



PHC MEDI-CAL

Formulary 2017

Pharmacy TAR Submission

Providers submitting POS claims through MedImpact:

PHC *Medi-Cal* PARx Online TAR

<https://parx.partnershiphp.org>

Providers using PHC *direct billing* methods:

e.g., Medical Offices or infusion pharmacies which
will be submitting claims to PHC claims department

[PHC Medi-Cal TAR Form](#)

FAX (707) 863-4330

Inquiries about agents not listed in this formulary PDF may be directed to the pharmacy department help desk or found by using the [PHC Formulary Search Tool](#). Non-formulary products with prior authorization criteria are listed in separate documents on the PHC website: [TAR Criteria Table](#). Changes occur to the formulary throughout the year; please make note of the formulary changes sent out in the Pharmacy & Provider Newsletters.

PHC CONTACT INFORMATION

4665 Business Center Dr., Fairfield, CA 94534

PHONE DIRECTORY

PHC Member Services Call Center (Members & Providers)	(800) 863-4155 (707) 863-4120
PHC Member Services Automated Eligibility (Providers)	(707) 863-4140
PHC Provider Relations (Prescribers Only)	(707) 863-4100
PHC Pharmacy Services (Pharmacies & Prescribers Only)	(707) 863-4414
MedImpact Pharmacy Help Desk (Online claim assistance)	(800) 788-2949

WEB SERVICES

Partnership HealthPlan of California Homepage
PHC Formularies*: PHC Medi-Cal Formularies Epocrates Formulary Search Tool
<i>*Electronic document hyperlinks. If viewing from a printed version, see Appendix for full web address.</i>
TARs on the Web: PHC Medi-Cal PDF TAR form to print, complete & FAX PARx Online Pharmacy Medi-Cal* TAR (Pharmacy providers only at this time)

FAX NUMBERS

GENERAL FAXES & TARs FOR MEDICAL OFFICE OR CLINIC ADMINISTERED DRUGS: Use this FAX number when claims for drug services requiring a TAR will be billed directly to PHC Claims Dept (whether manually or electronically via PHC's Claims website), using HCPCS codes and using HCPCS billing units for units of service.	(707) 863-4330
TARs for PHARMACY Electronic (POS/PBM) Claims Only: Use this FAX number when a claim requiring a TAR will be billed online at Point-of-Sale (POS) via PBM (MedImpact), using product NDC and metric quantity. PARx is the preferred method for submitting pharmacy TARs to PHC; pharmacies enrolled in PARx should only use this FAX in the event that PARx access is unavailable.	(707) 419-7900

PHC Pharmacy Information

The Partnership HealthPlan of California (PHC), with direction from the Pharmacy & Therapeutics (P&T) Committee and Physician Advisory Committee (PAC), has developed formularies for its line of business, Medi-Cal. These committees will continue to update and revise the formulary throughout the year, following evidenced-based practices. Consideration is given to quality of care and sound pharmacoeconomic principles. [P & T agenda outcomes](#) are posted quarterly on PHC's website. This guide includes the basic pharmacy formulary (abridged, not comprehensive) for the Medi-Cal line of business.

ABOUT THE 2017 PHC FORMULARY GUIDE:

Due to frequent formulary changes made throughout each calendar year, PHC will no longer be distributing annual printed copies of the formulary. By accessing the formulary online, providers will be assured that current formulary information is available for reference. The 2017 Formulary Guide will be updated on a monthly basis, to ensure continued accuracy throughout the year, regardless of formulary maintenance and P & T changes.

There has been an update to the format of the Formulary Guide: the guide is now organized by therapeutic class, with agents in alphabetical order by product label name within each class.

To easily find a drug by brand or generic name, use your browser's search/find feature (control-F) to search within the PDF. If you have downloaded and saved a PDF to your computer, control-F works as well; however, it is advised to use the online version rather than a previously saved copy, to make sure the most up-to-date version is being viewed.

Additional formulary information (limits, restrictions, drugs not listed in this guide) as well as non-formulary drug restrictions/criteria can be obtained using the [PHC Pharmacy Search Tool](#) or [Epocrates Online \(for desktop/laptop computers\)](#) or the **Epocrates* smartphone app**. Prescribers and pharmacies may also call PHC Pharmacy Services department for additional information; members may contact PHC Member Services.

**Note for Epocrates App users (phones, tablets): PHC submits updated formulary data to Epocrates quarterly. Remember to perform Epocrates app updates frequently so that your app is accessing the most recent formulary data.*

ABBREVIATIONS, TERMS, ACRONYMS & SYMBOLS USED BY PHC:

BRAND NAMES: Trade name/patent drugs. Unless otherwise stated, ***the brand names shown in the formulary guide are non-formulary when an equivalent generic is approved by the FDA.*** Brand names used in this formulary guide are representative only, for ease of drug recognition by providers. Generic products must be dispensed whenever possible, as required by the Formulary Utilization Management Initiative (refer to State's Medi-Cal program). TAR consideration for brand names may require any or all of the following per PHC policy #MPRP4033. Prescriber's evaluation & assessment of signs/symptoms of generic failure, documentation that generic has actually been dispensed (e.g., copy of pharmacy profile), completion of FDA MedWatch form to document problem with a generic product, trial of more than one generic source product, trial of alternate products in same therapeutic category.

CARVE-OUT DRUGS: These are Prescription services that are not included in PHC's scope of coverage, but are covered (or covered with prior authorization) by State Medi-Cal Fee-For-Service. These drugs remain a potential benefit for eligible PHC members *through State Medi-Cal*, but PHC is not financially responsible and all claims for these drugs (including secondary copays) must be reimbursed through the State Medi-Cal program. Note that carve-out status is assigned to specific drugs by DHCS, regardless of indication for use.

CCS: California Children's Services-- a state program for children up to 21 years old with certain health problems. When a PHC member also has CCS, CCS is primary in most counties and must be billed prior to billing PHC for any service related to the CCS eligible condition for which the child has CCS coverage. Rx claims in all counties except Marin, Napa, Solano & Yolo are billed using the State's CCS billing procedures rather than billing to PHC due to "Carve-Out" status (see above). In the event there is no current CCS SAR, claims for agents that are commonly used to treat CCS eligible conditions may be screened for CCS eligibility & referral by PHC via the TAR process—the TAR will be considered for short-term coverage by PHC while CCS reviews the case. CCS programs in Marin, Napa, Solano & Yolo counties are administered by PHC rather than the State, thus claims & TARs in these counties are submitted to PHC the same as a non-CCS member. Note: Although not required by PHC to obtain a SAR prior to submitting a TAR, if the provider does already have a SAR, the SAR should be included with the TAR documents faxed to PHC for members in Marin, Napa, Solano & Yolo counties, as this does help facilitate the TAR review.

CCS ELIGIBLE PHARMACY SERVICES: CCS covered prescriptions include agents in the following treatment categories: cardiology, neurology, endocrinology, oncology, hematology, metabolism disorders, gastroenterology, ophthalmology, rheumatology & other connective tissue/musculoskeletal disorders, pulmonology, nephrology, immunology and severe skin/subcutaneous conditions. Disabling injuries may also be eligible for CCS services.

CMS: Centers for Medicare & Medicaid Services. The US Federal agency which administers Medicare (A, B & D), Medicaid/Medi-Cal and the Children's Health Insurance programs.

CODE 1 MEDICATIONS: Code 1 medications are formulary, but the use is limited to a specific medical condition, failure/intolerance to 1st line therapy, member's place of residence, or other stipulated restriction(s). Although Code 1 restricted drugs do not require a TAR when the Code 1 restriction is met, pharmacy providers must maintain documentation that the drug is being dispensed according to the Code 1 restriction. Any other use of the drug is considered non-formulary and requires a TAR. To facilitate filling of a Code 1 prescription, prescribers should write the member's diagnosis, and any other Code 1 criteria if met, on the prescription.

DEFERRED: Also referred to as “Pended”: A Medi-Cal TAR that is on hold, waiting for additional information as requested by PHC. *This is not the same as a denial – a “deferred” TAR is not denied, but additional information needs to be submitted in a timely manner for completion of the review.* An administrative denial will occur if the requested information is not received by PHC within 14 business days of the date of deferral.

DESI: Drug Efficacy Study Implementation. A program started in the 1960’s by the FDA with the goal of evaluating all medications for efficacy as well as safety. The program was intended to classify all drugs placed on the market prior to 1962, which had been in use without any prior efficacy studies. A DESI drug is any drug that lacks substantial evidence of effectiveness and safety.

DISPENSING LIMITS: Formulary use of the medication is limited to the specified dispensing quantity, duration of use or member age. An approved TAR is required for dispensing a drug that exceeds the designated limit.

DOLLAR LIMITS: PHC’s Medi-Cal have an online adjudication limit of \$500 for any single claim, for most drugs. Claims submitted for more than \$500 will require a TAR, even if on formulary, unless otherwise indicated by the symbol #. Those with the # symbol have been assigned a higher limit, to facilitate claim processing without plan oversight. In general however, formulary claims exceeding \$500 are subject to TAR review by PHC for verification of dose/prescribing (eg, does drug match the diagnosis, is the dose appropriate), billing errors, medical necessity, potential cost-benefit considerations with other formulary agents, etc. Compound prescription claims using formulary ingredients have a \$50 limit (see PHC’s Pharmacy Procedure Manual for instructions on submitting compound claims & TARs), with TAR required on claims > \$50.

DUAL ELIGIBLE: Medi-Cal members who are also eligible for Medicare, whether or not they are actually enrolled in Medicare. Medi-Cal is always secondary to Medicare, thus if patient is eligible for Medicare, Medicare must be billed before PHC. Dual eligible individuals are required to join either a Medicare prescription drug plan or a Medicare Advantage plan, and there is a process by which CMS auto-enrolls members into Medicare upon becoming eligible. However, if a member is not yet enrolled in Medicare, but is eligible for Medicare, there is a process by which pharmacies can enroll patients in Part D at Point-of-Sale (LINET program, administered by Humana). CMS Excluded & DESI drugs may be submitted to PHC for Medi-Cal coverage consideration, however note that many DESI drugs are also exempt from Medi-Cal &/or PHC benefits; drugs that are non-formulary on member’s Part D (but not excluded per CMS) must go through the prior authorization procedures with the Part D plan (including Part D Appeals) rather than PHC. Pharmacies may submit a TAR to PHC for consideration of Part B copays & deductibles; PHC is federally prohibited from paying any Part D copays or deductibles.

eCOB: Electronic coordination of benefits. The ability to transmit & adjudicate electronically (online) the portion of the primary insurance claim that is the patient’s responsibility, to the secondary insurance. Co- pays over \$50 require a TAR when PHC is the secondary payer; please note on the TAR the copay and submit with an eCOB form, including any/all known reason(s) for the high copay (deductibles, non-formulary w/ primary, etc). If Rx is non-formulary or non-preferred with the primary, prior auth should be sought with the primary before submitting a TAR to PHC. PHC formulary restrictions may be applied. If Rx is “refill too soon” or “M/I day supply” or any other administrative denial with the primary, those issues must be resolved with the primary before submitting claim to PHC. Per CMS Federal regulations, PHC is not responsible for any Part D copays, deductibles or “donut hole” (gap) amounts.

F: Formulary. Note that additional restrictions may apply. A formulary agent may be subject to dollar limit, age, quantity, dosage form, Code 1, specific NDC requirement, CCS referral, or other limitations which necessitate a TAR despite formulary status.

EXCLUDED DRUGS: These are agents that have been excluded from Part D by Federal CMS regulation, and are typically not a covered benefit by Medicare D plans. Excluded Drugs include: drugs covered exclusively by Part A or B, drugs with “less than effective” DESI status, OTCs, Rx vitamin & mineral supplements (except niacin, prenatal & fluoride products), cough & cold agents, fertility agents, agents for weight gain/loss (except megestrol), agents for cosmetic use. *Drugs which are excluded from PART D coverage per CMS may be eligible for coverage through the member’s secondary Medi-Cal (PHC) coverage, depending on the drugs’ PHC formulary status (eg, some drugs which are excluded from CMS for Part D are also excluded from PHC coverage due to state operational instruction determination).*

Note: “CMS Excluded” is NOT the same as being non-formulary, “Formulary Exempt” or “Excluded from formulary”. An agent may be non-formulary on a specific Part D plan, but not CMS excluded. Conversely, a drug may be a CMS excluded drug, but a Part D plan may choose to include it on the formulary. Since Medicare is primary over Medicaid/Medi-Cal programs, PHC requires that prior auth (CDF) be sought with the member’s primary Part D insurance, including any necessary appeals before submitting a TAR to PHC.

MAC: Maximum Allowable Cost. Used to calculate reimbursement rates for generically available products. Third party payers utilize MAC pricing for many generics rather than the manufacturers’ AW Ps. MAC lists are not standardized – each PBM or insurer determines its own MAC.

MC: Medi-Cal. Used in this document to designate PHC’s Medi-Cal line of business. PHC contracts with the STATE to provide medical services to the Medi-Cal eligible population in certain counties: Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity & Yolo. PHC is a separate entity from “State Medi-Cal” PHC utilizes its own formulary & criteria derived from evidenced-based medicine and approved by both a Pharmacy & Therapeutics Committee and a Physicians’ Advisory Committee, and is made comparable to the State Medi-Cal contract drug list by including at least one drug to treat each major therapeutic class covered by State Medi-Cal.

NEW STARTS: Depending on context, can be either an initial claim/TAR with PHC or patient new to treatment.

NE: Non-Formulary. A TAR (Treatment Authorization Request, also referred to as a prior authorization) is required for coverage.

OVER-THE-COUNTER MEDICATION (OTC’s) & Medical Supplies: PHC’s Medi-Cal formulary offers a selection of covered OTC items & medical supplies. A prescription is required for both formulary OTC claims and non- formulary OTC requests. PHC’s Medi-Cal formulary includes “wrap benefit” coverage for dual eligible members (members with both Medi-Cal and Medicare) – this allows Medi-Cal members to obtain formulary OTC products at no charge if the product is excluded from Medicare.

PBM: Pharmacy Benefits Manager. A PBM is a third party administrator of prescription drug plans. The PBM for PHC is MedImpact. The PBM is primarily responsible for processing and paying drug claims. MedImpact is a separate entity from PHC, contracted by PHC for online claims adjudication, provider reimbursement & support.

PDP: Prescription Drug Plan, usually used in reference to a member’s Medicare Part D plan, but could refer to any primary drug benefit.

QL: Quantity Limit. A drug may be limited to maximum daily, monthly, yearly or lifetime usage.

SECONDARY INSURANCE: When patients have more than one medical &/or prescription insurance, one is assigned as the primary and the other is secondary—meaning reimbursement for services is the responsibility of the primary insurance first. The secondary is billed only after the primary. A secondary insurance may utilize its own formulary restrictions. State funded programs are always secondary to any private or federal insurance plans—i.e., they are the payers of last resort. All reimbursement issues should be resolved with the primary insurance before submitting a TAR to PHC – this includes using the allowed day's supply, using the primary's formulary preferred agents, obtaining prior auth from the primary for non- preferred or non-formulary items, etc. **NOTE:** Discount plans are NOT to be considered primary to PHC, and the member's discounted price is NOT to be submitted to PHC as a "copay". **Discount Rx programs CANNOT be used in conjunction with any state or federally funded program, including PHC.**

STEP AGENT, OR STEP THERAPY EDIT: Online approval without a TAR requires prior treatment with prerequisite drug therapy. Member must have had a previous trial of one or more designated 1st line agent(s) *paid by MedImpact* within a designated time frame in order for claim to adjudicate without a TAR. TARs submitted for STEP agents are needed when there is no qualifying claim in the claim history look-back period; in the event that a TAR is needed for a STEP item, additional criteria may have been established by P & T, over & above what is equal to the electronic step edit.

TREATMENT AUTHORIZATION REQUEST (TAR): A prior authorization request form for PHC services. The following are examples of claims which require prior authorization (TAR) before reimbursement can be made:

- Drugs shown as "NL" (not listed) in the online formulary search tool
- Drugs listed in the formulary for informational purposes, but status is non-formulary
- Drugs listed as needing CCS screening for eligibility
- Brand name drugs when an equivalent generic is available
 - *NOTE: If a prior authorization is obtained for a single-source drug (no generic available at the time of TAR review), that authorization is for the drug entity only (generic component) which happens to only be available as brand at the time of review. If during the life of the TAR or upon TAR renewal, a generic equivalent has been approved by the FDA and is available in the market, generic substitution is required for the TAR to continue to allow paid claims. If continued use of brand is medically necessary, a new TAR must then be submitted for the brand with adequate documentation of medical necessity per PHC Policy MPRP4033.*
- Prescriptions not meeting a Code 1 restriction
- Prescriptions exceeding a designated dispensing limit
- Any single claim that exceeds plan dollar limits
- Non-formulary agents that were previously approved by another plan (including State Medi-Cal)
- Agents that are STEP with no claims for the prerequisite step therapies on member's PHC profile within the specified look-back period
- Agents designated as "Specialty Pharmacy Item" when being dispensed by a retail pharmacy
- Non-formulary requests for members with CCS in Marin, Napa, Solano & Yolo counties, even when there is a valid SAR. (Managed Care PBMs cannot access or implement State/Xerox SAR data, therefore a PHC TAR is required for communication of the authorization data to the PBM).

Prior authorizations must be requested by the provider (pharmacy or prescriber) by completing the TAR submission process, either by PARx online TAR application or FAX. **Retroactive TAR's must be received by PHC within fifteen (15) business days of the requested start date of service.** To facilitate prompt determination of the TAR, and to minimize the need for communication between the prescriber, the pharmacy, and PHC staff, prescribers are encouraged to include the following information, as appropriate, on the front or back of the written prescription, or as additional info faxed to patient's pharmacy for medications requiring a TAR:

- **Diagnosis:**
 - TARs must have an accurate diagnosis (preferably with specific ICD-10) provided by the physician. The diagnosis info must be specific for the patient & drug in question. Dispensing pharmacy staff is asked NOT to complete this section on the TAR without checking with the prescriber, as many drugs have multiple indications & the Dx should never be assumed based on a common use. An incorrect Dx may cause further delay of the review process.
- **ONLINE TAR SUBMISSION:** If prescriber does not provide an ICD-10, pharmacy must use default ICD # 000000, and include diagnosis description in the written justification portion of the TAR.
- **Other Formulary Medications** tried and nature of the failure.
- **Clinical Justification** for the use of a non-formulary drug, including relevant lab results & medical history.

➔ Remember “DOC”– **D**iagnosis, **O**thers tried & **C**linical justification

TAR's submitted to PHC without the above information may be denied due to insufficient information for clinical review or may be deferred by PHC for further information and placed in “Pended” status, awaiting response from provider. If denied due to insufficient information, the request may be resubmitted with a new completed TAR form & the required information at any time, since the new submission is treated as a new TAR. Responses to deferred/pended TAR' s must be received within 14 calendar days – after 14 days the TAR is administratively denied for lack of response.

\$500 CLAIM LIMIT EXEMPTIONS: In general, PHC claims are limited to \$500 per claim; claims over that amount are subject to screening for correct billing procedure and medical necessity, regardless of formulary status. There are some drugs which PHC has specifically assigned a higher limit to, in order to avoid dispensing delays. This list is included in the appendix.

TARS FROM PHARMACIES: PHARMACIES ARE TO USE THE FOLLOWING FAX LINES ONLY IN THE EVENT THAT (1) PHARMACY IS NOT YET SET UP WITH AN ONLINE TAR (PARx) ACCOUNT, OR (2) PHARMACY IS HAVING TECHNICAL DIFFICULTIES WITH PARx, COMPUTER SYSTEM OR INTERNET ACCESS

ELECTRONIC CLAIMS (Pharmacies & Offices using MedImpact for claim adjudication)

FAX: (707) 419-7900

PARx ONLINE TAR, available to pharmacy providers: <https://parx.partnershiphp.org>

HAND-BILLING CLAIMS

(eg, in-office drug administration using HCPCS billing codes)

FAX: 707-863-4330

5-Day Emergency Fills:

Emergency authorizations for TAR's outside of PHC's normal business hours may be requested from MedImpact (PHC's contracted PBM) at (800) 788-2949. MedImpact may authorize up to a 5 day supply of medication, pending further authorization by PHC. MedImpact is available 24/7, with the exclusion of holidays. When both PHC and MedImpact are unavailable, PHC will authorize a retroactive TAR allowing the pharmacy to dispense up to a 5 day supply of a non-formulary drug in an emergency situation. PHC does not require that the situation meet any *legal* (i.e., pharmacy law) definition of "emergency" -- it is the judgment of the dispensing pharmacist that determines the need for emergency authorization in order to avoid pain, suffering, severe emotional distress, or worsening of any medical condition that could result in the need for emergency medical treatment.

TAR SUBMISSION TIPS

- **IMPORTANT:** For improved TAR receipt & processing, TARS for different drugs &/or different patients are best FAXED separately, rather than in a bulk/group fax. Multiple pages in a single fax are OK, as long as all pages pertain to a single request.
- Medi-Cal TAR forms are available online: [Printable PHC TAR Forms for Medi-Cal members](#) or by calling PHC pharmacy services dept.
- Complete TARs carefully & neatly. Incomplete TARs may be returned for resubmission (ie, administratively denied) if any of the following are missing or illegible: Member Name, ID#, Date of Birth, Diagnosis, Justification, Drug Name/Strength/Sig, NDC, prescriber DEA/NPI & contact info.
- You may fax multiple sheets of paper if additional writing space is needed – make sure the patient's name &/or TAR # is included on all additional sheets to help ensure they get attached to the correct TAR. Additional sheets received from a prescriber (labs, notes, etc) may be uploaded to a PARx TAR (online pharmacy TAR), if the pharmacy has the capability to scan & save documents.
- Pharmacies: TARs must include the prescriber's full contact info –
 - name, NPI, specialty, phone & fax.

Use only **standard English or standard Latin based pharmacy abbreviations**. Please do NOT use the pharmacy's unique internal abbreviation codes assigned by the pharmacy's computer software, as they are usually not industry standard & may cause delay in the TAR review process due to misinterpretation or being unintelligible to personnel outside your organization.
- Providers submitting TARs for manual billing to PHC Claims Dept: To help expedite TAR review, the TAR form must include:
 - accurate billing code, drug name & NDC if available
 - provider & pt info
 - # of billing units needed *per dose*
 - the number of doses requested
 - the strength & administration directions
 - expected duration of treatment (end date or # of cycles & duration of each cycle)

The above information must be on the TAR form itself; please don't leave the TAR blank, attach some notes then state "see attached".

Attachments (such as notes from medical record) can be included, but they do not replace the need to complete a TAR; attachments are for the purpose of providing additional clinical information for medical justification and dose- calculation verification.

Covered Biologicals— vaccines for adult members over the age of 18 (Ages 0-18 are covered through the Vaccines for Children Program)

Partnership HealthPlan of California provides coverage based on the latest recommendation from Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) guidelines. Children 18 years of age or younger are covered thru the Vaccine for Children Program (VFC). Please contact VFC Program.

For the latest updates and news regarding the vaccines, please visit CDC's ACIP website at:
<http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>

BCG Vaccine, live

BCG(Tice Strain) Theracys

Combination

Comvax (Haemophilus B/Hepatitis B)
Twinrix

Diphtheria, Pertussis & Tetanus

Adacel TDAP
Daptacel

Hepatitis A

Havrix
Vaqta

Hepatitis B

Engerix-B
Recombivax HB

HPV

Cervarix
Gardasil
Gardasil 9

Immune Globulin vaccines

HyperHEP B S/D (Hepatitis B Immune Globulin) HyperRHO S/D
NABI-HB
HyperRAB S/D (Rabies Immune Globulin)
Imogam rabies-HT (Rabies Immune Globulin) Imovax Rabies Vaccine (Rabies Immune Globulin) RhoGam (Rho(D) Immune Globulin)
MicRHOGam Ultra-Filtered

Varicella

Varivax vaccine
Varizig, post exposure/high risk

Influenza

Afluria
Flucelvax
Fluvirin
Fluarix
Flublok
Flulaval
Fluzone

Measles/Mumps/Rubella

MMRII (Measles, mumps & Rubella)

Meningococcal

Bexsero
Menveo
Menomune
Trumenba

Pneumococcal

Pneumovax 23
Prenar 13

Poliomyelitis vaccine

I POL

Rabies

Imovax Rabavert

Tetanus/Diphtheria(Td)

Tenivac
Tetanus Diphtheria Toxoids

Tetanus Toxoid

Tetanus Toxoid Adsorbed

Zoster vaccine, live ("shingles")

Zostavax**age>60

PARTNERSHIP HE ALTHPLAN BENEFIT EXCLUSIONS

BENEFIT EXCLUSIONS: The following categories are not included in PHC's Pharmacy Drug Benefit for Medi-Cal (MC) lines of business.

FERTILITY & ERECTILE DYSFUNCTION AGENTS

The following agents, when used for the treatment of infertility or erectile dysfunction are not a covered benefit, per State Medi-Cal Operating Instructional Letter, effective 1/1/2006. This is a partial list for example purposes only -- any agent used to treat infertility or ED is not a covered benefit.

Aldosterone (Muse, Caverjec, Edext)	Menotropins (Menopur)
Avanafil (Stendra)	Sildenafil 25,50,100mg(Viagra)
Chorionic Gonadotropin, Human (Pregnyl, Novarel)	Tadalafil (Cialis)
Clomiphene Citrate (Clomid)	Urofollitropin (Bravelle)
Follitropin Alfa (Follistim AQ)	Vardenafil (Levitra, Staxyn)
HCG (Ovidrel)	Yohimbine (Testomar)

COSMETIC USE PRODUCTS

PHC covers only medications that are medically necessary, therefore agents for the treatment of cosmetic conditions are not considered to be a covered benefit. Medical necessity is defined as: Reasonable necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through diagnosis or treatment of disease, illness or injury. The following is a partial list for example purposes only -- any agent used for cosmetic purposes in the absence of documentation establishing medical necessity, is not a covered benefit.

Eflornithine (Vaniqa)	Minoxidil, topical (Rogaine)
Finasteride (Propecia)	Tretinoin micro (Renova)
Hydroquinone (Epiquin, Tri-Luma)	Bimatoprost (Latisse)

HERBAL PRODUCTS. DIETARY AIDS/SUPPLEMENTS

Non-drug products which are not FDA approved & are classified as dietary supplements, are not covered under PHC's drug benefit for Medi-Cal members. These products typically have the following disclaimers on the label: "This product has not been evaluated by the FDA for safety, purity & efficacy" &/or "This product is not intended to diagnose, treat, cure or prevent any disease". Note: CCS-Medi-Cal members may be afforded special consideration for medically necessary treatments included in this list, unless DHCS has specified that the product is not a benefit for CCS (deemed by DHCS as "not payable, even with an approved SAR").

Herbal products (eg, St. John's Wort, Valerian, etc)	Glucosamine/chondroitin
Probiotics (acidophilus)	MSM
Coenzyme Q	SAM-e
Fish oil	Melatonin
Certain vitamin combinations, as listed in State OIL# 180-14, with the exception of those remaining on PHC formulary for dialysis patients.	

PARTNERSHIP HEALTHPLAN BENEFIT EXCLUSIONS

BENEFIT EXCLUSIONS FOR MC (Medi-Cal):

Certain medications belonging to classes of antiviral (HIV/AIDS, Hepatitis B), antipsychotics, opioid antagonists and blood factors are covered by State Medi-Cal rather than PHC, therefore these are classified as "carve-out" drugs. This classification is drug- specific, not diagnosis specific. For example, if a buprenorphine prescription is written to treat a condition other than dependency or addiction, the drug is still considered to be the responsibility of State Medi-Cal and is not covered by PHC. Claims and TARs for PHC MEDI-CAL members must be submitted to State Medi- Cal.

ANTIRETROVIRAL Carve-Out Drugs

Abacavir/Lamivudine (Epzicom)	Etravirine (Intelence)
Abacavir Sulfate (Ziagen)	Fosamprenavir Calcium (Lexiva)
Abacavir/Dolutegravir/Lamivudine (Triumeq)	Indinavir Sulfate (Crixivan)
Atazanavir Sulfate (Reytaz)	Lamivudine (Epivir)
Atazanavir/Cobicistat (Evotaz)	Lopinavir/Ritonavir (Kaletra)
Cobicistat (Tyboost)	Maraviroc (Selzentry)
Darunavir Ethanolate (Prezista)	Nelfinavir Mesylate (Viracept)
Darunavir/Cobicistat (Prezcobix)	Nevirapine (Viramune)
Delavirdine Mesylate (Rescriptor)	Raltegravir Potassium (Isentress)
Dolutegravir (Tivicay)	Rilpivirine Hydrochloride (Edurant)
Efavirenz (Sustiva)	Ritonavir (Norvir)
Efavirenz/Emtricitabine/Tenofovir (Atripla)	Saquinavir (Fortovase)
Elvitegravir (Vitekta)	Saquinavir Mesylate (Invirase)
Elvitegravir/Cobicistat/Emtricitabine /Tenofovir alafenamide (Genvoya)	Stavudine (Zerit)
Emtricitabine/Rilpivirine /Tenofovir alafenamide (Odefsev)*	Tenofovir Disoproxil/Emtricitabine (Truvada)
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Disoproxil Fumarate (Stribild)	Tenofovir Disoproxil Fumarate (Viread)
Emtricitabine/Rilpivirine/Tenofovir (Complera)	Tipranavir (Aptivus)
Emtricitabine (Emtriva)	Zidovudine/Lamivudine (Combivir)
Enfuvirtide (Fuzeon)	Zidovudine/Lamivudine/ Abacavir (Trizivir)

DETOX/DEPENDENCY Carve- Carve-Out Drugs

Acamprosate (Campral)
Buprenorphine (Subutex, Butrans, Belbuca)
Buprenorphine/Naloxone (Suboxone)
Naloxone HCl Injection (Narcan)
Naloxone Nasal Spray (Narcan Nasal)
Naloxone 0.4mg/0.4mL Injector (Evzio)
Naltrexone PO/IV (Revia, Vivitrol)

PARTNERSHIP HEALTHPLAN BENEFIT EXCLUSIONS

BENEFIT EXCLUSIONS FOR MC (Medi-Cal), Carve-Out Drugs, continued

PSYCHIATRIC Carve- Carve-Out Drugs

Amantadine HCL (Symmetrel)	Olanzapine (Zyprexa, Zyprexa Relprevv)
Aripiprazole (Abilify)	Olanzapine Fluoxetine HCl (Symbyax)
Asenapine (Saphris)	Paliperidone (Invega, Invega Sustenna)
Benzotropine Mesylate (Cogentin)	Perphenazine (Trilafon)
Brexpiprazole (Rexulti)	Phenelzine Sulfate (Nardil)
Cariprazine (Vraylar)	Pimavanserin (Nuplazid)
Chlorpromazine HCl (Thorazine)	Pimozide (Orap)
Clozapine (Clozaril, Fazaclo)	Quetiapine (Seroquel, Seroquel XR)
Fluphenazine PO/IV (Prolixin)	Risperidone (Risperdal, Risperdal Consta)
Haloperidol (Haldol)	Selegiline (transdermal only) (Emsam)
Iloperidone (Fanapt)	Thioridazine HCl (Mellaril)
Isocarboxazid (Marplan)	Thiothixene (Navane)
Lithium (Eskalith, Eskalith CR)	Tranlycypromine Sulfate (Parnate)
Loxapine Succinate (Loxitane)	Trifluoperazine HCl (Stelazine)
Lurasidone Hydrochloride (Latuda)	Trihexyphenidyl (Artane)
Molindone HCl (Moban)	Ziprasidone (Geodon)
	Ziprasidone Mesylate (Geodon IM)

BLOOD/COAGULATION FACTOR Carve-Out Drugs

Factor VIIa (antihemophilic factor, recombinant)	Factor IX (antihemophilic factor, recombinant)
Factor XIII (antihemophilic factor, human)	Factor IX (antihemophilic factor, recombinant) (Rixubis)
Factor VIII (antihemophilic factor, recombinant) (Xyntha)	Factor XIII A-Subunit (recombinant)
Factor VIII (antihemophilic factor, recombinant) (Novoeight)	Injection, Factor IX fusion protein (recombinant)
Factor VIII (antihemophilic factor, human)	Injection, Factor VIII, Fc fusion protein (recombinant)
Factor IX (antihemophilic factor, purified, nonrecombinant)	Von Willebrand factor complex (human), Wilate
Factor IX complex	Von Willebrand factor complex (Humate-P)

PHC MEDICAL SUPPLY/DME FORMULARY 2017

Pharmacy claims for medical supply and DME prescriptions not listed below will require an approved TAR for payment. Formulary medical supply and DME items and non-formulary products approved by TAR (excluding incontinence supplies, disposable gloves, and ostomy supplies) with a National Drug Code (NDC) number must be billed to PHC's Pharmacy Benefit Manager (PBM). Items without an NDC number, all incontinence supplies, disposable gloves, and ostomy supplies, must be billed directly to the PHC Claims Department.

If a member has Medicare Part B &/or D, the provider must bill Medicare as the primary insurer for Part B or D covered medical supply and DME items. PHC may be billed for a 20% Part B copay or deductible, after the Part B carrier claim has adjudicated and the member's deductible &/or copay have been determined. Part D copays are not reimbursable by PHC.

