



MEDI-CAL / HEALTHY KIDS

Formulary 2016

Pharmacy TAR Submission

Providers submitting POS claims through MedImpact:

PHC *Medi-Cal* PARx Online TAR: <https://parx.partnershipphp.org>

PHC *Healthy Kids* TAR: [HK PA Form No. 61-211](#)

FAX for HK PA or if PARx is unavailable: (707) 419-7900

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](#), [PHC Healthy Kids PA 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 & Healthy Kids 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 PHC Healthy Kids 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 two lines of business, Medi-Cal and Healthy Kids. 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; the Healthy Kids plan follows the same formulary, with some exceptions, as noted within this document.

ABOUT THE 2016 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 2016 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 dept 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. Healthy Kids prior authorizations are exempt from the deferral process, and require a final determination (approved or denied) based on the information submitted.

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 & Healthy Kids plans 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 days 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.**

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.

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.

HK: Healthy Kids, PHC's low-cost commercial line of business for children in Solano County. This is a locally developed insurance program, administered by PHC. Available for purchase by low-income families for children up to age 19, who do not qualify for free cost Medi-Cal. Excluded from benefits: most OTC's and treatment of chronic CCS eligible conditions (carved out to State/CCS).

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' AWP's. 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. OTC coverage is generally not a covered benefit for Healthy Kids, but exceptions have been made as noted in the OTC section. 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 (applies to Healthy Kids)
- 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-DayEmergencyFills:

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 & Healthy Kids prior authorization forms are available online: [Printable PHC TAR Forms for Medi-Cal members](#) or by calling PHC pharmacy services dept. Healthy Kids requests must use the [HK printed/faxed TAR form](#); PARx is not available for Healthy Kids requests.
- 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)

Diphtheria, Pertussis & Tetanus

Adacel TDAP
Daptacel
Infanrix

Hepatitis A

Havrix
Twinrix
Vaqta

Hepatitis B

Twinrix
Engerix-
Badult
Engerix-B pediatric-Adolescent
Recombivax
Recombivax HB

HPV

Cervarix
Gardasil
Gardasil 9

Immune Globulin vaccines

HyperHEP B S/D (Hepatitis B Immune Globulin)
GamaSTAN S/D (Immune Globulin)
Gamunex
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

Influenza

Afluria 2015-2016
Flucelvax
Fluvirin 2015-2016
Fluarix quad 2015-2016
Flublok 2015-2016
Flulaval quad 2015-2016
Flumist
Fluzone 2015-2016
Fluzone Quad 2015-2016

Measles/Mumps/Rubella

MMR II (Measles, mumps & Rubella)

Meningococcal

Bexsero
Menactra
Menomune
Trumenba

Pneumococcal

Pneumovax 23
Prenar

Poliomyelitis vaccine

IPOL

Rabies

Rabavert

Tetanus/Diphtheria (Td)

Tenivac
Tetanus Diphtheria Toxoids
Decavac (Replaced by Tenivac)

Tetanus Toxoid

Tetanus Toxoid Adsorbed

Zoster vaccine, live ("shingles")

Zostavax**age>60

Varicella

Varivax vaccine
Varizig, post exposure/high risk

PARTNERSHIP HEALTH PLAN BENEFIT EXCLUSIONS

BENEFIT EXCLUSIONS FOR MC, HK: The following categories are not included in PHC's Pharmacy Drug Benefit for Medi-Cal (MC) and Healthy Kids (HK) 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)
- Avanafil (Stendra)
- Chorionic Gonadotropin, Human (Pregnyl, Novarel)
- Clomiphene Citrate (Clomid)
- Flollitropin Alfa (Follistim AQ)
- HCG (Ovidrel)
- Menotropins (Menopur)
- Sildenafil 25,50,100mg (Viagra)
- Tadalafil (Cialis)
- Urofollitropin (Bravelle)
- Vardenafil (Levitra, Staxyn)
- 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)
- Finasteride (Propecia)
- Hydroquinone (Epiquin, Tri-Luma)
- Minoxidil, topical (Rogaine)
- Tretinoin micro (Renova)
- 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)
- Probiotics (acidophilus)
- Coenzyme Q
- Fish oil
- Certain vitamin combinations, as listed in State OIL# 180-14, with the exception of those remaining on PHC formulary for dialysis patients.
- Glucosamine/chondroitin
- MSM
- SAM-e
- Melatonin

BENEFIT EXCLUSIONS FOR HK: The following are not included in the PHC Pharmacy Drug Benefit for Healthy Kids (HK) line of business.

OVER-THE-COUNTER PRODUCTS

In general, Healthy Kids coverage is limited to federal legend prescription products only. Except when noted otherwise, over-the-counter (OTC) products are not a covered benefit for Healthy Kids members. See OTC section (page 63) & DME section (pg 68) for the noted exceptions.

PARTNERSHIP HEALTHPLAN BENEFIT EXCLUSIONS

BENEFIT EXCLUSIONS FOR MC (Medi-Cal) ONLY: 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. Note: claims & TARs for the drugs on this page are submitted to PHC only for Healthy Kids members; claims and TARs for PHC MEDI-CAL members must be submitted to State Medi-Cal.

ANTIRETROVIRAL Carve-Out Drugs (drugs new to the list are shown in bold)

- | | |
|--|--|
| • Abacavir/Lamivudine | • Enfuvirtide |
| • Abacavir Sulfate | • Etravirine |
| • Abacavir Sulfate/Dolutegravir/
Lamivudine (Triumeq) | • Fosamprenavir Calcium |
| • Atazanavir/Cobicistat (Evotaz) | • Indinavir Sulfate |
| • Atazanavir Sulfate | • Lamivudine |
| • Cobicistat (Tybost) | • Lopinavir/Ritonavir |
| • Darunavir/Cobicistat (Prezcobix) | • Maraviroc |
| • Darunavir Ethanolate | • Nelfinavir Mesylate |
| • Delavirdine Mesylate | • Nevirapine |
| • Dolutegravir (Tivicay) | • Raltegravir Potassium |
| • Efavirenz | • Rilpivirine Hydrochloride |
| • Efavirenz/Emtricitabine/Tenofovir
Disoproxil Fumarate | • Ritonavir |
| • Elvitegravir (Vitekta) | • Saquinavir |
| • Elvitegravir/Cobicistat/Emtricitabine
Tenofovir Disoproxil Fumarate
(Stribild) | • Saquinavir Mesylate |
| • Emtricitabine | • Stavudine |
| • Emtricitabine/Rilpivirine/Tenofovir
Alafenamide (Odefsey) | • Tenofovir Disoproxil-
Emtricitabine |
| • Emtricitabine/Rilpivirine/Tenofovir
Disoproxil Fumarate (Complera) | • Tenofovir Disoproxil
Fumarate |
| • Emtricitabine/Tenofovir
Alafenamide (Descovy) | • Tipranavir |
| | • Zidovudine/Lamivudine |
| | • Zidovudine/Lamivudine/
Abacavir Sulfate |

DETOX/DEPENDENCY Carve-Out Drugs

- Acamprosate Calcium
- Buprenorphine HCl
- Buprenorphine/Naloxone HCl
- Buprenorphine Transdermal Patch *
- Naloxone HCl (oral and injectable)
- Naltrexone (oral and injectable)
- Naltrexone Microsphere Injectable Suspension
- **Buprenorphine Implant (Probuphine)**

PARTNERSHIP HEALTHPLAN BENEFIT EXCLUSIONS

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

PSYCHIATRIC Carve-Out Drugs (drugs new to the list are shown in bold)

- Amantadine HCl
- Aripiprazole
- Asenapine (Saphris)
- Benztropine Mesylate
- **Brexiprazole (Rexulti)**
- **Cariprazine**
- Chlorpromazine HCl
- Clozapine
- Fluphenazine Decanoate
- Fluphenazine HCl
- Haloperidol
- Haloperidol Decanoate
- Haloperidol Lactate
- Iloperidone (Fanapt)
- Isocarboxazid
- Lithium Carbonate
- Lithium Citrate
- Loxapine Succinate
- Lurasidone Hydrochloride
- Molindone HCl
- Olanzapine
- Olanzapine Pamoate Monohydrate (Zyprexa Relprevv)
- Paliperidone (Invega)
- Paliperidone Palmitate (Invega Sustenna)
- Perphenazine
- Phenelzine Sulfate
- **Pimavanserin (Nuplazid)**
- Pimozide
- Quetiapine
- Risperidone
- Risperidone Microspheres
- Selegiline (transdermal only)
- Thioridazine HCl
- Thiothixene
- Thiothixene HCl
- Trancylpromine Sulfate
- Trifluoperazine HCl
- Trihexyphenidyl
- Ziprasidone
- Ziprasidone Mesylate

BLOOD/COAGULATION FACTOR Carve-Out Drugs

- Factor VIIa (antihemophilic factor, recombinant)
- Factor XIII (antihemophilic factor, human)
- Factor VIII (antihemophilic factor, recombinant) (Xyntha)
- **Factor VIII (antihemophilic factor, recombinant) (Novoeight)**
- Factor VIII (antihemophilic factor, human)
- Factor IX (antihemophilic factor, purified, nonrecombinant)
- Factor IX complex
- Factor IX (antihemophilic factor, recombinant)
- **Factor IX (antihemophilic factor, recombinant) Rixubis)**
- **Factor XIII A-Subunit (recombinant)**
- Hemophilia clotting factor, not otherwise classified
- **Injection, Factor VIII, Fc fusion protein (recombinant)**
- **Injection, Factor IX fusion protein (recombinant)**
- Von Willebrand factor complex (human), Wilate
- Von Willebrand factor complex (Humanate)

Partnership HealthPlan of California Hepatitis C Treatment Regimens - Naïve to prior treatment and IFN experienced, Effective 7/1/2016

- 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 an asterisk (*) indicate that the regimen is not yet approved by the FDA & is considered "Unlabeled" or off-label usage, although usage is supported by AASLD guidelines. See reverse for additional information on off-label use.

