ≤150mg</td>
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</tr>
<tr>
<td>Codeine (exempted products: ≤8mg/solid unit OR ≤20mg/30mL)</td>
<td></td>
</tr>
<tr>
<td>Diclofenac diethylamine, single ingredient &gt;1.16% to ≤2.32% (topical use on skin for ≤7 days) AND &gt;2.6g of diclofenac diethylamine per package</td>
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</tbody>
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<thead>
<tr>
<th><strong>ANTIEMETICS</strong></th>
<th><strong>GI: ACID CONTROLLERS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dimenhydrinate (for parenteral use)</td>
<td>Omeprazole 20mg daily dose x 14 days (max 280mg omeprazole per package AND indicated for heartburn)</td>
</tr>
<tr>
<td>Diphenhydramine (for parenteral use)</td>
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<tr>
<td>Promethazine</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>GI: ANTIDIARRHEAL</strong></th>
<th><strong>GI: LAXATIVES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Loperamide (in products marketed for pediatric use &lt;12 years old)</td>
<td>Sodium picosulfate for oral purgatives</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>GI: LAXATIVES</strong></th>
<th><strong>SKIN PRODUCTS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Diphenhydramine &gt;2% (for topical use)</td>
</tr>
<tr>
<td></td>
<td>Lidocaine (for topical use on mucous membranes)</td>
</tr>
<tr>
<td></td>
<td>Urea &gt;25%</td>
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</tbody>
</table>
**PROFESSIONAL PRODUCTS AREA ITEMS (SCHEDULE III)**

Below are drugs listed in **Schedule III** of the [Drug Schedules Regulation](#) to [The Pharmacists, Pharmacy Operations and Drug Scheduling Act](#). Schedule III drugs may be sold by a pharmacist to any person from the self-selection Professional Products Area of a licensed pharmacy.

### ALLERGY, COUGH AND COLD PREPARATIONS
- Cetirizine (≤10mg for pediatric use <12 years old)
- Desloratidine (pediatric use <12 years old)
- Dextromethorphan when DM base >300mg/pack or DM Hydrobromide >409.3mg/pack
- Doxylamine
- Fluticasone 50mcg/spray (labelled for use in ≥18 years old) AND ≤360 metered sprays/package
- Loratidine (pediatric use <12 years old)
- Pseudoephedrine (combination products)
- Sodium cromoglycate (<2% for ophthalmic OR intranasal use)
- Triamcinolone aqueous nasal spray 55mcg/spray (label for use in ≥12 years old) AND ≤120 metered spray per package

### ANALGESICS & MUSCLE RELAXANTS
- Acetaminophen in sustained release formulation: >650mg/unit or >50 units/pack
- Acetaminophen & ibuprofen, oral fixed-dose combinations (containing ≤20,000mg acetaminophen or <6,000mg ibuprofen per package)
- ASA PO ≥650mg
- ASA PO 81mg (adult use)
- ASA PR >150mg
- Chlorzoxazone
- Diclofenac diethylamine, single ingredient >1.16% to ≤2.32% (topical use on skin for ≤7 days) AND max 2.6g of diclofenac diethylamine per package
- Diphenhydramine
- Ibuprofen ≤400mg/unit with >18000mg/package
- Ibuprofen (modified-release dosage form ≤600mg/unit)
- Methocarbamol
- Orphenadrine citrate

### EYE AND EAR PREPARATIONS
- Antipyrine (for otic use)
- Bacitracin (for ophthalmic use)
- Gramicidin (for ophthalmic use)
- Polymyxin (for ophthalmic use)
- Sodium cromoglycate (≤2% for ophthalmic use)

### FEMININE PRODUCTS
- Clotrimazole (for intra-vaginal use)
- Fluconazole (150mg x1 dose)
- Levonorgestrel 1.5mg when labelled to be taken as a single dose of 1.5mg AND for emergency contraception AND max 1 tab/package
- Miconazole (for vaginal use)