COVERED MEDICAL SUPPLY / DME ITEMS

DIABETIC SUPPLY	OTHER
Blood Glucose Monitor <i>Formulary limited to Abbott Diagnostic products</i> <ul style="list-style-type: none"> ▪ <i>Freestyle Lite</i> ▪ <i>Freestyle Freedom Lite</i> ▪ <i>Freestyle InsuLinx</i> ▪ <i>Precision X-tra</i> <i>For institutional settings (LTC/SNF), Optium is available.</i> Blood Glucose Test Strips <i>Formulary limited to Abbott Diagnostic products</i> <ul style="list-style-type: none"> ▪ <i>Freestyle Lite</i> ▪ <i>Freestyle Freedom Lite</i> ▪ <i>Freestyle InsuLinx</i> ▪ <i>Precision X-tra</i> <i>Quantities are limited to a maximum</i> <ul style="list-style-type: none"> ▪ <i>100 per 25 days for patients on insulin</i> ▪ <i>50 per 25 days for non-insulin dependent diabetes.</i> Lancets and Lancet Auto Injectors	Blood pressure monitoring devices/cuffs <ul style="list-style-type: none"> ▪ <i>Code 1 for HTN.</i> <i>Claim limit: \$55 or less. (Ok to submit administrative TAR for NDC less than \$55, if non-formulary per POS response.)</i> Bedwetting Alarm <ul style="list-style-type: none"> ▪ <i>Limited to members age 7 and older</i> Bandages <ul style="list-style-type: none"> ▪ <i>(non-medicated) Gauze, Pad, Sponge type</i> Humidifiers, Vaporizers
Novopen Injectors	Diaphragms
Urine Test Strips <ul style="list-style-type: none"> ▪ <i>Diastix</i> ▪ <i>Ketostix</i> ▪ <i>Keto-Diastix</i> 	Inhaler Assist Devices ("Spacers") <ul style="list-style-type: none"> ▪ <i>Limited to \$20 reimbursement per spacer</i> Eye Patches
Insulin Syringes	Peak Flow Meters
Injection supplies other than Insulin syringes <ul style="list-style-type: none"> ▪ <i>Disposable Syringes</i> ▪ <i>Disposable Needles</i> ▪ <i>Disposable Syringe w/ Needle</i> 	Pill Cutters <ul style="list-style-type: none"> ▪ <i>Formulary Limit: 1 every 180 days</i>

Formulary-Code-1 Blood Pressure Monitor NDC List

NDC CODE	BRAND NAME	GENERIC NAME
11917-0068-77	BLOOD PRESSURE KIT	BLOOD PRESSURE TEST KIT
11917-0102-19	BLOOD PRESSURE MONITOR	BLOOD PRESSURE TEST KIT-WRIST
11917-0112-11	BLOOD PRESSURE MONITOR	BLOOD PRESSURE TEST KIT-MEDIUM
38703-0168-23	BLOOD PRESSURE MONITOR	BLOOD PRESSURE TEST KIT-MEDIUM
40986-0011-67	BLOOD PRESSURE MONITOR	BLOOD PRESSURE TEST KIT-WRIST
40986-0011-69	BLOOD PRESSURE MONITOR	BLOOD PRESSURE TEST KIT-MEDIUM
40986-0021-52	BLOOD PRESSURE MONITOR	BLOOD PRESSURE TEST KIT-MEDIUM
50428-7088-84	BLOOD PRESSURE MONITOR	BLOOD PRESSURE TEST KIT-MEDIUM
68016-0011-67	BLOOD PRESSURE MONITOR	BLOOD PRESSURE TEST KIT-WRIST
68016-0011-69	BLOOD PRESSURE MONITOR	BLOOD PRESSURE TEST KIT-MEDIUM
68016-0021-52	BLOOD PRESSURE MONITOR	BLOOD PRESSURE TEST KIT-MEDIUM
73796-0000-18	BLOOD PRESSURE MONITOR	BLOOD PRESSURE TEST KIT-MEDIUM
73796-0010-40	BLOOD PRESSURE MONITOR	BLOOD PRESSURE TEST KIT-MEDIUM
73796-0011-60	BLOOD PRESSURE MONITOR	BLOOD PRESSURE TEST KIT-MEDIUM
73796-0043-22	BLOOD PRESSURE MONITOR	BLOOD PRESSURE TEST KIT-MEDIUM
73796-0071-22	BLOOD PRESSURE MONITOR	BLOOD PRESSURE TEST KIT-MEDIUM
73796-0071-24	BLOOD PRESSURE MONITOR	BLOOD PRESSURE TEST KIT-LARGE
73796-0267-10	BLOOD PRESSURE MONITOR	BLOOD PRESSURE TEST KIT
87701-0402-63	BLOOD PRESSURE MONITOR	BLOOD PRESSURE TEST KIT-MEDIUM
93764-0601-58	BLOOD PRESSURE MONITOR	BLOOD PRESSURE TEST KIT-LARGE
42632-0022-22	BLOOD PRESSURE MONITOR	BLOOD PRESSURE TEST KIT-MEDIUM
42632-0026-26	BLOOD PRESSURE MONITOR	BLOOD PRESSURE TEST KIT-MEDIUM

PHC Formulary Nebulizer NDC List

NDC CODE	BRAND NAME	GENERIC NAME
04351-0440-50	AEROECLIPSE II	NEBULIZER
73796-0099-12	AIRSDISPOSABLENEBULIZER	NEBULIZER
44229-0220-36	BABY NEBULIZER	NEBULIZER
73796-0453-30	COMP-AIRELITECOMPRESSOR SYST	NEBULIZER/COMPRESSOR
73796-0453-25	COMP-AIR NEBULIZER COMPRESSOR	NEBULIZER/COMPRESSOR
73796-0458-01	COMP-AIR NEBULIZER COMPRESSOR	NEBULIZER/COMPRESSOR
40986-0019-97	COMPMIST COMPRESSOR NEBULIZER	NEBULIZER
68016-0019-97	COMPMIST COMPRESSOR NEBULIZER	NEBULIZER
16958-0687-81	DEVILBISSCOMPACT	COMPRESSOR,FORNEBULIZER
16958-0620-04	DEVILBISS DISPOSABLE NEBULIZER	NEBULIZER
08373-0312-00	INNOSPIREESSENCE	NEBULIZER/COMPRESSOR
08373-9966-00	INNOSPIREESSENCE	NEBULIZER/COMPRESSOR
44229-0220-18	LC D NEBULIZER SET	NEBULIZER
44229-0220-28	LC PLUS	NEBULIZER
83490-0220-28	LC PLUS	NEBULIZER
83490-0229-54	LC PLUS	NEBULIZER
44229-0230-01	LC SPRINT NEBULIZER	NEBULIZER
83490-0230-01	LC SPRINT NEBULIZER	NEBULIZER
44229-0220-82	LC STAR	NEBULIZER
08373-1431-00	MICROPLUS	NEBULIZER
08373-6435-00	MINIPLUSNEBULIZER	NEBULIZER
40986-0019-98	MINICOMPCOMPRESSOR NEBULIZER	NEBULIZER
68016-0019-98	MINICOMPCOMPRESSOR NEBULIZER	NEBULIZER
44229-0280-11	PARI LC SPRINT SINUS	NEBULIZER
83490-0280-11	PARI LC SPRINT SINUS	NEBULIZER
83490-0860-17	PRONEB ULTRA II	NEBULIZER/COMPRESSOR
16958-0684-58	PULMO-AIDE	COMPRESSOR,FORNEBULIZER
96295-0118-07	PULMONEBLT COMPRESSORNEBUL	NEBULIZER/COMPRESSOR
08373-2456-00	SAMI THE SEAL	NEBULIZER/COMPRESSOR
08373-2731-00	SAMI THE SEAL	NEBULIZER/COMPRESSOR
08373-0008-00	SIDESTREAM	NEBULIZER
08373-2299-00	SIDESTREAM	NEBULIZER
08373-8125-00	SIDESTREAM	NEBULIZER
08373-2286-00	SIDESTREAM NEBULIZER	NEBULIZER
08373-0870-00	SIDESTREAM PLUS	NEBULIZER
44229-0221-32	SINUSTAR	NEBULIZER
83490-0221-32	SINUSTAR	NEBULIZER
16958-0768-88	SUNRISE COMPRESSOR-NEBULIZER	COMPRESSOR,FORNEBULIZER
83490-0470-06	TREKSCOMPACT COMPRESSOR	NEBULIZER/COMPRESSOR
44229-0310-58	VIOSAEROSOL DELIVERY SYSTEM	NEBULIZER/COMPRESSOR
44229-0310-64	VIOSAEROSOL DELIVERY SYSTEM	NEBULIZER/COMPRESSOR
44229-0310-67	VIOSAEROSOL DELIVERY SYSTEM	NEBULIZER/COMPRESSOR
44229-0310-71	VIOSAEROSOL DELIVERY SYSTEM	NEBULIZER/COMPRESSOR
44229-0312-02	VIOSAEROSOL DELIVERY SYSTEM	NEBULIZER/COMPRESSOR
83490-0310-58	VIOSAEROSOL DELIVERY SYSTEM	NEBULIZER/COMPRESSOR
83490-0310-59	VIOSAEROSOL DELIVERY SYSTEM	NEBULIZER/COMPRESSOR
83490-0310-62	VIOSAEROSOL DELIVERY SYSTEM	NEBULIZER/COMPRESSOR
83490-0310-67	VIOSAEROSOL DELIVERY SYSTEM	NEBULIZER/COMPRESSOR
83490-0310-71	VIOSAEROSOL DELIVERY SYSTEM	NEBULIZER/COMPRESSOR
83490-0312-02	VIOSAEROSOL DELIVERY SYSTEM	NEBULIZER/COMPRESSOR

OSTOMY SUPPLIES:

All ostomy supplies must be billed to the PHC Claims Department. A TAR is required if monthly cumulative cost for all related supplies exceeds \$150.00.

INCONTINENCE SUPPLIES:

All incontinence supplies must be billed to the PHC Claims Department. A TAR is required if monthly cumulative cost for all related supplies exceeds \$50.00. Washes and creams will only be authorized if the physician indicates medical necessity such as skin breakdown.

DISPOSABLE GLOVES:

All disposable gloves must be billed to the PHC claims department. Maximum dispensing is 100 gloves per month.

NUTRITIONAL SUPPLEMENTS (Ensure, Glucerna, Boost, etc.)

A TAR is required for all nutritional supplements to be used on an out-patient basis. TARs should be submitted with clinic notes which include all specialists' consult notes and lab reports. Please review the required criteria for Oral Nutritional Supplements and Enteral (tube-fed) Nutritional Supplements in the TAR Criteria Table. Supplements for members currently in an acute care hospital or LTC/ICF facility are included in the per diem rate or capitation paid to the facility, thus are not eligible for TAR consideration.

OVER-THE-COUNTER DRUG FORMULARY

Available to PHC Medi-Cal members (including those with Excluded Drug Benefit due to Medicare Eligibility) not residing in LTC/SNF facility.

LTC/SNF Pharmacies please note:

Over-the-counter (OTC) drugs are included in the per-diem rate for recipients in nursing facilities, including subacute patients. Except for insulin, providers cannot separately bill any OTC drugs for recipients in these facilities.

OTC PHC Reimbursement Requirement:

Even though the products in this section are available to the public without prescription due to OTC status, a prescription is required for PHC payment. OTCs to be billed to PHC therefore must follow all the same legal and regulatory/ policy requirements as any prescription (Rx by legal prescriber, refills authorized by prescriber, document retention, etc). The products noted on the following pages are payable without prior authorization (TAR) when a prescription has been provided to the pharmacy.

Ψ =Quantity, Duration or Age Limit

ANALGESICS

ACETAMINOPHEN (Tylenol, MAPAP, Q-PAP, Pain & Fever, Feverall, etc) oral tablets, chewable, liquids, suppositories (all strengths)

ASPIRIN (Bayer, St. Josephs, Ecotrin, etc) oral tablets (325, 500), Enteric Coated/DR tabs (81, 325, 500, 650mg), chewable (81mg), suppositories (300, 600mg)

ASPIRIN/CAL/MAG/ +/- ALHYDROX (Bufferin, Ascriptin, Tri-Buffered ASA, etc) oral tablets (325, 500mg)

ANT ACIDS/ANTI FLATULENTS

ALUMINUM HYDROXIDE (AlternaGEL) susp.

ALUMINUM HYDROX/MAG HYDROX (Aludrox) susp.

CALCIUM CARBONATE (Tums, Tums-XTR) chew.

CALCIUM CARB/MAG CARB (Masanti) susp.

CALCIUM CARB/MAG HYDROX (Mi-Acid DS) chew

MAG CARB/ALHYDROX/ALGINATE (Gaviscon) susp.

MAGHYDROX/ALHYDROX/SIMETH (Maalox, Mylanta, Reg & DS) susp.

MAGHYDROX/ALHYDROX/SIMETH (Gelusil, Almacone) chew

SIMETHICONE (Gas-X, Infant's Mylicon) chew, capsules, drops

ANTIDIARRHEALS

ATTAPULGITE (Kaopectate) susp.

BISMUTH SUBSALICYLATE (Pepto Bismol) susp, tablets

KAOLIN/PECTIN susp

CONTRACEPTIVE ITEMS

CONDOMS (Male and Female)

SPERMICIDES/NONOXYNOL-9 (Gynol II, Conceptrol, VCF)

ANTIEMETICS/MOTION SICKNESS

MECLIZINE chewable (25mg), oral (12.5mg).

Note: Rx 25mg oral tab is also formulary.

ANTI HIST AMINES

CETIRIZINE ♦ tablets (5, 10mg), liquid (5mg/5ml), (Brand not a covered benefit)

Note: Cetirizine chewable tablets are not a covered benefit (no TAR exceptions).

CHLORPHENIRAMINE (Chlor-Trimeton, Aller-Chlor, Allergy 4 HR, etc) tablets (4, 8, 12mg), liquid (2mg/5ml)

DIPHENHYDRAMINE (Benadryl, Q-Dryl, Diphenhist, etc) capsules, tablets (25, 50mg), chewable (12.5mg), liquid (12.5mg/5ml)

FEXOFENADINE tablets (60, 180mg), (Brand not a covered benefit), STEP Step edit requires previous paid claim of loratadine or cetirizine in the last 180 days.

LORATADINE ♦ (Alavert, Clear-Atadine, Non-Drowsy Allergy, etc) tablets (10mg), liquid (5mg/5ml). (Brand not a covered benefit).

COLD / FLU

SALINE NASAL spray, drops (Ocean, Ayr, Saline Mist, etc)

NOTE: The following are non-formulary for ages ≤ 3; not recommended by the FDA for use in this age group.

GUAFENESIN Ψ (Mucinex, plain Robitussin) tabs, liquid

PHENYLEPHRINE Ψ (Sudafed PE) tablets (5mg), liquid (2.5mg/5ml)

PSEUDOEPHEDRINE Ψ (Sudafed, SudoGest) tablets (30, 60mg), liquid (15mg/5ml).

(OTC products containing dextromethorphan are not a covered benefit)

DIABETICSUPPLIES*

See **MEDICAL SUPPLIES / DME**

* Not covered for Members with a Part B/D plan due to other primary Part B/D eligibility.

G/I AGENTS

ESOMEPRAZOLE 20mg DR capsules (Nexium 24hr)

OMEPRAZOLE 20mg tablets

OMEPRAZOLE MAGNESIUM 20mg capsules (Brand Prilosec Omeprazole Magnesium is not covered, no TAR exceptions).

LANSOPRAZOLE OTC ♦ 15mg ER capsules (Brand Prevacid 24H is not covered, no TAR exceptions).

HABIT ABATEMENT

NICOTINE PATCHES Ψ (Nicoderm CQ) Transdermal patches (7mg, 14mg, 21mg)

Limit: Limited to a maximum of 180 patches within a 1 year period.

Transdermal patches (22mg)

Limit: Limited to a maximum of 90 patches within a 1 year period.

NICOTINE LOZENGE Ψ (Nicorette) buccal lozenge (2 & 4mg)

Limit: Limited to a maximum of 2100 pieces within a 1 year period.

NICOTINE GUM Ψ (Nicotrol) chewing gum (2 & 4mg)

Limit: Limited to a maximum of 2100 pieces within a 1 year period

LAXATIVES, STOOL SOFTENERS

BISACODYL (Dulcolax) tablets (5mg), supp (10mg)

CASANTHRANOL/DSS (DOK Plus) tablets, capsules (30/100mg)

CASANTHRANOL/DOSS POTASSIUM (Dialose Plus) tablets, capsules (30/100mg)

DOCUSATE CALCIUM (Surfak, Kao-Tin) capsules (240mg)

DOCUSATE POTASSIUM (Dialose) capsules (100mg)

DOCUSATE SODIUM (Colace) capsules (100, 200mg), oral liquid (50mg/5ml, 60mg/15ml)

GLYCERIN suppositories (Adult, Pediatric), rectal solution (2.8g/2.7mlg)

MAGNESIUM CITRATE (Citrato of Magnesia, Citroma) oral liquid

MAGNESIUM HYDROXIDE (Milk of Magnesia) oral suspension

A PHOS, M-B / N A PHOS, DI-B: SALINE ENEMA (Fleet, Pedia-Lax)

LAXATIVES, STOOL SOFTENERS, CONTINUED

NAPHOS, M-B / NAPHOS, DI-B: SALINE LAXATIVE (Fleet Phospho Soda, Phosphate Laxative) oral liquid.

POLYETHYLENE GLYCOL 3350 Ψ (Miralax, Clear lax) powder (17g/dose)
Limit: 255g per fill

PSYLLIUM HUSK & SEED (Metamucil, Konsyl) powder, with or without sugar or aspartame

SENNOSIDES (Senokot, Senna Lax, Senna-Gen) tablets, capsules (8.6mg), syrup (8.8mg/5ml)

SENNOSIDES/DSS (Senokot-S, Senna-S, Senna Plus tablets (8.6/50mg)

NASAL

SODIUM CHLORIDE NASAL (Ayr, Ocean) spray, drops

OPHTHALMICS

DEXTRAN 70/HYPROMELLOSE:
ARTIFICIAL TEARS drops (AKWA Tears, Bion Tears, GNP Artificial Tears, Tears Renewed, Tears Naturale, Tears Naturale II, Tears Naturale Forte)

KETOTIFEN (Zaditor, Alaway) drops

EYE LUBRICANT (Lacri-Lube, Akwa, Ultra Fresh PM) ointment

NAPHAZOLINE (Clear Eyes, Naphcon)

NAPHAZOLINE/PHENIRAMINE (Naphcon-A, Visine-A, Opcon-A) drops

SODIUM CHLORIDE (Muro-128) drops, ointment (2%, 5%)

TETRAHYDROZOLINE (Visine, Murine Plus, Opti-Clear) drops.

TYLOXAPOL (Enuclene) drops (0.25%)

TOPICALS

ALUMINUM ACETATE solution

BACITRACIN ointment

BACITRACIN/POLYMYXIN

BENZOYL PEROXIDE (Persa-Gel, Acne Clear, Panoxyl, Benoxyl 10) cleanser (5 & 10%), cream (10%), gel (2.5, 5 & 10%), lotion (5 & 10%)

CALAMINE lotion

CALAMINE / ZINC OXIDE suspension

CALCIUM ACETATE/ALUMINUM SULF. (Domeboro, Boropak) power pack for solution
CLOTTRIMAZOLE (Desenex, Lotrimin AF) cream

HYDROCORTISONE (Cortaid, Anti-Itch, Cortizone-10) cream, lotion, ointment (0.5 & 1%)

MICONAZOLE (Micatin, Lotrimin AF, Baza) cream, powder, spray (2%)

MINOIL/LANOLIN/W.PET/CERES (Original Eucerin) cream, lotion

NACL IRRIG/DECYL GLUC. (Sea-Cleans) solution

NEOMY/BACTI/POLY, with or without Lidocaine, with or without pramoxine (Triple Antibiotic, Triple Antibiotic Plus, Neosporin) ointment

PARAB/CETALC/STRYLALC/PG/SLS (Cetaphil Cleanser, Ceta-Klenz, Gentle Skin Cleanser) liquid

PERMETHRIN Ψ (NIX, Lice Cream Rinse) liquid (1%)

Limit: Limited to a max of 60 mL/ 90 days

PIPERONYL BUTOX/PYRETHRINS (Rid) liquid, shampoo (4%/0.33%)

TERBINAFINE (Lamisil AT) cream (1%)

TOLNAFTATE (Tinactin) cream, powder, solution, spray powder (1%)

UROLOGY

OXYBUTYNIN 3.9mg/24hr patch (Oxytrol OTC patch)
Limits: 8 patches per month

VAGINAL ANTIFUNGALS

BUTOCONAZOLE (Mycelex-3) cream/app (2%)

CLOTTRIM AZOLE (Mycelex-7, Gyne-Lotrimin, Clotrimazole-7, Clotrimazole-3) cream/app (1%, 2%), vag. Tablet (100mg), combo pack (1%/100mg)

MICONAZOLE (Monistat 7, 3, & 1 day) cream (2%), vag. Supp. (100mg), combo pack (200mg/2% & 1200mg/2%)

VITAMINS & MINERALS

ALUMINUM HYDROXIDE (ALUCAPS) capsules
CALCIUM/D3/MINERALS (Caltrate 600+D Plus, Calcium 600+D Plus Minerals) tablet (600/800, 600/400)

CALCIUM CARBONATE (Oyst-Cal 500, Oysco 500, Caltrate 600) tablets (500 & 600mg elemental), chewable (300mg & 500mg elemental), suspension (500mg/5ml)

CALCIUM CARBONATE/D2 tablets, capsules (250/125, 500/125, 500/200, 600/200)

CALCIUM CARBONATE/D3 tablets, capsules (250/125, 500/125, 500/200, 500/400, 600/125, 600/200, 600/400, 600/800)

CALCIUM CITRATE tablets (200, 250mg)

CALCIUM CITRATE/D2 tablets (600/200, 250/100)

CALCIUM CITRATE/D3 tablets (200/125)

CALCIUM GLUCONATE tablets (45mg, 60mg, 61mg)

CALCIUM LACTATE tablets (48mg)

CALCIUM PHOSPHATE tablets (500mg)

CALCIUM/MAGNESIUM tablets (300/300mg)
CHOLECALCIFEROL (D3) capsules (1000, 2000 units), drops (400/ml, 5000/ml), tablets (400, 1000, 2000, 5000 units)

FERROUS GLUCONATE (Fergon) tablets (240, 325, 324mg)

FERROUS SULFATE (Fer-In-Sol, FeroSul) drops (15mg/ml, 15mg/0.6ml), liquid (220mg/5ml, 300mg/5ml), regular & DR tablets (324, 325mg)

FOLIC ACID tablets (0.4, 0.8 & 1mg)

FOLIC ACID/B-COMP/C, RENAL (Nephro-Vite, Nephrocaps, DialyVite 800, Rena-Vite) capsules, tablets (Code 1 requirement)

MAGNESIUM OXIDE (MAG-OX) tablets (400mg)

MULTIVITAMINS, CHILDRENS Ψ , with or without iron, (Poly-Vitamin, Animal Shapes, Gummi Bear, Flintstones, Kid's Vitamins) chewable, drops

Limit: Limited to ages under 8 yrs.

MULTIVITAMIN A/C/D Ψ (Tri-Vitamin, Tri-Vi-Sol) drops

Limit: Limited to use in children under 8 years old.

NIACIN IR & ER tablets & capsules (100, 125, 250, 500mg)

PRENATAL VITAMINS \circledast (Prenavite, Stuart)

Limits: Code 1, Restricted to pregnancy or lactating. Note: Not limited to OTC products. Various generic Rx prenatal products are on formulary as well.

PYRIDOXINE/VIT B-6 tablets (25, 50, 100mg)

MISCELLANEOUS

ORLISTAT Ψ \circledast (Alli) capsules, 60mg

Limits: Code 1-- Rx must document patient has BMI > 30, member is following a reduced fat diet, following an exercise program, and has been counseled by Pharmacist on the proper use of the medication with diet to optimize results. Limited to 180 per month; recommended for patients to initially try 1 capsule TID before considering 2 TID (120mg dose).

ELECTROLYTE REPLACEMENT (PEDIALYTE), liquid

SALIVA SUBSTITUTE, liquid

INJECTABLE DRUG PHARMACY FORMULARY

The following drugs are included in PHC's Pharmacy Formulary. These drugs are payable through the PBM (MedImpact) without prior authorization in most cases; however, many do have utilization restrictions such as claim dollar limits, quantity limits, age restrictions, Code-1 restrictions, step therapy edits or other utilization edits. Treatment Authorization (TAR) will be needed if the request does not meet the drug's formulary limits. This is not a complete listing of *all* injectable drugs that may be covered through PHC's *medical* benefit when administered in a physician's office, clinic or outpatient facility. Please contact PHC Claims Department with the appropriate HCPCS billing code for medical claims billing requirements for drugs not listed here.

Parenteral compounded prescriptions dispensed by a pharmacy: Claims are submitted electronically via MedImpact as a compounded prescription (see the pharmacy provider manual for details on submitting a compounded drug). Note that a TAR is required for non-formulary ingredient compounds, or when compound consists of formulary ingredients but the claim exceeds \$50 (total compound claim).

Symbol Key: ♦ **Provided by Vaccines for Children program for ages 0-18; PHC benefit for ages >= 19.**

Ψ = Quantity, Duration or Age Limits

© Code 1

♣ = Step therapy required

[PHC formulary search tool](#) can be used to see the limit specifications.

Drug	Pharmacy Claim Limits
ACETAZOLAMIDE SODIUM	
ALDESLEUKIN	
ALTEPLASE	
AMIFOSTINE CRYSTALLINE	
AMIKACIN SULFATE	
AMINOPHYLLINE	
AMPHOTERICIN B	
AMPICILLIN SODIUM	
AMPICILLIN SODIUM/SULBACTAM NA	
ARSENIC TRIOXIDE	Ψ
ATRAURIUM BESYLATE	
ATROPINE SULFATE	
AZACITIDINE	
AZITHROMYCIN	Ψ
AZTREONAM	
AZTREONAM/DEXTROSE-WATER	
BACTERIOSTATIC SODIUM CHLORIDE	
BCG LIVE	♦
BETAMET ACET/BETAMET NA PH	
BEVACIZUMAB	
BLEOMYCIN SULFATE	
BORTEZOMIB	
BUPIVACAINE HCL	
BUPIVACAINE HCL/EPINEPHRINE	
BUPIVACAINE HCL/EPINEPHRINE/PF	
BUPIVACAINE HCL/PF	
BUTORPHANOL TARTRATE	Ψ
CALCITRIOL	
CALCIUM CHLORIDE	
CAPROMAB PENDETIDE	
CARBOPLATIN	
CARMUSTINE	
CEFAZOLIN SODIUM	
CEFAZOLIN SODIUM/DEXTROSE,ISO	
CEFEPIME HCL	
CEFOTAXIME SODIUM	
CEFOTAXIME SODIUM/D5W	
CEFOTETAN DISODIUM	
CEFOXITIN SODIUM	

Drug	Pharmacy Claim Limits
CEFOXITIN SODIUM/D5W	
CEFTAZIDIME NA/DEXTROSE,ISO	
CEFTAZIDIME PENTAHYDRATE	
CEFTRIAXONE NA/DEXTROSE,ISO	
CEFTRIAXONE SODIUM	
CEFUROXIME SODIUM	
CEFUROXIME SODIUM/WATER	
CETUXIMAB	
CHLOROPROCAINE HCL	
CHLOROPROCAINE HCL/PF	
CHLOROTHIAZIDE SODIUM	
CIPROFLOXACIN LACTATE/D5W	
CISPLATIN	
CLADRIBINE	
CLINDAMYCIN PHOSPHATE	
CLOFARABINE	
CYANOCOBALAMIN	
CYCLOPHOSPHAMIDE	
CYTARABINE	
CYTARABINE LIPOSOME	
DACARBAZINE	Ψ
DACTINOMYCIN	
DAUNORUBICIN HCL	
DEFEROXAMINE MESYLATE	
DEXAMETHASONE SOD PHOSPHATE	
DEXTROSE 10%-0.25NORMAL SALINE	
DEXTROSE 10%-0.5 NORMAL SALINE	
DEXTROSE 10%-WATER	
DEXTROSE 2.5%-0.5NORMAL SALINE	
DEXTROSE 5%-0.25 NORMAL SALINE	
DEXTROSE 5%-0.33 NORMAL SALINE	
DEXTROSE 5%-0.5 NORMAL SALINE	
DEXTROSE 5%-LACTATED RINGERS	
DEXTROSE 5%-NORMAL SALINE	
DEXTROSE 5%-WATER	
DEXTROSE 50%-WATER	
DEXTROSE 70%-WATER	
DIAZEPAM	Ψ
DICYCLOMINE HCL	

Drug	Pharmacy Claim Limits
DIGOXIN	
DIHYDROERGOTAMINE MESYLATE	
DILUENT,HIB VAC,TET-CONJ,NACL	◆
DILUENT,HIB,TET-CONJ,0.9% NACL	◆
DIMENHYDRINATE	
DIPH,PERTUSS(ACELL),TET VAC/PF	◆
DIPHENHYDRAMINE HCL	
DIPHTH,PERTUSS(ACELL),TET PED	◆
DIPHTH,PERTUSS(ACELL),TET VAC	◆
DOBUTAMINE HCL	
DOBUTAMINE HCL/D5W	
DOPAMINE HCL	
DOXAPRAM HCL	
DOXERCALCIFEROL	
DOXORUBICIN HCL	
DOXORUBICIN HCL LIPOSOMAL	
DOXYCYCLINE HYCLATE	
DP(A)T-POLIO/HIB CONJ-TET/PF	Ψ
DROPERIDOL	
EDROPHONIUM CHLORIDE	
ENOXAPARIN SODIUM	Ψ
EPHEDRINE SULFATE	
EPINEPHRINE	Ψ
EPIRUBICIN HCL	
EPOETIN ALPHA (Epogen Brand)	©, Ψ, <i>Epogen only</i>
ERYTHROMYCIN LACTOBIONATE	
ESTRADIOL CYPIONATE	
ETOMIDATE	
ETOPOSIDE	Ψ
ETOPOSIDE PHOSPHATE	
FAMOTIDINE	Ψ
FENTANYL/ROPIVACAINE/NS/PF	Ψ
FLOXURIDINE	
FLU VACCINES	
• AFLURIA 2016-2017	◆
• AFLURIA 2016-2017	◆
• AFLURIA QUAD 2016-2017	◆
• EZ FLU 2016-2017 (AFLURIA)	◆
• EZ FLU 2016-2017 (FLUVIRIN)	◆
• FLUCELVAX QUAD 2016-2017	◆
• FLULAVAL QUAD 2016-2017	◆
• FLULAVAL QUAD 2016-2017	◆
• FLUVIRIN 2016-2017	◆
• FLUVIRIN 2016-2017	◆
• FLUZONE HIGH-DOSE 2016-2017	◆
• FLUZONE QUAD 2016-2017	◆
• FLUZONE QUAD 2016-2017	◆
FLUDARABINE PHOSPHATE	
FLUOROURACIL	
FOLIC ACID	
FONDAPARINUX SODIUM	Ψ
FULVESTRANT	
FUROSEMIDE	
GANCICLOVIR SODIUM	
GEMCITABINE HCL	
GENTAMICIN SULFATE	
GLUCAGON,HUMAN RECOMBINANT	
GLYCOPYRROLATE	

Drug	Pharmacy Claim Limits
GOSERELIN ACETATE	
GRANISETRON HCL	
HAEMOPH B POLY CONJ-TET TOX/PF	◆
HAEMOPH B POLYSAC CONJ-MENING	◆
HAEMOPH B POLYSAC CONJ-TET TOX	◆
HEPARIN SODIUM,PORCINE	
HEPARIN SODIUM,PORCINE/NS	
HEPARIN SODIUM,PORCINE/PF	
HEPATITIS A & B VACCINE/PF	◆
HEPATITIS A VIRUS VACCINE/PF	◆
HEPATITIS B IMMUNE GLOBULIN	◆
HEPATITIS B VIRUS VACCINE-PF	◆
HPV VACCINE 9-VALENT/PF	◆, Ψ
HUM INSULIN NPH/REG INSULIN HM	
HUMAN PAPILLOMAV VACC 16&18/PF	◆, Ψ
HUMAN PAPILLOMAVIRUS VACC,QVAL	◆, Ψ
HYALURONATE SODIUM	
HYALURONIDASE	
HYDRALAZINE HCL	
HYDROCORTISONE SOD SUCCINATE	
HYDROMORPHONE HCL	Ψ
HYDROMORPHONE HCL/PF	Ψ
HYDROXYZINE HCL	
IDARUBICIN HCL	
IFOSFAMIDE	
IFOSFAMIDE/MESNA	
INSULIN ASPART	Ψ
INSULIN GLARGINE,HUM.REC.ANLOG	Ψ; Basaglar only.
INSULIN GLULISINE	Ψ
INSULIN LISPRO	Ψ
INSULIN NPL/INSULIN LISPRO	Ψ
INSULIN REGULAR, HUMAN	Ψ
INSULN ASP PRT/INSULIN ASPART	Ψ
ISONIAZID	
KETAMINE HCL	Ψ
KETOROLAC TROMETHAMINE	
LEUCOVORIN CALCIUM	
LEVOFLOXACIN	
LEVOFLOXACIN/DEXTROSE 5%-WATER	
LIDOCAINE HCL	
LIDOCAINE HCL/EPINEPHRINE	
LIDOCAINE HCL/EPINEPHRINE/PF	
LIRAGLUTIDE (VICTOZA)	♣, Ψ
LORAZEPAM	Ψ
MAGNESIUM CHLORIDE	
MAGNESIUM SULFATE	
MAGNESIUM SULFATE/D5W	
MANNITOL	
MEASLES,MUMPS&RUBELLA VACCINE	◆, Ψ
MECHLORETHAMINE HCL	
MEDROXYPROGESTERONE ACET	
MELPHALAN HCL	
MENINGOCOCCAL B VACC,4-COMP/PF	◆
MEPERIDINE HCL	Ψ
MEPERIDINE HCL/PF	Ψ
MEPIVACAINE HCL	
MESNA	
METHADONE HCL	Ψ

Drug	Pharmacy Claim Limits
METHOHEXITAL SODIUM	Ψ
METHOTREXATE SODIUM	
METHOTREXATE SODIUM/PF	
METHYLERGONOVINE MALEATE	
METHYLPREDNISOLONE ACETATE	
METHYLPREDNISOLONE SOD SUCC	
METOCLOPRAMIDE HCL	
METOPROLOL TARTRATE	
MIDAZOLAM HCL	Ψ
MIDAZOLAM HCL/NORMAL SALINE	Ψ
MINOCYCLINE HCL	
MITOMYCIN	
MITOXANTRONE HCL	Ψ
MORPHINE SULFATE	Ψ
MULTIVITAMINS	Ψ
N.MENINGITIDIS B,LIPID FHBP RC	◆
NAFCILLIN SODIUM	
NAFCILLIN SODIUM/D2.4W	
NALBUPHINE HCL	
NEOSTIGMINE METHYLSULFATE	
NORMAL SALINE	
NPH, HUMAN INSULIN ISOPHANE	
ONDANSETRON HCL	
OXACILLIN SODIUM	
OXACILLIN SODIUM/DEX-WATER	
OXALIPLATIN	
OXYMORPHONE HCL	
OXYTOCIN	
PACLITAXEL PROTEIN-BOUND	Ψ
PACLITAXEL,SEMI-SYNTHETIC	Ψ
PAMIDRONATE DISODIUM	
PARICALCITOL	
PEGASPARGASE	Ψ
PEGINTERFERON ALFA-2A	
PEGINTERFERON ALFA-2B	
PEMETREXED DISODIUM	
PEN G BENZ/PEN G PROCAINE	
PEN G POT/DEXTROSE-WATER	
PENICILLIN G BENZATHINE	Ψ
PENICILLIN G POTASSIUM	
PENICILLIN G PROCAINE	
PENICILLIN G SODIUM	
PENTAZOCINE LACTATE	Ψ
PENTOSTATIN	
PERTUSSIS – see <i>Dipht/Pertus/Tet, DPT</i>	
PHENOBARBITAL SODIUM	Ψ
PHENYLEPHRINE HCL	
PHENYTOIN SODIUM	
PHYSOSTIGMINE SALICYLATE	
PHYTONADIONE	
PIPERACILLIN SODIUM/TAZOBACTAM	
PIPERACILLIN/TAZOBACTAM/DEX-IS	
POLIOMYELITIS VAC,KILLED	◆
PORFIMER SODIUM	
POTASSIUM CHLORIDE	
POTASSIUM CHLORIDE/D5-0.25NS	
POTASSIUM CHLORIDE/D5-0.33NS	
POTASSIUM CHLORIDE/D5-0.5NS	
POTASSIUM CHLORIDE/D5LR	

Drug	Pharmacy Claim Limits
POTASSIUM CHLORIDE/D5-NS	
POTASSIUM CHLORIDE/D5W	
POTASSIUM CHLORIDE/NS	
POTASSIUM PHOS,M-BASIC-D-BASIC	
PROCAINAMIDE HCL	
PROCHLORPERAZINE EDISYLATE	
PROGESTERONE	
PROMETHAZINE HCL	
PROTAMINE SULFATE	
PYRIDOXINE HCL	
QUINIDINE GLUCONATE	
RABIES VACCINE (PCEC)/PF	◆
RABIES VACCINE,HUMAN DIPLOID	◆
RANITIDINE HCL	
RHO(D) IMMUNE GLOBULIN	
RINGERS SOLUTION,LACTATED	
ROCURONIUM BROMIDE	
ROPIVACAINE HCL	
ROPIVACAINE HCL/PF	
SODIUM BICARBONATE	
SODIUM CHLORIDE 0.45%	
SODIUM CHLORIDE 0.9%	
SODIUM CHLORIDE 3%	
SODIUM CHLORIDE 5%	
STREPTOMYCIN SULFATE	
STREPTOZOCIN	
SUCCINYLCHOLINE CHLORIDE	
SULFAMETHOXAZOLE/TRIMETHOPRIM	
SUMATRIPTAN SUCCINATE	Ψ
TACROLIMUS	
TEMOZOLOMIDE	Ψ
TENIPOSIDE	Ψ
TERBUTALINE SULFATE	
TETANUS AND DIPHTHERIA TOXOID	◆
TETRACAINE HCL	
THIAMINE HCL	
THIOTEPA	
TOBRAMYCIN SULFATE	
TOPOTECAN HCL	
TRIAMCINOLONE ACETONIDE	
TRIAMCINOLONE HEXACETONIDE	
TRIPTORELIN PAMOATE	
VALRUBICIN	
VANCOMYCIN HCL	
VARICELLA VACC/PF	◆
VARICELLA-ZOSTER IG/MALTOSE	◆
VARICELLA-ZOSTER IMMUNE GLOB	◆
VASOPRESSIN	
VECURONIUM BROMIDE	
VERAPAMIL HCL	
VINBLASTINE SULFATE	
VINCISTINE SULFATE	
VINORELBINE TARTRATE	
WATER FOR INJ.,BACTERIOSTATIC	
WATER FOR INJECTION,STERILE	
WATER/ME-PARABEN/PROPYLPARABEN	
ZIDOVUDINE	
ZOSTER VACCINE LIVE/PF	Ψ



Partnership HealthPlan of California Hepatitis C Treatment Regimens – Naïve to prior treatment and IFN experienced

Effective: 11/01/2016

Member Name: _____ ID#: _____ DOB: _____

Physician: _____ Specialty: _____

Office Contact Person: _____ Title: _____

Email: _____ Phone: _____

PHC Preferred Hepatitis C Treatments:

- Treatments in **DARK BOLD BLUE** are PHC's exclusively preferred (PHC 1st line) regimens for the indicated genotype/stage. Zepatier is Partnership Health Plan's exclusively preferred Hepatitis C regimen for its indicated genotype/stage.
- Treatments in italics and followed by asterisk(*) indicate that the regimen is not yet approved by the FDA and is considered "Unlabeled" or off-label usage, although usage is supported by AASLD guidelines.
- "Treatment Experienced" is defined as having had a prior null response, rebound or relapse after ETR (End Treatment Response) to HCV treatment. Listing only IFN/RBV experienced; all other regimen experienced will be reviewed on a case-by-case basis.