"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 = Ribavirin (wt based) lo RBV= low initial dose of 600mg increase as tolerated

AASLD alternative regimens =

VP = Viekira Pak IFN = Interferon PI = Protease Inhibitor Sof = Sofosbuvir Dac = Daclatasvir EPO = Erythropoietin

RAVs = Resistance Associated Variants - applicable to Zepatier (Genotype 1 NSSA Resistance Test required)

Genotype	Stage 0-1	Stage 2-4, unconfirmed cirrhosis		Cirrhosis -definitive (bx, US, FibroSure ≥.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 RAVs) x 12 weeks				Eplclusa + RBV X 12 weeks	Eplclusa + RBV x 24 weeks* OR Harvoni / RBV x 12 wks
		Eplclusa x 12 weeks	Eplclusa x 12 weeks*	Eplclusa x 12 weeks	Eplclusa x 12 weeks*	H / lo RBV* or wt based RBV x 12 weeks	
		Viekira Pak (VP) + RBV x 12 wks	Viekira Pak (VP) + 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 weeks		Zepatier + RBV x 16 wks - with baseline NSSA RAVs	H x 24 wks	Eplclusa x 24 weeks* if RBV intolerant	
		Dac / Sof x 12 weeks		VP / RBV x 24 wks	Zepatier + RBV x 16 wks - with baseline NSSA RAVs	H x 24 weeks* if RBV intolerant	
		Zepatier + RBV x 16 wks - with baseline NSSA RAVs	Dac / Sof +/- RBV x 24 weeks*	VP + RBV x 24 wks*	Dac / Sof x 24 weeks* if RBV intolerant		
				Dac / Sof +/- RBV x 24 wks*			
				Sim / Sof +/- RBV x 24 wks* after Q80K neg			
GT 1b		Zepatier x 12 weeks				Eplclusa + RBV x 12 weeks	Eplclusa + RBV x 24 weeks* OR Harvoni / RBV x 12 wks
		Eplclusa x 12 weeks	Eplclusa x 12 weeks*	Eplclusa x 12 weeks	Eplclusa x 12 weeks*	H / lo RBV* or wt based RBV x 12 wks	
		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*	Eplclusa x 24 weeks* 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 weeks* if RBV intolerant	
			Dac / Sof x 12 wks*		Dac / Sof +/- RBV x 24 wks*	Dac / Sof x 24 weeks* if RBV intolerant	
			Sim / Sof +/- RBV x 24 wks*				
		GT 2	Eplclusa x 12 weeks	Eplclusa x 12 weeks*	Eplclusa x 12 weeks	Eplclusa x 12 weeks*	
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 x12 wks*	Sof / RBV x up to 48 weeks*
GT 3		Eplclusa x 12 weeks	Eplclusa x 12 weeks*	Eplclusa x 12 weeks	Eplclusa x 12 weeks*	Eplclusa + RBV x 12 weeks	Eplclusa + RBV x 24 weeks*
		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 EPLCLUSA	Zepatier x 12 weeks	Zepatier x 12* or 16 wks (+RBV) (dependent on IFN failure type) - IF 16 WEEKS NEEDED CAN USE EPLCLUSA	Eplclusa + RBV X 12 weeks	Eplclusa + RBV x 24 weeks* OR Harvoni / lo RBV x 12 wks
		Eplclusa x 12 weeks	Eplclusa x 12 weeks*	Eplclusa x 12 weeks	Eplclusa x 12 weeks*	H / lo RBV* or wt based RBV x 12 wk	
		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*	Eplclusa x 24 weeks* if RBV intolerant	
					H x 24 weeks*	H x 24 weeks* if RBV intolerant	
						Dac / Sof x 24 weeks* if RBV intolerant	
GT 5,6		Eplclusa x 12 weeks					
		Harvoni x 12 weeks					
Pre/Post Liver Transplant		Case by Case review, Transplant Specialist referral required (Harvoni for up to CTP A for GT 1 or 4 - Harvoni FDA PI 2-22-16) (Dak / Sof / RBV x 12 weeks - Dak FDA 2-22-16) (Sof/Dak/RBV x 12 weeks for GT 3 FDA Dak PI 2-22-16)					

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CURRENT AS OF 11/1/2016

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>	Dilaudid-HP	
<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>	Dilaudid	QL (12 EA per 1 Fill)
<i>levorphanol tartrate</i>	Levo-Dromoran	QL (2 EA per 1 day)
<i>methadone</i>	Methadose	QL (3 EA per 1 day)
<i>morphine (pf)</i>	Duramorph	
<i>morphine concentrate</i>	Roxanol Concentrate	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>	OxylR	QL (6 EA per 1 day)
<i>oxycodone oral tablet 10 mg</i>	Dazidox	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>	Dazidox	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>	Norco	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>	Norco	QL (8 EA per 1 day)
Analgesic Narcotic Oxycodone And Non-Salicylate Combinations		
ENDOCET		QL (8 EA per 1 day)
<i>oxycodone-acetaminophen</i>	Endocet	QL (8 EA per 1 day)
Analgesic Narcotic Oxycodone Combinations		
ENDOCET		QL (8 EA per 1 day)
<i>oxycodone-acetaminophen</i>	Endocet	QL (8 EA per 1 day)
Analgesic Narcotic Partial-Mixed Agonists		
TALWIN		
<i>nalbuphine</i>	Nubain	

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>	Non-Aspirin Pain Reliever	

Name	Reference	Notes
Analgesic Or Antipyretic Non-Narcotic/Sedative Combinations		
MARGESIC		QL (6 EA per 1 day)
<i>butalbital-acetaminophen-caff</i>	Triad	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>	Neoral	
<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>	Relafen	
<i>sulindac</i>		

Name	Reference	Notes
Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives		
<i>meloxicam</i>	Mobic	
<i>piroxicam</i>	Feldene	
Nsaid Analgesics (Cox Non-Specific) - Phenylacetic Acid Derivatives		
<i>diclofenac potassium</i>	Cataflam	
<i>diclofenac sodium</i>	Voltaren-XR	
Nsaid Analgesics (Cox Non-Specific) - Propionic Acid Derivatives		
<i>flurbiprofen</i>		
<i>ibuprofen</i>	Motrin	
<i>ketoprofen</i>		
<i>naproxen</i>	Naprosyn	
<i>naproxen sodium</i>	Anaprox DS	
<i>oxaprozin</i>	Daypro	
Nsaid Analgesics, (Cox Non-Specific) - Indole Acetic Acid Derivatives		
<i>etodolac</i>	Lodine XL	
<i>indomethacin</i>		
Salicylate Analgesic And Sedative Combinations		
<i>butalbital-aspirin-caffeine</i>	Farbital	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>	Salflex	
Salicylate Analgesics, Buffered		
TRI-BUFFERED ASPIRIN		
<i>aspirin, buffered</i>	Tri-Buffered Aspirin	

Name	Reference	Notes
Anesthetics		
General Anesthetic - Parenteral, Others		
AMIDATE		
Local Anesthetic - Amides		
XYLOCAINE		
XYLOCAINE-MPF		
<i>lidocaine</i>		QL (50 GM per 1 FILL)
Anorectal Preparations		
Anorectal - Glucocorticoids		
ANUCORT-HC		
PROCTO-PAK		
<i>hydrocortisone acetate</i>	Anumed 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>ipecac</i>		
Anti-Infective Agents		
Aminoglycoside Antibiotic		
<i>amikacin</i>		
<i>gentamicin</i>		
<i>neomycin</i>		
Aminopenicillin Antibiotic		
<i>amoxicillin</i>	Amoxil	
<i>ampicillin</i>		
Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations		
<i>amoxicillin-pot clavulanate</i>	Amoclan	
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)

