



Recommended Urgent Care Center Formulary

Introduction

This formulary provides guidance on essential medications for Urgent Care centers, aligning with the Standards set forth in the Commission on Ambulatory and Urgent Care Quality (CAUCQ) 2026 Guidelines. The intent is to define two tiers of medication lists. First, a core formulary outlines the absolute minimum set of medications that must be available in all accredited Urgent Care centers, regardless of their individual scope of services. These medications are primarily required for emergency stabilization and life-threatening conditions, representing the baseline pharmacologic readiness necessary to meet CAUCQ guidelines. Second, an expanded formulary is organized by diagnosis or treatment category and includes additional medications required based on each Urgent Care organization’s documented scope of practice. This two-tiered approach allows for flexibility and scalability while maintaining clinical readiness and patient safety. Centers are strongly encouraged to regularly review and update their formulary (annually, at a minimum) to ensure it remains in line with their scope of practice, local regulations, and current clinical best practices.

Core Medication Formulary (Minimum Required for Certification)

These medications are required in all CAUCQ-Certified Urgent Care centers, regardless of age group or scope of practice:

Medication	Form	Rationale	Note
Epinephrine 1mg/1mL (1:1000)	IM	anaphylaxis	
Epinephrine 1mg/10mL (1:10,000)	IV	cardiac arrest	
Antihistamine	IV/IM or oral	Allergic Reaction	Diphenhydramine or cetirizine
Albuterol	Inhaled	bronchospasm	nebulized or metered dose inhaler
Glucose	oral	hypoglycemia	
Naloxone	IV/IM or Intranasal	opioid overdose	
Aspirin	chewable	acute coronary syndrome	May be excluded for pediatric (only) urgent care
Ondansetron	oral dissolvable and injectable	nausea/emesis management	
Acetaminophen	oral (tab, cap, or liquid formulation)	fever/pain	
Ibuprofen	oral (tab, cap, or liquid formulation)	fever/pain	

Scope-Based Medication Recommendations

This document outlines the medications that Urgent Care centers should maintain based on their scope of practice. For each clinical service or diagnosis offered, a sub-list provides guidance, distinguishing between required medications—which must be stocked if the service is provided—and optional medications, which may be beneficial but not mandatory.

A) Laceration Management / Minor Procedures

Required:

- Injectable anesthetic (e.g., Lidocaine 1% or 2% with or without epinephrine, bupivacaine)
- Topical antibiotics (e.g., mupirocin, bacitracin)
- Tetanus vaccine (Td and/or Tdap)

Optional:

- Bupivacaine – longer-acting local anesthetic
- LET gel (lidocaine-epinephrine-tetracaine topical)

B) Orthopedic Injuries / Fracture Management

Required:

- Acetaminophen and Ibuprofen (oral and liquid)

Optional:

- Ketorolac (injectable NSAID)
- Lidocaine (injectable for hematoma block or reductions)

C) Chest Pain

Required:

- Aspirin (chewable) – for acute coronary syndrome (*excluding for pediatric centers*)

Optional:

- Nitroglycerin (sublingual tablets or spray) – for chest pain

D) Infectious Disease – STIs

Required:

- Ceftriaxone (injectable) – for gonorrhea treatment

Optional:

- Azithromycin (oral) – chlamydia treatment
- Metronidazole (oral) – trichomoniasis or BV
- Doxycycline (oral) – alternative to azithromycin
- Penicillin G benzathine (injectable)- syphilis

E) Hypoglycemia

Required:

- Oral glucose product

Optional:

- Glucagon

F) Asthma / Respiratory Illness

Required:

- Albuterol nebulization solution, MDI, or DPI

Optional:

- Corticosteroid (oral or injectable e.g., prednisone, dexamethasone) – for asthma exacerbation or croup
- Ipratropium bromide (neb) – for moderate/severe exacerbations
- Ipratropium bromide 0.5 mg and albuterol 3mg neb combo solution for nebulization
- Racemic epinephrine – for management of moderate to severe croup

G) GI Complaints / Dehydration

Required:

- Ondansetron (oral and/or injectable)

Optional:

- Oral rehydration solutions (e.g., Pedialyte or store brand equivalent, popsicle)
- Antacids (e.g., Maalox)
- Normal saline for IV hydration

H) Allergic Reactions / Anaphylaxis

Required:

- Epinephrine 1mg/mL (1:1000)
- Epinephrine 10mg/mL (1:10,000)
- Antihistamine (diphenhydramine or cetirizine)
- Albuterol (neb or MDI)

Optional:

- Cetirizine (oral)
- H2 Antagonist (e.g., famotidine)

I) Pain Management

Required:

- Acetaminophen (oral and liquid)
- Ibuprofen (oral and liquid)

Optional:

- Ketorolac (injectable)
- Lidocaine (for local anesthesia)

J) Ophthalmic Injury

Required:

- Ophthalmic diagnostic stain (i.e. Fluorescein)
- Ophthalmic anesthetic (i.e. proparacaine or tetracaine)

K) Burns

Required:

- Topical antibiotic (i.e. bacitracin or triple antibiotic)

L) ENT Complaints

Optional:

- Nasal oxymetazoline spray (for epistaxis control, or nasal foreign body)
- Cerumenolytics for cerumen removal

Notes on Storage and Oversight

- Regularly review all emergency medications to check for expiration and integrity.
- Store all medications according to the manufacturer's guidelines.
- Securely store and track DEA Schedule II-V drugs in compliance with all federal and state regulations.
- For multidose vials, track the date of first use and the beyond-use date (BUD) in addition to the expiration date in accordance with the manufacturer's instructions for use.
- For reconstituted medications, track the date of reconstitution and/or the beyond-use date (BUD) in addition to the expiration date in accordance with the manufacturer's instructions for use. <https://www.jointcommission.org/en-us/knowledge-library/support-center/standards-interpretation/standards-faqs/000001529>