H = Harvoni	RBV = Ribovirin (wt based)		Lo RBV = Low initial dose of 600mg increase as tolerated
VP = Viekira Pak/XR	IFN = Interferon		PI = Protease Inhibitor
Sof = Sofosbuvir	Dac = Daclatasvir		EPO = Erythropoietin
RAVs = Resistance Associated Variants – Applicable to Zepatier		AASLD Alternative Regimens = <i>Italicized and Shaded</i>	

Partnership HealthPlan of California Hepatitis C Treatment Regimens - Naïve to prior treatment and IFN experienced, Effective 11/1/2016

Genotype	Stage 0-1	Stage 2-4, unconfirmed cirrhosis		Cirrhosis -definitive (bx, US, FibroSure/Test ≥ 0.75, findings of portal HTN, ascites, varices, encephalopathy)					
				CTP A (Score 5-6)		CTP B (7-9) / C (10-15)			
		Naïve	IFN experienced	Naïve	IFN experienced	Naïve	IFN experienced		
GT 1a, mixed a/b or indeterminate GT 1	Treatment eligible only under special circumstances defined by the State of California Medi-Cal benefit. Stages 0-1 criteria with special circumstances, the preferred treatment will follow that specified for stages 2-4 at right	Zepatier (no baseline NS5A RAVs) x 12 weeks				Epclusa / RBV X 12 weeks		Epclusa / RBV x 24 wks OR Harvoni / RBV x 12 wks	
		Epclusa x 12 weeks	Epclusa x 12 weeks*	Epclusa x 12 weeks	Epclusa x 12 weeks*	H / lo RBV* or wt based RBV x 12 weeks			
		Viekira / RBV x 12 wks	Viekira / RBV x 12 wks*	H x 12 wks	H / RBV x 12 wks*	Dac / Sof / lo RBV* or wt based RBV x 12 wks			
		Harvoni (H) x 12 wks		Zepatier + RBV x 16 wks - with baseline NS5A RAVs at amino acid positions 28, 30, 31, or 93		Epclusa x 24 wks* if RBV intolerant			
		Dac / Sof x 12 wks		VP / RBV x 24 wks	VP / RBV x 24 wks*	H x 24 wks* if RBV intolerant			
		Zepatier + RBV x 16 wks - with baseline NS5A RAVs at amino acid positions 28, 30, 31, or 93	Dac / Sof +/- RBV x 24 wks*	H x 24 wks		Dac / Sof x 24 wks* if RBV intolerant			
				Dac / Sof +/- RBV x 24 wks*					
				Sim / Sof +/- RBV x 24 wks* after Q80K neg					
GT 1b		Zepatier x 12 weeks				Epclusa / RBV x 12 weeks		Epclusa / RBV x 24 wks* OR Harvoni / RBV x 12 wks	
		Epclusa x 12 weeks	Epclusa x 12 weeks*	Epclusa x 12 weeks	Epclusa x 12 weeks*	H / lo RBV* or wt based RBV x 12 weeks			
		VP x 12 wks	VP x 12 wks*	VP x 12 wks	VP x 12 wks*	Dac / Sof / lo RBV* or wt based RBV x 12 wks			
		H x 12 wks		H x 12 wks	H / RBV x 12 wks*	Epclusa x 24 wks* if RBV intolerant			
		Dac / Sof x 12 wks	Sim / Sof x 12 wks*	Dac / Sof +/- RBV x 24 wks*	H x 24 wks		H x 24 wks* if RBV intolerant		
			Dac / Sof x 12 wks*		Dac / Sof +/- RBV x 24 wks*		Dac / Sof x 24 wks* if RBV intolerant		
					Sim / Sof +/- RBV x 24 wks*				
		GT 2	Epclusa x 12 weeks	Epclusa x 12 weeks*	Epclusa x 12 weeks	Epclusa x 12 weeks*	Epclusa / RBV x 12 weeks		Epclusa / RBV x 24 wks*
Dac / Sof x 12 wks*			Dac / Sof x 12 wks*	Dac / Sof x 16 - 24 wks*	Dac / Sof x 16 - 24 wks*	Dac / Sof / lo RBV* or wt based RBV x 12 wks		Sof / RBV x up to 48 wks*	
GT 3		Epclusa x 12 weeks	Epclusa x 12 weeks*	Epclusa x 12 weeks	Epclusa / RBV x 12 weeks*	Epclusa / RBV x 12 weeks		Epclusa / RBV x 24 wks*	
		Dac / Sof x 12 wks	Dac / Sof x 12 wks	Dac / Sof +/- RBV x 24 wks	Dac / Sof / RBV x 24 wks*	Dac / Sof / lo RBV* or wt based RBV x 12 wks		Dac / Sof / RBV x 24 wks*	
GT 4		Zepatier x 12 weeks	Zepatier x 12* or 16 wks (+RBV) (dependent on IFN failure type) - IF 16 WEEK NEEDED CAN USE EPCLUSA	Zepatier x 12 weeks	Zepatier x 12* or 16 wks (+RBV) (dependent on IFN failure type) - IF 16 WEEKS NEEDED CAN USE EPCLUSA	Epclusa / RBV X 12 weeks		Epclusa / RBV x 24 wks* OR Harvoni / lo RBV x 12 wks	
		Epclusa x 12 weeks	Epclusa x 12 weeks*	Epclusa x 12 weeks	Epclusa x 12 weeks*	H / lo RBV* or wt based RBV x 12 wks			
		Technivie / RBV x 12 weeks	Technivie / RBV x 12 weeks*	Technivie / RBV x 12 weeks*	Technivie / RBV 12 weeks*	Dac / Sof / lo RBV* or wt based RBV x 12 weeks			
		H x 12 weeks			H / RBV x 12 weeks*	Epclusa x 24 wks* if RBV intolerant			
					H x 24 weeks*	H x 24 wks* if RBV intolerant			
						Dac / Sof x 24 wks* if RBV intolerant			
GT 5,6		Epclusa x 12 weeks							
		Harvoni x 12 weeks							
Pre/Post Liver Transplant		Case by Case Review, Transplant Specialist Referral Required							

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
TAR Supplemental Form for Hepatitis C Treatment: Effective 11-1-16

II. **Patient readiness:** Have the following been completed? Yes _____ No _____

- Patients shall be evaluated for readiness to initiate treatment
- Patients selected for treatment shall be able and willing to strictly adhere to treatment protocols prescribe by their provider
- Caution shall be exercised with patients who have a history of treatment failure with prior hepatitis C treatment due to non-adherence with treatment regimen and appointments.
- Patient shall be educated regarding the potential risks and benefits of hepatitis C virus therapy, as well at the potential for resistance and failed therapy if medication is not taken as prescribed.


III. **Requested regimen:** _____

For Duration of: _____ **weeks**


IV. **Status information; *complete the following:***

	YES	NO	N/A
Hepatic Information			
• HCV genotype 1a 1b 1-indeterminant 2 3 4 5 6	(circle genotype at left)		
• Has the patient been infected for more than 6 months or assumed so- NOT required but resolution of acute cases of HCV without treatment should be considered.			
• Does the patient have a Metavir score of <u>F2</u> or greater based on the criteria below - please submit data			
o Liver biopsy with F2 or greater			
o APRI score of > 0.7 calculator available at --- http://www.hepatitisc.uw.edu/page/clinical-calculators/apri			
o Fibro Sure / Fibro Test \geq 0.48			
o FibroScan > 7.5 kilopascals			
o DO NOT SUBMIT A FIBROMETER TEST, as this does not meet the State of California guideline as a measure of fibrosis.			
o If proven cirrhosis provide the numeric CTP score in the appropriate column at right. Calculator available at http://www.mdcalc.com/child-pugh-score-for-cirrhosis-mortality/ CTP A is score 5-6, CTP B is 7-9 and CTP C is 10-15	A	B	C

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
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<p>➤ <u>IN THE ABSENCE OF A METAVIR SCORE OF F2 OR GREATER, TREATMENT WILL <u>NOT</u> BE APPROVED, EXCEPT IN THE PRESENCE OF EXTRAHEPATIC MANIFESTATIONS OR OTHER SPECIAL CIRCUMSTANCES (see next section, page 3).</u></p>			
<p>Extrahepatic disease and other special circumstances: Are there severe extrahepatic manifestations of HCV or other mitigating circumstances as noted below? <u>Please submit laboratory evidence and clinical notes</u></p>	YES	NO	N/A
<ul style="list-style-type: none"> ▪ Type 2 or 3 essential mixed cryoglobulinemia with end-organ manifestations (vasculitis) or kidney disease (e.g. proteinuria, nephrotic syndrome, or membranoproliferative glomerulonephritis) 			
<ul style="list-style-type: none"> ▪ HCC with a life expectancy of greater than 12 months 			
<ul style="list-style-type: none"> ▪ HIV – 1 co- infection 			
<ul style="list-style-type: none"> ▪ Hepatitis B co-infection 			
<ul style="list-style-type: none"> ▪ Other co-existing liver disease (e.g. non-alcoholic steatohepatitis) 			
<ul style="list-style-type: none"> ▪ Insulin resistant type 2 diabetes 			
<ul style="list-style-type: none"> ▪ Porphyria cutanea tarda 			
<ul style="list-style-type: none"> ▪ Men who have sex with men with high risk practices 			
<ul style="list-style-type: none"> ▪ Active injection drug user 			
<ul style="list-style-type: none"> ▪ Long-term hemodialysis 			
<ul style="list-style-type: none"> ▪ Woman of child-bearing age (fertile) who wishes to get pregnant (treatment to be completed prior to pregnancy) 			
<ul style="list-style-type: none"> ▪ HCV-infected health care worker who performs exposure-prone procedures 			
<ul style="list-style-type: none"> ▪ Debilitating fatigue impacting the quality of life (e.g. secondary to extra-hepatic manifestations and/or liver disease) 			
<p>Indicate result of (or absence of) prior HCV treatment (Submit clinic notes and evaluation of nature of failure):</p>			
<p>Naïve <input type="checkbox"/> Null responder <input type="checkbox"/> Partial responder <input type="checkbox"/> Relapse <input type="checkbox"/> LTFU or Failed to Complete <input type="checkbox"/></p>			

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TAR Supplemental Form for Hepatitis C Treatment: Effective 11-1-16

	YES	NO	N/A
IFN – Intolerant / Ineligible Criteria – the patient must meet one or more of the following criteria – please send documentation			
• Platelet count < 100,000 / mm ³			
• Decompensated cirrhosis (CTP Class B or C, CTP score ≥ 7 , albumin < 3.5)			
• Severe mental health conditions (including, but not limited to psychotic disorders, bipolar disorder, major depression, PTSD) that may be exacerbated by IFN or respond poorly to medical therapy <ul style="list-style-type: none"> ○ Submit current mental health professional evaluation and ongoing care 			
• Autoimmune diseases that may be exacerbated by IFN-mediated immune modulations			
• Inability to complete prior treatment course due to documented IFN related adverse effects			
• A history of preexisting cardiac disease			
Renal function – Is the GFR or eGFR ≥ 30 ml/min			
Transplantation			
• Is the patient a transplant recipient (any type)			
• Is this 1. Pre-liver transplant -or- 2. Post liver transplant treatment (circle one)			
Pregnancy prevention – if ribavirin is used			
• Patient has been counseled on the risks to the fetus if pregnancy occurs during treatment or within 6 months of completion of treatment (Pregnancy Category X)			
• Patient is infertile or not sexually active			
• Will the patient (female) use effective contraception during treatment and continue for 6 months afterwards?			
• Male –Will the female partner(s) of treated men use effective contraception during treatment and continue for 6 months afterwards?			
Limited Life Expectancy – does patient have a limited life expectancy (<12 months) due to non-liver related comorbid condition?			
Clinician Experience and Attestation			
<ul style="list-style-type: none"> Is the treating clinician a specialist? <i>Check one or more:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Gastroenterologist <input type="checkbox"/> Hepatologist <input type="checkbox"/> ID <input type="checkbox"/> HIV clinician <input type="checkbox"/> None of the above (this selection requires submission of a letter detailing the clinician's experience in the treatment of HCV) <p> To the best of my knowledge, the information provided in this form is (1) true, accurate and complete and (2) the requested services are medically indicated and necessary to the health of the patient.</p> <p>Signature of the prescriber:_____ Date:_____</p>			

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
TAR Supplemental Form for Hepatitis C Treatment: Effective 11-1-16

V. Additional required documentation:

Please submit the following data in original form:

- If Genotype is 1a *and* requested regimen includes elbasvir (i.e. Zepatier): Hepatitis C Viral RNA Genotype 1 NS5A Drug Resistance Assay.
- HCV genotype
- HCV Viral Load (VL)
- Chem panel (AST with reference range, ALT, Plt, total bilirubin, albumin), CBC, - If cirrhosis: INR and CTP score
- Evidence of Metavir score of F2 or higher (biopsy, US, biochemical profile, evidence of portal HTN)
- Documentation, as may be required, for IFN intolerance / ineligible, ascites, esophageal varices, hepatic encephalopathy
- Letter of clinician experience in the treatment of HCV (once only per clinician)

In-therapy lab requirements:

- All regimens: baseline; start of treatment HCV VL; 12 week SVR VL (to detect relapse vs reinfection)
- All regimens: 4 week HCV VL – if detectable then 6 week VL
- Regimens lasting more than 12 weeks: 12 week HCV VL

VI. Case Management

- Please describe the HCV case management plans for this patient to assure adherence to the treatment protocol and responsibility for medications.
 - Visit frequency should include initiation, and at least monthly until end of treatment. End of treatment visit. 12 week SVR measurement
 - Case management: in lieu of clinical visits, weekly phone call contacts will be required for continued refill of medications – chart documentation will be requested through the Treatment Authorization Request (TAR).

VII. Patient responsibility

- Lost medications might not be replaced and treatment authorization may be revoked
- Evidence of lack of adherence may result in treatment authorization revocation
- Missed appointments and lab data points may result in treatment authorization revocation
- Lack of compliance with case management may result in treatment authorization revocation

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
TAR Supplemental Form for Hepatitis C Treatment: Effective 11-1-16

VIII. DHCS Policy: Unlabeled Use of Medication (aka, Off-label use of an FDA approved drug):

- Authorization for off-label uses of drugs shall not be granted unless the requested use represents reasonable and current prescribing practices. The determination of reasonable and current prescribing practices shall be based on:
 - Reference to current medical literature
 - Consultation with provider organizations, academic and professional specialists.

IX. Specialty Pharmacy Requirement:

- HCV Rx and ALL the required documentation should be submitted to our specialty pharmacy:

WALGREENS SPECIALTY PHARMACY #15987

Phone number: 916-738-3300

Fax number: 916-738-3302

**Partnership HealthPlan of California
Medi-Cal Formulary Guide 2017**

Detail

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**Partnership HealthPlan of California
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Detail

CURRENT AS OF 4/1/2017

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Notes

AL = Age Limit

QL = Quantity Limit

ST = Step Therapy

Name	Reference	Notes
Analgesic, Anti-Inflammatory Or Antipyretic		
Analgesic Narcotic Agonists		
INFUMORPH P/F		
<i>fentanyl</i>	Duragesic	ST; QL (10 EA per 30 days)
<i>hydromorphone (pf)</i>		
<i>hydromorphone injection</i>		
<i>hydromorphone oral tablet 2 mg</i>	Dilaudid	QL (15 EA per 1 day)
<i>hydromorphone oral tablet 4 mg</i>	Dilaudid	QL (7 EA per 1 day)
<i>hydromorphone oral tablet 8 mg</i>	Dilaudid	QL (3 EA per 1 day)
<i>hydromorphone rectal</i>		QL (12 EA per 1 Fill)
<i>levorphanol tartrate</i>		QL (2 EA per 1 day)
<i>methadone</i>	Dolophine	QL (3 EA per 1 day)
<i>morphine (pf)</i>	Duramorph (PF)	
<i>morphine concentrate</i>		QL (6 ML per 1 day)
<i>morphine intravenous</i>		
<i>morphine oral solution 10 mg/5 ml</i>		QL (60 ML per 1 day)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>		QL (30 ML per 1 day)
<i>morphine oral tablet 15 mg</i>		QL (8 EA per 1 day)
<i>morphine oral tablet 30 mg</i>		QL (4 EA per 1 day)
<i>morphine oral tablet extended release 15 mg</i>	MS Contin	QL (8 EA per 1 day)
<i>morphine oral tablet extended release 30 mg</i>	MS Contin	QL (4 EA per 1 day)
<i>morphine oral tablet extended release 60 mg</i>	MS Contin	QL (2 EA per 1 day)
<i>oxycodone oral capsule</i>		QL (6 EA per 1 day)
<i>oxycodone oral tablet 10 mg</i>		QL (6 EA per 1 day)

Name	Reference	Notes
<i>oxycodone oral tablet 15 mg</i>	Roxicodone	QL (5 EA per 1 day)
<i>oxycodone oral tablet 20 mg</i>		QL (4 EA per 1 day)
<i>oxycodone oral tablet 30 mg</i>	Roxicodone	QL (2 EA per 1 day)
<i>oxycodone oral tablet 5 mg</i>	Roxicodone	QL (6 EA per 1 day)
<i>tramadol</i>	Ultram	QL (8 EA per 1 day)
Analgesic Narcotic Codeine Combinations		
<i>acetaminophen-codeine oral solution</i>		QL (240 ML per 1 Fill); AL (Min 18 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>		QL (12 EA per 1 day); AL (Min 18 Years)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	Tylenol-Codeine #3	QL (12 EA per 1 day); AL (Min 18 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tylenol-Codeine #4	QL (8 EA per 1 day); AL (Min 18 Years)
Analgesic Narcotic Hydrocodone And Non-Salicylate Combinations		
<i>hydrocodone-acetaminophen oral solution 2.5-167 mg/5 ml</i>		QL (480 ML per 30 DAYs)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Hycet	QL (240 ML per 1 Fill)
<i>hydrocodone-acetaminophen oral tablet</i>	Lorcet (hydrocodone)	QL (8 EA per 1 day)
Analgesic Narcotic Hydrocodone Combinations		
<i>hydrocodone-acetaminophen oral solution 2.5-167 mg/5 ml</i>		QL (480 ML per 30 DAYs)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Hycet	QL (240 ML per 1 Fill)
<i>hydrocodone-acetaminophen oral tablet</i>	Lorcet (hydrocodone)	QL (8 EA per 1 day)
Analgesic Narcotic Oxycodone And Non-Salicylate Combinations		
ENDOCET		QL (8 EA per 1 day)
<i>oxycodone-acetaminophen</i>	Percocet	QL (8 EA per 1 day)
Analgesic Narcotic Oxycodone Combinations		
ENDOCET		QL (8 EA per 1 day)
<i>oxycodone-acetaminophen</i>	Percocet	QL (8 EA per 1 day)
Analgesic Narcotic Partial-Mixed Agonists		
TALWIN		
<i>nalbuphine</i>		

Name	Reference	Notes
Analgesic Or Antipyretic Non-Narcotic		
ACEPHEN		
ACETAMINOPHEN EXTRA STRENGTH		
ARTHRITIS PAIN RELIEF (ACETAM)		
BETATEMP		
CHILDREN'S ACETAMINOPHEN		
CHILDREN'S MAPAP		
CHILDREN'S NON-ASPIRIN PAIN		
CHILDREN'S PAIN RELIEF		
CHILDREN'S PAIN RELIEVER		
CHILDREN'S PAIN-FEVER RELIEF		
CHILDREN'S Q-PAP		
CHILDREN'S SILAPAP		
ED-APAP		
FEVERALL		
INFANT'S PAIN RELIEF		
JUNIOR MAPAP		
MAPAP (ACETAMINOPHEN)		
MAPAP ARTHRITIS PAIN		
MAPAP EXTRA STRENGTH		
MASOPHEN		
NON-ASPIRIN		
NON-ASPIRIN CHILDRENS		
NON-ASPIRIN CHILDREN'S		
NON-ASPIRIN EXTRA STRENGTH		
NON-ASPIRIN PAIN RELIEF		
NORTEMP		
PAIN AND FEVER		
PAIN RELIEF		
PAIN RELIEF EXTRA STRENGTH		
PAIN RELIEF REGULAR STRENGTH		
PAIN RELIEVER		
PAIN RELIEVER EXTRA STRENGTH		
PEDIACARE FEVER REDUCER		
Q-PAP		
Q-PAP EXTRA STRENGTH		
TYLOPHEN		
<i>acetaminophen</i>	Infant's Pain Relief	

Name	Reference	Notes
Analgesic Or Antipyretic Non-Narcotic/Sedative Combinations		
<i>butalbital-acetaminophen-caff</i>	Esgic	QL (6 EA per 1 day)
Dmard - Antimalarials		
<i>hydroxychloroquine</i>	Plaquenil	
Dmard - Antimetabolites		
TREXALL		
<i>methotrexate sodium</i>		
Dmard - Gold Compounds		
RIDAURA		QL (3 EA per 1 day); AL (Min 18 Years)
Dmard - Immunosuppressives		
CYCLOPHOSPHAMIDE ORAL		
GENGRAF		
NEORAL		
SANDIMMUNE		
<i>azathioprine</i>	Imuran	
<i>cyclosporine</i>	Sandimmune	
<i>cyclosporine modified</i>	Gengraf	
<i>mycophenolate mofetil</i>	CellCept	
Dmard - Other		
SULFAZINE		
<i>minocycline</i>	Minocin	
<i>sulfasalazine</i>	Azulfidine	
Dmard - Pyrimidine Synthesis Inhibitors		
<i>leflunomide</i>	Arava	
Nsaid Analgesic, Cyclooxygenase-2 (Cox-2) Selective Inhibitors		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	Celebrex	ST; QL (2 EA per 1 day)
<i>celecoxib oral capsule 400 mg</i>	Celebrex	ST; QL (1 EA per 1 day)
Nsaid Analgesics (Cox Non-Specific) - Other		
<i>nabumetone</i>		
<i>sulindac</i>		
Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives		
<i>meloxicam</i>	Mobic	

Name	Reference	Notes
<i>piroxicam</i>	Feldene	
Nsaid Analgesics (Cox Non-Specific) - Phenylacetic Acid Derivatives		
<i>diclofenac potassium</i>		
<i>diclofenac sodium</i>	Voltaren-XR	
Nsaid Analgesics (Cox Non-Specific) - Propionic Acid Derivatives		
<i>flurbiprofen</i>		
<i>ibuprofen</i>		
<i>ketoprofen</i>		
<i>naproxen</i>		
<i>naproxen sodium</i>	Anaprox DS	
<i>oxaprozin</i>	Daypro	
Nsaid Analgesics, (Cox Non-Specific) - Indole Acetic Acid Derivatives		
<i>etodolac</i>		
<i>indomethacin</i>		
Salicylate Analgesic And Sedative Combinations		
<i>butalbital-aspirin-caffeine</i>	Fiorinal	QL (6 EA per 1 day)
Salicylate Analgesics		
ADULT LOW DOSE ASPIRIN		
ASPIRIN CHILDRENS		
ASPIRIN LOW DOSE		
ASPIR-LOW		
BAYER ADVANCED		
BAYER CHEWABLE ASPIRIN		
CHILDREN'S ASPIRIN		
ENTERIC COATED ASPIRIN		
<i>aspirin</i>		
<i>diflunisal</i>		
<i>salsalate</i>	Disalcid	
Salicylate Analgesics, Buffered		
TRI-BUFFERED ASPIRIN		
<i>aspirin, buffered</i>	Tri-Buffered Aspirin	
Anesthetics		
General Anesthetic - Parenteral, Others		
AMIDATE		

Name	Reference	Notes
Local Anesthetic - Amides		
XYLOCAINE		
XYLOCAINE-MPF		
<i>ropivacaine (pf)</i>	Naropin (PF)	
Anorectal Preparations		
Anorectal - Glucocorticoids		
ANUCORT-HC		
PROCTO-PAK		
<i>hydrocortisone acetate</i>	Hemmorex-HC	
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb		
PROCTOFOAM HC		
Antidotes And Other Reversal Agents		
Chelating Agents - Lead Poisoning		
CHEMET		QL (103 EA Max Qty Per Fill Retail)
Emetics		
<i>ippecac</i>		
Anti-Infective Agents		
Aminoglycoside Antibiotic		
<i>amikacin</i>		
<i>gentamicin</i>		
<i>neomycin</i>		
Aminopenicillin Antibiotic		
<i>amoxicillin</i>		
<i>ampicillin</i>		
Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations		
<i>amoxicillin-pot clavulanate</i>	Augmentin ES-600	
Anthelmintic Agents Other		
BILTRICIDE		QL (3 TAB per 1 FILL)
PIN-X		
REESE'S PINWORM MEDICINE		
<i>ivermectin</i>	Stromectol	QL (20 TABS per 1 RX)
Antibacterial Folate Antagonist - Other Combinations		
<i>sulfamethoxazole-trimethoprim</i>	Bactrim	

Name	Reference	Notes
Antibacterial Folate Antagonist Others		
<i>trimethoprim</i>		
Antifungal - Allylamines		
<i>terbinafine hcl</i>	Lamisil	
Antifungal - Amphoteric Polyene Macrolides		
<i>nystatin</i>		
Antifungal - Imidazoles		
<i>ketoconazole</i>		
Antifungal - Triazoles		
<i>fluconazole</i>	Diflucan	
Antifungal Other		
<i>flucytosine</i>	Ancobon	
<i>griseofulvin microsize</i>		
<i>griseofulvin ultramicrosize</i>	Gris-PEG (ultramicrosize)	
Antimalarials		
<i>chloroquine phosphate</i>		
<i>hydroxychloroquine</i>	Plaquenil	
<i>primaquine</i>		
Antiprotozoal Agents - Other		
MEPRON		
Antiprotozoal-Antibacterial 1St Generation 2-Methyl-5-Nitroimidazole		
<i>metronidazole</i>	Flagyl	
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (Nrti)		
RETROVIR		
VIDEX 2 GRAM PEDIATRIC		
VIDEX 4 GRAM PEDIATRIC		
<i>didanosine</i>	Videx EC	
<i>zidovudine</i>	Retrovir	
Antitubercular - D-Alanine Analogs		
<i>cycloserine</i>		
Antitubercular - Isonicotinic Acid Derivatives		
<i>isoniazid</i>		

Name	Reference	Notes
Antitubercular - Niacinamide Derivatives		
<i>pyrazinamide</i>		
Antitubercular - Rifamycin And Derivatives		
PRIFTIN		QL (6 TABS per 7 days)
<i>rifabutin</i>	Mycobutin	
<i>rifampin</i>	Rifadin	
Antitubercular Agents Other		
<i>ethambutol</i>	Myambutol	
Antitubercular Combinations		
RIFAMATE		
RIFATER		
Cephalosporin Antibiotics - 1St Generation		
<i>cephalexin</i>	Keflex	
Cephalosporin Antibiotics - 2Nd Generation		
CEFTIN		
ZINACEF		
ZINACEF IN STERILE WATER		
<i>cefaclor</i>		
<i>cefuroxime axetil</i>		
Cephalosporin Antibiotics - 3Rd Generation		
SUPRAX		QL (2 Capsules per 23 days)
<i>cefdinir oral capsule</i>		QL (2 EA per 1 day)
<i>cefdinir oral suspension for reconstitution</i>		
<i>cefixime oral suspension for reconstitution 100 mg/5 ml</i>	Suprax	
<i>cefixime oral suspension for reconstitution 200 mg/5 ml</i>	Suprax	QL (10 Days per 1 Fill); AL (Min 1 Years and Max 12 Years)
<i>cefpodoxime</i>		QL (2 EA per 1 FILL)
Fluoroquinolone Antibiotics		
<i>ciprofloxacin hcl</i>		QL (2 EA per 1 Day)
<i>ciprofloxacin in 5 % dextrose</i>	Cipro in D5W	
<i>levofloxacin in d5w</i>		
<i>levofloxacin intravenous</i>		
<i>levofloxacin oral tablet 250 mg, 500 mg</i>	Levaquin	

Name	Reference	Notes
<i>levofloxacin oral tablet 750 mg</i>	Levaquin	QL (10 EA per 1 FILL)
<i>ofloxacin</i>		QL (28 EA per 30 DAYS)
Herpes Antiviral Agent - Purine Analogs		
<i>acyclovir</i>	Zovirax	
<i>valacyclovir</i>	Valtrex	
Herpes Antiviral Agent - Thymidine Analogs		
<i>famciclovir</i>		QL (3 EA per 1 Day)
Influenza Antiviral Agents - Neuraminidase Inhibitors		
RELENZA DISKHALER		QL (20 EA per 1 Year)
TAMIFLU		QL (180 ML per 1 Fill); AL (Max 12 Years)
<i>oseltamivir</i>	Tamiflu	QL (10 EA per 1 Fill)
Lincosamide Antibiotics		
CLINDAMYCIN PEDIATRIC		
<i>clindamycin hcl</i>	Cleocin HCl	
<i>clindamycin palmitate hcl</i>	Clindamycin Pediatric	
Macrolides		
E.E.S. 400		
E.E.S. GRANULES		
ERYPED 200		
ERYPED 400		
ERY-TAB		
ERYTHROCIN		
ERYTHROCIN (AS STEARATE)		
<i>azithromycin intravenous</i>	Zithromax	
<i>azithromycin oral packet</i>	Zithromax	
<i>azithromycin oral suspension for reconstitution</i>	Zithromax	
<i>azithromycin oral tablet 250 mg</i>	Zithromax Z-Pak	QL (6 EA per 1 FILL)
<i>azithromycin oral tablet 500 mg</i>	Zithromax TRI-PAK	QL (3 EA per 1 FILL)
<i>azithromycin oral tablet 600 mg</i>	Zithromax	QL (8 EA per 1 FILL)
<i>clarithromycin</i>	Biaxin	QL (2 TAB per 1 DAY)
<i>erythromycin</i>		
<i>erythromycin ethylsuccinate</i>	E.E.S. 400	
Monobactam Antibiotics		
AZACTAM IN DEXTROSE (ISO-OSM)		

Name	Reference	Notes
Oxazolidinone Antibiotics		
<i>linezolid</i>	Zyvox	QL (2 EA per 1 day)
Penicillin Antibiotic - Natural		
PFIZERPEN-G		
<i>penicillin g potassium</i>	Pfizerpen-G	
<i>penicillin v potassium</i>		
Penicillin Antibiotic - Penicillinase-Resistant		
<i>dicloxacillin</i>		
<i>oxacillin</i>		
Penicillin Antibiotic, Extended-Spectrum And Beta-Lactamase Inhib Comb		
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML, 4.5 GRAM/100 ML		
Rifamycins And Related Derivative Antibiotics		
PRIFTIN		QL (6 TABS per 7 days)
<i>rifabutin</i>	Mycobutin	
<i>rifampin</i>	Rifadin	
Tetracycline Antibiotics		
DOXY-100		
<i>doxycycline monohydrate</i>	Mondoxylene NL	QL (2 EA per 1 day)
<i>minocycline</i>	Minocin	
Antineoplastics		
Antineoplastic - 1St Generation Egfr Tyrosine Kinase Inhibitor		
TARCEVA		QL (1 EA per 1 day)
Antineoplastic - 2Nd Generation Egfr Tyrosine Kinase Inhibitor		
GILOTRIF		
Antineoplastic - Alkylating Agent - Alkyl Sulfonates		
MYLERAN		
Antineoplastic - Alkylating Agent - Ethylenimines And Methylmelamines		
HEXALEN		

Name	Reference	Notes
Antineoplastic - Alkylating Agent - Methylhydrazines		
MATULANE		
Antineoplastic - Alkylating Agent - Nitrogen Mustards		
ALKERAN		
CYCLOPHOSPHAMIDE ORAL		
LEUKERAN		
MUSTARGEN		
Antineoplastic - Alkylating Agent - Triazenes		
<i>temozolomide</i>	Temodar	
Antineoplastic - Antiadrenals		
LYSODREN		
Antineoplastic - Antiandrogens		
NILANDRON		
<i>bicalutamide</i>	Casodex	
<i>flutamide</i>		
Antineoplastic - Antimetabolite - Folic Acid Analogs		
TREXALL		
<i>methotrexate sodium</i>		
<i>methotrexate sodium (pf) injection recon soln</i>		
<i>methotrexate sodium (pf) injection solution</i>		
Antineoplastic - Antimetabolite - Purine Analogs		
TABLOID		
<i>fludarabine</i>		
<i>mercaptopurine</i>		
Antineoplastic - Antimetabolite - Pyrimidine Analogs		
ADRUCIL		
<i>capecitabine</i>	Xeloda	
Antineoplastic - Antimetabolite - Urea Derivatives		
<i>hydroxyurea</i>	Hydrea	
Antineoplastic - Aromatase Inhibitors		
<i>anastrozole</i>	Arimidex	
<i>exemestane</i>	Aromasin	