Name	Reference	Notes
Antibacterial Folate Antagonist - Other Combinations		
<i>sulfamethoxazole-trimethoprim</i>	Septra	
Antibacterial Folate Antagonist Others		
<i>trimethoprim</i>		
Antifungal - Allylamines		
<i>terbinafine hcl</i>	Lamisil	
Antifungal - Amphoteric Polyene Macrolides		
<i>nystatin</i>	Mycostatin	
Antifungal - Imidazoles		
<i>ketconazole</i>	Nizoral	
Antifungal - Triazoles		
<i>fluconazole</i>	Diflucan	
Antifungal Other		
<i>flucytosine</i>	Ancobon	
<i>griseofulvin microsize</i>	Grifulvin V	
<i>griseofulvin ultramicrosize</i>	Gris-PEG	
Antimalarials		
<i>chloroquine phosphate</i>	Aralen	
<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>	Seromycin	

Name	Reference	Notes
Antitubercular - Isonicotinic Acid Derivatives		
<i>isoniazid</i>		
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>	Ceftin	
Cephalosporin Antibiotics - 3Rd Generation		
SUPRAX		QL (2 Capsules per 23 days)
<i>cefdinir oral capsule</i>	Omnicef	QL (2 EA per 1 day)
<i>cefdinir oral suspension for reconstitution</i>	Omnicef	
<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>	Vantin	QL (2 EA per 1 FILL)
Fluoroquinolone Antibiotics		
<i>ciprofloxacin hcl</i>	Cipro	QL (2 EA per 1 Day)
<i>ciprofloxacin in 5 % dextrose</i>	Cipro in D5W	

Name	Reference	Notes
<i>levofloxacin in d5w</i>	Levaquin in D5W	
<i>levofloxacin intravenous</i>	Levaquin	
<i>levofloxacin oral tablet 250 mg, 500 mg</i>	Levaquin	
<i>levofloxacin oral tablet 750 mg</i>	Levaquin Leva-Pak	QL (10 EA per 1 FILL)
<i>ofloxacin</i>	Floxin	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>	Famvir	QL (3 EA per 1 Day)
Influenza Antiviral Agents - Neuraminidase Inhibitors		
RELENZA DISKHALER		QL (20 EA per 1 Year)
TAMIFLU ORAL CAPSULE		QL (10 EA per 5 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION		QL (120 ML per 1 Fill); AL (Max 12 Years)
Lincosamide Antibiotics		
CLINDAMYCIN PEDIATRIC		
<i>clindamycin hcl</i>	Cleocin	
<i>clindamycin palmitate hcl</i>	Cleocin	
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	QL (6 EA per 1 FILL)
<i>azithromycin oral tablet 500 mg</i>	Zithromax	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>		

Name	Reference	Notes
<i>erythromycin ethylsuccinate</i>	E.E.S. 400	
Monobactam Antibiotics		
AZACTAM IN DEXTROSE (ISO-OSM)		
Penicillin Antibiotic - Natural		
PFIZERPEN-G		
<i>penicillin g potassium</i>	Pfizerpen-G	
<i>penicillin v potassium</i>	Veetids	
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 hyclate</i>	Doxy-100	
<i>doxycycline monohydrate</i>	Monodox	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		

Name	Reference	Notes
Antineoplastic - Alkylating Agent - Ethylenimines And Methylmelamines		
HEXALEN		
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>	Fludara	
<i>mercaptopurine</i>	Purinethol	
Antineoplastic - Antimetabolite - Pyrimidine Analogs		
ADRUCIL		
<i>capecitabine</i>	Xeloda	
Antineoplastic - Antimetabolite - Urea Derivatives		
<i>hydroxyurea</i>	Hydrea	

Name	Reference	Notes
Antineoplastic - Aromatase Inhibitors		
<i>anastrozole</i>	Arimidex	
<i>exemestane</i>	Aromasin	
<i>letrozole</i>	Femara	
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</i>	Gleevec	QL (1 EA per 1 day)
Antineoplastic - Retinoids		
<i>tretinoin (chemotherapy)</i>	Vesanoid	
Antineoplastic - Selective Estrogen Receptor Modulators (Serms)		
FARESTON		
<i>tamoxifen</i>	Nolvadex	
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>		
<i>leucovorin calcium oral</i>		

Name	Reference	Notes
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		
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)
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric)		
ACTHIB (PF)		AL (Min 19 Years)

Name	Reference	Notes
PEDVAX HIB (PF)		AL (Min 19 Years)
PENTACEL ACTHIB COMPONENT (PF)		AL (Min 19 Years)
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 65 Years)
PREVNAR 13 (PF)		AL (Min 65 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		
I POL		AL (Min 19 Years)
Vaccine Viral - Rabies		
RABAVERT (PF)		
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)

Name	Reference	Notes
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>	Lotrel	
Ace Inhibitor And Diuretic Combinations		
<i>benazepril-hydrochlorothiazide</i>	Lotensin HCT	
<i>enalapril-hydrochlorothiazide</i>		
<i>lisinopril-hydrochlorothiazide</i>	Prinzide	
Ace Inhibitors		
<i>benazepril</i>	Lotensin	
<i>captopril</i>	Capoten	
<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>	Trandate	
Angiotensin II Receptor Blocker (Arb)-Diuretic Combinations		
<i>irbesartan-hydrochlorothiazide</i>	Avalide	
<i>losartan-hydrochlorothiazide</i>	Hyzaar	
<i>valsartan-hydrochlorothiazide</i>	Diovan HCT	
Angiotensin II Receptor Blockers (Arbs)		
<i>irbesartan</i>	Avapro	
<i>losartan</i>	Cozaar	
<i>valsartan</i>	Diovan	
Antianginal - Coronary Vasodilators (Nitrates)		
DILATRATE-SR		

Name	Reference	Notes
ISORDIL		
ISORDIL TITRADOSE		
MINITRAN		
NITROSTAT		
<i>isosorbide dinitrate</i>	Isordil Titrados	
<i>isosorbide mononitrate</i>	Imdur	
<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>	Tambocor	
<i>propafenone</i>	Rythmol	
Antiarrhythmic - Class II		
SORINE		
SOTALOL AF		
<i>sotalol</i>	Sotalol AF	
Antiarrhythmic - Class III		
PACERONE		
<i>amiodarone</i>	Pacerone	
Antiarrhythmic - Class IV		
<i>verapamil</i>	Calan	
Antihyperlipidemic - Bile Acid Sequestrants		
CHOLESTYRAMINE LIGHT		
PREVALITE		
<i>cholestyramine (with sugar)</i>	Questran	
Antihyperlipidemic - Fibric Acid Derivatives		
<i>fenofibrate</i>	Triglide	
<i>fenofibrate micronized</i>	Lofibra	
<i>gemfibrozil</i>	Lopid	

Name	Reference	Notes
Antihyperlipidemic - Hmg Coa Reductase Inhibitors (Statins)		
<i>atorvastatin</i>	Lipitor	
<i>lovastatin</i>	Mevacor	
<i>pravastatin</i>	Pravachol	
<i>simvastatin</i>	Zocor	
Antihyperlipidemic - Nicotinic Acid Derivatives		
NIACOR		
<i>niacin</i>	Niaspan	
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor		
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>	Sectral	
Beta Blockers Non-Cardiac Selective		
SORINE		
SOTALOL AF		
<i>nadolol</i>	Corgard	
<i>propranolol</i>		
<i>sotalol</i>	Sotalol AF	
Calcium Channel Blockers - Benzothiazepines		
CARTIA XT		
DILT-XR		
TAZTIA XT		
<i>diltiazem hcl</i>	Diltzac ER	
Calcium Channel Blockers - Dihydropyridines		
AFEDITAB CR		
NIFEDICAL XL		
<i>amlodipine</i>	Norvasc	
<i>felodipine</i>	Plendil	

Name	Reference	Notes
<i>nifedipine</i>	Procardia XL	
Calcium Channel Blockers - Phenylalkylamines		
<i>verapamil</i>	Isoptin 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		
EPIPEN		QL (2 INJECTIONS per 30 DAYS)
EPIPEN 2-PAK		QL (2 INJECTIONS per 30 DAYS)
EPIPEN JR		QL (2 ea per 30 days)
EPIPEN JR 2-PAK		QL (2 ea per 30 days)
<i>epinephrine injection auto-injector</i>	EpiPen	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>	Tenex	
<i>methyldopa</i>	Aldomet	
Digitalis Glycosides		
DIGOX		
LANOXIN		
LANOXIN PEDIATRIC		
<i>digoxin</i>		
Direct Acting Vasodilators		
<i>hydralazine</i>		
<i>minoxidil</i>		
Diuretic - Aldosterone Receptor Antagonist, Non-Selective		
<i>spironolactone</i>	Aldactone	

