



## 2025 SREMS Medication Formulary

<b>Required Formulary Items</b>					
<b>Medication</b>	<b>Level</b>	<b>Route</b>	<b>Concentration</b>	<b>REMAC Required*</b>	<b>Minimum Per Unit</b>
Acetaminophen	AEMT	PO	325mg/10.15mL	2	650mg
Adenosine	CC/P	Rapid IV Push	6mg/2mL	5	30mg
Afrin (Oxymetazoline)	CC/P	IN	0.05%	1 Bottle	1 Bottle
Albuterol	EMT	Nebulized	2.5mg/3mL	4	10mg
Amiodarone	CC/P	IV Bolus or Drip	150mg/3mL	4	600mg
Aspirin	EMT	PO	81mg Tablet	4	324mg
Atropine Sulfate	CC/P	IV Bolus	1mg/10mL	3	3mg
Atrovent (Ipratropium) (1)	EMT	Nebulized	0.5mg/2.5mL	3	1.5mg
Calcium Chloride	P	IV Bolus	1g/mL	1	1g
Benadryl (Diphenhydramine)	CC/P	Slow IV Bolus	50mg/mL	1	50mg
Decadron (Dexamethasone)	CC/P	PO, IM, Slow IV Bolus	10mg/mL	1	10mg
Cardizem (Diltiazem)	CC/P	Slow IV Bolus	25mg/5mL	3	75mg
Epinephrine 1:1 (2)	EMT	IM, Nebulized (CC/P)	1mg/mL	4	4mg
Epinephrine 1:10	AEMT	IV Bolus, IV Drip (P)	1mg/10mL	5	5mg
Glucagon	AEMT	IM	1mg/mL	1	1mg
Glucose Paste	EMT	PO	15g/Tube	1	15g
Ibuprofen	AEMT	PO	100mg/5mL	4	400mg
Lidocaine	CC/P	IV Bolus, IV Drip	100mg/5mL	3	300mg
Magnesium Sulfate	CC/P	IV Bolus, IV Drip	1g/2mL	4	4g
Metoprolol	CC/P	Slow IV Bolus	5mg/5mL	3	15mg
Narcan (Naloxone)	EMT	IM, IN, IV Bolus	2mg/2mL	3	6mg
Nitroglycerine (3)	AEMT	Sublingual	0.4mg ODT	15	6mg
Norepinephrine	CC/P	IV Drip	4mg/4mL	1	4mg
Ondansetron	CC/P	IM, Slow IV Bolus	4mg/2mL	2	8mg
Sodium Bicarbonate	P	IV Bolus	50mEq/50mL	1	50mEq
Tetracaine (4)	CC/P	Ophthalmic	0.5%	1 Bottle	1 Bottle
Toradol (Ketorolac)	CC/P	IM, IV Bolus	15mg/mL	1	15mg
<b>Required Infusion Items</b>					
Dextrose 10%	AEMT	IV Bolus, IV Drip	1g/mL	2	50g
Sodium Chloride 0.9%	AEMT	IV Bolus, IV Drip	100mL	4	400mL
Sodium Chloride 0.9%	AEMT	IV Bolus, IV Drip	250mL	2	500mL
Sodium Chloride 0.9%	AEMT	IV Bolus, IV Drip	1000mL	4	4000mL

\* The "REMAC Required" amounts are based on the concentrations listed in this table. Excluding the required infusion items, different concentrations of these medications are permitted; however, the total amount of the medication carried must meet or exceed the minimums listed in the final column.

- (1) A combination unit dose (such as a DuoNeb) may be carried in place of Atrovent (Ipratropium).
- (2) Two milligrams of the four required may be substituted for one (1) adult and one (1) pediatric EpiPen.
- (3) A metered dose nitroglycerine spray may be used instead of tablets.
- (4) Tetracaine is only required if Morgan Lenses are utilized.



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<b>Required Controlled Substances for Advanced Life Support Services</b>					
<b>Medication</b>	<b>Level</b>	<b>Route</b>	<b>Concentration</b>	<b>REMAC Required</b>	<b>Minimum Per Unit</b>
Fentanyl	CC/P	IM, IN, IV Bolus	100mcg/2mL	2	200mcg
Ketamine (5)	P	IM, IN, IV Bolus	500mg/5mL	2	1000mg
Midazolam	CC/P	IM, IN, IV Bolus	5mg/5mL	4	20mg
Morphine	CC/P	IM, IV Bolus	10mg/mL	2	20mg

(5) Applicable to Paramedic level agencies only.

<b>Optional Formulary Items</b>					
<b>Medication</b>	<b>Level</b>	<b>Route</b>	<b>Concentration</b>	<b>REMAC Required</b>	<b>Minimum Per Unit</b>
Acetaminophen	P	IV Drip	1,000mg/100mL	1	1000mg
Cefazolin	P	IV Drip	2g/100mL	1	2g
Epinephrine (Racemic 2.25%)	P	Nebulized	11.25mg/3mL	2	22.5mg
Etomidate	CC/P	Slow IV Bolus	20mg/10mL	4	80mg
Moxifloxacin	EMT	PO	400mg Tablet	1	400mg
Nitroglycerine	P	IV Bolus	5mg/mL	1	5mg
Nitrous Oxide	AEMT	Inhalation	30%	1	M9 Cylinder or smaller
Olanzapine	P	IM	10mg Vial	1	10mg
Olanzapine	P	Sublingual	5mg ODT	1	5mg
Ondansetron	CC/P	Sublingual	4mg ODT	2	8mg
Tranexamic Acid (TXA)	P	IV Drip	1g/10mL	2	2g

The above listed medications are approved for use by ambulance services in the Susquehanna Region; however, REMAC approval may be needed prior to implementation to ensure appropriate training and CQI processes are in place.

[Please contact director@srems.com](mailto:director@srems.com) prior to implementation.

<b>*Optional RSI Formulary</b>					
<b>Medication</b>	<b>Level</b>	<b>Route</b>	<b>Concentration</b>	<b>REMAC Required</b>	<b>Minimum Per Unit</b>
Rocuronium	P-RSI	IV Bolus	100mg/10mL	2	200mg
Succinylcholine	P-RSI	Rapid IV Push	200mg/10mL	1	200mg

\* Agencies and providers **must** meet all requirements of REMAC Policy No. 321 to administer RSI medications.

[Contact director@srems.com](mailto:director@srems.com) before implementing the above listed medications.