Name	Reference	Notes
<i>letrozole</i>	Femara	
Antineoplastic - Cyclin-Dependent Kinase (Cdk) 4/6 Inhibitors		
IBRANCE		QL (21 EA per 28 days); AL (Min 18 Years)
Antineoplastic - Epipodophyllotoxins		
ETOPOPHOS		
Antineoplastic - Estrogens		
EMCYT		
Antineoplastic - Multikinase Inhibitors		
NEXAVAR		QL (4 EA per 1 day)
Antineoplastic - Other		
TICE BCG		
Antineoplastic - Progestins		
<i>megestrol</i>		
Antineoplastic - Protein-Tyrosine Kinase Inhibitors		
SUTENT		QL (1 EA per 1 day)
VOTRIENT		QL (4 EA per 1 day)
<i>imatinib oral tablet 100 mg</i>	Gleevec	QL (2 EA per 1 day)
<i>imatinib oral tablet 400 mg</i>	Gleevec	QL (1 EA per 1 day)
Antineoplastic - Retinoids		
<i>tretinoin (chemotherapy)</i>		
Antineoplastic - Selective Estrogen Receptor Modulators (Serms)		
FARESTON		
<i>tamoxifen</i>		
Antineoplastic - Selective Retinoid X Receptor Agonists		
TARGRETIN		
Antineoplastic - Vinca Alkaloids And Analogs		
<i>vinblastine</i>		
Methotrexate Rescue Agents		
<i>leucovorin calcium injection</i>		
<i>leucovorin calcium oral</i>		
Methotrexate Rescue Agents - Folic Acid Antagonist Type		
<i>leucovorin calcium injection</i>		

Name	Reference	Notes
<i>leucovorin calcium oral</i>		
Urinary Tract Protective Agents Used In Conjunction With Chemotherapy		
MESNEX		
Biologicals		
Hepatitis A Vaccine - Single Agents		
HAVRIX (PF)		AL (Min 19 Years)
VAQTA (PF)		AL (Min 19 Years)
Hepatitis B Vaccines - Single Agents		
ENGRIX-B (PF)		AL (Min 19 Years)
ENGRIX-B PEDIATRIC (PF)		AL (Min 19 Years)
RECOMBIVAX HB (PF)		AL (Min 19 Years)
Immune Globulin - Hepatitis B		
HYPERHEP B S/D		
HYPERHEP B S-D NEONATAL		
NABI-HB		
Immune Globulin - Rabies		
HYPERRAB S/D (PF)		
IMOGAM RABIES-HT (PF)		
Immune Globulin - Rho(D)		
MICRHOGAM ULTRA-FILTERED PLUS		AL (Min 19 Years)
RHOGAM ULTRA-FILTERED PLUS		AL (Min 19 Years)
Immune Globulin - Varicella-Zoster		
VARIZIG		AL (Min 19 Years)
Live Vaccines		
M-M-R II (PF)		AL (Min 19 Years)
PROQUAD (PF)		AL (Min 19 Years)
TICE BCG		
VIVOTIF		
VIVOTIF BERNA VACCINE		
ZOSTAVAX (PF)		AL (Min 60 Years)
<i>bcg vaccine, live (pf)</i>		AL (Min 19 Years)
Toxoid Vaccine Combinations		
ADACEL(TDAP ADOLESN/ADULT)(PF)		AL (Min 19 Years)
BOOSTRIX TDAP		AL (Min 19 Years)
DAPTACEL (DTAP PEDIATRIC) (PF)		
INFANRIX (DTAP) (PF)		AL (Min 19 Years)
TENIVAC (PF)		AL (Min 19 Years)

Name	Reference	Notes
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric)		
ACTHIB (PF)		AL (Min 19 Years)
PEDVAX HIB (PF)		AL (Min 19 Years)
PENTACEL ACTHIB COMPONENT (PF)		AL (Min 19 Years)
TYPHIM VI		
VIVOTIF		
VIVOTIF BERNA VACCINE		
Vaccine Bacterial - Gram Negative Cocci		
MENACTRA (PF)		AL (Min 19 Years)
MENOMUNE - A/C/Y/W-135		AL (Min 19 Years)
MENOMUNE - A/C/Y/W-135 (PF)		AL (Min 19 Years)
MENVEO A-C-Y-W-135-DIP (PF)		AL (Min 19 Years)
MENVEO MENA COMPONENT (PF)		AL (Min 19 Years)
MENVEO MENCYW-135 COMPNT (PF)		AL (Min 19 Years)
Vaccine Bacterial - Gram Positive Cocci		
PNEUMOVAX 23		AL (Min 19 Years)
PREVNAR 13 (PF)		AL (Min 19 Years)
Vaccine Bacterial - Other		
<i>bcg vaccine, live (pf)</i>		AL (Min 19 Years)
Vaccine Viral - Human Papillomavirus (Hpv) Vaccines		
CERVARIX VACCINE (PF)		AL (Min 19 Years and Max 25 Years)
GARDASIL 9 (PF)		AL (Min 19 Years and Max 26 Years)
Vaccine Viral - Measles		
M-M-R II (PF)		AL (Min 19 Years)
PROQUAD (PF)		AL (Min 19 Years)
Vaccine Viral - Mumps And Related		
M-M-R II (PF)		AL (Min 19 Years)
PROQUAD (PF)		AL (Min 19 Years)
Vaccine Viral - Poliomyelitis		
IPOL		AL (Min 19 Years)
Vaccine Viral - Rabies		
RABAVERT (PF)		

Name	Reference	Notes
Vaccine Viral - Rubella		
M-M-R II (PF)		AL (Min 19 Years)
PROQUAD (PF)		AL (Min 19 Years)
Vaccine Viral - Varicella		
PROQUAD (PF)		AL (Min 19 Years)
ZOSTAVAX (PF)		AL (Min 60 Years)
Vaccine Viral Combinations		
M-M-R II (PF)		AL (Min 19 Years)
PROQUAD (PF)		AL (Min 19 Years)
Cardiovascular Therapy Agents		
Ace Inhibitor And Calcium Channel Blocker Combinations		
<i>amlodipine-benazepril</i>		
Ace Inhibitor And Diuretic Combinations		
<i>benazepril-hydrochlorothiazide</i>		
<i>enalapril-hydrochlorothiazide</i>		
<i>lisinopril-hydrochlorothiazide</i>	Zestoretic	
Ace Inhibitors		
<i>benazepril</i>		
<i>captopril</i>		
<i>enalapril maleate</i>	Vasotec	
<i>lisinopril</i>	Zestril	
<i>quinapril</i>	Accupril	
<i>ramipril</i>	Altace	
Aldosterone Receptor Antagonists		
<i>spironolactone</i>	Aldactone	
Alpha-Beta Blockers		
<i>carvedilol</i>	Coreg	
<i>labetalol</i>		
Angiotensin II Receptor Blocker (Arb)-Diuretic Combinations		
<i>irbesartan-hydrochlorothiazide</i>	Avalide	
<i>losartan-hydrochlorothiazide</i>	Hyzaar	
<i>valsartan-hydrochlorothiazide</i>	Diovan HCT	

Name	Reference	Notes
Angiotensin II Receptor Blocker-Neprilysin Inhibitor Comb. (Arni)		
ENTRESTO		QL (60 EA per 1 Month); AL (Min 18 Years)
Angiotensin II Receptor Blockers (Arbs)		
<i>irbesartan</i>	Avapro	
<i>losartan</i>	Cozaar	
<i>valsartan</i>	Diovan	
Antianginal - Coronary Vasodilators (Nitrates)		
DILATRATE-SR		
ISORDIL		
ISORDIL TITRADOSE		
MINITRAN		
<i>isosorbide dinitrate</i>		
<i>isosorbide mononitrate</i>		
<i>nitroglycerin</i>	Minitran	
Antiarrhythmic - Class Ia		
<i>procainamide</i>		
<i>quinidine gluconate</i>		
<i>quinidine sulfate</i>		
Antiarrhythmic - Class Ib		
<i>mexiletine</i>		
<i>phenytoin sodium</i>		
Antiarrhythmic - Class Ic		
<i>flecainide</i>		
<i>propafenone</i>		
Antiarrhythmic - Class II		
SORINE		
SOTALOL AF		
<i>sotalol</i>	Sorine	
Antiarrhythmic - Class III		
PACERONE		
<i>amiodarone</i>	Pacerone	
Antiarrhythmic - Class IV		
<i>verapamil</i>		

Name	Reference	Notes
Antihyperlipidemic - Bile Acid Sequestrants		
CHOLESTYRAMINE LIGHT		
PREVALITE		
<i>cholestyramine (with sugar)</i>	Questran	
Antihyperlipidemic - Fibric Acid Derivatives		
<i>fenofibrate</i>		
<i>fenofibrate micronized</i>		
<i>gemfibrozil</i>	Lopid	
Antihyperlipidemic - Hmg Coa Reductase Inhibitors (Statins)		
<i>atorvastatin</i>	Lipitor	
<i>lovastatin</i>		
<i>pravastatin</i>	Pravachol	
<i>simvastatin</i>	Zocor	
Antihyperlipidemic - Nicotinic Acid Derivatives		
NIACOR		
<i>niacin</i>	Niaspan Extended-Release	
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor		
<i>ezetimibe</i>	Zetia	ST
Beta Blockers Cardiac Selective		
<i>atenolol</i>	Tenormin	
<i>bisoprolol fumarate</i>	Zebeta	
<i>metoprolol succinate</i>	Toprol XL	
<i>metoprolol tartrate</i>	Lopressor	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity		
<i>acebutolol</i>		
Beta Blockers Non-Cardiac Selective		
SORINE		
SOTALOL AF		
<i>nadolol</i>	Corgard	
<i>propranolol</i>		
<i>sotalol</i>	Sorine	

Name	Reference	Notes
Calcium Channel Blockers - Benzothiazepines		
CARTIA XT		
DILT-XR		
TAZTIA XT		
<i>diltiazem hcl</i>	Tiazac	
Calcium Channel Blockers - Dihydropyridines		
AFEDITAB CR		
<i>amlodipine</i>	Norvasc	
<i>felodipine</i>		
<i>nifedipine</i>	Procardia XL	
Calcium Channel Blockers - Phenylalkylamines		
<i>verapamil</i>	Calan SR	
Cardiac Selective Beta Blocker- Thiazide Diuretic And Related Comb.		
<i>atenolol-chlorthalidone</i>	Tenoretic 100	
<i>bisoprolol-hydrochlorothiazide</i>	Ziac	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents		
<i>epinephrine injection auto-injector</i>	Auvi-Q	QL (2 INJECTIONS per 30 DAYS)
<i>epinephrine injection solution</i>	Adrenalin	
Cardiovascular Sympathomimetics		
<i>epinephrine</i>	Adrenalin	
Central Alpha-2 Receptor Agonists		
<i>clonidine hcl</i>	Catapres	
<i>guanfacine</i>		
<i>methyl dopa</i>		
Digitalis Glycosides		
DIGOX		
LANOXIN		
LANOXIN PEDIATRIC		
<i>digoxin</i>		
Direct Acting Vasodilators		
<i>hydralazine</i>		
<i>minoxidil</i>		

Name	Reference	Notes
Diuretic - Aldosterone Receptor Antagonist, Non-Selective		
<i>spironolactone</i>	Aldactone	
Diuretic - Carbonic Anhydrase Inhibitors		
<i>acetazolamide</i>	Diamox Sequels	
<i>acetazolamide sodium</i>		
<i>methazolamide</i>	Neptazane	
Diuretic - Loop		
<i>bumetanide</i>		
<i>furosemide</i>	Lasix	
<i>torsemide oral tablet 10 mg, 20 mg</i>	Demadex	QL (2 EA per 1 Day)
<i>torsemide oral tablet 100 mg</i>		QL (1 EA per 1 Day)
<i>torsemide oral tablet 5 mg</i>		QL (2 EA per 1 Day)
Diuretic - Osmotic		
<i>mannitol 25 %</i>		
Diuretic - Potassium Sparing		
<i>amiloride</i>		
Diuretic - Potassium Sparing-Thiazide And Related Combinations		
<i>spironolacton-hydrochlorothiaz</i>	Aldactazide	
<i>triamterene-hydrochlorothiazid</i>	Dyazide	
Diuretic - Thiazides And Related		
DIURIL		
<i>chlorothiazide</i>		
<i>chlorothiazide sodium</i>	Diuril IV	
<i>chlorthalidone</i>		
<i>hydrochlorothiazide</i>		
<i>indapamide</i>		
<i>metolazone</i>		
Peripheral Alpha-1 Receptor Blockers		
<i>doxazosin</i>	Cardura	
<i>prazosin</i>	Minipress	
<i>terazosin</i>		
Central Nervous System Agents		
Antianxiety Agent - Antihistamine Type		
<i>hydroxyzine hcl</i>		
<i>hydroxyzine pamoate</i>		

Name	Reference	Notes
Antianxiety Agent - Benzodiazepines		
<i>chlordiazepoxide hcl</i>		QL (4 EA per 1 DAY)
<i>clonazepam</i>	Klonopin	QL (4 EA per 1 DAY)
<i>clorazepate dipotassium</i>		ST; QL (4 EA per 1 day)
<i>diazepam injection</i>		
<i>diazepam oral</i>	Valium	QL (4 EA per 1 day)
<i>lorazepam</i>	Ativan	QL (4 EA per 1 day)
<i>oxazepam</i>		QL (90 EA per 30 days)
Antianxiety Agent - Non-Benzodiazepine		
<i>buspirone</i>		
Anticonvulsant - Barbiturates And Derivatives		
<i>phenobarbital</i>		
<i>primidone</i>	Mysoline	
Anticonvulsant - Benzodiazepines		
<i>clonazepam</i>	Klonopin	QL (4 EA per 1 DAY)
<i>diazepam rectal kit 12.5-15-17.5-20 mg</i>	Diastat AcuDial	
<i>diazepam rectal kit 2.5 mg</i>	Diastat	
<i>diazepam rectal kit 5-7.5-10 mg</i>	Diastat AcuDial	
Anticonvulsant - Carboxylic Acid Derivatives		
<i>divalproex</i>	Depakote	
<i>valproic acid</i>	Depakene	
<i>valproic acid (as sodium salt)</i>	Depakene	
Anticonvulsant - Gaba Analogs		
<i>gabapentin oral capsule 100 mg</i>	Neurontin	QL (36 EA per 1 DAY)
<i>gabapentin oral capsule 300 mg</i>	Neurontin	QL (12 EA per 1 DAY)
<i>gabapentin oral capsule 400 mg</i>	Neurontin	QL (9 EA per 1 DAY)
<i>gabapentin oral tablet 600 mg</i>	Neurontin	QL (6 EA per 1 DAY)
<i>gabapentin oral tablet 800 mg</i>	Neurontin	QL (4 EA per 1 DAY)
Anticonvulsant - Gaba Re-Uptake Inhibitor, Nipecotic Acid Derivatives		
GABITRIL		
<i>tiagabine</i>	Gabitril	
Anticonvulsant - Hydantoins		
DILANTIN		
DILANTIN EXTENDED		

Name	Reference	Notes
DILANTIN INFATABS		
DILANTIN-125		
PHENYTEK		
<i>phenytoin</i>	Dilantin Infatabs	
<i>phenytoin sodium</i>		
<i>phenytoin sodium extended</i>	Phenytek	
Anticonvulsant - Iminostilbene Derivatives		
<i>carbamazepine</i>	Tegretol XR	
<i>oxcarbazepine</i>	Trileptal	
Anticonvulsant - Monosaccharide Derivatives		
<i>topiramate</i>	Topamax	
Anticonvulsant - Phenyltriazine Derivatives		
<i>lamotrigine</i>	Lamictal	
Anticonvulsant - Pyrrolidine Derivatives		
<i>levetiracetam</i>	Roweepra	
Anticonvulsant - Succinimides		
CELONTIN		
<i>ethosuximide</i>	Zarontin	
Anticonvulsant - Sulfonamide Derivatives		
<i>zonisamide</i>	Zonegran	
Antidepressant - Alpha-2 Receptor Antagonists (Nassa)		
<i>mirtazapine</i>	Remeron	QL (1 EA per 1 day)
Antidepressant - Selective Serotonin Reuptake Inhibitors (Ssris)		
<i>citalopram</i>	Celexa	
<i>escitalopram oxalate</i>	Lexapro	
<i>fluoxetine oral capsule 10 mg</i>	Prozac	QL (8 EA per 1 day)
<i>fluoxetine oral capsule 20 mg</i>	Prozac	QL (4 EA per 1 day)
<i>fluoxetine oral capsule 40 mg</i>	Prozac	
<i>fluoxetine oral solution</i>		
<i>fluvoxamine</i>		
<i>paroxetine hcl</i>	Paxil	
<i>sertraline</i>	Zoloft	

Name	Reference	Notes
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (Saris)		
<i>nefazodone</i>		AL (Min 18 Years)
<i>trazodone</i>		
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (Snris)		
<i>duloxetine</i>	Cymbalta	QL (2 EA per 1 day)
<i>venlafaxine</i>	Effexor XR	
Antidepressant - Tricyclic And Antipsychotic, Phenothiazine Comb		
<i>perphenazine-amitriptyline</i>		
Antidepressant-Norepinephrine And Dopamine Reuptake Inhibitors (Ndris)		
<i>bupropion hcl oral tablet</i>		QL (3 EA per 1 day)
<i>bupropion hcl oral tablet extended release 100 mg, 200 mg</i>	Wellbutrin SR	QL (2 EA per 1 day)
<i>bupropion hcl oral tablet extended release 150 mg</i>	Wellbutrin SR	QL (180 EA per 360 days)
<i>bupropion hcl oral tablet extended release 24 hr</i>	Wellbutrin XL	QL (1 EA per 1 day)
Antidepressant-Tricyclics And Related (Non-Select Reuptake Inhibitors)		
<i>amitriptyline</i>		
<i>desipramine</i>	Norpramin	
<i>doxepin</i>		
<i>imipramine hcl</i>	Tofranil	
<i>nortriptyline</i>	Pamelor	
<i>protriptyline</i>		
Antiparkinson - Dopaminerg-Peripheral Dopa-Decarboxylase Inhibit Comb		
<i>carbidopa-levodopa</i>	Sinemet CR	
Antiparkinson Adjuvant - Peripheral Comt Inhibitors		
<i>entacapone</i>	Comtan	QL (8 EA per 1 day); AL (Min 18 Years)
Antiparkinson Therapy - Ergot Alkaloids And Derivatives		
<i>bromocriptine</i>	Parlodel	

Name	Reference	Notes
Antiparkinson Therapy - Non-Ergot Dopamine Agonist Agents		
<i>pramipexole</i>	Mirapex	
<i>ropinirole</i>	Requip	
Antipsychotic - Phenothiazines, Piperazine		
<i>prochlorperazine maleate</i>	Compazine	
Attention Deficit-Hyperact. Disorder (Adhd)- Alpha-2 Receptor Agonist		
<i>guanfacine</i>	Intuniv ER	QL (1 EA per 1 day)
Attention Deficit-Hyperactivity (Adhd) Therapy, Stimulant-Type		
RITALIN LA		QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine</i>	Adderall XR	QL (1 EA per 1 day)
<i>methylphenidate oral capsule, er biphasic 30-70 10 mg</i>	Metadate CD	QL (1 EA per 1 day); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate oral capsule, er biphasic 30-70 20 mg, 30 mg, 40 mg, 60 mg</i>	Metadate CD	QL (1 EA per 1 day)
<i>methylphenidate oral capsule,er biphasic 50-50</i>	Ritalin LA	QL (1 EA per 1 day)
Bipolar Therapy Agents - Anticonvulsant Type		
<i>carbamazepine</i>	Tegretol XR	
<i>divalproex</i>	Depakote	
<i>valproic acid</i>	Depakene	
<i>valproic acid (as sodium salt)</i>	Depakene	
Cns Stimulant - Amphetamine Combinations		
<i>dextroamphetamine-amphetamine</i>	Adderall XR	QL (1 EA per 1 day)
Cns Stimulant - Analeptics		
<i>caffeine citrate</i>		
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
<i>duloxetine</i>	Cymbalta	QL (2 EA per 1 day)
Migraine Therapy - Carboxylic Acid Derivatives		
<i>divalproex</i>	Depakote ER	
Migraine Therapy - Ergot Alkaloids And Derivatives		
<i>dihydroergotamine</i>	D.H.E.45	

Name	Reference	Notes
Migraine Therapy - Ergot Combinations		
MIGERGOT		
<i>ergotamine-caffeine</i>	Cafergot	
Migraine Therapy - Selective Serotonin Agonists 5-Ht(1)		
ALSUMA		QL (1 ML per 15 days)
<i>rizatriptan</i>	Maxalt	QL (12 EA per 30 days)
<i>sumatriptan</i>	Imitrex	QL (6 EA per 30 Days)
<i>sumatriptan succinate oral</i>	Imitrex	QL (9 EA per 30 DAYs)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	Imitrex STATdose Kit Refill	
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	Imitrex STATdose Kit Refill	QL (1 ML per 15 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	Imitrex STATdose Pen	
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	Alsuma	QL (1 ML per 15 days)
<i>sumatriptan succinate subcutaneous solution</i>	Imitrex	QL (2.5 ML per 15 Days)
Sedative-Hypnotic - Antihistamines		
SLEEP AID (DOXYLAMINE)		
UNISOM (DOXYLAMINE)		
ZZZQUIL		
<i>diphenhydramine hcl</i>	Wal-Som (diphenhydramine)	
Sedative-Hypnotic - Barbiturates		
<i>phenobarbital</i>		
Sedative-Hypnotic - Benzodiazepines		
<i>flurazepam</i>		QL (1 EA per 1 DAY)
<i>temazepam oral capsule 15 mg</i>	Restoril	QL (2 EA per 1 day)
<i>temazepam oral capsule 30 mg</i>	Restoril	QL (1 EA per 1 day)
Sedative-Hypnotic - Gaba-Receptor Modulators		
<i>eszopiclone</i>	Lunesta	ST; QL (1 EA per 1 day); AL (Min 18 Years)
<i>zaleplon</i>	Sonata	QL (1 EA per 1 day); AL (Min 18 Years)
<i>zolpidem</i>	Ambien	
Chemical Dependency, Agents To Treat		
Alcohol Deterrents		
<i>disulfiram</i>	Antabuse	

Name	Reference	Notes
Smoking Deterrents - Ne And Dopamine Reuptake Inhibitor (Ndri)-Type		
<i>bupropion hcl</i>	Wellbutrin SR	QL (180 EA per 360 days)
Smoking Deterrents - Nicotine-Type		
NICORETTE		
<i>nicotine</i>	Nicoderm CQ	QL (42 EA per 1 FILL)
<i>nicotine (polacrilex)</i>	Nicorelief	QL (1050 EA Max Qty Per Fill Retail)
Smoking Deterrents - Nicotinic Receptor Partial Agonist, Alpha4beta2		
CHANTIX		QL (12 WK per 1 THERAPY COURSE)
CHANTIX CONTINUING MONTH BOX		QL (12 WK per 1 THERAPY COURSE)
CHANTIX STARTING MONTH BOX		QL (12 WK per 1 THERAPY COURSE)
Chemicals-Pharmaceutical Adjuvants		
Bulk Chemicals		
<i>magnesium hydroxide (bulk)</i>		
<i>niacin (bulk)</i>	Nicotinic Acid	
Pharmaceutical Adjuvant - Inhalation Vehicles		
<i>sodium chloride</i>		
Pharmaceutical Adjuvant - Parenteral Vehicles		
BACTERIOSTATIC WATER(PARABENS)		
Cognitive Disorder Therapy		
Alzheimer's Disease Therapy - Cholinesterase Inhibitors		
<i>donepezil</i>	Aricept	AL (Min 18 Years)
Alzheimer's Disease Therapy - Nmda Receptor Antagonists		
<i>memantine</i>	Namenda	QL (2 EA per 1 day)
Cognitive Disorder Therapy - Cerebral Vasodilators		
<i>ergoloid</i>		
Contraceptives		
Contraceptive Injectable - Progestin		
DEPO-SUBQ PROVERA 104		

Name	Reference	Notes
<i>medroxyprogesterone</i>	Depo-Provera	Medical offices: Billing restrictions apply, see DHCS provider manual at www.medical.ca.gov .
Contraceptive Oral - Biphasic		
AMETHIA		QL (1 FILL per 91 Days)
AMETHIA LO		
ASHLYNA		
AZURETTE (28)		
BEKYREE (28)		
CAMRESE		QL (1 FILL per 91 Days)
CAMRESE LO		
DAYSEE		QL (1 FILL per 91 Days)
KARIVA (28)		
KIMIDESS (28)		
LO LOESTRIN FE		
LOSEASONIQUE		
MIRCETTE (28)		
NECON 10/11 (28)		
PIMTREA (28)		
VIORELE (28)		
<i>desog-e.estradiol/e.estradiol</i>	Azurette (28)	
<i>l norgest/e.estradiol-e.estradiol</i>	Camrese	
Contraceptive Oral - Monophasic		
ALTAVERA (28)		
ALYACEN 1/35 (28)		
AMETHYST		
APRI		
AUBRA		
AVIANE		
BALZIVA (28)		
BLISOVI 24 FE		
BLISOVI FE 1.5/30 (28)		
BLISOVI FE 1/20 (28)		
BREVICON (28)		
BRIELLYN		
CHATEAL		
CRYSELLE (28)		
CYCLAFEM 1/35 (28)		

Name	Reference	Notes
CYRED		
DASETTA 1/35 (28)		
DELYLA (28)		
DESOGEN		
ELINEST		
EMOQUETTE		
ENSKYCE		
ESTARYLLA		
FALMINA (28)		
GENERESS FE		
GIANVI (28)		
GILDAGIA		
INTROVALE		QL (1 FILL per 91 Days)
JOLESSA		QL (1 FILL per 91 Days)
JULEBER		
JUNEL 1.5/30 (21)		
JUNEL 1/20 (21)		
JUNEL FE 1.5/30 (28)		
JUNEL FE 1/20 (28)		
JUNEL FE 24		
KAITLIB FE		
KELNOR 1/35 (28)		
KURVELO		
LARIN 1.5/30 (21)		
LARIN 1/20 (21)		
LARIN 24 FE		
LARIN FE 1.5/30 (28)		
LARIN FE 1/20 (28)		
LAYOLIS FE		
LESSINA		
LEVORA 0.15/30 (28)		
LEVORA-28		
LOESTRIN 1.5/30 (21)		
LOESTRIN 1/20 (21)		
LOESTRIN FE 1.5/30 (28-DAY)		
LOESTRIN FE 1/20 (28-DAY)		
LOMEDIA 24 FE		
LORYNA (28)		

Name	Reference	Notes
LOW-OGESTREL (28)		
LUTERA (28)		
MARLISSA		
MICROGESTIN 1.5/30 (21)		
MICROGESTIN 1/20 (21)		
MICROGESTIN 24 FE		
MICROGESTIN FE 1.5/30 (28)		
MICROGESTIN FE 1/20 (28)		
MINASTRIN 24 FE		
MONO-LINYAH		
MONONESSA (28)		
NECON 0.5/35 (28)		
NECON 1/50 (28)		
NORINYL 1/35 (28)		
NORTREL 0.5/35 (28)		
NORTREL 1/35 (21)		
NORTREL 1/35 (28)		
OCELLA		
OGESTREL (28)		
ORSYTHIA		
PHILITH		
PIRMELLA		
PORTIA		
PREVIFEM		
QUASENSE		QL (1 FILL per 91 Days)
RECLIPSEN (28)		
SAFYRAL		
SPRINTEC (28)		
SRONYX		
SYEDA		
VESTURA (28)		
VYFEMLA (28)		
WERA (28)		
WYMZYA FE		
ZARAH		
ZENCHENT (28)		
ZENCHENT FE		
ZOVIA 1/35E (28)		

Name	Reference	Notes
ZOVIA 1/50E (28)		
<i>drospirenone-e.estradiol-lm.fa</i>	Beyaz	
<i>drospirenone-ethinyl estradiol</i>	Syeda	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Lutera (28)	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	Jolessa	QL (1 FILL per 91 Days)
<i>noreth-ethinyl estradiol-iron</i>	Kaitlib Fe	
<i>norethindrone ac-eth estradiol</i>	Loestrin 1/20 (21)	
<i>norgestimate-ethinyl estradiol</i>	Mononessa (28)	
Contraceptive Oral - Progestin		
CAMILA		
DEBLITANE		
ERRIN		
HEATHER		
JENCYCLA		
JOLIVETTE		
LYZA		
NORA-BE		
<i>norethindrone (contraceptive)</i>	Jencycla	
Contraceptive Oral - Quadruphasic		
NATAZIA		
QUARTETTE		
Contraceptive Oral - Triphasic		
ALYACEN 7/7/7 (28)		
ARANELLE (28)		
CAZIAN (28)		
CYCLAFEM 7/7/7 (28)		
DASETTA 7/7/7 (28)		
ENPRESSE		
LEENA 28		
LEVONEST (28)		
MYZILRA		
NECON 7/7/7 (28)		
NORTREL 7/7/7 (28)		
PIRMELLA		
TILIA FE		
TRI-ESTARYLLA		
TRI-LEGEST FE		

Name	Reference	Notes
TRI-LINYAH		
TRI-LO-ESTARYLLA		
TRI-LO-MARZIA		
TRI-LO-SPRINTEC		
TRINESSA (28)		
TRINESSA LO		
TRI-PREVIFEM (28)		
TRI-SPRINTEC (28)		
TRIVORA (28)		
VELIVET TRIPHASIC REGIMEN (28)		
<i>levonorg-eth estrad triphasic</i>	Trivora (28)	
<i>norgestimate-ethinyl estradiol</i>	Ortho Tri-Cyclen (28)	
Contraceptive Transdermal Combinations		
XULANE		
Contraceptive Transdermal Combinations - Estrogen And Progestin Comb.		
XULANE		
Contraceptives - Intravaginal, Systemic		
NUVARING		
Contraceptives - Intravaginal, Systemic - Estrogen And Progestin Comb.		
NUVARING		
Emergency Contraceptives		
AFTERA		
ECONTRA EZ		
ELLA		QL (1 EA per 1 day)
FALLBACK SOLO		
MY WAY		QL (1 EA per 1 day)
PLAN B ONE-STEP		QL (1 EA per 1 day)
TAKE ACTION		QL (1 EA per 1 day)
Emergency Contraceptives - Progesterone Agonist/Antagonist Type		
ELLA		QL (1 EA per 1 day)
Emergency Contraceptives - Progestin Type		
AFTERA		
ECONTRA EZ		

Name	Reference	Notes
FALLBACK SOLO		
MY WAY		QL (1 EA per 1 day)
PLAN B ONE-STEP		QL (1 EA per 1 day)
TAKE ACTION		QL (1 EA per 1 day)
Spermicides		
CONCEPTROL		
GYNOL II		
VAGINAL CONTRACEPTIVE FILM		
VAGINAL CONTRACEPTIVE FOAM		
Dermatological		
Acne Therapy Systemic - Retinoids And Derivatives		
CLARAVIS		QL (20 Weeks per 1 Life)
MYORISAN		QL (20 WEEKS per 1 LIFE TREATMENT)
ZENATANE		QL (20 WEEKS per 1 LIFE TREATMENT)
Acne Therapy Topical - Anti-Infective		
<i>clindamycin phosphate</i>	Clindagel	
<i>erythromycin with ethanol</i>	Erygel	
<i>metronidazole</i>	Rosadan	
Acne Therapy Topical - Keratolytic		
ACNE TREATMENT (BENZOYL PEROX)		
ACNE-CLEAR		
BP		
BP WASH		
BPO-10		
BPO-5		
PANOXYL		
PERSA-GEL		
<i>benzoyl peroxide</i>	Acne Medication	
Acne Therapy Topical - Retinoids And Derivatives		
<i>adapalene topical cream</i>	Differin	QL (45 GM per 30 days)
<i>adapalene topical gel</i>	Differin	ST; QL (45 GM per 30 days)
<i>adapalene topical gel with pump</i>	Differin	ST; QL (45 GM per 30 days)
<i>adapalene topical lotion</i>	Differin	QL (59 ML per 30 days)
<i>tretinoin</i>	Retin-A	QL (45 GM per 30 days); AL (Max 39 Years)

Name	Reference	Notes
Dermatological - Antibacterial Mixtures		
NEOSPORIN (NEO-BAC-POLYM)		
TRIPLE ANTIBIOTIC		
<i>bacitracin-polymyxin b</i>	Polysporin	
Dermatological - Antibacterial Other		
<i>mupirocin</i>	Centany	
<i>mupirocin calcium</i>	Bactroban	
Dermatological - Antibacterial Polymyxins And Derivatives		
BACITRAYCIN PLUS		
<i>bacitracin</i>	Bacitraycin Plus	
<i>bacitracin zinc</i>	Antibiotic (bacitracin zinc)	
Dermatological - Antibacterial-Local Anesthetic Combinations		
TRIPLE ANTIBIOTIC PLUS		
Dermatological - Antifungal Allylamines		
<i>terbinafine hcl</i>	Jock Itch (terbinafine)	
Dermatological - Antifungal Amphoteric Polyene Macrolides		
NYAMYC		
NYSTOP		
<i>nystatin</i>		
Dermatological - Antifungal Imidazole And Related Agents		
ANTIFUNGAL (CLOTRIMAZOLE)		
ANTIFUNGAL CREAM		
BAZA ANTIFUNGAL		
DESENEX		
INZO ANTIFUNGAL		
MICRO-GUARD		
REMEDY ANTIFUNGAL		
SECURA ANTIFUNGAL		
SECURA ANTIFUNGAL EXTRA THICK		
<i>clotrimazole</i>		
<i>econazole</i>		
<i>ketoconazole</i>	Nizoral	
<i>miconazole nitrate</i>	Remedy Antifungal	
<i>oxiconazole</i>	Oxistat	

Name	Reference	Notes
Dermatological - Antifungal Thiocarbamate		
ANTIFUNGAL (TOLNAFTATE)		
ATHLETE'S FOOT (TOLNAFTATE)		
FUNGOID-D		
LAMISIL AF		
<i>tolnaftate</i>	Athlete's Foot (tolnaftate)	
Dermatological - Antifungal-Glucocorticoid Combinations		
<i>nystatin-triamcinolone</i>		
Dermatological - Antineoplastic Antimetabolites		
<i>fluorouracil</i>	Efudex	
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist		
TARGRETIN		
Dermatological - Antiperspirants		
BROMI-LOTION		
<i>aluminum chloride</i>	Drysol Dab-O-Matic	
Dermatological - Antipsoriatic Agents Topical		
CALCITRENE		
DRITHOCREME HP		
<i>calcipotriene</i>	Dovonex	
Dermatological - Antiseborrheic		
<i>selenium sulfide</i>		
Dermatological - Astringent Combinations		
ASTRINGENT		
BORO-PACKS		
PEDI-BORO SOAK		
Dermatological - Astringents		
<i>calamine</i>		
Dermatological - Burn Products Anti-Infective		
SSD		
<i>silver sulfadiazine</i>	Silvadene	