Name	Reference	Notes
Diuretic - Carbonic Anhydrase Inhibitors		
<i>acetazolamide</i>	Diamox Sequels	
<i>acetazolamide sodium</i>		
<i>methazolamide</i>	Neptazane	
Diuretic - Loop		
<i>bumetanide</i>	Bumex	
<i>furosemide</i>	Lasix	
<i>torsemide oral tablet 10 mg, 20 mg, 5 mg</i>	Demadex	QL (2 EA per 1 Day)
<i>torsemide oral tablet 100 mg</i>	Demadex	QL (1 EA per 1 Day)
Diuretic - Osmotic		
<i>mannitol 25 %</i>		
Diuretic - Potassium Sparing		
<i>amiloride</i>	Midamor	
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>	Zaroxolyn	
Muscarinic Receptor Antagonists		
<i>atropine</i>		
Peripheral Alpha-1 Receptor Blockers		
<i>doxazosin</i>	Cardura	
<i>prazosin</i>	Minipress	
<i>terazosin</i>	Hytrin	
Central Nervous System Agents		
Antianxiety Agent - Antihistamine Type		
<i>hydroxyzine hcl</i>		
<i>hydroxyzine pamoate</i>		
Antianxiety Agent - Benzodiazepines		
<i>chlordiazepoxide hcl</i>	Librium	QL (4 EA per 1 DAY)

Name	Reference	Notes
<i>clonazepam</i>	Klonopin	QL (4 EA per 1 DAY)
<i>clorazepate dipotassium</i>	Tranxene T-Tab	ST; QL (4 EA per 1 day)
<i>diazepam injection</i>	Valium	
<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>	BuSpar	
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		
DILANTIN INFATABS		
DILANTIN-125		

Name	Reference	Notes
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>	Keppra	
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 (Ssrís)		
<i>citalopram</i>	Celexa	
<i>escitalopram oxalate</i>	Lexapro	
<i>fluoxetine oral capsule 10 mg</i>	Selfemra	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>	Prozac	
<i>fluoxetine oral tablet 10 mg</i>	Sarafem	QL (8 EA per 1 day)
<i>fluoxetine oral tablet 20 mg</i>	Rapiflux	
<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>	Desyrel	
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>	Wellbutrin	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>	Budeprion 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>	Vivactil	
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	
Attention Deficit-Hyperactivity (Adhd) Therapy, Stimulant-Type		
METADATE ER		
<i>dextroamphetamine-amphetamine</i>	Adderall XR	QL (1 EA per 1 day); AL (Min 4 Years and Max 17 Years)
<i>methylphenidate oral tablet</i>	Methylin	
<i>methylphenidate oral tablet extended release</i>	METADATE ER	
<i>methylphenidate oral tablet extended release 24hr</i>	Concerta	QL (1 EA per 1 day); AL (Min 4 Years and Max 17 Years)
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); AL (Min 4 Years and Max 17 Years)
Cns Stimulant - Analeptics		
<i>caffeine citrated</i>	Cafcit	
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	
Migraine Therapy - Ergot Combinations		
CAFERGOT		
MIGERGOT		

Name	Reference	Notes
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>	Imitrex STATdose Pen	QL (1 ML per 15 days)
<i>sumatriptan succinate subcutaneous solution</i>	Imitrex	QL (2.5 ML per 15 Days)
Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative		
<i>methylphenidate</i>	Methylin	
Sedative-Hypnotic - Antihistamines		
SLEEP AID (DOXYLAMINE)		
UNISOM (DOXYLAMINE)		
ZZZQUIL		
<i>diphenhydramine hcl</i>	Sleep Aid Max Str (Diphenhydr)	
Sedative-Hypnotic - Barbiturates		
<i>phenobarbital</i>		
Sedative-Hypnotic - Benzodiazepines		
<i>flurazepam</i>	Dalmane	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	

Name	Reference	Notes
Chemical Dependency, Agents To Treat		
Alcohol Deterrents		
<i>disulfiram</i>	Antabuse	
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		
NICODERM CQ		QL (42 EA per 1 FILL)
NICORETTE		
<i>nicotine</i>	Nicoderm CQ	QL (42 EA per 1 FILL)
<i>nicotine (polacrilex)</i>	Thrive Nicotine	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)

Name	Reference	Notes
Cognitive Disorder Therapy - Cerebral Vasodilators		
<i>ergoloid</i>		
Contraceptives		
Contraceptive Injectable - Progestin		
DEPO-SUBQ PROVERA 104		
<i>medroxyprogesterone</i>	Depo-Provera	
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</i> / <i>e.estradiol</i>	Kariva	
<i>l norgest</i> / <i>e.estradiol-e.estrad</i>	LoSeasonique	
Contraceptive Oral - Monophasic		
ALTAVERA (28)		
ALYACEN 1/35 (28)		
AMETHYST		
APRI		
AUBRA		
AVIANE		
BALZIVA (28)		
BEYAZ		
BLISOVI 24 FE		
BLISOVI FE 1.5/30 (28)		
BLISOVI FE 1/20 (28)		

Name	Reference	Notes
BREVICON (28)		
BRIELLYN		
CHATEAL		
CRYSELLE (28)		
CYCLAFEM 1/35 (28)		
CYRED		
DASETTA 1/35 (28)		
DELYLA (28)		
DESOGEN		
ELINEST		
EMOQUETTE		
ENSKYCE		
ESTARYLLA		
FALMINA (28)		
FEMCON FE		
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		

Name	Reference	Notes
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)		
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 1/35 (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)		

Name	Reference	Notes
VYFEMLA (28)		
WERA (28)		
WYMZYA FE		
ZARAH		
ZENCHENT (28)		
ZENCHENT FE		
ZOVIA 1/35E (28)		
ZOVIA 1/50E (28)		
<i>desogestrel-ethinyl estradiol</i>	Solia	
<i>drospirenone-ethinyl estradiol</i>	Yasmin 28	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Sronyx	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	Quasense	QL (1 FILL per 91 Days)
<i>noreth-ethinyl estradiol-iron</i>	Generess Fe	
<i>norethindrone ac-eth estradiol</i>	Junel 1/20 (21)	
<i>norgestimate-ethinyl estradiol</i>	Previfem	
Contraceptive Oral - Progestin		
CAMILA		
DEBLITANE		
ERRIN		
HEATHER		
JENCYCLA		
JOLIVETTE		
LYZA		
NORA-BE		
<i>norethindrone (contraceptive)</i>	Errin	
Contraceptive Oral - Quadraphasic		
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		
ESTROSTEP FE-28		
LEENA 28		

Name	Reference	Notes
LEVONEST (28)		
MYZILRA		
NECON 7/7/7 (28)		
NORTREL 7/7/7 (28)		
ORTHO TRI-CYCLEN LO (28)		
PIRMELLA		
TILIA FE		
TRI-ESTARYLLA		
TRI-LEGEST FE		
TRI-LINYAH		
TRINESSA (28)		
TRI-PREVIFEM (28)		
TRI-SPRINTEC (28)		
TRIVORA (28)		
VELIVET TRIPHASIC REGIMEN (28)		
<i>levonorg-eth estrad triphasic</i>	Enpresse	
<i>norgestimate-ethinyl estradiol</i>	TriNessa (28)	
Contraceptive Transdermal Combinations		
XULANE		
Contraceptives - Intravaginal, Systemic		
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		
FALLBACK SOLO		

Name	Reference	Notes
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>	ClindaMax	
<i>erythromycin with ethanol</i>	Emgel	
<i>metronidazole</i>	MetroCream	
Acne Therapy Topical - Keratolytic		
ACNE TREATMENT (BENZOYL PEROX)		
ACNE-CLEAR		
BP		
BP WASH		
BPO-10		
BPO-5		
PANOXYL		
PERSA-GEL		
<i>benzoyl peroxide</i>	SoluClenz Rx	
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>	Multi-Antibiotic	
Dermatological - Antibacterial Other		
<i>mupirocin</i>	Bactroban	
<i>mupirocin calcium</i>	Bactroban	
Dermatological - Antibacterial Polymyxins And Derivatives		
BACITRAYCIN PLUS		
<i>bacitracin</i>	First Aid Bacitracin	
<i>bacitracin zinc</i>	Antibiotic (bacitracin zinc)	
Dermatological - Antibacterial-Local Anesthetic Combinations		
TRIPLE ANTIBIOTIC PLUS		
Dermatological - Antifungal Allylamines		
<i>terbinafine hcl</i>	Lamisil	
Dermatological - Antifungal Amphoteric Polyene Macrolides		
NYAMYC		
NYSTOP		
<i>nystatin</i>		
Dermatological - Antifungal Imidazole And Related Agents		
ANTIFUNGAL (CLOTRIMAZOLE)		
ANTIFUNGAL CREAM		
BAZA ANTIFUNGAL		
DESENEX		
DESENEX SPRAY		
INZO ANTIFUNGAL		
MICRO-GUARD		
OXISTAT		
REMEDY ANTIFUNGAL		
SECURA ANTIFUNGAL		
SECURA ANTIFUNGAL EXTRA THICK		
<i>clotrimazole</i>	Lotrimin AF	
<i>econazole</i>	Spectazole	
<i>ketoconazole</i>	Nizoral	