### GI: ACID CONTROLLERS (INDICATED FOR TREATMENT OF HEARTBURN)
- Cimetidine ≤100mg/unit
- Famotidine ≤20mg/unit when >600mg/package
- Ranitidine ≤150mg when >4500mg/package
- Esomeprazole 20mg daily dose x 14 days (max 280mg esomeprazole per package)

### GI: ANTINAUSEANTS
- Dimenhydrinate (for oral or rectal use)

### GI: HEMORRHOID PREPARATIONS
- Pramoxine (for topical use on mucous membranes)

### GI: LAXATIVES
- Bisacodyl PO ≥5mg/unit (containing ≥105mg per package) OR PR ≥10mg/unit (containing ≥50mg bisacodyl per package)
- Lactulose

### HAIR CARE
- Dimeticone 100 cSt solution 50% w/w (topical use for head lice)

### ORAL PRODUCTS
- Tetracaine (for topical use on mucous membranes)

### SKIN PRODUCTS
- Diphenhydramine ≤2% for topical use when sold in containers of >300mg diphenhydramine HCl
- Lidocaine & Prilocaine
- Nystatin (topical)

### SLEEPING AIDS
- Diphenhydramine
EXAMPLE 1:

I have a product containing 30 tabs of ranitidine 150mg. What schedule is it?

The total amount of ranitidine in this product is: 30 tabs x 150mg/tab = 4500mg. Therefore, it is an unscheduled product as it does not contain more than 4500mg of ranitidine per package size. However, if the product contains more than 30 tabs of ranitidine 150mg, it will be a schedule 3 product.

EXAMPLE 2:

I have a topical product containing diclofenac diethylamine 2.32% in a variety of sizes. They are labelled for use on the skin for not more than 7 days. How can I tell if they are schedule 2 or schedule 3?

For a topical product containing 2.32% of diclofenac diethylamine (dd), its drug schedule depends on the total amount of dd contained in the package size. It is schedule 2 if it contains >2.6g dd per package size, whereas it is schedule 3 if it contains ≤2.6g dd per package size.

\[
\frac{2.32 \text{ g}}{100 \text{ g}} = \frac{2.6 \text{ g}}{x \text{ g}}
\]

\[
x = 112.07 \text{ g}
\]

Therefore, a product containing 2.32% of dd is Schedule 2 product when the package size is greater than 112g, whereas it is schedule 3 when the package size is less than or equal to 112g.

What about a 150g tube of diclofenac diethylamine 1.16% gel?

It is an unscheduled product. It is only schedule 2 or 3 when it contains greater than 1.16% of dd.

EXAMPLE 3:

I have a topical product containing 2% w/v diphenhydramine HCl in a 59mL tube. What schedule is it?

\[
2 \text{ g} \cdot \frac{100 \text{ mL}}{59 \text{ mL}} = x \text{ g}
\]

\[
x = 1.18 \text{ g}
\]

Therefore, it is a Schedule 3 product as it contains more than 300mg of diphenhydramine HCl.

EXAMPLE 1:

Is there a quick way to determine if a typical cough and cold product for adults (codeine-free) should be placed in the lock and leave section (schedule 3)?

Check if the product has an antihistamine.

1) If yes, check what antihistamine it has:
   a) if it is any of the 3D’s: dexbrompheniramine, diphenhydramine, doxylamine \( \rightarrow \) Lock and Leave (Schedule 3)
   b) if it is: brompheniramine, chlorpheniramine, pheniramine \( \rightarrow \) Check the total amount of DM in the entire package. See 2a and 2b below.
   c) if not listed above \( \rightarrow \) check the drug schedule

2) If no, look at the total amount of DM in package size.
   a) If > 300mg/package \( \rightarrow \) Lock and Leave (Schedule 3)
   b) If ≤ 300mg/package \( \rightarrow \) Unscheduled