Name	Reference	Notes
Dermatological - Calcineurin Inhibitors		
ELIDEL		QL (30 GM per 1 FILL); AL (Min 2 Years and Max 5 Years)
<i>tacrolimus</i>	Protopic	QL (30 GM Max Qty Per Fill Retail); AL (Min 2 Years and Max 5 Years)
Dermatological - Emollient Mixtures		
DERMACERIN		
EUCERIN		
EUCERIN ORIGINAL		
HYDROCERIN		
MINERIN		
Dermatological - Emollients		
GERI-HYDROLAC		
LAN-O-SOOTHE		
TENDER CARE LANOLIN		
<i>ammonium lactate</i>	Skin Treatment	
<i>lactic acid</i>		
Dermatological - Enzymes		
SANTYL		
Dermatological - Glucocorticoid		
ALA-CORT		
ANTI-ITCH (HC)		
AQUANIL HC		
BETA-HC		
CORMAX		
CORTIZONE-10		
CORTIZONE-10 PLUS		
DERMAREST ECZEMA (HYDROCORT)		
HYDROCORTISONE PLUS		
HYDROSKIN		
KENALOG		
NOBLE FORMULA HC		
OBAGI NU-DERM TOLEREEN		
PREPARATION H HYDROCORTISONE		
PROCTO-PAK		
RECORT PLUS		
SOOTHING CARE (HYDROCORTISONE)		
TRIDERM		

Name	Reference	Notes
<i>alclometasone</i>		
<i>betamethasone dipropionate</i>		
<i>betamethasone valerate</i>		
<i>clobetasol</i>	Temovate	
<i>clobetasol-emollient</i>		
<i>desonide</i>	DesOwen	
<i>fluocinolone</i>		
<i>fluocinolone and shower cap</i>	Derma-Smoothe/FS Scalp Oil	
<i>fluocinonide</i>		
<i>fluticasone</i>	Cutivate	QL (60 GM per 1 Rx)
<i>hydrocortisone</i>		
<i>hydrocortisone acetate</i>		
<i>mometasone</i>	Elocon	
<i>prednicarbate</i>	Dermatop	
<i>triamcinolone acetonide</i>		
Dermatological - Glucocorticoid-Emollient Combinations		
HYDROCORTISONE PLUS		
<i>hydrocortisone-aloe vera</i>	Hydrocortisone Plus	
Dermatological - Immunomodulator - Imidazoquinolinamines		
<i>imiquimod</i>	Aldara	
Dermatological - Keratolytic-Antimitotic Single Agents		
CONDYLOX		QL (3.5 GM Max Qty Per Fill Retail)
<i>podofilox</i>	Condylox	QL (3.5 ML per 1 Fill)
Dermatological - Local Anesthetic Combinations		
<i>lidocaine-prilocaine</i>		QL (30 GM per 30 days)
Dermatological - Nsaid Single Agents		
<i>diclofenac sodium</i>	Voltaren	ST; QL (200 GM per 30 days)
Dermatological - Protectant Combinations		
<i>calamine-zinc oxide</i>		
Dermatological - Rosacea Therapy, Topical		
<i>metronidazole</i>	Rosadan	

Name	Reference	Notes
Dermatological - Soap And/Or Cleanser Combinations		
CETA-KLENZ MILD		
Dermatological - Topical Local Anesthetic Amides		
LIDOPIN		QL (85 GM per 15 days)
<i>lidocaine hcl mucous membrane</i>		
<i>lidocaine hcl topical</i>	CidalEaze	QL (85 GM per 15 days)
Dermatological Irritants-Counter-Irritant Single Agents		
ICY HOT MEDICATED SLEEVE		
Scabicide And Pediculicide Combinations		
LICE KILLING		QL (236 ML per 90 days)
LICE PYRINYL SHAMPOO		QL (236 ML per 90 days)
LICE TREATMENT TOPICAL LIQUID		
LICE TREATMENT TOPICAL SHAMPOO		QL (236 ML per 90 days)
RID LICE KILLING		QL (236 ML per 90 days)
Scabicide And Pediculicide Single Agents		
LICE CREAM RINSE		QL (236 ML per 90 days)
LICE KILLING (PERMETHRIN)		QL (236 ML per 90 days)
LICE TREATMENT		QL (236 ML per 90 days)
LICE TREATMENT (PERMETHRIN)		QL (236 ML per 90 days)
NIX CREME RINSE		QL (236 ML per 90 days)
<i>malathion</i>	Ovide	ST; QL (118 ML per 90 days)
<i>permethrin topical cream</i>	Elimite	
<i>permethrin topical liquid</i>	Lice Killing (permethrin)	QL (236 ML per 90 days)
<i>spinosad</i>	Natroba	QL (240 ML per 90 days)
Wound Care - Cleansers		
SAFE WASH		
Wound Care - Dressings		
ALGISITE M		
ALLEVYN		
ALLEVYN PLUS ADHESIVE		
AQUACEL EXTRA		
AQUACEL FOAM		
AQUACEL HYDROFIBER DRESSING		
AQUAFLO		

Name	Reference	Notes
BIATAIN		
BIATAIN ADHESIVE FOAM DRESSING		
BIATAIN HEEL ADH FOAM DRESSING		
BIATAIN NON-ADHESIVE FOAM		
BIATAIN NON-ADHESIVEFOAM ROUND		
BIOBRANE		
BIOBRANE DRESSING		
BIOBRANE GLOVES PEDIATRIC		
BIOBRANE GLOVES SMALL		
BIOBRANE-L DRESSING		
BLISTER CARE		
BURNS-SCALDS-ABRASIONS		
CARBOFLEX ODOR CONTROL DRESSIN		
COMFEEL PLUS CLEAR DRESSING		
COMFEEL PLUS CONTOUR DRESSING		
COMFEEL PLUS PRESSURE RELIEF		
COMFEEL PLUS PRESSURE ROUND		
COMFEEL PLUS TRIANGLE DRESSING		
COMFEEL PLUS ULCER DRESSING		
COMFEEL PURILON		
COMFEEL SEASORB		
COMFEEL ULCER CARE DRESSING		
COOLMAGIC		
COOLMAGIC FENESTRATED		
COPA HYDROPHILIC FOAM		
CURITY GAUZE BURN DRESSING		
CURITY WET DRESSING		
DERMADRESS		
DERMAFILM		
DERMAFILM HD		
DERMAGAUZE		
DERMAGAUZE HYDROGEL DRESSING		
DERMA-GEL		
DERMAGINATE		
DERMALEVIN		
DERMASYN		
DUODERM CGF DRESSING		
ELASTO-GEL		

Name	Reference	Notes
EXUDERM		
EXUDERM LP		
EXUDERM RCD		
EXUDERM SACRUM		
EXUDERM SATIN DRESSING		
EXUDERM ULTRA		
FLEXZAN WOUND DRESSING		
GELPAD		
GRX WOUND GEL		
HYDROCOL II		
HYDROCOL II SACRAL		
HYDROCOL THIN II		
INTRASITE GEL DRESSING		
KENDALL		
KERLIX BURN PACK		
MEPILEX		
MEPILEX AG		
MEPILEX BORDER		
MPM FOAM DRESSING		
REPLICARE DRESSING		
REPLICARE THIN		
REPLICARE ULTRA DRESSING		
RESTORE		
RESTORE CALCIUM ALGINATE		
SAF-GEL		
SKINTEGRITY HYDROGEL		
SKINTEGRITY HYDROGEL DRESSING		
SOLOSITE		
SOLOSITE WOUND GEL		
SORBSAN TOPICAL WOUND DRESSING		
SORBSAN WOUND DRESSING		
SPECTRAGEL		
TEGADERM HYDROCOLLOID		
TEGADERM HYDROCOLLOID THIN		
TEGAGEN HG		
TEGAGEN HI		
TEGASORB THIN DRESSING		
ULTRA-FLEX		

Name	Reference	Notes
VERSIVA XC		
VIGILON PRIMARY WOUND DRESSING		
WOUN'DRES HYDROGEL WOUND DRESS		
<i>hydrocolloid dressing</i>	DuoDERM Hydroactive	
Diagnostic Agents		
Diagnostic - Urine Test Others		
CHEMSTRIP 2		
Diagnostic Drugs - Gastrointestinal Radiological Adjunct		
GLUCAGEN DIAGNOSTIC KIT		
Eating Disorder Therapy		
Anti-Obesity - Fat Absorption Decreasing Agents		
ALLI		QL (180 EA per 1 MONTH)
Appetite Stimulants - Progestin Hormone Type		
<i>megestrol</i>	Megace	QL (20 ML per 1 day)
Electrolyte Balance-Nutritional Products		
B-Complex Vitamin Combinations		
DIALYVITE		
DIALYVITE 800		
FOLBEE PLUS		
FULL SPECTRUM B-VITAMIN C		
MYNEPHROCAPS		
NEPHROCAPS		
NEPHRO-VITE		
RENAL CAPS		
RENA-VITE		
RENO CAPS		
TRIPHROCAPS		
VIRT-CAPS		
B-Complex Vitamins And Combinations		
DIALYVITE		
NEPHPLEX RX		
NEPHRO-VITE RX		
RENA-VITE RX		

Name	Reference	Notes
VP-VITE RX		
Diluents - Sodium Chloride		
<i>sodium chlor 0.9% bacteriostat</i>		
Diluents - Sterile Water For Injection		
STERILE WATER FOR INJECTION		
<i>water for inject, bacteriostat</i>		
<i>water for injection, sterile</i>	Sterile Water for Injection	
Electrolyte Depleters - Ion Exchange Resin		
KIONEX		
KIONEX (WITH SORBITOL)		
SODIUM POLYSTYRENE (SORB FREE)		
SPS (WITH SORBITOL)		
<i>sodium polystyrene sulfonate</i>	sodium polystyrene (sorb free)	
Minerals And Electrolytes - Calcium Replacement		
CALCI-CHEW		
CALCI-MIX		
CALCITRATE		
CALCIUM 500		
CALCIUM 600		
NATURAL CALCIUM		
OYSCO-500		
OYST-CAL-500		
OYSTER SHELL CALCIUM		
OYSTER SHELL CALCIUM 500		
SUPER CALCIUM		
<i>calcium acetate</i>	Eliphos	
<i>calcium carbonate</i>	Super Calcium	
<i>calcium citrate</i>	Calcitrate	
<i>calcium gluconate</i>		
<i>calcium lactate</i>		
Minerals And Electrolytes - Calcium Replacement Combinations		
CALCIUM 600 + MINERALS		
<i>calcium-magnesium</i>		

Name	Reference	Notes
Minerals And Electrolytes - Calcium Replacement/Vitamin D Combinations		
CAL-CITRATE		
CALCIUM 500 + D		
CALCIUM 500 + D (D3)		
CALCIUM 500 WITH D		
CALCIUM 600 + D(3)		
CALCIUM 600 WITH VITAMIN D3		
CALCIUM WITH VITAMIN D		
CALTRATE WITH VITAMIN D3		
OYSCO 500/D		
OYSTER SHELL CALCIUM-VIT D2		
OYSTER SHELL CALCIUM-VIT D3		
PARVA-CAL 500		
<i>calcium carbonate-vitamin d3</i>	Calcium 600 + D(3)	
<i>calcium citrate-vitamin d3</i>		
Minerals And Electrolytes - Iodine		
SSKI		
Minerals And Electrolytes - Iron		
CHILDREN'S IRON		
FE C PLUS		
FER-IRON		
FEROSUL		
FERRO-TIME		
ICAR-C PLUS		
IRON		
IRON 100 PLUS		
<i>ferrous gluconate</i>	Ferate	
<i>ferrous sulfate</i>	Ferro-Time	
Minerals And Electrolytes - Magnesium		
PHILLIPS		
<i>magnesium oxide</i>	MagOx	
Minerals And Electrolytes - Oral Electrolytes		
ENFAMIL ENFALYTE		
ORALYTE		
PEDIALYTE		
PEDIALYTE ADVANCED CARE		

Name	Reference	Notes
PEDIALYTE FREEZER POPS		
PEDIATRIC ELECTROLYTE		
Minerals And Electrolytes - Phosphate		
PHOSPHA 250 NEUTRAL		
Minerals And Electrolytes - Potassium Combinations		
<i>potassium bicarb and chloride</i>		
Minerals And Electrolytes - Potassium For Injection		
<i>potassium chloride in 0.9%nacl</i>		
<i>potassium chloride in Ir-d5</i>		
<i>potassium chloride-d5-0.2%nacl</i>		
<i>potassium chloride-d5-0.3%nacl</i>		
<i>potassium chloride-d5-0.9%nacl</i>		
Minerals And Electrolytes - Potassium, Oral		
EFFER-K		
K-EFFERVESCENT		
KLOR-CON M10		
KLOR-CON M20		
KLOR-CON SPRINKLE		
KLOR-CON/25		
KLOR-CON/EF		
<i>potassium bicarb-citric acid</i>	Effer-K	
<i>potassium chloride</i>	Klor-Con Sprinkle	
<i>potassium gluconate</i>		
Multivitamins		
CHEWABLE-VITE		
Nutritional Product - Nutritional Therapy		
PERATIVE		
Pediatric Vitamins		
ANIMAL CHEWS		
ANIMAL SHAPE VITAMINS		
CHEWABLE-VITE		
CHILDREN'S CHEWABLE VITAMIN		
CHILDS CHEW VITE		
DINO-LIFE		

Name	Reference	Notes
DINO-LIFE WITH EXTRA C		
HONEY BEARS		
LITTLE ANIMALS		
POLY-VITA		
POLY-VITAMIN		
POLY-VITAMINS		
TRI-VITAMIN		AL (Max 7 Years)
<i>pediatric multivitamin</i>	Poly-Vitamins	
Pediatric Vitamins And Mineral Combinations		
POLY-VITA (IRON)		
POLY-VITAMIN WITH IRON		
Pediatric Vitamins With Fluoride And Minerals Combinations		
MULTI-VIT WITH FLUORIDE-IRON		
TRI-VIT WITH FLUORIDE AND IRON		AL (Max 7 Years)
Pediatric Vitamins With Fluoride Combinations		
MULTI-VIT WITH FLUORIDE-IRON		
MULTI-VITAMIN WITH FLUORIDE		AL (Max 7 Years)
TRIPLE VITAMIN WITH FLUORIDE		AL (Max 7 Years)
TRI-VITAMIN WITH FLUORIDE		AL (Max 7 Years)
VITAMINS A,C,D AND FLUORIDE		AL (Max 7 Years)
Prenatal Vitamins And Minerals		
COMPLETENATE		
FOLBECAL		
KPN		
MYNATAL		
MYNATAL ADVANCE		
MYNATAL PLUS		
MYNATAL-Z		
MYNATE 90 PLUS		
O-CAL FA		
O-CAL PRENATAL		
PERRY PRENATAL		
PRENATABS FA		
PRENATABS RX		
PRENATAL		

Name	Reference	Notes
PRENATAL 19		
PRENATAL LOW IRON		
PRENATAL PLUS		
PRENATAL PLUS (CALCIUM CARB)		
PRENATAL TABLET		
PRENATAL VITAMIN		
PRENATAL VITAMIN PLUS LOW IRON		
PRENATAL VITAMIN WITH MINERALS		
PRENATAL-U		
RIGHT STEP PRENATAL VITAMINS		
SE-NATAL 19		
TRIADVANCE		
TRICARE		
TRINATAL GT		
VINATE GT		
VINATE M		
VINATE ONE		
VINATE ULTRA		
<i>pnv cmb#95-ferrous fumarate-fa</i>	Prenatal Formula	
<i>prenatal vit#96-ferrous fum-fa</i>		
Sodium Chloride Solutions, Concentrated		
<i>sodium chloride 3 %</i>		
<i>sodium chloride 5 %</i>		
Sodium Chloride, Parenteral		
BD POSIFLUSH NORMAL SALINE		
BD PRE-FILLED NORMAL SALINE		
BD PRE-FILLED SALINE BLUNT CAN		
NORMAL SALINE FLUSH		
SYREX SODIUM CHLORIDE 0.9%		
<i>sodium chloride 0.45 %</i>		
<i>sodium chloride 3 %</i>		
<i>sodium chloride 5 %</i>		
Sterile Water For Injection		
<i>water for injection, sterile</i>		
Vitamins - B-1, Thiamine And Derivatives		
<i>thiamine hcl (vitamin b1)</i>		

Name	Reference	Notes
Vitamins - B-12, Cyanocobalamin And Derivatives		
<i>cyanocobalamin (vitamin b-12)</i>	Vitamin B-12	
Vitamins - B-3, Niacin And Derivatives		
ENDUR-ACIN		
<i>niacin</i>		
<i>niacinamide</i>	Niacin (niacinamide)	
Vitamins - B-6, Pyridoxine And Derivatives		
VITAMIN B-6		
<i>pyridoxine (vitamin b6)</i>	Vitamin B-6	
Vitamins - D Derivatives		
DELTA D3		
D-VI-SOL		
D-VITA		
VITAMIN D2		QL (8 EA per 28 DAYS)
VITAMIN D3		
<i>calcitriol</i>	Rocaltrol	
<i>cholecalciferol (vitamin d3)</i>	Dialyvite Vitamin D	
<i>ergocalciferol (vitamin d2) oral capsule</i>	Vitamin D2	QL (8 EA per 28 DAYS)
<i>ergocalciferol (vitamin d2) oral tablet</i>		
Vitamins - Folic Acid And Derivatives		
<i>folic acid</i>		
Vitamins - K, Phytonadione And Derivatives		
MEPHYTON		QL (2 EA per 1 day); AL (Min 18 Years)
VITAMIN K		
VITAMIN K1		
Endocrine		
Agents To Treat Hypoglycemia (Hyperglycemics)		
GLUCAGEN HYPOKIT		
GLUCAGON EMERGENCY KIT (HUMAN)		
Androgen - Single Agents		
ANDROXY		
Antihyperglycemic - Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	Precose	

Name	Reference	Notes
<i>miglitol</i>	Glyset	
Antihyperglycemic - Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors		
<i>alogliptin</i>	Nesina	ST; QL (1 EA per 1 day); AL (Min 18 Years)
Antihyperglycemic - Meglitinide Analogs		
<i>nateglinide</i>	Starlix	
<i>repaglinide</i>	Prandin	
Antihyperglycemic - Sulfonylurea And Biguanide Combinations		
<i>glyburide-metformin</i>		
Antihyperglycemic - Sulfonylurea Derivatives		
<i>glimepiride</i>	Amaryl	
<i>glipizide</i>	Glucotrol XL	
<i>glyburide</i>		
Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit And Thiazolidinedione		
<i>alogliptin-pioglitazone</i>	Oseni	ST; QL (1 EA per 1 day); AL (Min 18 Years)
Antihyperglycemic-Dipeptidyl Peptidase-4(Dpp-4)Inhibitor And Biguanide		
<i>alogliptin-metformin</i>	Kazano	ST; QL (2 EA per 1 day); AL (Min 18 Years)
Antithyroid Agents, Thionamides - Imidazole Derivatives		
<i>methimazole</i>	Tapazole	
Antithyroid Agents, Thionamides - Thiouracil Derivatives		
<i>propylthiouracil</i>		
Bone Resorption Inhibitors - Bisphosphonates		
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>		
<i>alendronate oral tablet 35 mg</i>		QL (4 EA per 28 DAYs)
<i>alendronate oral tablet 70 mg</i>	Fosamax	QL (4 EA per 28 DAYs)

Name	Reference	Notes
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer		
SENSIPAR ORAL TABLET 30 MG		QL (1 EA per 1 day); AL (Min 18 Years)
SENSIPAR ORAL TABLET 60 MG, 90 MG		QL (2 EA per 1 day); AL (Min 18 Years)
Calcitonins		
<i>calcitonin (salmon)</i>	Miacalcin	QL (3.7 ML per 30 days); AL (Min 18 Years)
Estrogen-Androgen		
COVARYX		QL (1 EA per 1 DAY)
COVARYX H.S.		QL (1 EA per 1 DAY)
EEMT		QL (1 EA per 1 DAY)
EEMT HS		QL (1 EA per 1 DAY)
<i>estrogens-methyltestosterone</i>	EEMT HS	QL (1 EA per 1 DAY)
Estrogen-Progestin		
CLIMARA PRO		
COMBIPATCH		QL (1 EA per 1 DAY)
JINTELI		
MIMVEY		
MIMVEY LO		
<i>estradiol-norethindrone acet</i>	Activella	
Estrogens		
ALORA		QL (1 EA per 1 day)
MINIVELLE		QL (1 EA per 1 DAY)
<i>estradiol oral</i>	Estrace	QL (1 EA per 1 DAY)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.075 mg/24 hr</i>	Climara	QL (1 EA per 1 day)
<i>estradiol transdermal patch weekly 0.0375 mg/24 hr, 0.06 mg/24 hr</i>	Climara	
<i>estradiol transdermal patch weekly 0.05 mg/24 hr</i>	Estradiol Transdermal Patch	QL (1 EA per 1 day)
<i>estradiol transdermal patch weekly 0.1 mg/24 hr</i>	Climara	QL (1 EA per 1 DAY)
Glucocorticoid Salt Combinations		
<i>betamethasone acet,sod phos</i>	Celestone Soluspan	
Glucocorticoids		
A-HYDROCORT		
DEXAMETHASONE INTENSOL		
DEXTAK 13 DAY		

Name	Reference	Notes
KENALOG		
MEDROL		
MILLIPRED		
MILLIPRED DP		
<i>dexamethasone</i>		
<i>dexamethasone sodium phosphate</i>		
<i>hydrocortisone</i>	Cortef	
<i>methylprednisolone</i>	Medrol	
<i>prednisolone</i>		
<i>prednisolone sodium phosphate</i>		
<i>prednisone</i>		
<i>triamcinolone acetonide</i>	Kenalog	
Human Insulins - Fixed Combinations		
HUMULIN 70/30		QL (40 ML per 30 DAYS)
NOVOLIN 70/30		QL (40 ML per 30 DAYS)
Human Insulins - Intermediate Acting		
HUMULIN N		QL (40 ML per 30 DAYS)
NOVOLIN N		QL (40 ML per 30 DAYS)
Human Insulins - Short Acting		
HUMULIN R U-100		QL (20 ML per 30 days)
HUMULIN R U-500 (CONCENTRATED)		QL (40 ML per 30 DAYS)
NOVOLIN R		QL (20 ML per 30 days)
Insulin Analogs - Fixed Combinations		
HUMALOG MIX 50-50		QL (45 ML per 30 days)
HUMALOG MIX 50-50 KWIKPEN		QL (45 ML per 30 days)
HUMALOG MIX 75-25		QL (40 ML per 30 days)
HUMALOG MIX 75-25 KWIKPEN		QL (45 ML per 30 days)
NOVOLOG MIX 70-30		QL (40 ML per 30 DAYS)
NOVOLOG MIX 70-30 FLEXPEN		QL (45 ML per 30 DAYS)
Insulin Analogs - Long Acting		
BASAGLAR KWIKPEN		QL (45 ML per 30 days)
Insulin Analogs - Rapid Acting		
APIDRA		QL (40 ML per 30 DAYS)
APIDRA SOLOSTAR		QL (45 ML per 30 DAYS)
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML		QL (45 ML per 30 DAYS)
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)		QL (30 ML per 30 days)

Name	Reference	Notes
HUMALOG SUBCUTANEOUS CARTRIDGE		QL (45 ML per 30 DAYS)
HUMALOG SUBCUTANEOUS SOLUTION		QL (40 ML per 30 DAYS)
NOVOLOG		QL (40 ML per 30 DAYS)
NOVOLOG FLEXPEN		QL (45 ML per 30 DAYS)
NOVOLOG PENFILL		QL (45 ML per 30 DAYS)
Insulin Response Enhancers - Biguanides		
<i>metformin</i>	Glucophage	
Insulin Response Enhancers - Thiazolidinediones (Ppar-Gamma Agonists)		
<i>pioglitazone</i>	Actos	AL (Min 18 Years)
Mineralocorticoids		
<i>fludrocortisone</i>		
Progestins		
<i>medroxyprogesterone</i>	Provera	
<i>norethindrone acetate</i>	Aygestin	
<i>progesterone micronized</i>	Prometrium	ST; QL (1 EA per 1 day)
Thyroid Hormones - Animal Source (Porcine)		
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 30 MG, 60 MG, 90 MG		
ARMOUR THYROID ORAL TABLET 240 MG, 300 MG		QL (1 EA per 1 day)
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG		
NATURE-THROID ORAL TABLET 195 MG		
NATURE-THROID ORAL TABLET 260 MG, 325 MG		QL (1 EA per 1 Day)
NP THYROID		
WESTHROID ORAL TABLET 130 MG, 32.5 MG, 65 MG, 97.5 MG		
WESTHROID ORAL TABLET 195 MG		
WP THYROID		
Thyroid Hormones - Synthetic T3 (Triiodothyronine)		
<i>liothyronine</i>	Cytomel	

Name	Reference	Notes
Thyroid Hormones - Synthetic T4 (Thyroxine)		
<i>levothyroxine</i>	Levo-T	
Gastrointestinal Therapy Agents		
Antacid - Alginate Combinations		
FOAMING ANTACID		
Antacid - Aluminum		
<i>aluminum hydroxide gel</i>		
Antacid - Antacid Combinations		
ACID GONE ANTACID		
ACID GONE ANTACID E.STRENGTH		
MI-ACID		
RIGINIC		
Antacid - Calcium		
ANTACID (CALCIUM CARBONATE)		
ANTACID EXTRA-STRENGTH		
CALCIUM ANTACID		
CAL-GEST ANTACID		
<i>calcium carbonate</i>	Tums	
Antacid - Magnesium		
RI-MAG		
Antacid - Simethicone Combinations		
ALMACONE		
ALMACONE-2		
ANTACID		
ANTACID ANTI-GAS DOUBLE STR		
ANTACID EXTRA-STRENGTH		
ANTACID M		
ANTACID PLUS ANTI-GAS		
ANTACID WITH SIMETHICONE		
FLANAX ANTACID		
GELUSIL ANTACID AND ANTI-GAS		
GERI-LANTA		
MAALOX ADVANCED		
MAALOX MAXIMUM STRENGTH		
MAG-AL PLUS		
MAG-AL PLUS EXTRA STRENGTH		
MAGLOX		

Name	Reference	Notes
MINTOX PLUS		
RI-GEL		
RI-GEL II		
RI-MAG PLUS		
RI-MOX		
RI-MOX PLUS		
Antidiarrheal - Antiperistaltic Agents		
<i>loperamide</i>	Imodium A-D	
Antidiarrheal - Bismuth Agents		
BISMATROL		
BISMUTH		
BISMUTH MAXIMUM STRENGTH		
DIOTAME		
KAOPECTATE (BISMUTH SUBSALICY)		
KAO-TIN (BISMUTH SUBSALICYLAT)		
PEPTIC RELIEF		
PINK BISMUTH		
PINK BISMUTH MAXIMUM STRENGTH		
Antidiarrheal Antiperistaltic-Anticholinergic Combinations		
<i>diphenoxylate-atropine</i>	Lomotil	
Antidiarrheal Gi Adsorbent Mixtures		
<i>kaolin-pectin</i>		
Antiemetic - Antihistamines		
MEDI-MECLIZINE		
TRAVEL SICKNESS (MECLIZINE)		
VERTICALM		
<i>meclizine</i>		
Antiemetic - Antihistamine-Vitamin Combinations		
DICLEGIS		QL (60 EA per 1 Fill)
Antiemetic - Phenothiazines		
COMPRO		QL (6 EA per 23 Days)
PHENADOZ		QL (6 EA per 1 Month)
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG		QL (6 EA per 1 Month)
PROMETHEGAN RECTAL SUPPOSITORY 50 MG		QL (3 EA per 1 Month)
<i>prochlorperazine</i>	Compazine	QL (6 EA per 23 Days)

Name	Reference	Notes
<i>prochlorperazine edisylate</i>		
<i>prochlorperazine maleate</i>	Compazine	
<i>promethazine</i>	Phenadoz	QL (6 EA per 1 Month)
Antiemetic - Selective Serotonin 5-Ht3 Antagonists		
<i>granisetron hcl</i>		QL (12 EA Max Qty Per Fill Retail)
<i>ondansetron</i>	Zofran ODT	QL (3 EA per 1 day)
<i>ondansetron hcl (pf)</i>		QL (18 ML per 1 Fill)
<i>ondansetron hcl intravenous</i>	Zofran (as hydrochloride)	
<i>ondansetron hcl oral solution</i>	Zofran (as hydrochloride)	QL (50 ML per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>		QL (9 EA per 30 DAYs)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Zofran (as hydrochloride)	QL (3 EA per 1 day)
Antiemetic - Substance P-Neurokinin 1 (Nk1) Receptor Antagonists		
VARUBI		QL (2 EA per 1 Rx)
<i>aprepitant oral capsule 125 mg, 40 mg</i>	Emend	QL (1 EA per 1 Fill)
<i>aprepitant oral capsule 80 mg</i>	Emend	QL (2 EA per 1 Fill)
<i>aprepitant oral capsule,dose pack</i>	Emend	QL (3 EA per 1 Fill)
Antiemetic - Substance P-Neurokinin 1 And 5-Ht3 Recept Antagonist Comb		
AKYNZEO		QL (1 EA per 1 Rx)
Colonic Acidifier (Ammonia Inhibitor)		
ENULOSE		
GENERLAC		
<i>lactulose</i>	Enulose	
Digestive Enzyme Mixtures		
CREON		
PANCREAZE		
ZENPEP		
Gallstone Solubilizing (Litholysis) Agents		
<i>ursodiol</i>	Actigall	
Gastric Acid Secretion Reducers - Histamine H2-Receptor Antagonists		
<i>cimetidine</i>		
<i>cimetidine hcl</i>		
<i>famotidine intravenous</i>		
<i>famotidine oral</i>	Pepcid	QL (2 EA per 1 day)

Name	Reference	Notes
<i>ranitidine hcl</i>	Zantac	
Gastric Acid Secretion Reducing Agents - Proton Pump Inhibitors (Ppis)		
HEARTBURN TREATMENT 24 HOUR		
NEXIUM 24HR		ST; QL (2 EA per 1 day); AL (Min 12 Years)
<i>lansoprazole</i>	Prevacid	
<i>omeprazole magnesium</i>		
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>		QL (1 ea per 1 day)
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg</i>		
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>		QL (2 ea per 1 day)
<i>omeprazole oral tablet, delayed release (dr/ec)</i>		QL (2 ea per 1 day)
<i>pantoprazole</i>	Protonix	
Gastric Mucosa - Cytoprotective Prostaglandin Analogs		
<i>misoprostol</i>	Cytotec	QL (120 EA per 1 MONTH)
Gastrointestinal Antiflatulents		
GAS RELIEF		
INFANTS GAS RELIEF		
MI-ACID GAS RELIEF		
MYTAB GAS		
MYTAB GAS MAXIMUM STRENGTH		
<i>simethicone</i>	Infants Gas Relief	
Gi Antispasmodic - Belladonna Alkaloids		
OSCIMIN		
OSCIMIN SL		
<i>hyoscyamine sulfate</i>	Oscimin	
Gi Antispasmodic - Quaternary Ammonium Compounds		
<i>glycopyrrolate</i>	Robinul	
<i>propantheline</i>		
Gi Antispasmodic - Synthetic Tertiary Amines		
<i>dicyclomine</i>		

Name	Reference	Notes
GI Antispasmodic And Benzodiazepine Combinations		
<i>chlordiazepoxide-clidinium</i>	Librax (with clidinium)	
GI Antispasmodic Combinations Other		
<i>chlordiazepoxide-clidinium</i>	Librax (with clidinium)	
Inflammatory Bowel Agent - Aminosalicylates And Related Agents		
DELZICOL		QL (6 EA per 1 day); AL (Min 18 Years)
SULFAZINE		
<i>balsalazide</i>	Colazal	
<i>sulfasalazine</i>	Azulfidine	
Inflammatory Bowel Agent - Glucocorticoids		
COLOCORT		
CORTIFOAM		
<i>hydrocortisone</i>	Cortenema	
Laxative - Bulk Forming		
HYDROCIL		
HYDROCIL INSTANT		
KONSYL SUGAR-FREE		
NATURAL FIBER LAXATIVE (SUGAR)		
NATURAL FIBER LAXATIVE THERAPY		
NATURAL VEG LAXATIVE(DEXTROSE)		
REGULOID		
REGULOID, SUGAR FREE		
Laxative - Saline And Osmotic		
CITRATE OF MAGNESIA		
CITROMA		
CONSTULOSE		
GAVILAX		QL (255 GM per 1 Fill)
GLYCOLAX		QL (255 GM per 1 Fill)
MILK OF MAGNESIA		
MILK OF MAGNESIA CONCENTRATED		
MIRALAX		QL (255 GM per 1 Fill)
SANI-SUPP (ADULT)		
SANI-SUPP (INFANT)		
<i>glycerin (adult)</i>	Fleet Glycerin (Adult)	
<i>glycerin (child)</i>	Fleet Glycerin (Child)	

Name	Reference	Notes
<i>lactulose</i>	Enulose	
<i>magnesium citrate</i>	Citroma	
<i>polyethylene glycol 3350</i>	Laxa Clear	QL (255 GM per 1 Fill)
Laxative - Saline/Osmotic Mixtures		
DISPOSABLE ENEMA		
ENEMA		
ENEMA DISPOSABLE		
GAVILYTE-C		
GAVILYTE-N		
GOLYTELY		
ORAL SALINE LAXATIVE		
PEG-3350 WITH FLAVOR PACKS		
TRILYTE WITH FLAVOR PACKETS		
<i>peg 3350-electrolytes</i>	Golytely	
Laxative - Stimulant		
ALOPHEN		
BISAC-EVAC		
BISCOLAX		
LAXATIVE (BISACODYL)		
SENEXON		
SENNA		
SENNA LAX		
SENNA LAXATIVE		
SENNA-GEN		
SEN-O-TAB		
<i>bisacodyl</i>	Dulcolax (bisacodyl)	
Laxative - Stimulant And Surfactant Combinations		
DOC-Q-LAX		
DOK PLUS		
LAX STOOL SOFTENER WITH SENNA		
LAXACIN		
MEDI-LAXX		
PERI-COLACE		
SENEXON-S		
SENNA PLUS		
SENNA WITH DOCUSATE SODIUM		
SENNALAX-S		

Name	Reference	Notes
SENNA-S		
SENOKOT-S		
STIMULANT LAXATIVE PLUS		
<i>sennosides-docusate sodium</i>	Stimulant Laxative Plus	
Laxative - Surfactant		
COLACE		
DIOCTO		
DIOCTYL		
DOC-Q-LACE		
DOCU		
DOK		
DULCOLAX STOOL SOFTENER (DSS)		
KAO-TIN (DOCUSATE CALCIUM)		
PEDIA-LAX STOOL SOFTENER		
SILACE		
STOOL SOFTENER		
<i>docusate calcium</i>	Kao-Tin (docusate calcium)	
<i>docusate sodium</i>	Docu	
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives		
CARAFATE		
<i>sucralfate</i>	Carafate	
Genitourinary Therapy		
G.U. Irrigants		
<i>acetic acid</i>		
G.U. Irrigants - Anti-Infective		
<i>neomycin-polymyxin b gu</i>	Neosporin GU Irrigant	
Interstitial Cystitis Agents		
ELMIRON		
Phosphate Binders		
AURYXIA		ST; QL (6 TABLETS per 1 day); AL (Min 18 Years)
ELIPHOS		
VELPHORO		ST; AL (Min 21 Years)
<i>calcium acetate</i>	Eliphos	
Phosphate Binders - Calcium-Based		
ELIPHOS		
<i>calcium acetate</i>	Eliphos	