Name	Reference	Notes
<i>miconazole nitrate</i>	Monistat-Derm	
Dermatological - Antifungal Thiocarbamate		
ANTIFUNGAL (TOLNAFTATE)		
ATHLETE'S FOOT (TOLNAFTATE)		
FUNGOID-D		
LAMISIL AF		
<i>tolnaftate</i>	Antifungal (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	
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>	SSD	

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		
<i>ammonium lactate</i>	LAClotion	
<i>lactic acid</i>	Lactinol	
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		
NEOSPORIN ANTI-ITCH		
NOBLE FORMULA HC		
OBAGI NU-DERM TOLEREEN		
PREPARATION H HYDROCORTISONE		
PROCTO-PAK		
RECORT PLUS		
SOOTHING CARE (HYDROCORTISONE)		
TRIDERM		
<i>alclometasone</i>	Aclovate	

Name	Reference	Notes
<i>betamethasone dipropionate</i>	Diprosone	
<i>betamethasone valerate</i>		
<i>clobetasol</i>	Cormax	
<i>clobetasol-emollient</i>	Temovate E	
<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>	Dermolate Anti-Itch	
<i>hydrocortisone acetate</i>	LanaCort	
<i>mometasone</i>	Elocon	
<i>prednicarbate</i>	DERMATOP	
<i>triamcinolone acetonide</i>	Kenalog	
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>	EMLA	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>	Nydamax	

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</i>		QL (50 GM per 1 FILL)
<i>lidocaine hcl mucous membrane</i>	Anestacon	
<i>lidocaine hcl topical</i>	LidaMantle	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>	Nix Creme Rinse	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		

Name	Reference	Notes
AQUAFLO		
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		

Name	Reference	Notes
ELASTO-GEL		
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		

Name	Reference	Notes
ULTRA-FLEX		
VERSIVA XC		
VIGILON PRIMARY WOUND DRESSING		
WOUN'DRES HYDROGEL WOUND DRESS		
<i>hydrocolloid dressing</i>	Restore Extra Thin Dressing	
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 Oral	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		

Name	Reference	Notes
RENA-VITE RX		
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>	SPS	
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>	Calphron	
<i>calcium carbonate</i>	Caltrate 600	
<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		
OYSCO D		
OYSTER SHELL CALCIUM-VIT D2		
OYSTER SHELL CALCIUM-VIT D3		
PARVA-CAL 500		
<i>calcium carbonate-vitamin d3</i>	Super Calcium/D	
<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>	Iron High Potency	
<i>ferrous sulfate</i>	FeroSul	
Minerals And Electrolytes - Magnesium		
PHILLIPS		
<i>magnesium oxide</i>	Mag-Oxide	
Minerals And Electrolytes - Oral Electrolytes		
ENFAMIL ENFALYTE		
ORALYTE		
PEDIALYTE		

Name	Reference	Notes
PEDIALYTE ADVANCED CARE		
PEDIALYTE FREEZER POPS		
PEDIATRIC ELECTROLYTE		
Minerals And Electrolytes - Phosphate		
PHOSPHA 250 NEUTRAL		
Minerals And Electrolytes - Potassium Combinations		
<i>potassium bicarb and chloride</i>	K-Lyte/CI 25	
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>	Micro-K	
<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		

Name	Reference	Notes
DINO-LIFE		
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>	Zoo Chews	
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		

Name	Reference	Notes
PRENATAL		
PRENATAL 19		
PRENATAL LOW IRON		
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		
TRINATAL GT		
VINATE GT		
VINATE M		
VINATE ONE		
VINATE ULTRA		
<i>pnv cmb#95-ferrous fumarate-fa</i>	Prenatal	
<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 POSIFLUSH SALINE BLUNT CANN		
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>	Drisdol	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		
GLYSET		

Name	Reference	Notes
<i>acarbose</i>	Precose	
Antihyperglycemic - Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors		
JANUVIA		ST; QL (1 EA per 1 Day); AL (Min 18 Years)
ONGLYZA		ST; QL (1 EA per 1 Day); AL (Min 18 Years)
TRADJENTA		ST; QL (2 EA per 1 day); AL (Min 18 Years)
<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>	Glucovance	
Antihyperglycemic - Sulfonylurea Derivatives		
<i>glimepiride</i>	Amaryl	
<i>glipizide</i>	Glucotrol XL	
<i>glyburide</i>	Micronase	
Antihyperglycemic-Dipeptidyl Peptidase-4(Dpp-4)Inhibitor And Biguanide		
JANUMET		ST; QL (2 EA per 1 day); AL (Min 18 Years)
JANUMET XR		ST; QL (1 EA per 1 day); AL (Min 18 Years)
JENTADUETO		ST; QL (2 EA per 1 Day); AL (Min 18 Years)
JENTADUETO XR 2.5 MG-1,000 MG		ST; QL (2 EA per 1 day); AL (Min 18 Years)
JENTADUETO XR 2.5 MG-1,000 MG		ST; QL (2 EA per 30 days); AL (Min 18 Years)
JENTADUETO XR 5 MG-1,000 MG TB		ST; QL (1 EA per 1 day); AL (Min 18 Years)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG		ST; QL (2 EA per 1 day); AL (Min 18 Years)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG		ST; QL (1 EA per 1 day); AL (Min 18 Years)

Name	Reference	Notes
KOMBIGLYZE XR		ST; QL (1 EA per 1 Day); AL (Min 18 Years)
<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>	Fosamax	
<i>alendronate oral tablet 35 mg, 70 mg</i>	Fosamax	QL (4 EA per 28 DAYs)
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>	Essian H.S.	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 oral tablet 0.5-0.1 mg</i>	Activella	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	Activella	

Name	Reference	Notes
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		
DEXPAK 13 DAY		
KENALOG		
MEDROL		
MILLIPRED		
MILLIPRED DP		
<i>dexamethasone</i>		
<i>dexamethasone sodium phosphate</i>		
<i>hydrocortisone</i>	Cortef	
<i>methylprednisolone</i>	Medrol	
<i>prednisolone</i>	Prelone	
<i>prednisolone sodium phosphate</i>	Orapred	
<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		QL (20 ML per 30 days)
HUMULIN R U-500 (CONCENTRATED)		QL (40 ML per 30 DAYS)

Name	Reference	Notes
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		
LANTUS		QL (40 ML per 30 DAYS)
LANTUS SOLOSTAR		QL (45 ML per 30 DAYS)
LEVEMIR		QL (40 ML per 30 days)
LEVEMIR FLEXTOUCH		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)
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>	Florinef	
Progestins		
<i>medroxyprogesterone</i>	Provera	
<i>norethindrone acetate</i>	Aygestin	
<i>progesterone micronized</i>	Prometrium	ST; QL (1 EA per 1 day)

Name	Reference	Notes
Thyroid Hormones - Animal Source (Porcine)		
ARMOUR THYROID		
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	
Thyroid Hormones - Synthetic T4 (Thyroxine)		
<i>levothyroxine</i>	Synthroid	
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		

Name	Reference	Notes
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		
MINTOX PLUS		
RI-GEL		
RI-GEL II		
RI-MAG PLUS		
RI-MOX		
RI-MOX PLUS		
Antidiarrheal - Antiperistaltic Agents		
<i>loperamide</i>	Anti-Diarrheal (Loperamide)	
Antidiarrheal - Bismuth Agents		
BISMATROL		
BISMUTH		
BISMUTH MAXIMUM STRENGTH		
DIOTAME		
KAOPECTATE (BISMUTH SUBSALICY)		
KAO-TIN (BISMUTH SUBSALICYLAT)		
PEPTIC RELIEF		
PINK BISMUTH		
PINK BISMUTH MAXIMUM STRENGTH		