Name	Reference	Notes
Phosphate Binders - Iron-Based		
AURYXIA		ST; QL (6 TABLETS per 1 day); AL (Min 18 Years)
VELPHORO		ST; AL (Min 21 Years)
Prostatic Hypertrophy Agent - Alpha-1-Adrenoceptor Antagonists		
<i>alfuzosin</i>	Uroxatral	AL (Min 35 Years)
<i>tamsulosin</i>	Flomax	
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors		
<i>finasteride</i>	Proscar	
Prostatic Hypertrophy Agent-Type I And II 5-Alpha Reductase Inhibitors		
<i>dutasteride</i>	Avodart	
Urinary Acidifier - Phosphates		
K-PHOS NO 2		
K-PHOS ORIGINAL		
PHOSPHA 250 NEUTRAL		
Urinary Alkalinizer - Citrates		
CYTRA-2		
TRICITRATES		
VIRTRATE-3		
<i>pot,sodium citrate-citric acid</i>	Virtrate-3	
<i>potassium citrate-citric acid</i>	Virtrate-K	
<i>sodium citrate-citric acid</i>	Cytra-2	
Urinary Analgesics		
<i>phenazopyridine</i>	Pyridium	
Urinary Antibacterial - Methenamine And Salts		
<i>methenamine hippurate</i>	Hiprex	
Urinary Antibacterial - Nitrofurantoin Derivatives		
<i>nitrofurantoin macrocrystal</i>	Macrodantin	
<i>nitrofurantoin monohydr/m-cryst</i>	Macrobid	
Urinary Antibacterials Other		
MONUROL		QL (1 EA per 1 Rx)
Urinary Anti-Infective Methenamine-Antispas-Analg Combinations		
USTELL		

Name	Reference	Notes
Urinary Antispasmodic - Smooth Muscle Relaxants		
OXYTROL FOR WOMEN		QL (8 EA per 28 days)
<i>oxybutynin chloride oral syrup</i>		
<i>oxybutynin chloride oral tablet</i>		
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i>	Ditropan XL	QL (1 EA per 1 day)
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	Ditropan XL	QL (2 EA per 1 day)
<i>tolterodine oral capsule, extended release 24hr 2 mg</i>	Detrol LA	ST; QL (1 EA per 1 day)
<i>tolterodine oral capsule, extended release 24hr 4 mg</i>	Detrol LA	ST
<i>tolterodine oral tablet</i>	Detrol	ST; QL (2 EA per 1 day)
<i>tropium</i>		ST
Urinary Retention Therapy - Parasympathomimetic Agents		
<i>bethanechol chloride</i>	Urecholine	
Gout And Hyperuricemia Therapy		
Gout And Hyperuricemia - Antimitotic-Uricosuric Combinations		
<i>probenecid-colchicine</i>		
Hyperuricemia Therapy - Uricosurics		
<i>probenecid</i>		
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors		
<i>allopurinol</i>	Zyloprim	
Hematological Agents		
Anticoagulants - Coumarin		
COUMADIN		
JANTOVEN		
<i>warfarin</i>	Coumadin	
Direct Factor Xa Inhibitors		
ELIQUIS		
XARELTO		
Erythropoietins		
EPOGEN		QL (4 ML per 28 days); AL (Min 21 Years)

Name	Reference	Notes
Hematorheologic Agents		
<i>pentoxifylline</i>		
Heparin Flush Formulations		
HEPARIN LOCKFLUSH(PORCINE)(PF)		
<i>heparin, porcine (pf)</i>	Heparin LockFlush(Porcine)(PF)	
Heparins		
HEPARIN LOCKFLUSH(PORCINE)(PF)		
<i>heparin, porcine (pf)</i>	Heparin LockFlush(Porcine)(PF)	
Indirect Factor Xa Inhibitors		
<i>fondaparinux</i>	Arixtra	QL (10 Day Supply per 1 Rx)
Low Molecular Weight Heparins		
<i>enoxaparin</i>	Lovenox	QL (20 Doses per 1 Rx)
Platelet Aggregation Inhib - Cyclopentyl-Triazolo-Pyrimidines (Cptps)		
BRILINTA		
Platelet Aggregation Inhibitors - Phosphodiesterase Iii Inhibitors		
<i>cilostazol</i>		
Platelet Aggregation Inhibitors - Quinazoline Agents		
<i>anagrelide</i>	Agrylin	
Platelet Aggregation Inhibitors - Salicylates		
ADULT LOW DOSE ASPIRIN		
ASPIRIN CHILDRENS		
ASPIRIN LOW DOSE		
ASPIR-LOW		
BAYER ADVANCED		
BAYER CHEWABLE ASPIRIN		
CHILDREN'S ASPIRIN		
ENTERIC COATED ASPIRIN		
<i>aspirin</i>	Lite Coat Aspirin	
Platelet Aggregation Inhibitors - Thienopyridine Agents		
EFFIENT		
<i>clopidogrel</i>	Plavix	

Name	Reference	Notes
Platelet Aggregation Inhib-Pdesterase And Adenosine Deaminase Inhibitr		
<i>dipyridamole</i>		
Sickle Cell Anemia Agents		
DROXIA		
Immunosuppressive Agents		
Immunosuppressive - Calcineurin Inhibitors		
GENGRAF		
NEORAL		
SANDIMMUNE		
<i>cyclosporine</i>	Sandimmune	
<i>cyclosporine modified</i>	Gengraf	
<i>tacrolimus</i>	Prograf	
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors		
<i>mycophenolate mofetil</i>	CellCept	
<i>mycophenolate sodium</i>	Myfortic	
Immunosuppressive - Purine Analogs		
<i>azathioprine</i>	Imuran	
Locomotor System		
Als Agent - Benzathiazoles		
<i>riluzole</i>	Rilutek	QL (2 EA per 1 day); AL (Min 18 Years)
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors		
MESTINON		
<i>pyridostigmine bromide</i>	Mestinon	
Neuromuscular Blocker - Nondepolarizing Agents		
<i>atracurium</i>		
Skeletal Muscle Relaxant - Central Muscle Relaxants		
<i>baclofen</i>		
<i>chlorzoxazone</i>	Parafon Forte DSC	
<i>cyclobenzaprine</i>		QL (90 EA per 30 days)
<i>methocarbamol</i>	Robaxin	QL (120 EA per 30 days)
<i>orphenadrine citrate</i>		QL (2 EA per 1 day)

Name	Reference	Notes
<i>tizanidine</i>		
Skeletal Muscle Relaxant - Direct Muscle Relaxants		
<i>dantrolene</i>	Dantrium	
Medical Supplies And Durable Medical Equipment (Dme)		
Medical Supplies And Dme - Adhesive Bandages		
ALLEVYN PLUS ADHESIVE		
AQUACEL FOAM		
COVRSITE		
COVRSITE PLUS		
GRX FOAM DRESSING		
MEDIPORE DRESS-IT COVER		
MEDIPORE PLUS PAD		
MEPILEX BORDER		
MPM FOAM DRESSING		
RESTORE TRIO		
SKIN CLOSURE STRIPS		
SOF-SET ADHESIVE PATCH		
SOFT CLOTH		
STERI-STRIP DRESSING		
STRATASORB COMPOSITE WOUND		
STRATASORB ISLAND DRESSING		
TELF		
TELF		
<i>adhesive bandage-adhes remov#1</i>		
<i>hydrocol dress-adhesive rem#1</i>		
Medical Supplies And Dme - Adhesive Tape		
SKIN CLOSURE STRIPS		
Medical Supplies And Dme - Blood Glucose Tests		
FREESTYLE INSULINX		QL (100 EA per 25 DAYs)
FREESTYLE INSULINX TEST STRIPS		QL (100 EA per 25 DAYs)
FREESTYLE LITE STRIPS		QL (100 EA per 25 DAYs)
FREESTYLE TEST		QL (100 EA per 25 DAYs)
OPTIUM EZ		QL (100 EA per 25 DAYs)
OPTIUM TEST		QL (100 EA per 25 DAYs)

Name	Reference	Notes
PRECISION PCX PLUS TEST		QL (100 EA per 25 DAYS)
PRECISION PCX TEST		QL (100 EA per 25 DAYS)
PRECISION POINT OF CARE TEST		QL (100 EA per 25 DAYS)
PRECISION Q-I-D TEST		QL (100 EA per 25 DAYS)
PRECISION XTRA TEST		QL (100 EA per 25 DAYS)
Medical Supplies And Dme - Diaphragms		
WIDE-SEAL DIAPHRAGM 60		
WIDE-SEAL DIAPHRAGM 65		
WIDE-SEAL DIAPHRAGM 70		
WIDE-SEAL DIAPHRAGM 75		
WIDE-SEAL DIAPHRAGM 80		
WIDE-SEAL DIAPHRAGM 85		
WIDE-SEAL DIAPHRAGM 90		
WIDE-SEAL DIAPHRAGM 95		
Medical Supplies And Dme - Elastic Bandages And Supports		
BAND-AID ACTIVE FLEX		
COBAN		
COBAN SELF-ADHERENT WRAP		
COBAN STERILE SELF-ADHERENT		
CURITY BANDAGE		
MEDIGRIP		
MEDIGRIP ELASTICATED SUPPORT		
MEDIGRIP TUBULAR		
TENSOR		
<i>elastic bandage</i>		
Medical Supplies And Dme - Eye Patches		
CURITY EYE		
OPTICLUDE EYE PATCH		
<i>eye patch</i>	Opticlude Eye Patch	
Medical Supplies And Dme - Facial Masks		
AIRS PEDIATRIC DISPOSABLE MASK		
PILLOW MASK ADULT		
Medical Supplies And Dme - Feeding Tubes And Supplies		
KANGAROO FEEDING TUBE		

Name	Reference	Notes
Medical Supplies And Dme - Gauze Bandages		
BORDERED GAUZE		
BULKEE II		
CONFORM		
CURITY AMD		
CURITY DRESSING		
CURITY GAUZE		
CURITY MULTI-TRAUMA DRESSING		
CURITY NON-ADHERENT STRIP		
CURITY PLAIN PACKING STRIP		
CURITY READY-CUT GAUZE		
DERMACEA		
DERMACEA NON-WOVEN		
DERMACEA STRETCH		
INTERSORB		
KERLIX		
KERLIX PACKING SPONGE		
LISCO		
ROLLED GAUZE		
RONDIC		
UNNA-FLEX CONVENIENCE PACK		
VERSALON		
VERSALON NONWOVEN ALL-PURPOSE		
VISTEC X-RAY DETECT		
WOUNDGARD GAUZE		
<i>gauze bandage</i>	Curity Gauze	
Medical Supplies And Dme - Gauze Pads And Dressings		
CURAD NON-STICK PAD		
CURITY COVER		
CURITY IODOFORM PACKING STRIP		
CURITY NON-ADHERING DRESSING		
DERMACEA		
DERMAVIEW		
DERMAVIEW II		
EXCILON		
EXCILON DRAIN		

Name	Reference	Notes
EXCILON I.V.		
EXUDERM ODORSHIELD		
EXU-DRY ADULT DRESSING		
EXU-DRY ARM DRESSING		
EXU-DRY BOOT-FOOT DRESSING		
EXU-DRY BURN JACKET-LARGE		
EXU-DRY BURN JACKET-MEDIUM		
EXU-DRY BURN JACKET-SMALL		
EXU-DRY BURN VEST-LARGE		
EXU-DRY BURN VEST-SMALL		
EXU-DRY ELBOW-KNEE-HEEL		
EXU-DRY FACE DRESSING		
EXU-DRY HAND DRESSING, LARGE		
EXU-DRY HAND DRESSING, MEDIUM		
EXU-DRY HAND DRESSING, SMALL		
EXU-DRY INCISION DRESSING		
EXU-DRY LARGE BOOT DRESSING		
EXU-DRY LEG DRESSING		
EXU-DRY NECK DRESSING		
EXU-DRY SCALP DRESSING		
EXU-DRY WOUND DRESSING		
KENDALL		
NEXCARE TEGADERM		
OPSITE		
OPSITE ADHESIVE DRESSING		
OPSITE FLEXIFIX		
OPSITE FLEXIGRID DRESSING		
PETROLATUM GAUZE		
POLYSKIN II		
RESTORE		
SURESITE		
SURESITE FLEXIGRID		
SURESITE IV		
SURESITE WINDOW		
TEGADERM		
TEGADERM ABSORBENT		
TEGADERM FIRST AID STYLE		
TEGADERM FRAME STYLE		

Name	Reference	Notes
TEGADERM HP FRAME STYLE		
TEGADERM I.V.		
TEGADERM TRANSPARENT DRESSING		
TELFA		
TELFA CLEAR WOUND DRESSING		
TELFA OUCHLESS NON-ADHERENT		
TENDERWRAP UNNA BOOT		
VASELINE PETROLATUM GAUZE		
VISCOPASTE PB7		
XEROFLO GAUZE DRESSING		
XEROFORM PETROLATUM DRESSING		
Medical Supplies And Dme - Glucose Monitoring Test Supplies		
2TEK CONTROL (HIGH-NORMAL)		
ACCU-CHEK AVIVA CONTROL SOLN		
ACCU-CHEK FASTCLIX		
ACCU-CHEK MULTICLIX LANCET		
ACCU-CHEK SAFE-T-PRO		
ACCU-CHEK SAFE-T-PRO PLUS		
ACCU-CHEK SMARTVIEW CONTRL SOL		
ACCU-CHEK SOFTCLIX LANCETS		
ACCUTREND GLUCOSE CONTROL		
ACTI-LANCE LANCETS		
ADVOCATE LANCET		
ADVOCATE LOW CONTROL		
ADVOCATE REDI-CODE+ CTRL HIGH		
ADVOCATE REDI-CODE+ CTRL LOW		
AGAMATRIX CONTROL HIGH		
AGAMATRIX CONTROL NORM-HI		
ASSURE 4 CONTROL SOLUTION		
ASSURE DOSE NORMAL CONTROL		
ASSURE DOSE NORM-HI CONTROL		
ASSURE HAEMOLANCE PLUS		
ASSURE LANCE		
BD MAGNI-GUIDE SYRINGE MAGNIFI		
BD MICROTAINER LANCET		
BD ULTRA FINE LANCETS		
BD ULTRA-FINE II LANCETS		

Name	Reference	Notes
BREEZE 2 CONTROL SOLUTION, LOW		
BREEZE 2 CONTROL SOLUTION, NML		
BREEZE 2 CONTROL SOLUTION,HIGH		
BULLSEYE MINI SAFETY LANCETS		
CAREONE THIN LANCET		
CAREONE ULTRA THIN LANCET		
CARESENS CONTROL A NORMAL		
CHEMSTRIP BG LOG BOOK		
CLEVER CHEK LANCETS		
CLEVER CHOICE LEVEL 1 CONTROL		
CLEVER CHOICE LEVEL 2 CONTROL		
CLEVER CHOICE LEVEL 3 CONTROL		
COAGUCHEK LANCETS		
COMFORT LANCETS		
CONTOUR CONTROL SOLUTION, HIGH		
CONTOUR CONTROL SOLUTION, LOW		
CONTOUR CONTROL SOLUTION, NML		
CONTOUR NEXT LEV 1 CONTROL SOL		
CONTOUR NEXT LEV 2 CONTROL SOL		
EASY COMFORT LANCETS		
EASY STEP HIGH CONTROL SOLN		
EASY STEP LOW CONTROL SOLUTION		
EASY STEP NORMAL CONTROL SOLN		
EASY TALK HIGH CONTROL		
EASY TOUCH HIGH-LOW CONTROL		
EASY TOUCH LANCETS		
EASY TOUCH SAFETY LANCETS		
EASY TOUCH TWIST LANCETS		
EASY TRAK HIGH CONTROL		
EASY TRAK LOW CONTROL		
EASY TRAK NORMAL CONTROL		
EASY TWIST AND CAP LANCETS		
EASYGLUCO PLUS NORMAL CONTROL		
EASYMAX LOW CONTROL		
EASYMAX NORMAL CONTROL		
ELEMENT HIGH CONTROL		
ELEMENT LOW CONTROL		
ELEMENT NORMAL CONTROL		

Name	Reference	Notes
EMBRACE GLUCOSE CONTROL LOW		
EVENCARE		
EVENCARE G2		
EVENCARE G3 CONTROL		
EVOLUTION NORMAL CONTROL		
E-Z JECT LANCETS		
EZ SMART CONTROL		
EZ SMART LANCETS		
FIFTY50 SAFETY SEAL LANCETS		
FINE 30 UNIVERSAL LANCETS		
FINGERSTIX LANCETS		
FORA HIGH CONTROL		
FORA LOW CONTROL		
FORA NORMAL CONTROL		
FORACARE LANCETS		
FREESTYLE CONTROL		
FREESTYLE FLASH SYSTEM		QL (100 EA per 25 days)
FREESTYLE FREEDOM		
FREESTYLE FREEDOM LITE		
FREESTYLE INSULINX		
FREESTYLE LANCETS		
FREESTYLE LITE METER		
FREESTYLE PRECISION NEO METER		
FREESTYLE SIDEKICK II		
FREESTYLE SYSTEM KIT		
FREESTYLE UNISTIK 2		
GE100 CONTROL SOLUTION NORMAL		
GLUCOCARD 01 NORMAL CONTROL		
GLUCOCARD EXPRESSION		
GLUCOCOM CONTROL HIGH		
GLUCOCOM CONTROL NORMAL		
GLUCOCOM LANCETS		
GLUCOSE KETONE CONTROL SOLN		
GMATE CONTROL SOLUTION, HIGH		
GMATE CONTROL SOLUTION, NORMAL		
HEALTHY ACCENTS UNILET LANCET		
INFINITY CONTROL SOLUTION HIGH		
INFINITY CONTROL SOLUTION LOW		

Name	Reference	Notes
INFINITY CONTROL SOLUTION NORM		
INJECT EASE LANCETS		
INVACARE LANCETS		
LANCETS, SUPER THIN		
LANCETS, THIN		
LANCETS, ULTRA THIN		
LITE TOUCH LANCETS		
MEDISENSE		
MEDISENSE CONTROLS 1-HI 1-LO		
MEDISENSE GLUCOSE KETONE		
MEDISENSE MID CONTROL		
MEDISENSE THIN LANCETS		
MEDLANCE PLUS LANCETS		
MEDPOINT NORMAL CONTROL		
MICRODOT HIGH-LOW CONTROL		
MICRODOT NORMAL CONTROL		
MICROLET LANCET		
MONOLET LANCETS		
MONOLET THIN LANCETS		
MYGLUCOHEALTH LANCETS		
NOVA MAX GLUCOSE CONTROL		
NOVA SAFETY LANCETS		
NOVA SUREFLEX LANCETS		
ON CALL LANCET		
ON CALL PLUS CONTROL		
ON CALL PLUS LANCET		
ON CALL VIVID CONTROL		
ONETOUCH SURESOFT LANCING DEV		
ONETOUCH ULTRA CONTROL		
ONETOUCH ULTRASOFT LANCETS		
PRECISION GLUCOSE CONTROL SOLN		
PRECISION GLUCOSE/KETONE CONTR		
PRECISION XTRA MONITOR		
PRESSURE ACTIVATED LANCETS		
PRODIGY CONTROL SOLUTION, LOW		
PRODIGY CONTROL SOLUTION, HIGH		
PRODIGY LANCETS		
PRODIGY TWIST TOP LANCET		

Name	Reference	Notes
REFUAH PLUS GLUCOSE CONTROL		
RIGHTEST CONTROL SOLUTION HIGH		
RIGHTEST CONTROL SOLUTION NORM		
RIGHTEST GL300 LANCETS		
SAFETY LANCETS		
SAFETY SEAL LANCETS		
SINGLE-LET		
SOFT TOUCH LANCETS		
SOLUS V2 CONTROL SOLUTION, LOW		
SOLUS V2 CONTROL SOLUTION,HIGH		
SOLUS V2 LANCETS		
STERILANCE TL		
SURE COMFORT LANCETS		
SURE-LANCE		
SURE-LANCE ULTRA THIN		
SURE-TEST EASYPLUS MINI		
SURE-TOUCH LANCET		
TECHLITE LANCETS		
TELCARE CONTROL		
TELCARE LANCETS		
ULTILET BASIC LANCETS		
ULTILET CLASSIC LANCETS		
ULTILET LANCETS		
ULTRA THIN II LANCETS		
ULTRA THIN LANCETS		
ULTRA TLC LANCETS		
ULTRALANCE LANCETS		
ULTRA-THIN II LANCETS		
ULTRATRAK HIGH-LOW CONTROL		
ULTRATRAK NORMAL CONTROL		
ULTRATRAK ULTIMATE		
UNILET COMFORTOUCH LANCET		
UNILET EXCELITE II LANCET		
UNILET EXCELITE LANCET		
UNILET GP LANCET		
UNILET LANCET		
UNILET SUPER THIN LANCETS		
UNISTIK 3 COMFORT LANCET		

Name	Reference	Notes
UNISTIK 3 EXTRA LANCET		
UNISTIK 3 LANCETS		
UNISTIK 3 NORMAL LANCET		
UNISTIK CZT LANCET		
VOCAL POINT GLUCOSE CONTROL		
VOCALPOINT GLUCOSE CONTROL		
WAVESENSE CONTROL SOLUTION		
<i>blood glucose contrl hi,normal</i>	Glucocard 01 Hi-Normal Control	
<i>blood glucose control, normal</i>	Fora Normal Control	
<i>lancets</i>	Unilet Excelite II Lancet	
Medical Supplies And Dme - Humidifiers		
COOL MIST HUMIDIFIER		
COOL MIST HUMIDIFIER 1 GALLON		
HEALTHMIST		
<i>humidifiers</i>	Healthmist	
Medical Supplies And Dme - Incontinence Supplies		
TENA SERENITY		
Medical Supplies And Dme - Insulin Needles-Syringes And Admin Supplies		
ASSURE ID INSULIN SAFETY		
BD AUTOSHIELD DUO PEN NEEDLE		
BD ECLIPSE LUER-LOK		
BD INSULIN PEN NEEDLE UF SHORT		
BD INSULIN SYRINGE		
BD INSULIN SYRINGE HALF UNIT		
BD INSULIN SYRINGE ULT-FINE II		
BD INSULIN SYRINGE ULTRA-FINE		
BD LO-DOSE MICRO-FINE IV		
BD SAFETYGLIDE INSULIN SYRINGE		
COMFORT EZ PEN NEEDLES		
COMFORT EZ SYRINGE		
EASY TOUCH		
EXEL INSULIN		
FREESTYLE PRECISION		
HEALTHY ACCENTS UNIFINE PENTIP		
INSULIN SYRINGE		

Name	Reference	Notes
INSUPEN		
LITE TOUCH INSULIN PEN NEEDLES		
LITE TOUCH INSULIN SYRINGE		
MAGELLAN INSULIN SAFETY SYRNG		
MINI ULTRA-THIN II		
MONOJECT INSULIN SYRINGE		
NOVOFINE 30		
NOVOFINE 32		
NOVOFINE AUTOCOVER		
NOVOTWIST		
PEN NEEDLE		
SAFESNAP INSULIN SYRINGE		
SURE COMFORT INSULIN SYRINGE		
SURE COMFORT PEN NEEDLE		
SURE-FINE PEN NEEDLES		
SURE-JECT INSULIN SYRINGE		
THINPRO INSULIN SYRINGE		
ULTICARE		
ULTICARE PEN NEEDLE		
ULTILET INSULIN SYRINGE		
ULTRA COMFORT INSULIN SYRINGE		
ULTRA-THIN II (SHORT) INS SYR		
UNIFINE PENTIPS		
UNIFINE PENTIPS PLUS		
<i>insulin syringe-needle u-100</i>	Ultra Comfort Insulin Syringe	
<i>insulin syringes (disposable)</i>	Monoject Insulin Syringe	
Medical Supplies And Dme - Iv Sets-Tubing		
BD INSYTE AUTOGUARD		
ECLIPSE SYRINGE		
SURGUARD2 SAFETY		
Medical Supplies And Dme - Male Condoms		
CONDOMS-PREM LUBRICATED		QL (24 EA per 30 DAYs)
FANTASY		QL (24 EA per 30 DAYs)
Medical Supplies And Dme - Miscellaneous Other		
ACCU-CHEK SPIRIT CLIP CASE		
AIRS PEDIATRIC DISPOSABLE MASK		

Name	Reference	Notes
AIRZONE AND MINIWRIGHT AFS		
AMIELLE VAGINAL TRAINER		
ANTI-EMBOLISM STOCKINGS		
AUTODROP		
AUTOSQUEEZE		
BARD CATHETER STRAP		
BLOOD PRESSURE KIT		
CURITY SPNG COUNTER BAG STRIPS		
DISPOSABLE PAPER MOUTHPIECE		
FACE SPLASH SHIELD, FULL		
FACE SPLASH SHIELD, SHORT		
FILTERED MOUTHPIECE ATTACHMENT		
PEDIATRIC MOUTHPIECES		
PEDIATRIC-SMALL MOUTH ADAPTOR		
SPLASH SHIELD FLEX		
TABLET CUTTER		QL (1 EA per 180 DAYs)
TENS 504		
<i>blood pressure test kit-medium</i>	inControl BP Monitor	
<i>thermometer probe covers</i>	Thermometer Covers	
Medical Supplies And Dme - Nebulizers		
AEROECLIPSE II NEBULIZER		
AEROECLIPSE REUSABLE BAN		
ALTERA NEBULIZER		
ALTERA NEBULIZER SYSTEM		
COMPACT COMPRESSOR NEBULIZER		
COMPACT ULTRASONIC NEBULIZER		
DEVILBISS DISPOSABLE NEBULIZER		
ERAPID NEBULIZER SYSTEM		
LC D NEBULIZER SET		
LC PLUS		
LC STAR		
MICRO AIR		
MINI PLUS NEBULIZER		
NASONEB NASAL NEBULIZER		
PARI BABY NEBULIZER		
PARI LC D NEBULIZER		
PARI LC SPRINT NEBULIZER SET		
PARI LC SPRINT SINUS		

Name	Reference	Notes
PRODIGY MINI-MIST NEBULIZER		
SIDESTREAM		
SIDESTREAM NEBULIZER		
SIDESTREAM PLUS		
SINUSTAR NEBULIZER		
Medical Supplies And Dme - Needles And Syringes		
ALLERGIST TRAY INTRADERMAL BEV		
ALLERGIST TRAY REGULAR BEVEL		
BD ALLERGIST TRAY REG BEVEL		
BD ALLERGY SYRINGE		
BD BULK LUER-LOK NON-STERILE		
BD BULK SLIP TIP NON-STERILE		
BD BULK SYRINGE SLIP TIP		
BD ECCENTRIC TIP SYRINGE		
BD ECLIPSE LUER-LOK		
BD INTERLINK BLUNT PLASTIC CAN		
BD INTERLINK SYRINGE		
BD LAB ECCENTRIC NON-STERILE		
BD LUER-LOK BULK SYRINGE		
BD LUER-LOK SYRINGE		
BD LUER-LOK TIP CONTROL SYRING		
BD PRECISIONGLIDE NON-STERILE		
BD REGULAR BEVEL NEEDLES		
BD SAFETYGLIDE ALLERGIST TRAY		
BD SAFETYGLIDE SHIELDING REG		
BD SAFETYGLIDE SYRINGE		
BD SAFETY-LOK DETACHABLE NEEDL		
BD SAFETY-LOK TUBERCULIN		
BD SAFETY-LOK WITH LUER-LOK		
BD SHORT BEVEL THIN WALL		
BD SLIP TIP SYRINGE		
B-D SLIP TIP SYRINGE		
BD SYRINGE		
BD SYRINGE BULK STERILE PAK		
BD SYRINGE CATHETER TIP		
BD TUBERCULIN SYRINGE		
DAVOL IRRIGATION SYRINGE		

Name	Reference	Notes
DAVOL PISTON IRRIGATION		
EXCEL SYRINGE		
EXEL HYPODERMIC NEEDLES		
EXEL SYRINGE		
FLOW-EZE VENTED NEEDLE		
HYPODERMIC NEEDLES		
INTERLINK SYRINGE AND CANNULA		
LIFESHIELD BLUNT CANNULA		
MONOJECT 140CC PISTON SYRINGE		
MONOJECT ALLERGY TRAY		
MONOJECT CONTROL SYRINGE LUER		
MONOJECT DISPOSABLE SYRINGE		
MONOJECT ECCENTRIC NON-STERILE		
MONOJECT HYPODERMIC NEEDLES		
MONOJECT HYPODERMIC POLYPROPYL		
MONOJECT LUER-LOCK TIP		
MONOJECT PHARMACY TRAY LUER		
MONOJECT PHARMACY TRAY REG TIP		
MONOJECT REG TIP NON-STERILE		
MONOJECT REGULAR LUER		
MONOJECT SAFETY LUER LOCK TIP		
MONOJECT SAFETY SYRINGES		
MONOJECT SMARTIP CANNULA		
MONOJECT SYRINGE		
MONOJECT SYRINGE CATHETER		
MONOJECT SYRINGE ECCENTRI LUER		
MONOJECT SYRINGE LUER LOK		
MONOJECT SYRINGE REGULAR LUER		
MONOJECT SYRINGE TOOMEY TYPE		
MONOJECT TB LUER LOK		
MONOJECT TB SAFETY SYRINGE		
MONOJECT TUBERCULIN SYRINGE		
SAFESNAP SYRINGE		
SURGUARD2 SAFETY		
SYRINGE 3CC/21GX1"		
SYRINGE 3CC/22GX3/4"		
SYRINGE 3CC/25GX1"		
SYRINGE WITHOUT NEEDLE		

Name	Reference	Notes
TERUMO SYRINGE		
TUBERCULIN SYRINGE		
ULTICARE		
VANISHPOINT SYRINGE		
VANISHPOINT TUBERCULIN SYRINGE		
<i>needle (disp) 23 gauge</i>	BD Integra Needle	
<i>syringe (disposable)</i>	Easy Touch SheathLock Syringe	
<i>syringe with needle</i>	Easy Touch	
Medical Supplies And Dme - Parenteral Therapy Supplies		
ACCU-CHEK SPIRIT ADAPTER		
ACCU-CHEK SPIRIT CLIP CASE		
Medical Supplies And Dme - Peak Flow Meters		
AEROGear ACTION ASTHMA KIT		
AIRZONE PEAK FLOW METER		
ASTHMA CHECK METER		
ASTHMAMENTOR PEAK FLOW METER		
ASTHMAPACK CHILDREN'S		
IN-CHECK NASAL WITH MASK		
IN-CHECK ORAL FLOW METER		
MICROLIFE PEAK FLOW METER		
MINI WRIGHT PEAK FLOW METER		
MINI-WRIGHT PEAK FLOW METER		
PEAK AIR PEAK FLOW METER		
PERSONAL BEST FULL RANGE		
PERSONAL BEST LOW RANGE		
PIKO 1		
POCKET PEAK FLOW METER		
TRUZONE PEAK FLOW METER		
Medical Supplies And Dme - Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER		QL (2 EA per 365 DAYs)
AEROCHAMBER MV		QL (2 EA per 365 DAYs)
AEROCHAMBER PLUS FLOW-VU		QL (2 EA per 365 DAYs)
AEROCHAMBER PLUS Z STAT		QL (2 EA per 365 DAYs)
AEROCHAMBER PLUS Z STAT LG MSK		QL (2 EA per 365 DAYs)
AEROCHAMBER PLUS Z STAT MD MSK		QL (2 EA per 365 DAYs)

Name	Reference	Notes
AEROCHAMBER PLUS Z STAT SM MSK		QL (2 EA per 365 DAYs)
AEROCHAMBER WITH FLOWSIGNAL		QL (2 EA per 365 DAYs)
AEROCHAMBER Z-STAT PLUS-FLW SG		QL (2 EA per 365 DAYs)
AEROTRACH PLUS		QL (2 EA per 365 DAYs)
BREATHERITE VALVED MDI CHAMBER		QL (2 EA per 365 DAYs)
BREATHERITE VALVED MDI SPACER		QL (2 EA per 365 DAYs)
COMP-AIR ELITE COMP NEB SYSTEM		
COMP-AIR NEBULIZER COMPRESSOR		
COMP-AIR XLT COMPRESSOR NEB		
DEVILBISS PULMO-AIDE COMPRESSR		
DEVILBISS TRAVELER COMPRESSOR		
EASIVENT HOLDING CHAMBER		QL (2 EA per 365 DAYs)
EASIVENT MASK LARGE		QL (2 EA per 365 DAYs)
EASIVENT MASK MEDIUM		QL (2 EA per 365 DAYs)
EASIVENT MASK SMALL		QL (2 EA per 365 DAYs)
FILTER PAD		
INNOSPIRE ELEGANCE		
INNOSPIRE ESSENCE		
LITEAIRE MDI CHAMBER		QL (2 EA per 365 DAYs)
MOUTHPIECE REUSABLE MW		
OPTICHAMBER ADULT MASK-LARGE		QL (2 EA per 365 DAYs)
OPTICHAMBER DIAMOND LG MASK		QL (2 EA per 365 DAYs)
OPTICHAMBER DIAMOND VHC		QL (2 EA per 365 DAYs)
OPTICHAMBER DIAMOND-MED MSK		QL (2 EA per 365 DAYs)
OPTICHAMBER DIAMOND-SML MASK		QL (2 EA per 365 DAYs)
PANDA MASK		QL (2 EA per 365 DAYs)
PARI BABY CONV KIT - SIZE 3		
PARI BABY CONVERSION PACK 1		
PARI BABY CONVERSION PACK 2		
PARI LC FILTER WITH VALVE SET		
PARI LC MASK SET		
PARI SINUS AEROSOL SYSTEM		
PARI TREK S COMBO PACK		
PARI TREK S COMPACT COMPRESSOR		
PEDIATRIC MEDIUM MASK		QL (2 EA per 365 DAYs)
PEDIATRIC PANDA MASK		QL (2 EA per 365 DAYs)
PEDIATRIC SMALL MASK		QL (2 EA per 365 DAYs)
POCKET CHAMBER		QL (2 EA per 365 DAYs)

Name	Reference	Notes
PRIMEAIRE		QL (2 EA per 365 DAYs)
PRONEB ULTRA FILTER ASSEMBLY		
PRONEB ULTRA II		
PRONEB ULTRA II FILTER ASSEM		
SAMI THE SEAL		
SIDESTREAM PEDIATRIC FACE MASK		QL (2 EA per 365 DAYs)
SILICONE MASK - INFANT		QL (2 EA per 365 DAYs)
SILICONE MASK - PEDIATRIC		QL (2 EA per 365 DAYs)
SINUSTAR AEROSOL		
VAPORIZER CLEANING		
VAPORIZER INHALANT		
VORTEX HOLDING CHAMBER		QL (2 EA per 365 DAYs)
VORTEX HOLDING CHAMBER CHILD		QL (2 EA per 365 DAYs)
VORTEX HOLDING CHAMBER TODDLER		QL (2 EA per 365 DAYs)
Medical Supplies And Dme - Rubber Syringes And Supplies		
WATER BOTTLE		
<i>ear syringe</i>	Child Ear Syringe	
Medical Supplies And Dme - Sanitary Napkins And Tampons		
TENA SERENITY		
Medical Supplies And Dme - Thermometers		
BABY THERMOMETER		
DIGITAL THERMOMETER		
DIGITAL THERMOMETER/BEEPER		
FOREHEAD THERMOMETER		
INSTANT EAR THERMOMETER		
THERMOMETER COVERS		
VICKS DIGITAL THERMOMETER		
<i>basal thermometer</i>		
<i>basal thermometer, electronic</i>	Soft-Tip Thermometer	
<i>ear thermometer</i>	Instant Ear Thermometer	
<i>oral thermometer</i>	Universal Glass Thermometer	
<i>thermometer probe covers</i>	Thermometer Covers	
Medical Supplies And Dme - Urinary Catheters And Related Devices		
ACTIVE CATH		
BARD COUDE TIP CATHETER		