Name	Reference	Notes
Antidiarrheal Antiperistaltic-Anticholinergic Combinations		
<i>diphenoxylate-atropine</i>	Lonox	
Antidiarrheal Gi Adsorbent Mixtures		
<i>kaolin-pectin</i>		
Antiemetic - Antihistamines		
MEDI-MECLIZINE		
TRAVEL SICKNESS (MECLIZINE)		
VERTICALM		
<i>meclizine</i>	Antivert	
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)
<i>prochlorperazine edisylate</i>	Compazine	
<i>prochlorperazine maleate</i>	Compazine	
<i>promethazine</i>	Phenergan	QL (6 EA per 1 Month)
Antiemetic - Selective Serotonin 5-Ht3 Antagonists		
<i>granisetron hcl</i>	Kytril	QL (12 EA Max Qty Per Fill Retail)
<i>ondansetron</i>	ZOFRAN ODT	QL (3 EA per 1 day)
<i>ondansetron hcl (pf)</i>	Zofran	QL (18 ML per 1 Fill)
<i>ondansetron hcl intravenous</i>	Zofran	
<i>ondansetron hcl oral solution</i>	Zofran	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	QL (3 EA per 1 day)
Antiemetic - Substance P-Neurokinin 1 (Nk1) Receptor Antagonists		
EMEND ORAL CAPSULE 125 MG		QL (1 EA per 1 Fill)
EMEND ORAL CAPSULE 40 MG		QL (1 EA per 1 FILL)
EMEND ORAL CAPSULE 80 MG		QL (2 EA per 1 FILL)
EMEND ORAL CAPSULE,DOSE PACK		QL (3 EA per 1 FILL)
VARUBI		QL (2 EA per 1 Rx)

Name	Reference	Notes
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>	Generlac	
Digestive Enzyme Mixtures		
CREON		
Gallstone Solubilizing (Litholysis) Agents		
<i>ursodiol</i>	Actigall	
Gastric Acid Secretion Reducers - Histamine H2-Receptor Antagonists		
<i>cimetidine</i>	Tagamet	
<i>cimetidine hcl</i>		
<i>famotidine intravenous</i>		
<i>famotidine oral</i>	Pepcid	QL (2 EA per 1 day)
<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>	Prilosec	QL (1 ea per 1 day)
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg</i>	Prilosec	
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	Prilosec	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		

Name	Reference	Notes
MI-ACID GAS RELIEF		
MYTAB GAS		
MYTAB GAS MAXIMUM STRENGTH		
<i>simethicone</i>	Equalizer Gas Relief	
Gi Antispasmodic - Belladonna Alkaloids		
OSCIMIN		
OSCIMIN SL		
<i>hyoscyamine sulfate</i>	Levsin	
Gi Antispasmodic - Quaternary Ammonium Compounds		
<i>glycopyrrolate</i>	Robinul	
<i>propantheline</i>		
Gi Antispasmodic - Synthetic Tertiary Amines		
<i>dicyclomine</i>	Bentyl	
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		

Name	Reference	Notes
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)	
<i>lactulose</i>	Generlac	
<i>magnesium citrate</i>	Citroma	
<i>polyethylene glycol 3350</i>	GlycoLax	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		

Name	Reference	Notes
SENNA LAXATIVE		
SENNA-GEN		
SEN-O-TAB		
<i>bisacodyl</i>	Bisac-Evac	
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		
SENNA-S		
SENOKOT-S		
STIMULANT LAXATIVE PLUS		
<i>sennosides-docusate sodium</i>	Senna-C	
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>	Calcium Stool Softener	
<i>docusate sodium</i>	Colace	
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives		
CARAFATE		
<i>sucralfate</i>	Carafate	

Name	Reference	Notes
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>	Calphron	
Phosphate Binders - Calcium-Based		
ELIPHOS		
<i>calcium acetate</i>	Calphron	
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	
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>	Tricitrates	
<i>potassium citrate-citric acid</i>	Cytra-K	
<i>sodium citrate-citric acid</i>	Cytra-2	

Name	Reference	Notes
Urinary Analgesics		
<i>phenazopyridine</i>	Pyridium	
Urinary Antibacterial - Methenamine And Salts		
<i>methenamine hippurate</i>	Urex	
Urinary Antibacterial - Nitrofurantoin Derivatives		
<i>nitrofurantoin macrocrystal</i>	Macrodantin	
<i>nitrofurantoin monohydr/m-cryst</i>	Macrobid	
Urinary Anti-Infective Methenamine-Antispas-Analg Combinations		
USTELL		
Urinary Antispasmodic - Smooth Muscle Relaxants		
OXYTROL FOR WOMEN		QL (8 EA per 28 days)
<i>oxybutynin chloride oral syrup</i>	Ditropan	
<i>oxybutynin chloride oral tablet</i>	Ditropan	
<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>	Sanctura	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	

Name	Reference	Notes
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)
Hematorheologic Agents		
<i>pentoxifylline</i>	Trental	
Heparin Flush Formulations		
HEPARIN FLUSH		
HEPARIN LOCKFLUSH(PORCINE)(PF)		
<i>heparin, porcine (pf)</i>	Monoject Prefill Advanced	
Heparins		
HEPARIN FLUSH		
HEPARIN LOCKFLUSH(PORCINE)(PF)		
<i>heparin, porcine (pf)</i>	Monoject Prefill Advanced	
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>	Pletal	
Platelet Aggregation Inhibitors - Quinazoline Agents		
<i>anagrelide</i>	Agrylin	
Platelet Aggregation Inhibitors - Salicylates		
ADULT LOW DOSE ASPIRIN		

Name	Reference	Notes
ASPIRIN CHILDRENS		
ASPIRIN LOW DOSE		
ASPIR-LOW		
BAYER CHEWABLE ASPIRIN		
CHILDREN'S ASPIRIN		
ENTERIC COATED ASPIRIN		
<i>aspirin</i>	Bayer Aspirin	
Platelet Aggregation Inhibitors - Thienopyridine Agents		
EFFIENT		
<i>clopidogrel</i>	Plavix	
Platelet Aggregation Inhib-Pdesterase And Adenosine Deaminase Inhibitr		
<i>dipyridamole</i>	Persantine	
Sickle Cell Anemia Agents		
DROXIA		
Immunosuppressive Agents		
Immunosuppressive - Calcineurin Inhibitors		
GENGRAF		
NEORAL		
SANDIMMUNE		
<i>cyclosporine</i>	Sandimmune	
<i>cyclosporine modified</i>	Neoral	
<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		

Name	Reference	Notes
<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>	Flexeril	QL (90 EA per 30 days)
<i>methocarbamol</i>	Robaxin	QL (120 EA per 30 days)
<i>tizanidine</i>	Zanaflex	
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 A		
TELF A ISLAND DRESSING		
<i>adhesive bandage-adhes remov#1</i>		
<i>hydrocol dress-adhesive rem#1</i>		

Name	Reference	Notes
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)
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>	Self-Grip	

Name	Reference	Notes
Medical Supplies And Dme - Eye Patches		
CURITY EYE		
OPTICLUDE EYE PATCH		
<i>eye patch</i>	Opticlude Eye Patch Junior	
Medical Supplies And Dme - Facial Masks		
AIRS PEDIATRIC DISPOSABLE MASK		
PILLOW MASK ADULT		
Medical Supplies And Dme - Feeding Tubes And Supplies		
KANGAROO FEEDING TUBE		
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>	Bordered Gauze	

Name	Reference	Notes
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		
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		

Name	Reference	Notes
PETROLATUM GAUZE		
POLYSKIN II		
RESTORE		
SURESITE		
SURESITE FLEXIGRID		
SURESITE IV		
SURESITE WINDOW		
TEGADERM		
TEGADERM ABSORBENT		
TEGADERM FIRST AID STYLE		
TEGADERM FRAME STYLE		
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		

Name	Reference	Notes
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		
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		

Name	Reference	Notes
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		
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		QL (100 EA per 25 DAYs)
FREESTYLE FREEDOM LITE		QL (100 EA per 25 DAYs)
FREESTYLE INSULINX		QL (100 EA per 25 DAYs)
FREESTYLE LANCETS		
FREESTYLE LITE METER		QL (100 EA per 25 DAYs)
FREESTYLE SIDEKICK II		QL (100 EA per 25 DAYs)
FREESTYLE SYSTEM KIT		QL (100 EA per 25 DAYs)
FREESTYLE UNISTIK 2		
GE100 CONTROL SOLUTION NORMAL		
GLUCOCARD 01 NORMAL CONTROL		

Name	Reference	Notes
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		
INFINITY CONTROL SOLUTION NORM		
INJECT EASE LANCETS		
INJECT-EASE AUTOMATIC INJECTOR		
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		