Name	Reference	Notes
BARD FEMALE INTERMITTENT CATH		
BARD INFECT CONT TRAY-NO CATH		
BARD LUBRICATH FOLEY TRAY		
BARD LUBRICATH FOLEY TRAY 18FR		
BARD RUBBER UTILITY CATHETER		
BARD URETHRAL CATHETER TRAY		
BARDEX CLOSED SYSTEM CATH TRAY		
CLEAR ADVANTAGE		
CURITY 8000 URINE MTR FLY TRAY		
CURITY BEDSIDE DRAINAGE SET		
CURITY BEDSIDE-MONO-FLO DRANGE		
CURITY FOLEY CATHETER KIT		
CURITY PREMIUM CATHETER TRAY		
CURITY STRMLIN CATH - MONO-FLO		
CURITY ULTRAMER 2-W CATH LAT/T		
CURITY ULTRAMER 2-W CATH TEFLN		
CURITY ULTRAMER 2-WAY CATHETER		
CURITY ULTRAMER IRRG 3WAY CATH		
CURITY ULTRAMER URETHRAL CATH		
Medical Supplies And Dme - Urine Glucose Tests		
DIASTIX		
Medical Supplies And Dme - Urine Glucose-Acetone Combination Tests		
CHEMSTRIP UGK		
KETO-DIASTIX		
Medical Supplies And Dme - Urine Ketone Tests		
CHEMSTRIP K		
KETONE URINE TEST		
KETOSTIX		
Medical Supplies And Dme - Vaporizers		
WARM STEAM VAPORIZER		
vaporizers	Warm Steam Vaporizer	
Medical Supply, Fdb Superset		
Medical Supply, Fdb Superset		
2TEK CONTROL (HIGH-NORMAL)		
ACCU-CHEK AVIVA CONTROL SOLN		

Name	Reference	Notes
ACCU-CHEK FASTCLIX		
ACCU-CHEK MULTICLIX LANCET		
ACCU-CHEK SAFE-T-PRO		
ACCU-CHEK SAFE-T-PRO PLUS		
ACCU-CHEK SMARTVIEW CONTRL SOL		
ACCU-CHEK SOFTCLIX LANCETS		
ACCU-CHEK SPIRIT ADAPTER		
ACCU-CHEK SPIRIT CLIP CASE		
ACCUTREND GLUCOSE CONTROL		
ACE AEROSOL CLOUD ENHANCER		QL (2 EA per 365 DAYs)
ACTI-LANCE LANCETS		
ACTIVE CATH		
ADVOCATE LANCET		
ADVOCATE LOW CONTROL		
ADVOCATE REDI-CODE+ CTRL HIGH		
ADVOCATE REDI-CODE+ CTRL LOW		
AEROCHAMBER MV		QL (2 EA per 365 DAYs)
AEROCHAMBER PLUS FLOW-VU		QL (2 EA per 365 DAYs)
AEROCHAMBER PLUS Z STAT		QL (2 EA per 365 DAYs)
AEROCHAMBER PLUS Z STAT LG MSK		QL (2 EA per 365 DAYs)
AEROCHAMBER PLUS Z STAT MD MSK		QL (2 EA per 365 DAYs)
AEROCHAMBER PLUS Z STAT SM MSK		QL (2 EA per 365 DAYs)
AEROCHAMBER WITH FLOWSIGNAL		QL (2 EA per 365 DAYs)
AEROCHAMBER Z-STAT PLUS-FLW SG		QL (2 EA per 365 DAYs)
AEROECLIPSE II NEBULIZER		
AEROECLIPSE REUSABLE BAN		
AEROGear ACTION ASTHMA KIT		
AEROTRACH PLUS		QL (2 EA per 365 DAYs)
AGAMATRIX CONTROL HIGH		
AGAMATRIX CONTROL NORM-HI		
AIRS PEDIATRIC DISPOSABLE MASK		
AIRZONE AND MINIWRIGHT AFS		
AIRZONE PEAK FLOW METER		
ALLERGIST TRAY INTRADERMAL BEV		
ALLERGIST TRAY REGULAR BEVEL		
ALLEVYN		
ALLEVYN PLUS ADHESIVE		
ALTERA NEBULIZER		

Name	Reference	Notes
ALTERA NEBULIZER SYSTEM		
AMIELLE VAGINAL TRAINER		
ANTI-EMBOLISM STOCKINGS		
AQUACEL EXTRA		
AQUACEL FOAM		
AQUACEL HYDROFIBER DRESSING		
AQUAFLO		
ASSURE 4 CONTROL SOLUTION		
ASSURE DOSE NORMAL CONTROL		
ASSURE DOSE NORM-HI CONTROL		
ASSURE HAEMOLANCE PLUS		
ASSURE ID INSULIN SAFETY		
ASSURE LANCE		
ASTHMA CHECK METER		
ASTHMAMENTOR PEAK FLOW METER		
ASTHMAPACK CHILDREN'S		
AUTODROP		
AUTOSQUEEZE		
BABY THERMOMETER		
BAND-AID ACTIVE FLEX		
BARD CATHETER STRAP		
BARD COUDE TIP CATHETER		
BARD FEMALE INTERMITTENT CATH		
BARD INFECT CONT TRAY-NO CATH		
BARD LUBRICATH FOLEY TRAY		
BARD LUBRICATH FOLEY TRAY 18FR		
BARD RUBBER UTILITY CATHETER		
BARD URETHRAL CATHETER TRAY		
BARDEX CLOSED SYSTEM CATH TRAY		
BD ALLERGIST TRAY REG BEVEL		
BD ALLERGY SYRINGE		
BD AUTOSHIELD DUO PEN NEEDLE		
BD BULK LUER-LOK NON-STERILE		
BD BULK SLIP TIP NON-STERILE		
BD BULK SYRINGE SLIP TIP		
BD ECCENTRIC TIP SYRINGE		
BD ECLIPSE LUER-LOK		
BD INSULIN PEN NEEDLE UF SHORT		

Name	Reference	Notes
BD INSULIN SYRINGE		
BD INSULIN SYRINGE HALF UNIT		
BD INSULIN SYRINGE ULT-FINE II		
BD INSULIN SYRINGE ULTRA-FINE		
BD INSYTE AUTOGUARD		
BD INTERLINK BLUNT PLASTIC CAN		
BD INTERLINK SYRINGE		
BD LAB ECCENTRIC NON-STERILE		
BD LO-DOSE MICRO-FINE IV		
BD LUER-LOK BULK SYRINGE		
BD LUER-LOK SYRINGE		
BD LUER-LOK TIP CONTROL SYRING		
BD MAGNI-GUIDE SYRINGE MAGNIFI		
BD MICROTAINER LANCET		
BD PRECISIONGLIDE NON-STERILE		
BD REGULAR BEVEL NEEDLES		
BD SAFETYGLIDE ALLERGIST TRAY		
BD SAFETYGLIDE INSULIN SYRINGE		
BD SAFETYGLIDE SHIELDING REG		
BD SAFETYGLIDE SYRINGE		
BD SAFETY-LOK DETACHABLE NEEDL		
BD SAFETY-LOK TUBERCULIN		
BD SAFETY-LOK WITH LUER-LOK		
BD SHORT BEVEL THIN WALL		
BD SLIP TIP SYRINGE		
B-D SLIP TIP SYRINGE		
BD SYRINGE		
BD SYRINGE BULK STERILE PAK		
BD SYRINGE CATHETER TIP		
BD TUBERCULIN SYRINGE		
BD ULTRA FINE LANCETS		
BD ULTRA-FINE II LANCETS		
BIATAIN		
BIATAIN ADHESIVE FOAM DRESSING		
BIATAIN HEEL ADH FOAM DRESSING		
BIATAIN NON-ADHESIVE FOAM		
BIATAIN NON-ADHESIVEFOAM ROUND		
BIOBRANE		

Name	Reference	Notes
BIOBRANE DRESSING		
BIOBRANE GLOVES PEDIATRIC		
BIOBRANE GLOVES SMALL		
BIOBRANE-L DRESSING		
BLISTER CARE		
BLOOD PRESSURE KIT		
BORDERED GAUZE		
BREATHERITE VALVED MDI CHAMBER		QL (2 EA per 365 DAYS)
BREATHERITE VALVED MDI SPACER		QL (2 EA per 365 DAYS)
BREEZE 2 CONTROL SOLUTION, LOW		
BREEZE 2 CONTROL SOLUTION, NML		
BREEZE 2 CONTROL SOLUTION,HIGH		
BULKEE II		
BULLSEYE MINI SAFETY LANCETS		
BURNS-SCALDS-ABRASIONS		
CARBOFLEX ODOR CONTROL DRESSIN		
CAREONE THIN LANCET		
CAREONE ULTRA THIN LANCET		
CARESENS CONTROL A NORMAL		
CHEMSTRIP 2		
CHEMSTRIP BG LOG BOOK		
CHEMSTRIP K		
CHEMSTRIP UGK		
CLEAR ADVANTAGE		
CLEVER CHEK LANCETS		
CLEVER CHOICE LEVEL 1 CONTROL		
CLEVER CHOICE LEVEL 2 CONTROL		
CLEVER CHOICE LEVEL 3 CONTROL		
COAGUCHEK LANCETS		
COBAN		
COBAN SELF-ADHERENT WRAP		
COBAN STERILE SELF-ADHERENT		
COMFEEL PLUS CLEAR DRESSING		
COMFEEL PLUS CONTOUR DRESSING		
COMFEEL PLUS PRESSURE RELIEF		
COMFEEL PLUS PRESSURE ROUND		
COMFEEL PLUS TRIANGLE DRESSING		
COMFEEL PLUS ULCER DRESSING		

Name	Reference	Notes
COMFEEL PURILON		
COMFEEL ULCER CARE DRESSING		
COMFORT EZ PEN NEEDLES		
COMFORT EZ SYRINGE		
COMFORT LANCETS		
COMPACT COMPRESSOR NEBULIZER		
COMPACT ULTRASONIC NEBULIZER		
COMP-AIR ELITE COMP NEB SYSTEM		
COMP-AIR NEBULIZER COMPRESSOR		
COMP-AIR XLT COMPRESSOR NEB		
CONDOMS-PREM LUBRICATED		QL (24 EA per 30 DAYs)
CONFORM		
CONTOUR CONTROL SOLUTION, HIGH		
CONTOUR CONTROL SOLUTION, LOW		
CONTOUR CONTROL SOLUTION, NML		
CONTOUR NEXT LEV 1 CONTROL SOL		
CONTOUR NEXT LEV 2 CONTROL SOL		
COOL MIST HUMIDIFIER		
COOL MIST HUMIDIFIER 1 GALLON		
COOLMAGIC		
COOLMAGIC FENESTRATED		
COPA HYDROPHILIC FOAM		
COVRSITE		
COVRSITE PLUS		
CURAD NON-STICK PAD		
CURITY 8000 URINE MTR FLY TRAY		
CURITY AMD		
CURITY BANDAGE		
CURITY BEDSIDE DRAINAGE SET		
CURITY BEDSIDE-MONO-FLO DRANGE		
CURITY COVER		
CURITY DRESSING		
CURITY EYE		
CURITY FOLEY CATHETER KIT		
CURITY GAUZE		
CURITY GAUZE BURN DRESSING		
CURITY IODOFORM PACKING STRIP		
CURITY MULTI-TRAUMA DRESSING		

Name	Reference	Notes
CURITY NON-ADHERENT STRIP		
CURITY NON-ADHERING DRESSING		
CURITY PLAIN PACKING STRIP		
CURITY PREMIUM CATHETER TRAY		
CURITY READY-CUT GAUZE		
CURITY SPNG COUNTER BAG STRIPS		
CURITY STRMLIN CATH - MONO-FLO		
CURITY ULTRAMER 2-W CATH LAT/T		
CURITY ULTRAMER 2-W CATH TEFLN		
CURITY ULTRAMER 2-WAY CATHETER		
CURITY ULTRAMER IRRG 3WAY CATH		
CURITY ULTRAMER URETHRAL CATH		
CURITY WET DRESSING		
DAVOL IRRIGATION SYRINGE		
DAVOL PISTON IRRIGATION		
DERMACEA		
DERMACEA NON-WOVEN		
DERMACEA STRETCH		
DERMADRESS		
DERMAFILM		
DERMAFILM HD		
DERMAGAUZE		
DERMAGAUZE HYDROGEL DRESSING		
DERMA-GEL		
DERMALEVIN		
DERMASYN		
DERMAVIEW		
DERMAVIEW II		
DEVILBISS DISPOSABLE NEBULIZER		
DEVILBISS PULMO-AIDE COMPRESSR		
DEVILBISS TRAVELER COMPRESSOR		
DIASTIX		
DIGITAL THERMOMETER		
DIGITAL THERMOMETER/BEEPER		
DISPOSABLE PAPER MOUTHPIECE		
DUODERM CGF DRESSING		
EASIVENT HOLDING CHAMBER		QL (2 EA per 365 DAYs)
EASIVENT MASK LARGE		QL (2 EA per 365 DAYs)

Name	Reference	Notes
EASIVENT MASK MEDIUM		QL (2 EA per 365 DAYS)
EASIVENT MASK SMALL		QL (2 EA per 365 DAYS)
EASY COMFORT LANCETS		
EASY STEP HIGH CONTROL SOLN		
EASY STEP LOW CONTROL SOLUTION		
EASY STEP NORMAL CONTROL SOLN		
EASY TALK HIGH CONTROL		
EASY TOUCH		
EASY TOUCH HIGH-LOW CONTROL		
EASY TOUCH LANCETS		
EASY TOUCH SAFETY LANCETS		
EASY TOUCH TWIST LANCETS		
EASY TRAK HIGH CONTROL		
EASY TRAK LOW CONTROL		
EASY TRAK NORMAL CONTROL		
EASY TWIST AND CAP LANCETS		
EASYGLUCO PLUS NORMAL CONTROL		
EASYMAX LOW CONTROL		
EASYMAX NORMAL CONTROL		
ECLIPSE SYRINGE		
ELASTO-GEL		
ELEMENT HIGH CONTROL		
ELEMENT LOW CONTROL		
ELEMENT NORMAL CONTROL		
EMBRACE GLUCOSE CONTROL LOW		
ERAPID NEBULIZER SYSTEM		
EVENCARE		
EVENCARE G2		
EVENCARE G3 CONTROL		
EVOLUTION NORMAL CONTROL		
EXCEL SYRINGE		
EXCILON		
EXCILON DRAIN		
EXCILON I.V.		
EXEL HYPODERMIC NEEDLES		
EXEL INSULIN		
EXEL SYRINGE		
EXUDERM		

Name	Reference	Notes
EXUDERM LP		
EXUDERM ODORSHIELD		
EXUDERM RCD		
EXUDERM SACRUM		
EXUDERM SATIN DRESSING		
EXUDERM ULTRA		
EXU-DRY ADULT DRESSING		
EXU-DRY ARM DRESSING		
EXU-DRY BOOT-FOOT DRESSING		
EXU-DRY BURN JACKET-LARGE		
EXU-DRY BURN JACKET-MEDIUM		
EXU-DRY BURN JACKET-SMALL		
EXU-DRY BURN VEST-LARGE		
EXU-DRY BURN VEST-SMALL		
EXU-DRY ELBOW-KNEE-HEEL		
EXU-DRY FACE DRESSING		
EXU-DRY HAND DRESSING, LARGE		
EXU-DRY HAND DRESSING, MEDIUM		
EXU-DRY HAND DRESSING, SMALL		
EXU-DRY INCISION DRESSING		
EXU-DRY LARGE BOOT DRESSING		
EXU-DRY LEG DRESSING		
EXU-DRY NECK DRESSING		
EXU-DRY SCALP DRESSING		
EXU-DRY WOUND DRESSING		
E-Z JECT LANCETS		
EZ SMART CONTROL		
EZ SMART LANCETS		
FACE SPLASH SHIELD, FULL		
FACE SPLASH SHIELD, SHORT		
FANTASY		QL (24 EA per 30 DAYs)
FIFTY50 SAFETY SEAL LANCETS		
FILTER PAD		
FILTERED MOUTHPIECE ATTACHMENT		
FINE 30 UNIVERSAL LANCETS		
FINGERSTIX LANCETS		
FLEXZAN WOUND DRESSING		
FLOW-EZE VENTED NEEDLE		

Name	Reference	Notes
FORA HIGH CONTROL		
FORA LOW CONTROL		
FORA NORMAL CONTROL		
FORACARE LANCETS		
FOREHEAD THERMOMETER		
FREESTYLE CONTROL		
FREESTYLE FLASH SYSTEM		
FREESTYLE FREEDOM		
FREESTYLE FREEDOM LITE		
FREESTYLE INSULINX		
FREESTYLE INSULINX STRIP		QL (100 EA per 25 DAYs)
FREESTYLE INSULINX TEST STRIPS		QL (100 EA per 25 DAYs)
FREESTYLE LANCETS		
FREESTYLE LITE METER		
FREESTYLE LITE STRIPS		QL (100 EA per 25 DAYs)
FREESTYLE PRECISION		
FREESTYLE SIDEKICK II		
FREESTYLE SYSTEM KIT		
FREESTYLE TEST		QL (100 EA per 25 DAYs)
FREESTYLE UNISTIK 2		
GE100 CONTROL SOLUTION NORMAL		
GELPAD		
GLUCOCARD 01 NORMAL CONTROL		
GLUCOCARD EXPRESSION		
GLUCOCOM CONTROL HIGH		
GLUCOCOM CONTROL NORMAL		
GLUCOCOM LANCETS		
GLUCOSE KETONE CONTROL SOLN		
GMATE CONTROL SOLUTION, HIGH		
GMATE CONTROL SOLUTION, NORMAL		
GRX FOAM DRESSING		
GRX WOUND GEL		
HEALTHMIST		
HEALTHY ACCENTS UNIFINE PENTIP		
HEALTHY ACCENTS UNILET LANCET		
HYDROCOL II		
HYDROCOL II SACRAL		
HYDROCOL THIN II		

Name	Reference	Notes
HYPODERMIC NEEDLES		
IN-CHECK NASAL WITH MASK		
IN-CHECK ORAL FLOW METER		
INFINITY CONTROL SOLUTION HIGH		
INFINITY CONTROL SOLUTION LOW		
INFINITY CONTROL SOLUTION NORM		
INJECT EASE LANCETS		
INNOSPIRE ELEGANCE		
INNOSPIRE ESSENCE		
INSTANT EAR THERMOMETER		
INSULIN SYRINGE		
INSUPEN		
INTERLINK SYRINGE AND CANNULA		
INTERSORB		
INTRASITE GEL DRESSING		
INVACARE LANCETS		
KANGAROO FEEDING TUBE		
KENDALL		
KERLIX		
KERLIX BURN PACK		
KERLIX PACKING SPONGE		
KETO-DIASTIX		
KETONE URINE TEST		
KETOSTIX		
LANCETS, SUPER THIN		
LANCETS, THIN		
LANCETS, ULTRA THIN		
LC D NEBULIZER SET		
LC PLUS		
LC STAR		
LIFESHIELD BLUNT CANNULA		
LISCO		
LITE TOUCH INSULIN PEN NEEDLES		
LITE TOUCH INSULIN SYRINGE		
LITE TOUCH LANCETS		
LITEAIRE MDI CHAMBER		QL (2 EA per 365 DAYs)
MAGELLAN INSULIN SAFETY SYRNG		
MEDIGRIP		

Name	Reference	Notes
MEDIGRIP ELASTICATED SUPPORT		
MEDIGRIP TUBULAR		
MEDIPORE DRESS-IT COVER		
MEDIPORE PLUS PAD		
MEDISENSE		
MEDISENSE CONTROLS 1-HI 1-LO		
MEDISENSE GLUCOSE KETONE		
MEDISENSE MID CONTROL		
MEDISENSE THIN LANCETS		
MEDLANCE PLUS LANCETS		
MEDPOINT NORMAL CONTROL		
MEPILEX		
MEPILEX BORDER		
MICRO AIR		
MICRODOT HIGH-LOW CONTROL		
MICRODOT NORMAL CONTROL		
MICROLET LANCET		
MICROLIFE PEAK FLOW METER		
MINI PLUS NEBULIZER		
MINI ULTRA-THIN II		
MINI WRIGHT PEAK FLOW METER		
MINI-WRIGHT PEAK FLOW METER		
MONOJECT 140CC PISTON SYRINGE		
MONOJECT ALLERGY TRAY		
MONOJECT CONTROL SYRINGE LUER		
MONOJECT DISPOSABLE SYRINGE		
MONOJECT ECCENTRIC NON-STERILE		
MONOJECT HYPODERMIC NEEDLES		
MONOJECT HYPODERMIC POLYPROPYL		
MONOJECT INSULIN SYRINGE		
MONOJECT LUER-LOCK TIP		
MONOJECT PHARMACY TRAY LUER		
MONOJECT PHARMACY TRAY REG TIP		
MONOJECT REG TIP NON-STERILE		
MONOJECT REGULAR LUER		
MONOJECT SAFETY LUER LOCK TIP		
MONOJECT SAFETY SYRINGES		
MONOJECT SMARTIP CANNULA		

Name	Reference	Notes
MONOJECT SYRINGE		
MONOJECT SYRINGE CATHETER		
MONOJECT SYRINGE ECCENTRI LUER		
MONOJECT SYRINGE LUER LOK		
MONOJECT SYRINGE REGULAR LUER		
MONOJECT SYRINGE TOOMEY TYPE		
MONOJECT TB LUER LOK		
MONOJECT TB SAFETY SYRINGE		
MONOJECT TUBERCULIN SYRINGE		
MONOLET LANCETS		
MONOLET THIN LANCETS		
MOUTHPIECE REUSABLE MW		
MPM FOAM DRESSING		
MYGLUCOHEALTH LANCETS		
NASONEB NASAL NEBULIZER		
NEXCARE TEGADERM		
NOVA MAX GLUCOSE CONTROL		
NOVA SAFETY LANCETS		
NOVA SUREFLEX LANCETS		
NOVOFINE 30		
NOVOFINE 32		
NOVOFINE AUTOCOVER		
NOVOTWIST		
ON CALL LANCET		
ON CALL PLUS CONTROL		
ON CALL PLUS LANCET		
ON CALL VIVID CONTROL		
ONETOUCH SURESOFT LANCING DEV		
ONETOUCH ULTRA CONTROL		
ONETOUCH ULTRASOFT LANCETS		
OPSITE		
OPSITE ADHESIVE DRESSING		
OPSITE FLEXIFIX		
OPSITE FLEXIGRID DRESSING		
OPTICHAMBER ADULT MASK-LARGE		QL (2 EA per 365 DAYs)
OPTICHAMBER DIAMOND LG MASK		QL (2 EA per 365 DAYs)
OPTICHAMBER DIAMOND VHC		QL (2 EA per 365 DAYs)
OPTICHAMBER DIAMOND-MED MSK		QL (2 EA per 365 DAYs)

Name	Reference	Notes
OPTICHAMBER DIAMOND-SML MASK		QL (2 EA per 365 DAYS)
OPTICLUDE EYE PATCH		
OPTIUM EZ		QL (100 EA per 25 DAYS)
OPTIUM TEST		QL (100 EA per 25 DAYS)
PANDA MASK		QL (2 EA per 365 DAYS)
PARI BABY CONV KIT - SIZE 3		
PARI BABY CONVERSION PACK 1		
PARI BABY CONVERSION PACK 2		
PARI BABY NEBULIZER		
PARI LC D NEBULIZER		
PARI LC FILTER WITH VALVE SET		
PARI LC MASK SET		
PARI LC SPRINT NEBULIZER SET		
PARI LC SPRINT SINUS		
PARI SINUS AEROSOL SYSTEM		
PARI TREK S COMBO PACK		
PARI TREK S COMPACT COMPRESSOR		
PEAK AIR PEAK FLOW METER		
PEDIATRIC MEDIUM MASK		QL (2 EA per 365 DAYS)
PEDIATRIC MOUTHPIECES		
PEDIATRIC PANDA MASK		QL (2 EA per 365 DAYS)
PEDIATRIC SMALL MASK		QL (2 EA per 365 DAYS)
PEDIATRIC-SMALL MOUTH ADAPTOR		
PEN NEEDLE		
PERSONAL BEST FULL RANGE		
PERSONAL BEST LOW RANGE		
PETROLATUM GAUZE		
PIKO 1		
PILLOW MASK ADULT		
POCKET CHAMBER		QL (2 EA per 365 DAYS)
POCKET PEAK FLOW METER		
POLYSKIN II		
PRECISION GLUCOSE CONTROL SOLN		
PRECISION GLUCOSE/KETONE CONTR		
PRECISION PCX PLUS TEST		QL (100 EA per 25 DAYS)
PRECISION PCX TEST		QL (100 EA per 25 DAYS)
PRECISION POINT OF CARE TEST		QL (100 EA per 25 DAYS)
PRECISION Q-I-D TEST		QL (100 EA per 25 DAYS)

Name	Reference	Notes
PRECISION XTRA MONITOR		QL (100 EA per 25 DAYS)
PRECISION XTRA TEST		QL (100 EA per 25 DAYS)
PRESSURE ACTIVATED LANCETS		
PRIMEAIRE		QL (2 EA per 365 DAYS)
PRODIGY CONTROL SOLUTION, LOW		
PRODIGY CONTROL SOLUTION,HIGH		
PRODIGY LANCETS		
PRODIGY MINI-MIST NEBULIZER		
PRODIGY TWIST TOP LANCET		
PRONEB ULTRA FILTER ASSEMBLY		
PRONEB ULTRA II		
PRONEB ULTRA II FILTER ASSEM		
REFUAH PLUS GLUCOSE CONTROL		
REPLICARE DRESSING		
REPLICARE THIN		
REPLICARE ULTRA DRESSING		
RESTORE		
RESTORE TRIO		
RIGHTEST CONTROL SOLUTION HIGH		
RIGHTEST CONTROL SOLUTION NORM		
RIGHTEST GL300 LANCETS		
ROLLED GAUZE		
RONDIC		
SAFESNAP INSULIN SYRINGE		
SAFESNAP SYRINGE		
SAFETY LANCETS		
SAFETY SEAL LANCETS		
SAF-GEL		
SAMI THE SEAL		
SIDESTREAM		
SIDESTREAM NEBULIZER		
SIDESTREAM PEDIATRIC FACE MASK		QL (2 EA per 365 DAYS)
SIDESTREAM PLUS		
SILICONE MASK - INFANT		QL (2 EA per 365 DAYS)
SILICONE MASK - PEDIATRIC		QL (2 EA per 365 DAYS)
SINGLE-LET		
SINUSTAR AEROSOL		
SINUSTAR NEBULIZER		

Name	Reference	Notes
SKIN CLOSURE STRIPS		
SKINTEGRITY HYDROGEL		
SKINTEGRITY HYDROGEL DRESSING		
SOF-SET ADHESIVE PATCH		
SOFT CLOTH		
SOFT TOUCH LANCETS		
SOLOSITE		
SOLOSITE WOUND GEL		
SOLUS V2 CONTROL SOLUTION, LOW		
SOLUS V2 CONTROL SOLUTION,HIGH		
SOLUS V2 LANCETS		
SPECTRAGEL		
SPLASH SHIELD FLEX		
STERILANCE TL		
STERI-STRIP DRESSING		
STRATASORB COMPOSITE WOUND		
STRATASORB ISLAND DRESSING		
SURE COMFORT INSULIN SYRINGE		
SURE COMFORT LANCETS		
SURE COMFORT PEN NEEDLE		
SURE-FINE PEN NEEDLES		
SURE-JECT INSULIN SYRINGE		
SURE-LANCE		
SURE-LANCE ULTRA THIN		
SURESITE		
SURESITE FLEXIGRID		
SURESITE IV		
SURESITE WINDOW		
SURE-TEST EASYPLUS MINI		
SURE-TOUCH LANCET		
SURGUARD2 SAFETY		
SYRINGE 3CC/21GX1"		
SYRINGE 3CC/22GX3/4"		
SYRINGE 3CC/25GX1"		
SYRINGE WITHOUT NEEDLE		
TABLET CUTTER		QL (1 EA per 180 DAYs)
TECHLITE LANCETS		
TEGADERM		

Name	Reference	Notes
TEGADERM ABSORBENT		
TEGADERM FIRST AID STYLE		
TEGADERM FRAME STYLE		
TEGADERM HP FRAME STYLE		
TEGADERM HYDROCOLLOID		
TEGADERM HYDROCOLLOID THIN		
TEGADERM I.V.		
TEGADERM TRANSPARENT DRESSING		
TEGASORB THIN DRESSING		
TELCARE CONTROL		
TELCARE LANCETS		
TELF A		
TELF A CLEAR WOUND DRESSING		
TELF A ISLAND DRESSING		
TELF A OUCHLESS NON-ADHERENT		
TENA SERENITY		
TENS 504		
TENSOR		
TERUMO SYRINGE		
THERMOMETER COVERS		
THINPRO INSULIN SYRINGE		
TRUZONE PEAK FLOW METER		
TUBERCULIN SYRINGE		
ULTICARE		
ULTICARE PEN NEEDLE		
ULTILET BASIC LANCETS		
ULTILET CLASSIC LANCETS		
ULTILET INSULIN SYRINGE		
ULTILET LANCETS		
ULTRA COMFORT INSULIN SYRINGE		
ULTRA THIN II LANCETS		
ULTRA THIN LANCETS		
ULTRA TLC LANCETS		
ULTRA-FLEX		
ULTRALANCE LANCETS		
ULTRA-THIN II (SHORT) INS SYR		
ULTRA-THIN II LANCETS		
ULTRATRAK HIGH-LOW CONTROL		

Name	Reference	Notes
ULTRATRAK NORMAL CONTROL		
ULTRATRAK ULTIMATE		
UNIFINE PENTIPS		
UNIFINE PENTIPS PLUS		
UNILET COMFORTOUCH LANCET		
UNILET EXCELITE II LANCET		
UNILET EXCELITE LANCET		
UNILET GP LANCET		
UNILET LANCET		
UNILET SUPER THIN LANCETS		
UNISTIK 3 COMFORT LANCET		
UNISTIK 3 EXTRA LANCET		
UNISTIK 3 LANCETS		
UNISTIK 3 NORMAL LANCET		
UNISTIK CZT LANCET		
UNNA-FLEX CONVENIENCE PACK		
VANISHPOINT SYRINGE		
VANISHPOINT TUBERCULIN SYRINGE		
VAPORIZER CLEANING		
VAPORIZER INHALANT		
VASELINE PETROLATUM GAUZE		
VERSALON		
VERSALON NONWOVEN ALL-PURPOSE		
VERSIVA XC		
VICKS DIGITAL THERMOMETER		
VIGILON PRIMARY WOUND DRESSING		
VISTEC X-RAY DETECT		
VOCAL POINT GLUCOSE CONTROL		
VOCALPOINT GLUCOSE CONTROL		
VORTEX HOLDING CHAMBER		QL (2 EA per 365 DAYs)
VORTEX HOLDING CHAMBER CHILD		QL (2 EA per 365 DAYs)
VORTEX HOLDING CHAMBER TODDLER		QL (2 EA per 365 DAYs)
WARM STEAM VAPORIZER		
WATER BOTTLE		
WAVESENSE CONTROL SOLUTION		
WIDE-SEAL DIAPHRAGM 60		
WIDE-SEAL DIAPHRAGM 65		
WIDE-SEAL DIAPHRAGM 70		

Name	Reference	Notes
WIDE-SEAL DIAPHRAGM 75		
WIDE-SEAL DIAPHRAGM 80		
WIDE-SEAL DIAPHRAGM 85		
WIDE-SEAL DIAPHRAGM 90		
WIDE-SEAL DIAPHRAGM 95		
WOUNDGARD GAUZE		
WOUN'DRES HYDROGEL WOUND DRESS		
XEROFLO GAUZE DRESSING		
XEROFORM PETROLATUM DRESSING		
<i>adhesive bandage-adhes remov#1</i>		
<i>basal thermometer</i>		
<i>basal thermometer, electronic</i>	Soft-Tip Thermometer	
<i>blood glucose contrl hi,normal</i>	Glucocard 01 Hi-Normal Control	
<i>blood glucose control, normal</i>	Fora Normal Control	
<i>blood pressure test kit-medium</i>	inControl BP Monitor	
<i>ear syringe</i>	Child Ear Syringe	
<i>ear thermometer</i>	Instant Ear Thermometer	
<i>elastic bandage</i>		
<i>eye patch</i>	Opticlude Eye Patch	
<i>gauze bandage</i>	Curity Gauze	
<i>humidifiers</i>	Healthmist	
<i>hydrocol dress-adhesive rem#1</i>		
<i>hydrocolloid dressing</i>	DuoDERM Hydroactive	
<i>insulin syringe-needle u-100</i>	Ultra Comfort Insulin Syringe	
<i>insulin syringes (disposable)</i>	Monoject Insulin Syringe	
<i>lancets</i>	Unilet Excelite II Lancet	
<i>needle (disp) 23 gauge</i>	BD Integra Needle	
<i>oral thermometer</i>	Universal Glass Thermometer	
<i>syringe (disposable)</i>	Easy Touch SheathLock Syringe	
<i>syringe with needle</i>	Easy Touch	
<i>thermometer probe covers</i>	Thermometer Covers	
<i>vaporizers</i>	Warm Steam Vaporizer	
Metabolic Modifiers		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type		
<i>calcitriol</i>	Rocaltrol	
<i>doxercalciferol</i>	Hectorol	

Name	Reference	Notes
<i>paricalcitol</i>	Zemplar	
Metabolic Modifier - Carnitine Replenisher Agents		
CARNITOR (SUGAR-FREE)		
<i>levocarnitine</i>	Carnitor	
<i>levocarnitine (with sugar)</i>	Carnitor	
Mouth-Throat-Dental - Preparations		
Dental Product - Fluoride Preparations		
DENTA 5000 PLUS		QL (51 GM per 30 Days)
DENTAGEL		
FLURA-DROPS		
SF		
SF 5000 PLUS		QL (51 GM per 30 Days)
<i>sodium fluoride</i>	Ludent Fluoride	
Mouth And Throat - Antifungals		
<i>clotrimazole</i>		
<i>nystatin</i>		
Mouth And Throat - Antiseptics		
PERIOGARD		
<i>chlorhexidine gluconate</i>	Peridex	
Mouth And Throat - Glucocorticoids		
<i>triamcinolone acetonide</i>	Oralene	
Mouth And Throat - Local Anesthetic Amides		
LIDOCAINE VISCOUS		
<i>lidocaine hcl</i>		
Mouth And Throat - Saliva Stimulants		
<i>pilocarpine hcl</i>	Salagen (pilocarpine)	
Ophthalmic Agents		
Artificial Tears And Lubricant Combinations		
ARTIFICIAL TEARS (PETRO/MIN)		
BION TEARS (PF)		
FOR STY RELIEF		
GENTEAL GEL		
LUBRICANT EYE		
LUBRICANT EYE (CMC-GLYCER)(PF)		QL (4 EA per 1 day)
LUBRICANT EYE (CMC-GLYCERIN)		