Name	Reference	Notes
ONETOUCH SURESOFT LANCING DEV		
ONETOUCH ULTRA CONTROL		
ONETOUCH ULTRASOFT LANCETS		
PRECISION GLUCOSE CONTROL SOLN		
PRECISION GLUCOSE/KETONE CONTR		
PRECISION XTRA MONITOR		QL (100 EA per 25 DAYS)
PRESSURE ACTIVATED LANCETS		
PRODIGY CONTROL SOLUTION, LOW		
PRODIGY CONTROL SOLUTION,HIGH		
PRODIGY LANCETS		
PRODIGY TWIST TOP LANCET		
REFUAH PLUS GLUCOSE CONTROL		
RIGHTTEST CONTROL SOLUTION HIGH		
RIGHTTEST CONTROL SOLUTION NORM		
RIGHTTEST 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		

Name	Reference	Notes
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		
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>	Assure Dose Norm-Hi Control	
<i>blood glucose control, normal</i>	Glucometer DEX	
<i>lancets</i>	Ultilet Lancets	
Medical Supplies And Dme - Humidifiers		
COOL MIST HUMIDIFIER		
COOL MIST HUMIDIFIER 1 GALLON		
HEALTHMIST		
VICKS WARM MIST HUMIDIFIER		
<i>humidifiers</i>	Cool Mist Humidifier 1 gallon	
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		

Name	Reference	Notes
BD INSULIN SYRINGE ULT-FINE II		
BD INSULIN SYRINGE ULTRA-FINE		
BD INTEGRA INSULIN SYRINGE		
BD LO-DOSE MICRO-FINE IV		
BD LO-DOSE ULTRA-FINE		
BD SAFETYGLIDE INSULIN SYRINGE		
COMFORT EZ PEN NEEDLES		
COMFORT EZ SYRINGE		
EASY TOUCH		
EXEL INSULIN		
FREESTYLE PRECISION		
HEALTHY ACCENTS UNIFINE PENTIP		
INSULIN SYRINGE		
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>	Aimsco Insulin Syringe	

Name	Reference	Notes
<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		
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>	In Control 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		

Name	Reference	Notes
COMPACT COMPRESSOR NEBULIZER		
COMPACT ULTRASONIC NEBULIZER		
DEVILBISS DISPOSABLE NEBULIZER		
ERAPID NEBULIZER SYSTEM		
INSPIRATION NEBULIZER SYSTEM		
LC D NEBULIZER SET		
LC PLUS		
LC STAR		
MICRO AIR		
MICRO PLUS NEBULIZER		
MINI PLUS NEBULIZER		
NASONEB NASAL NEBULIZER		
PARI BABY NEBULIZER		
PARI LC D NEBULIZER		
PARI LC SPRINT NEBULIZER SET		
PARI LC SPRINT SINUS		
PRODIGY MINI-MIST NEBULIZER		
SIDESTREAM		
SIDESTREAM NEBULIZER		
SIDESTREAM PLUS		
SINUSTAR NEBULIZER		
Medical Supplies And Dme - Needles And Syringes		
ALLERGIST SYRINGE		
ALLERGIST TRAY 1/2 ML 27GX3/8"		
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 GLASPAK SYRINGE		
BD GLASPAK TB SYRINGE		
BD INTERLINK BLUNT PLASTIC CAN		
BD INTERLINK SYRINGE		

Name	Reference	Notes
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		
DAVOL PISTON IRRIGATION		
EXCEL SYRINGE		
EXEL HYPODERMIC NEEDLES		
EXEL SYRINGE		
FLOW-EZE VENTED NEEDLE		
HYPODERMIC NEEDLES		
INTERLINK SYRINGE AND CANNULA		
LIFESHIELD BLUNT CANNULA		
MEDSAVER SYRINGE		
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		

Name	Reference	Notes
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 WITH CANNULA,DISPOSABL		
SYRINGE WITHOUT NEEDLE		
TERUMO SYRINGE		
TUBERCULIN SYRINGE		
ULTICARE		
VANISHPOINT SYRINGE		
VANISHPOINT TUBERCULIN SYRINGE		
<i>needle (disp) 23 gauge</i>	Hypodermic Needles	
<i>syringe (disposable)</i>	BD Slip Tip Syringe	
<i>syringe with needle</i>	BD SafetyGlide Syringe	
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		

Name	Reference	Notes
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)
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		

Name	Reference	Notes
INNOSPIRE ELEGANCE		
INNOSPIRE ESSENCE		
INSPIRATION ELITE		
LITEAIRE MDI CHAMBER		QL (2 EA per 365 DAYs)
MICRO ELITE COMP-NEBUL		
MINI ELITE COMPRESSOR-NEBULIZE		
MINI ELITE LITHIUM BATTERY		
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)
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)

Name	Reference	Notes
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>	Infant Ear Syringe	
Medical Supplies And Dme - Sanitary Napkins And Tampons		
TENA SERENITY		
Medical Supplies And Dme - Thermometers		
BABY THERMOMETER		
BRITE SIGHT GLASS RECTAL THERM		
BRITE SIGHT THERMOMETER		
DIGITAL THERMOMETER		
DIGITAL THERMOMETER/BEEPER		
FOREHEAD THERMOMETER		
INSTANT EAR THERMOMETER		
THERMOMETER COVERS		
THERMOSCAN THERMOMETER		
VICKS DIGITAL THERMOMETER		
VICKS FOREHEAD THERMOMETER		
<i>basal thermometer</i>	Asepto Basal Thermometer	
<i>basal thermometer, electronic</i>	Soft-Tip Thermometer	
<i>ear thermometer</i>	Instant Ear Thermometer	
<i>oral thermometer</i>	BRITE SIGHT Thermometer	
<i>thermometer probe covers</i>	Thermometer Covers	
Medical Supplies And Dme - Urinary Catheters And Related Devices		
ACTIVE CATH		
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		
CLEAR ADVANTAGE		

Name	Reference	Notes
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		
<i>vaporizers</i>	SudaCare Advanced	
Medical Supply, Fdb Superset		
Medical Supply, Fdb Superset		
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		
ACCU-CHEK SPIRIT ADAPTER		
ACCU-CHEK SPIRIT CLIP CASE		

Name	Reference	Notes
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 SYRINGE		
ALLERGIST TRAY 1/2 ML 27GX3/8"		
ALLERGIST TRAY INTRADERMAL BEV		
ALLERGIST TRAY REGULAR BEVEL		
ALLEVYN		
ALLEVYN PLUS ADHESIVE		
ALTERA NEBULIZER		
ALTERA NEBULIZER SYSTEM		
AMIELLE VAGINAL TRAINER		
ANTI-EMBOLISM STOCKINGS		
AQUACEL EXTRA		
AQUACEL FOAM		
AQUACEL HYDROFIBER DRESSING		

Name	Reference	Notes
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 GLASPAK SYRINGE		
BD GLASPAK TB SYRINGE		
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		

Name	Reference	Notes
BD INSYTE AUTOGUARD		
BD INTEGRA INSULIN SYRINGE		
BD INTERLINK BLUNT PLASTIC CAN		
BD INTERLINK SYRINGE		
BD LAB ECCENTRIC NON-STERILE		
BD LO-DOSE MICRO-FINE IV		
BD LO-DOSE ULTRA-FINE		
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		
BIOBRANE DRESSING		
BIOBRANE GLOVES PEDIATRIC		

Name	Reference	Notes
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		
BRITE SIGHT GLASS RECTAL THERM		
BRITE SIGHT THERMOMETER		
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		QL (100 EA per 25 DAYs)
FREESTYLE FREEDOM		QL (100 EA per 25 DAYs)
FREESTYLE FREEDOM LITE		QL (100 EA per 25 DAYs)
FREESTYLE INSULINX		QL (100 EA per 25 DAYs)
FREESTYLE INSULINX TEST STRIPS		QL (100 EA per 25 DAYs)
FREESTYLE LANCETS		
FREESTYLE LITE METER		QL (100 EA per 25 DAYs)
FREESTYLE LITE STRIPS		QL (100 EA per 25 DAYs)
FREESTYLE PRECISION		
FREESTYLE SIDEKICK II		QL (100 EA per 25 DAYs)
FREESTYLE SYSTEM KIT		QL (100 EA per 25 DAYs)
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		
HYPODERMIC NEEDLES		

Name	Reference	Notes
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		
INJECT-EASE AUTOMATIC INJECTOR		
INNOSPIRE ELEGANCE		
INNOSPIRE ESSENCE		
INSPIRATION ELITE		
INSPIRATION NEBULIZER SYSTEM		
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)