Name	Reference	Notes
LUBRICANT EYE (PG-PEG 400)		
LUBRICANT EYE (PG-PEG 400)(PF)		QL (4 EA per 1 Day)
LUBRICANT GEL		
LUBRICATING DROPS		
LUBRICATING RELIEF		
LUBRIFRESH PM		
PURALUBE		
REFRESH CLASSIC (PF)		QL (4 EA per 1 day)
REFRESH LACRI-LUBE		
REFRESH OPTIVE		
REFRESH OPTIVE ADVANCED		
REFRESH OPTIVE ADVANCED (PF)		QL (4 EA per 1 day)
REFRESH OPTIVE SENSITIVE (PF)		QL (4 EA per 1 day)
SYSTANE (PF)		QL (4 EA per 1 Day)
SYSTANE (PROPYLENE GLYCOL)		
SYSTANE GEL		
SYSTANE LIQUID GEL		
SYSTANE ULTRA		
SYSTANE ULTRA (PF)		QL (4 EA per 1 Day)
TEARS NATURALE FREE (PF)		
ULTRA FRESH PM		
ULTRA LUBRICANT EYE		
Artificial Tears And Lubricant Single Agents		
EQ GENTLE		
GENTEAL MILD TO MODERATE		
GENTEAL SEVERE		
LUBRICANT DRY EYE RELIEF		
LUBRICANT EYE (PROPYL GLYCOL)		
LUBRICANT EYE DROPS OPHTHALMIC DROPPERETTE		QL (4 EA per 1 day)
LUBRICANT EYE DROPS OPHTHALMIC DROPS		
LUBRICANT PLUS		QL (4 EA per 1 day)
LUBRICATING PLUS		QL (4 EA per 1 day)
MOISTURIZING LUBRICANT		
PURE AND GENTLE EYE		
REFRESH CELLUVISC		QL (4 EA per 1 Day)
REFRESH LIQUIGEL		

Name	Reference	Notes
REFRESH PLUS		QL (4 EA per 1 day)
REFRESH TEARS		
RESTORE TEARS		
RETAIN CMC		QL (4 EA per 1 day)
REVIVE PLUS		QL (4 EA per 1 day)
SYSTANE BALANCE		
SYSTANE GEL		
THERATEARS OPHTHALMIC DROPPERETTE		
THERATEARS OPHTHALMIC DROPPERETTE, GEL		QL (4 EA per 1 Day)
ULTRA FRESH		
Miotics - Cholinesterase Inhibitors		
PHOSPHOLINE IODIDE		
Miotics - Direct Acting		
<i>pilocarpine hcl</i>	Isopto Carpine	
Ophthalmic - Antibacterial-Glucocorticoid Combinations		
BLEPHAMIDE		
BLEPHAMIDE S.O.P.		
TOBRADEX		
<i>neomycin-polymyxin b-dexameth</i>	Maxitrol	
<i>sulfacetamide-prednisolone</i>		
<i>tobramycin-dexamethasone</i>	TobraDex	
Ophthalmic - Anticholinergics		
CYCLOGYL		
HOMATROPAIRE		
<i>atropine</i>		
<i>cyclopentolate</i>	Cyclogyl	
<i>homatropine hbr</i>	Homatropaire	
Ophthalmic - Antihistamines		
ALAWAY		
CHILDREN'S ALAWAY		
EYE ITCH RELIEF		
ITCHY EYE DROPS		
<i>azelastine</i>		ST
<i>epinastine</i>	Elestat	ST
<i>ketotifen fumarate</i>	Zaditor	
<i>olopatadine</i>	Patanol	ST

Name	Reference	Notes
Ophthalmic - Anti-Inflammatory, Glucocorticoids		
FML FORTE		
FML LIQUIFILM		
FML S.O.P.		
PRED MILD		
<i>dexamethasone sodium phosphate</i>		
<i>fluorometholone</i>	FML Liquifilm	
<i>prednisolone acetate</i>	Omnipred	
<i>prednisolone sodium phosphate</i>		
Ophthalmic - Anti-Inflammatory, Nsaids		
<i>bromfenac</i>		
<i>diclofenac sodium</i>		
<i>ketorolac</i>	Acular	
Ophthalmic - Beta Blockers-Carbonic Anhydrase Inhibitor Combinations		
<i>dorzolamide-timolol</i>	Cosopt	QL (10 ML per 30 DAYS)
Ophthalmic - Carbonic Anhydrase Inhibitors		
AZOPT		QL (10 ML per 30 DAYS)
<i>dorzolamide</i>	Trusopt	
Ophthalmic - Decongestants		
ALTAZINE		
EYE DROPS (TETRAHYDROZOLINE)		
REDNESS RELIEVER EYE DROPS		
<i>tetrahydrozoline</i>	Altazine	
Ophthalmic - Hyperosmolar Agents		
ALTACHLORE		
MURO 128		
<i>sodium chloride</i>	Muro 128	
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-Blockers		
BETOPTIC S		
<i>betaxolol</i>		QL (10 ML per 1 Month)
<i>levobunolol</i>	Betagan	QL (10 ML per 30 DAYS)
<i>metipranolol</i>		QL (5 ML per 15 DAYS)
<i>timolol maleate ophthalmic drops</i>	Timoptic	QL (5 ML per 15 days)
<i>timolol maleate ophthalmic gel forming solution</i>	Timoptic-XE	QL (10 ML per 30 days)

Name	Reference	Notes
Ophthalmic - Mast Cell Stabilizers		
ALOMIDE		ST
<i>cromolyn</i>		
Ophthalmic - Viscoelastic Agents		
AMVISC		
AMVISC PLUS		
Ophthalmic Antibacterial Mixtures		
POLYCIN		
<i>bacitracin-polymyxin b</i>	Polycin	
<i>neomycin-polymyxin-gramicidin</i>	Neosporin (neo-polym-gramicid)	
<i>polymyxin b sulf-trimethoprim</i>	Polytrim	
Ophthalmic Antibiotic - Aminoglycosides		
GENTAK		
TOBREX		
<i>gentamicin</i>		
<i>tobramycin</i>	Tobrex	
Ophthalmic Antibiotic - Fluoroquinolones		
MOXEZA		
VIGAMOX		
<i>ciprofloxacin hcl</i>	Ciloxan	
<i>ofloxacin</i>	Ocuflox	QL (5 ML per 30 DAYS)
Ophthalmic Antibiotic - Macrolides		
<i>erythromycin</i>		
Ophthalmic Antibiotic - Sulfonamides		
BLEPH-10		
<i>sulfacetamide sodium</i>		
Ophthalmic Antivirals		
<i>trifluridine</i>	Viroptic	
Ophthalmic Others		
RETAINÉ MGD (PF)		QL (4 EA per 1 day)
SOOTHE XP		
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists		
IOPIDINE		QL (24 ml per 1 Month)

Name	Reference	Notes
<i>apraclonidine</i>	Iopidine	QL (5 ML per 15 DAYS)
<i>brimonidine</i>		
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs		
LUMIGAN		QL (2.5 ML per 30 Days); AL (Min 55 Years)
TRAVATAN Z		
<i>latanoprost</i>	Xalatan	
Otic		
Otic - Anti-Infective Mixtures		
<i>acetic acid-aluminum acetate</i>		
Otic - Anti-Infective-Glucocorticoid Combinations		
CIPRODEX		
<i>neomycin-polymyxin-hc</i>		
Otic - Anti-Infectives Other		
<i>acetic acid</i>		
Otic - Fluoroquinolones		
<i>ciprofloxacin hcl</i>	Cetraxal	QL (14 EA per 1 Rx)
<i>ofloxacin</i>	Floxin	
Otic - Glucocorticoids		
ACETASOL HC		
<i>hydrocortisone-acetic acid</i>	Acetasol HC	
Respiratory Therapy Agents		
1st Generation Antihistamine-Decongestant Combinations		
12 HOUR RELIEF		AL (Min 4 Years)
ALA-HIST PE		
AMBI 10PEH-4CPM		AL (Min 3 Years)
AMBI 60PSE-4CPM		AL (Min 3 Years)
APRODINE		AL (Min 3 Years)
BROHIST D		AL (Min 3 Years)
BROTAPP		AL (Min 3 Years)
CENTERGY		
CONEX ORAL SOLUTION		
CONEX ORAL TABLET		AL (Min 3 Years)
DIMAPHEN (PE)		AL (Min 3 Years)
DIMETAPP COLD-CONGESTION		AL (Min 3 Years)

Name	Reference	Notes
ED A-HIST		AL (Min 3 Years)
ED A-HIST PSE		AL (Min 3 Years)
ED CHLORPED D		
HIST-PSE		
LODRANE D		
LOHIST - D		AL (Min 3 Years)
LORTUSS LQ		
PHENAGIL		
PROMETHAZINE VC		
RESCON		
RITIFED		AL (Min 3 Years)
RYMED (DEXCHLORPHENIRAMINE-PE)		
RYNEX PE		AL (Min 3 Years)
RYNEX PSE		AL (Min 3 Years)
STAHIST AD		
SUDOGEST COLD AND ALLERGY		AL (Min 3 Years)
SUDOGEST SINUS AND ALLERGY		AL (Min 3 Years)
TRIAMINIC COLD- ALLERGY PE		AL (Min 3 Years)
TRIAMINIC COLD AND COUGHNT(PE)		AL (Min 3 Years)
VAZOBID-PD		
<i>diphenhydramine-phenylephrine</i>		AL (Min 3 Years)
1St Generation Antihistamine-Decongestant-Analgesic, Non-Salicylate		
CONTAC COLD-FLU DAY AND NIGHT		AL (Min 3 Years)
CONTAC COLD-FLU MAX STRENGTH		AL (Min 3 Years)
DRISTAN COLD		AL (Min 3 Years)
MEDICIDIN-D		AL (Min 3 Years)
NON-ASPIRIN ALLERGY SINUS		AL (Min 3 Years)
NOREL AD		
SINUTROL PE		AL (Min 3 Years)
THERAFLU COLD-SORE THROAT (PE)		
THERAFLU SINUS AND COLD		
Antihistamine - 1St Generation - Alkylamines		
ALLER-CHLOR		
ALLERGY (CHLORPHENIRAMINE)		
ALLERGY RELIEF(CHLORPHENIRAMN)		
ALLERGY-TIME		

Name	Reference	Notes
ED CHLORPED JR		
ED-CHLORTAN		
<i>chlorpheniramine maleate</i>	ChlorTabs	
Antihistamine - 1St Generation - Ethanolamines		
ALLERGY MEDICATION		
ALLERGY MEDICINE		
ALLERGY RELIEF(DIPHENHYDRAMIN)		
BANOPHEN		
BANOPHEN ALLERGY		
BENADRYL ALLERGY		
COMPLETE ALLERGY MEDICINE		
DIPHENHIST		
Q-DRYL		
SILADRYL SA		
SILPHEN COUGH		
<i>diphenhydramine hcl</i>	Diphedryl Allergy	
Antihistamine - 1St Generation - Phenothiazines		
PHENADOZ		QL (6 EA per 1 Month)
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG		QL (6 EA per 1 Month)
PROMETHEGAN RECTAL SUPPOSITORY 50 MG		QL (3 EA per 1 Month)
<i>promethazine</i>	Phenadoz	QL (6 EA per 1 Month)
Antihistamine - 1St Generation - Piperidines		
<i>cyproheptadine</i>		
Antihistamines - 1St Generation		
ALLER-CHLOR		
ALLERGY (CHLORPHENIRAMINE)		
ALLERGY MEDICATION		
ALLERGY MEDICINE		
ALLERGY RELIEF(CHLORPHENIRAMN)		
ALLERGY RELIEF(DIPHENHYDRAMIN)		
ALLERGY-TIME		
BANOPHEN		
BANOPHEN ALLERGY		
BENADRYL ALLERGY		

Name	Reference	Notes
COMPLETE ALLERGY MEDICINE		
DIPHENHIST		
ED CHLORPED JR		
ED-CHLORTAN		
PHENADOZ		QL (6 EA per 1 Month)
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG		QL (6 EA per 1 Month)
PROMETHEGAN RECTAL SUPPOSITORY 50 MG		QL (3 EA per 1 Month)
Q-DRYL		
SILADRYL SA		
SILPHEN COUGH		
ZZZQUIL		
<i>chlorpheniramine maleate</i>	ChlorTabs	
<i>cyproheptadine</i>		
<i>diphenhydramine hcl</i>	Diphedryl Allergy	
<i>promethazine</i>	Phenadoz	QL (6 EA per 1 Month)
Antihistamines - 2Nd Generation		
ALL DAY ALLERGY (CETIRIZINE)		
ALLEGRA ALLERGY		ST
ALLERGY RELIEF (LORATADINE)		
CHILD ALLERGY RELF(CETIRIZINE)		
CHILDREN'S ALLERGY COMPLETE		
CHILDREN'S ALLERGY(CETIRIZINE)		
CHILDREN'S ALLER-TEC		
CHILDREN'S CETIRIZINE		
CHILDREN'S WAL-ZYR		
CHILD'S ALL DAY ALLERGY(CETIR)		
LORADAMED		
NON-DROWSY ALLERGY		
WAL-ZYR (CETIRIZINE) ORAL SOLUTION		
<i>all day allergy relief(cetir)</i>		
<i>allergy relief (cetirizine)</i>		
<i>aller-tec</i>		
<i>cetirizine</i>	24Hour Allergy	
<i>fexofenadine</i>	Aller-ease	
<i>levocetirizine</i>	Xyzal	
<i>loratadine</i>	Allergy Relief (loratadine)	
<i>wal-zyr (cetirizine) oral tablet</i>		

Name	Reference	Notes
Antihistamines - 2Nd Generation - Piperazines		
ALL DAY ALLERGY (CETIRIZINE)		
CHILD ALLERGY RELF(CETIRIZINE)		
CHILDREN'S ALLERGY COMPLETE		
CHILDREN'S ALLERGY(CETIRIZINE)		
CHILDREN'S ALLER-TEC		
CHILDREN'S CETIRIZINE		
CHILDREN'S WAL-ZYR		
CHILD'S ALL DAY ALLERGY(CETIR)		
WAL-ZYR (CETIRIZINE) ORAL SOLUTION		
<i>all day allergy relief(cetir)</i>		
<i>allergy relief (cetirizine)</i>		
<i>aller-tec</i>		
<i>cetirizine</i>	24Hour Allergy	
<i>levocetirizine</i>	Xyzal	
<i>wal-zyr (cetirizine) oral tablet</i>		
Antihistamines - 2Nd Generation - Piperidines		
ALLEGRA ALLERGY		ST
ALLERGY RELIEF (LORATADINE)		
LORADAMED		
NON-DROWSY ALLERGY		
<i>fexofenadine</i>	Aller-ease	
<i>loratadine</i>	Allergy Relief (loratadine)	
Antitussives - Nonnarcotic		
<i>benzonatate</i>		
Asthma Therapy - Alpha/Beta Adrenergic Agents		
<i>epinephrine</i>		
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids)		
AEROSPAN		QL (1 UNIT per 30 days)
ALVESCO		QL (1 inhaler per 30 Days)
ARNUITY ELLIPTA		QL (1 UNIT per 30 days)
ASMANEX HFA		QL (1 EA per 1 Month)
ASMANEX TWISTHALER		QL (1 EA per 1 Month)
FLOVENT DISKUS		QL (60 EA per 30 DAYS)

Name	Reference	Notes
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION		QL (12 GM per 30 DAYS)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION		
PULMICORT FLEXHALER		QL (1 EA per 1 month)
QVAR		QL (8.7 GM per 30 days)
Asthma Therapy - Leukotriene Receptor Antagonists		
<i>montelukast</i>	Singulair	
<i>zafirlukast</i>	Accolate	ST
Asthma Therapy - Mast Cell Stabilizers		
<i>cromolyn</i>		
Asthma Therapy - Xanthines		
ELIXOPHYLLIN		
THEO-24		
THEOCHRON		
<i>aminophylline</i>		
<i>theophylline</i>	Theochron	
Asthma/Copd - Anticholinergic Agents, Inhaled Long Acting		
INCRUSE ELLIPTA		QL (1 UNIT per 30 days); AL (Min 18 Years)
SPIRIVA RESPIMAT		QL (1 UNIT per 30 days); AL (Min 12 Years)
SPIRIVA WITH HANDIHALER		
TUDORZA PRESSAIR		QL (1 EA per 30 days); AL (Min 18 Years)
Asthma/Copd - Anticholinergic Agents, Inhaled Short Acting		
ATROVENT HFA		QL (25.8 GM per 30 DAYS)
<i>ipratropium bromide</i>		QL (20 ML per 1 day)
Asthma/Copd - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting		
STRIVERDI RESPIMAT		QL (1 UNIT per 30 days); AL (Min 18 Years)
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting		
PROAIR RESPICLICK		QL (2 UNITS per 1 Month)
VENTOLIN HFA		QL (18 GM per 15 days)

Name	Reference	Notes
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml</i>		
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)</i>		QL (225 ML per 25 DAYs)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>		QL (40 EA per 25 DAYs)
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>		QL (40 ML per 25 DAYs)
Asthma/Copd Therapy - Beta Adrenergic Agents		
<i>albuterol sulfate</i>		
<i>metaproterenol</i>		
<i>terbutaline</i>		
Asthma/Copd Therapy - Beta Adrenergic-Anticholinergic Combinations		
ANORO ELLIPTA		QL (1 UNIT per 30 days); AL (Min 18 Years)
COMBIVENT RESPIMAT		QL (4 GM per 20 days)
STIOLTO RESPIMAT		QL (4 GM per 1 FILL); AL (Min 18 Years)
<i>ipratropium-albuterol</i>		
Asthma/Copd Therapy - Beta Adrenergic-Glucocorticoid Combinations		
DULERA		ST; QL (13 GM per 30 days)
SYMBICORT		ST; QL (10.2 GM per 30 days)
Decongestant-Analgesic, Non-Salicylate Combinations		
MAX STR NON-DROWSY SINUS		AL (Min 3 Years)
Decongestant-Analgesic, Non-Salicylate-Expectorant Combinations		
CCP CAFFEINE FREE		AL (Min 3 Years)
MUCINEX FAST-MAX COLD-SINUS		AL (Min 3 Years)
Decongestant-Expectorant Combinations		
CHILD MUCINEX STUFFY NOSE-COLD		AL (Min 4 Years)
CONGEST-EZE PE		AL (Min 3 Years)
ED BRON GP		AL (Min 4 Years)
FENESIN PE IR		AL (Min 3 Years)
LIQUIBID D-R		AL (Min 3 Years)

Name	Reference	Notes
MAXIPHEN		AL (Min 3 Years)
MUCUS RELIEF SINUS		AL (Min 3 Years)
PRIMATENE ASTHMA		AL (Min 3 Years)
REFENESEN PE		AL (Min 3 Years)
RESCON-GG		AL (Min 4 Years)
SUPRESS-PE		
TRIAMINIC CHEST-NASAL CONGEST		AL (Min 4 Years)
Expectorants - Single Agents, General		
ALLFEN		AL (Min 3 Years)
CHILD MUCUS RELIEF EXPECTORANT		AL (Min 3 Years)
COUGH SYRUP		AL (Min 3 Years)
COUGHTAB 400		AL (Min 3 Years)
DIABETIC SILTUSSIN DAS-NA		AL (Min 3 Years)
DIABETIC TUSSIN EX		AL (Min 3 Years)
EXPECTORANT		AL (Min 3 Years)
FENESIN IR		AL (Min 3 Years)
GERI-TUSSIN		AL (Min 3 Years)
G-FENESIN		AL (Min 3 Years)
LIQUITUSS GG		AL (Min 3 Years)
MUCINEX		AL (Min 3 Years)
MUCINEX MINI-MELTS		AL (Min 3 Years)
MUCOSA		AL (Min 3 Years)
MUCUS RELIEF		AL (Min 3 Years)
MUCUS RELIEF ER		AL (Min 3 Years)
ORGAN-I NR		AL (Min 3 Years)
Q-TUSSIN		AL (Min 3 Years)
REFENESEN		AL (Min 3 Years)
RI-TUSSIN		AL (Min 3 Years)
ROBAFEN		AL (Min 3 Years)
SCOT-TUSSIN EXPECTORANT		AL (Min 3 Years)
SILTUSSIN SA		AL (Min 3 Years)
<i>guaifenesin</i>	Tussin Mucus-Chest Congestion	AL (Min 3 Years)
Narcotic Antitussive-1St Gen. Antihistamine-Decongestant Combinations		
PHENYLHISTINE DH LIQUID (OTC)		AL (Min 18 Years)
PHENYLHISTINE DH LIQUID (OTC)		QL (30 ML per 1 day); AL (Min 18 Years)

Name	Reference	Notes
PHENYLHISTINE DH ORAL LIQUID 2-30-10 MG/5 ML		QL (30 ML per 1 day); AL (Min 18 Years)
PROMETHAZINE VC-CODEINE		QL (30 ML per 1 day); AL (Min 18 Years)
<i>promethazine-phenyleph-codeine</i>	Promethazine VC-Codeine	QL (30 ML per 1 day); AL (Min 18 Years)
Narcotic Antitussive-1st Generation Antihistamine Combinations		
<i>promethazine-codeine</i>		QL (240 ML per 1 Fill); AL (Min 18 Years)
Narcotic Antitussive-Expectorant Combinations		
CHERATUSSIN AC		AL (Min 18 Years)
GUAIFENESIN AC		QL (240 ML per 90 days); AL (Min 18 Years)
VIRTUSSIN AC		AL (Min 18 Years)
<i>codeine-guaifenesin</i>	G Tussin AC	QL (240 ML per 90 days); AL (Min 18 Years)
Nasal Anticholinergics		
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>		QL (1 UNIT per 1 Month)
<i>ipratropium bromide nasal spray,non-aerosol 0.06 %</i>		
Nasal Corticosteroids		
NASACORT		
RHINOCORT ALLERGY		
<i>flunisolide</i>		QL (25 ML per 25 DAYs)
<i>fluticasone</i>	Flonase Allergy Relief	QL (16 GM per 30 DAYs)
Nasal Moisturizers		
ALTAMIST		
AYR SALINE		
BABY AYR SALINE		
DEEP SEA NASAL		
NASAL SPRAY (SODIUM CHLORIDE)		
OCEAN NASAL		
SALINE MIST		
SALINE NASAL		
SALINE NOSE		
SEA SOFT NASAL MIST		

Name	Reference	Notes
Non-Narc Antitussive-1st Gen. Antihistamine-Decongestant Combinations		
CARBAPHEN CH		
TREXBROM		
<i>dexchlorphen-pse-chlophedianol</i>	Vanacof	
Non-Narcotic Antitussive-Antihistamine Combinations		
<i>promethazine-dm</i>		
Non-Narcotic Antitussive-Decongestant-Expectorant Combinations		
CERTUSS-D		
<i>phenylephrine-chlophedianol-gg</i>		
<i>pseudoephed-chlophedianol-gg</i>		
Systemic Sympathomimetic Decongestants		
12 HOUR DECONGESTANT		AL (Min 4 Years)
CHILDREN'S SILFEDRINE		AL (Min 3 Years)
CHILDREN'S SUDAFED		AL (Min 3 Years)
CHILDREN'S SUDAFED PE NASAL		AL (Min 3 Years)
LONG ACTING NASAL DECONG (PSE)		AL (Min 4 Years)
NASAL DECONGESTANT (PE)		AL (Min 3 Years)
NASAL DECONGESTANT (PSEUDOEPH)		AL (Min 3 Years)
NEXAFED		AL (Min 3 Years)
SINUS 12 HOUR		AL (Min 4 Years)
SINUS DECONGESTANT (PE)		AL (Min 3 Years)
SUDOGEST		AL (Min 3 Years)
SUDOGEST 12-HOUR		AL (Min 4 Years)
SUDOGEST PE		AL (Min 3 Years)
SUPHEDRIN 12 HOUR		AL (Min 4 Years)
SUPHEDRINE		AL (Min 3 Years)
SUPHEDRINE 12 HOUR		AL (Min 4 Years)
WAL-PHED 12 HOUR		AL (Min 4 Years)
<i>pseudoephedrine hcl</i>	Suphedrine 12 Hour	AL (Min 3 Years)
Vaginal Products		
Vaginal Antibacterial - Lincosamides		
CLINDESSE		
<i>clindamycin phosphate</i>	Cleocin	

Name	Reference	Notes
Vaginal Antifungal - Imidazoles		
CLOTRIMAZOLE 3 DAY		
MICONAZOLE 7		
MICONAZOLE-3		
VAGISTAT-3		
<i>clotrimazole</i>	Clotrimazole-7	
<i>miconazole nitrate</i>	Miconazole 7	
Vaginal Antifungal - Triazoles		
<i>terconazole</i>	Terazol 7	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives		
<i>metronidazole</i>	Vandazole	
Vaginal Estrogens		
ESTRACE		
PREMARIN		
YUVAFEM		

Medical Benefit

Name	Reference	Notes
ABRAXANE		
ADD-A-FOLEY CATH-MONO-FLO DRNG		
ADD-A-FOLEY CATH-PRE-FILL SYRN		
ADD-A-FOLEY TRAY		
ADVANCE PLUS INTERMITTENT		
ADVOCATE CONTROL SOLUTION HIGH		
ALIMTA		
ARGYLE TROCAR		
ARISTOSPAN INTRA-ARTICULAR		
ARISTOSPAN INTRALESIONAL		
ATIVAN		
BARDEX ALL-SILICONE FOLEY CATH		
BICILLIN C-R		
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML		QL (2 ML per 30 DAYS)
BICILLIN L-A INTRAMUSCULAR SYRINGE 2,400,000 UNIT/4 ML		QL (4 ML per 30 DAYS)
BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML		QL (1 ML per 30 DAYS)
BREVITAL		
CATHFLO ACTIVASE		
CLAFORAN		
CLOLAR		
CURITY DETECTABLE LAP		
CURITY DISP LAP SPONGE POUCH		
CURITY DISP LAP SPONGE TRAY		
CURITY UNIVERSAL - NO DRAINAGE		
CURITY URETH CATH CLOSED SYSTM		
CURITY URETH CATH OPEN SYSTEM		
CURITY URETHRAL CATHETER		
DAVOL C.S. FOLEY CATHETER TRAY		
DAVOL COMPLETE FOLEY		
DAVOL FOLEY CATH INSERT TRAY		
DAVOL SILICONE FOLEY CATHETER		
DAVOL UNIVERSAL CATH TRAY		
DAVOL URETHRAL CATHETER TRAY		
DAVOL URETHRAL CATHTRAY (W/O)		
DEMEROL (PF)		

Name	Reference	Notes
DEPOCYT (PF)		
DEPO-ESTRADIOL		
DEPO-MEDROL		
DIPRIVAN		
DOVER CATHETER		
DOVER FOLEY CATHETER		
DOVER LATEX FOLEY CATHETER		
DOVER RED RUBBER ROBINSON CATH		
DOVER TEXAS MALE EXTERNAL CATH		
ERBITUX		
FASLODEX		
FEMALE CATHETER		
FOLEY CATHETER		
FOLEY CATHETER TRAY		
FORTAZ		
FORTAZ IN DEXTROSE 5 %		
GARDASIL (PF)		AL (Min 19 Years and Max 26 Years)
GIZMO		
HEP FLUSH-10 (PF)		
HYPERRHO S/D		AL (Min 19 Years)
INCARE INVIEW CATHETER		
INFUVITE PEDIATRIC		AL (Max 7 Years)
KENLINE ADD-A-FOLEY TRAY 30CC		
M.V.I. PEDIATRIC		
MARCAINE		
MARCAINE-EPINEPHRINE		
MINOCIN		
MIRENA		
NESACAINE		
NESACAINE-MPF		
NEXT CHOICE ONE DOSE		QL (1 EA per 1 day)
OPANA		
OSMITROL 15 %		
PARAGARD T 380A		
PHOTOFRIN		
PITOCIN		
POLOCAINE		

Name	Reference	Notes
POLOCAINE-MPF		
PRECISION 200 CATHETER TRAY		
PROGESTERONE IN OIL		
PROLEUKIN		
PROTASCINT		
PROVISC		
QUELICIN		
RETRACTED PENIS POUCH		
ROBINSON CLEAR VINYL CATHETER		
ROB-NEL URETHRAL CATHETER		
SAFELET IV CATHETER		
SEA-CLENS WOUND CLEANSER		
SELF-CATH		
SELF-CATH 10"		
SELF-CATHETER, FEMALE		
SENSORCAINE		
SENSORCAINE/EPINEPHRINE		
SENSORCAINE-MPF		
SENSORCAINE-MPF/EPINEPHRINE		
SOLU-MEDROL		
TAZICEF		
TOPOSAR		
TOUCH-TROL		
TRISENOX		
URO-SAN PLUS		
VALSTAR		
VELCADE		
VIDAZA		
VINYL CATHETER		
XYLOCAINE-MPF/EPINEPHRINE		
ZANOSAR		
ZOLADEX		
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML		
<i>acetylcysteine</i>		
<i>amifostine crystalline</i>	Ethyol	
<i>amphotericin b</i>		
<i>ampicillin sodium</i>		

Name	Reference	Notes
<i>ampicillin-sulbactam</i>	Unasyn	
<i>atropine</i>		
<i>aztreonam</i>	Azactam	
<i>bleomycin</i>	Bleo 15K	
<i>bupivacaine</i>	Marcaine	
<i>bupivacaine (pf)</i>	Sensorcaine-MPF	
<i>bupivacaine-epinephrine</i>	Sensorcaine/Epinephrine	
<i>bupivacaine-epinephrine (pf)</i>	Sensorcaine-MPF/Epinephrine	
<i>butorphanol tartrate</i>		
<i>calcium chloride</i>		
<i>carboplatin</i>		
<i>cefazolin</i>		
<i>cefazolin in dextrose (iso-os)</i>		
<i>cefepime</i>	Maxipime	
<i>cefotaxime</i>		
<i>cefotetan</i>	Cefotan	
<i>cefoxitin</i>		
<i>ceftazidime</i>	Fortaz	
<i>ceftriaxone</i>		
<i>ceftriaxone in dextrose,iso-os</i>		
<i>cefuroxime sodium</i>	Zinacef	
<i>chlophedianol-guaifenesin</i>		
<i>cisplatin</i>		
<i>cladribine</i>		
<i>clindamycin phosphate</i>	Cleocin	
<i>cyclophosphamide intravenous</i>		
<i>cytarabine</i>		
<i>cytarabine (pf)</i>		
<i>d10 %-0.45 % sodium chloride</i>		
<i>d2.5 %-0.45 % sodium chloride</i>		
<i>d5 % and 0.9 % sodium chloride</i>		
<i>d5 %-0.45 % sodium chloride</i>		
<i>dacarbazine</i>		
<i>daunorubicin</i>		
<i>deferoxamine</i>	Desferal	
<i>dexamethasone sodium phos (pf)</i>		
<i>dextrose 10 % and 0.2 % nacl</i>		
<i>dextrose 10 % in water (d10w)</i>		

Name	Reference	Notes
<i>dextrose 5 % in water (d5w)</i>		
<i>dextrose 5 %-lactated ringers</i>		
<i>dextrose 5%-0.2 % sod chloride</i>		
<i>dextrose 5%-0.3 % sod.chloride</i>		
<i>dextrose 50 % in water (d50w)</i>		
<i>dextrose 70 % in water (d70w)</i>		
<i>dimenhydrinate</i>		
<i>dobutamine</i>		
<i>dobutamine in d5w</i>		
<i>dopamine</i>		
<i>doxapram</i>	Dopram	
<i>doxorubicin</i>	Adriamycin	
<i>droperidol</i>		
<i>ephedrine sulfate</i>		
<i>epirubicin</i>	Ellence	
<i>etomidate</i>	Amidate	
<i>etoposide</i>	Toposar	
<i>external catheter, male</i>		
<i>floxuridine</i>		
<i>ganciclovir sodium</i>	Cytovene	
<i>gemcitabine</i>	Gemzar	
<i>gentamicin sulfate (ped) (pf)</i>		
<i>heparin (porcine)</i>		
<i>heparin flush(porcine)-0.9nacl</i>		
<i>heparin lock flush (porcine)</i>		
<i>idarubicin</i>	Idamycin PFS	
<i>ifosfamide</i>	Ifex	
<i>ifosfamide-mesna</i>		
<i>ketamine</i>	Ketalar	
<i>ketorolac</i>		
<i>lactated ringers</i>		
<i>lidocaine hcl</i>	Xylocaine	
<i>lidocaine-epinephrine</i>	Xylocaine-Epinephrine	
<i>lorazepam</i>	Ativan	
<i>magnesium chloride</i>		
<i>magnesium sulfate</i>		
<i>magnesium sulfate in d5w</i>		
<i>magnesium sulfate in water</i>		

Name	Reference	Notes
<i>mannitol 10 %</i>	Osmitrol 10 %	
<i>mannitol 20 %</i>	Osmitrol 20 %	
<i>mannitol 5 %</i>	Osmitrol 5 %	
<i>melphalan hcl</i>	Alkeran	
<i>meperidine</i>		
<i>meperidine (pf)</i>	Demerol (PF)	
<i>mesna</i>	Mesnex	
<i>methylergonovine</i>		
<i>methylprednisolone acetate</i>	Depo-Medrol	
<i>methylprednisolone sodium succ</i>	Solu-Medrol	
<i>metoclopramide hcl</i>		
<i>midazolam</i>		
<i>mitomycin</i>		
<i>mitoxantrone</i>		
<i>morphine injection</i>		
<i>nafcillin</i>		
<i>nafcillin in dextrose iso-osm</i>		
<i>oxacillin in dextrose(iso-osm)</i>		
<i>oxaliplatin</i>		
<i>oxytocin</i>	Pitocin	
<i>paclitaxel</i>		
<i>pamidronate</i>		
<i>penicillin g pot in dextrose</i>		
<i>penicillin g procaine</i>		
<i>penicillin g sodium</i>		
<i>phenobarbital sodium</i>		
<i>phenylephrine hcl</i>	Vazculep	
<i>physostigmine salicylate</i>		
<i>phytonadione (vitamin k1)</i>		
<i>piperacillin-tazobactam</i>	Zosyn	
<i>potassium chlorid-d5-0.45%nacl</i>		
<i>potassium chloride</i>		
<i>potassium chloride in 5 % dex</i>		
<i>potassium phosphate m-/d-basic</i>		
<i>progesterone</i>	Progesterone in Oil	
<i>proparacaine</i>		
<i>propofol</i>	Diprivan	
<i>protamine</i>		

Name	Reference	Notes
<i>rocuronium</i>		
<i>sodium bicarbonate</i>		
<i>sodium chloride</i>		
<i>sodium chloride 0.9 %</i>		
<i>streptomycin</i>		
<i>tobramycin sulfate</i>		
<i>topotecan</i>	Hycamtin	
<i>vancomycin</i>		
<i>vasopressin</i>		
<i>vecuronium bromide</i>		
<i>vinorelbine</i>	Navelbine	

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TAR* CRITERIA

***Treatment Authorization Request, also referred to as Prior Authorization Request (TAR = PAR = PA, all synonymous at PHC)**

The Prior Authorization section for *non*-formulary drugs is *not* included in the Formulary. Please refer to the separate TAR (PA) Criteria document on the PHC website called [TAR Criteria Table](#) or PHC's [formulary search tool](#).

Note that additional formulary status information including specific Step Edit requirements, Quantity limits, Code 1 and other restriction details, as well as TAR Criteria, are available through PHC's online [formulary search tool](#).