Name	Reference	Notes
MAGELLAN INSULIN SAFETY SYRNG		
MEDIGRIP		
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		
MEDSAVER SYRINGE		
MEPILEX		
MEPILEX BORDER		
MICRO AIR		
MICRO ELITE COMP-NEBUL		
MICRO PLUS NEBULIZER		
MICRODOT HIGH-LOW CONTROL		
MICRODOT NORMAL CONTROL		
MICROLET LANCET		
MICROLIFE PEAK FLOW METER		
MINI ELITE COMPRESSOR-NEBULIZE		
MINI ELITE LITHIUM BATTERY		
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		

Name	Reference	Notes
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		
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		

Name	Reference	Notes
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)
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		

Name	Reference	Notes
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)
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		

Name	Reference	Notes
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		
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		

Name	Reference	Notes
SYRINGE 3CC/21GX1"		
SYRINGE 3CC/22GX3/4"		
SYRINGE 3CC/25GX1"		
SYRINGE WITH CANNULA,DISPOSABL		
SYRINGE WITHOUT NEEDLE		
TABLET CUTTER		QL (1 EA per 180 DAYs)
TECHLITE LANCETS		
TEGADERM		
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		
TELFA		
TELFA CLEAR WOUND DRESSING		
TELFA ISLAND DRESSING		
TELFA OUCHLESS NON-ADHERENT		
TENA SERENITY		
TENS 504		
TENSOR		
TERUMO SYRINGE		
THERMOMETER COVERS		
THERMOSCAN THERMOMETER		
THINPRO INSULIN SYRINGE		
TRUZONE PEAK FLOW METER		
TUBERCULIN SYRINGE		
ULTICARE		
ULTICARE PEN NEEDLE		
ULTILET BASIC LANCETS		
ULTILET CLASSIC LANCETS		
ULTILET INSULIN SYRINGE		
ULTILET LANCETS		

Name	Reference	Notes
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		
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		
VICKS FOREHEAD THERMOMETER		
VICKS WARM MIST HUMIDIFIER		
VIGILON PRIMARY WOUND DRESSING		
VISTEC X-RAY DETECT		

Name	Reference	Notes
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		
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>	Asepto Basal Thermometer	
<i>basal thermometer, electronic</i>	Soft-Tip Thermometer	
<i>blood glucose contrl hi,normal</i>	Assure Dose Norm-Hi Control	
<i>blood glucose control, normal</i>	Glucometer DEX	
<i>blood pressure test kit-medium</i>	In Control BP Monitor	
<i>ear syringe</i>	Infant Ear Syringe	
<i>ear thermometer</i>	Instant Ear Thermometer	
<i>elastic bandage</i>	Self-Grip	
<i>eye patch</i>	Opticlude Eye Patch Junior	
<i>gauze bandage</i>	Bordered Gauze	
<i>humidifiers</i>	Cool Mist Humidifier 1 gallon	
<i>hydrocol dress-adhesive rem#1</i>		
<i>hydrocolloid dressing</i>	Restore Extra Thin Dressing	
<i>insulin syringe-needle u-100</i>	Aimsco Insulin Syringe	
<i>insulin syringes (disposable)</i>	Monoject Insulin Syringe	
<i>lancets</i>	Ultilet Lancets	
<i>needle (disp) 23 gauge</i>	Hypodermic Needles	

Name	Reference	Notes
<i>oral thermometer</i>	BRITE SIGHT Thermometer	
<i>syringe (disposable)</i>	BD Slip Tip Syringe	
<i>syringe with needle</i>	BD SafetyGlide Syringe	
<i>thermometer probe covers</i>	Thermometer Covers	
<i>vaporizers</i>	SudaCare Advanced	
Metabolic Modifiers		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type		
<i>calcitriol</i>	Rocaltrol	
<i>doxercalciferol</i>	Hectorol	
<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		
FLUORITAB		
FLURA-DROPS		
SF		
SF 5000 PLUS		QL (51 GM per 30 Days)
<i>sodium fluoride</i>	Fluorabon	
Mouth And Throat - Antifungals		
<i>clotrimazole</i>	Mycelex	
<i>nystatin</i>		
Mouth And Throat - Antiseptics		
PERIOGARD		
<i>chlorhexidine gluconate</i>	Peridex	
Mouth And Throat - Glucocorticoids		
<i>triamcinolone acetanide</i>	Oralene	
Mouth And Throat - Local Anesthetic Amides		
LIDOCAINE VISCOUS		
<i>lidocaine hcl</i>	Anestacon	

Name	Reference	Notes
Mouth And Throat - Saliva Stimulants		
<i>pilocarpine hcl</i>	Salagen	
Ophthalmic Agents		
Artificial Tears And Lubricant Combinations		
ARTIFICIAL TEARS (PETRO/MIN)		
BION TEARS (PF)		
REFRESH LACRI-LUBE		
TEARS NATURALE FREE (PF)		
ULTRA FRESH PM		
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>	Dexasporin	
<i>sulfacetamide-prednisolone</i>		
<i>tobramycin-dexamethasone</i>	TobraDex	
Ophthalmic - Anticholinergics		
CYCLOGYL		
HOMATROPAIRE		
<i>atropine</i>		
<i>cyclopentolate</i>	Cyclogyl	
<i>homatropine hbr</i>	Isopto Homatropine	
Ophthalmic - Antihistamines		
ALAWAY		
CHILDREN'S ALAWAY		
EYE ITCH RELIEF		
ITCHY EYE DROPS		
<i>azelastine</i>	Optivar	ST
<i>epinastine</i>	ELESTAT	ST
<i>ketotifen fumarate</i>	Eye Itch Relief	
<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>	Dexasol	
<i>fluorometholone</i>	FML Liquifilm	
<i>prednisolone acetate</i>	Pred Forte	
<i>prednisolone sodium phosphate</i>	Prednisol	
Ophthalmic - Anti-Inflammatory, Nsaids		
<i>bromfenac</i>	XIBROM	
<i>diclofenac sodium</i>	Voltaren	
<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>	Geneyes	
Ophthalmic - Hyperosmolar Agents		
ALTACHLORE		
MURO 128		
<i>sodium chloride</i>	Sochlor	
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>	Optipranolol	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>	Crolom	
Ophthalmic - Viscoelastic Agents		
AMVISC		
AMVISC PLUS		
Ophthalmic Antibacterial Mixtures		
POLYCIN		
<i>bacitracin-polymyxin b</i>	AK-Poly-Bac	
<i>neomycin-polymyxin-gramicidin</i>	Ocutricin	
<i>polymyxin b sulf-trimethoprim</i>	Polytrim	
Ophthalmic Antibiotic - Aminoglycosides		
GENTAK		
TOBREX		
<i>gentamicin</i>	Gentak	
<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>	Romycin	
Ophthalmic Antibiotic - Sulfonamides		
BLEPH-10		
<i>sulfacetamide sodium</i>		
Ophthalmic Antivirals		
<i>trifluridine</i>	Viroptic	
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists		
IOPIDINE		QL (24 ml per 1 Month)
<i>apraclonidine</i>	Iopidine	QL (5 ML per 15 DAYS)
<i>brimonidine</i>		

Name	Reference	Notes
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>	Borofair	
Otic - Anti-Infective-Glucocorticoid Combinations		
CIPRODEX		
<i>neomycin-polymyxin-hc</i>	Antibiotic Ear	
Otic - Anti-Infectives Other		
<i>acetic acid</i>	VoSol	
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)
ED A-HIST		AL (Min 3 Years)

Name	Reference	Notes
ED A-HIST PSE		AL (Min 3 Years)
ED CHLORPED D		
ENTRE-HIST PSE		
HIST-PSE		
LODRANE D		
LOHIST - D		AL (Min 3 Years)
LORTUSS LQ		
PHENAGIL		
PROMETHAZINE VC		
Q-TAPP		AL (Min 3 Years)
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>	Zoden PD	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)		

Name	Reference	Notes
ALLERGY-TIME		
ED CHLORPED JR		
ED-CHLORTAN		
<i>chlorpheniramine maleate</i>	ChlorHist	
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>	Banophen 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>	Phenergan	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		

Name	Reference	Notes
BENADRYL ALLERGY		
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>	ChlorHist	
<i>cyproheptadine</i>		
<i>diphenhydramine hcl</i>	Banophen Allergy	
<i>promethazine</i>	Phenergan	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>	All Day Allergy	
<i>fexofenadine</i>	Allegra	
<i>levocetirizine</i>	Xyzal	
<i>loratadine</i>	Wal-vert	

Name	Reference	Notes
<i>wal-zyr (cetirizine) oral tablet</i>		
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>	All Day 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>	Allegra	
<i>loratadine</i>	Wal-vert	
Antitussives - Nonnarcotic		
<i>benzonatate</i>	Tessalon	
Asthma Therapy - Alpha/Beta Adrenergic Agents		
<i>epinephrine</i>		
Asthma Therapy - 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>	Intal	
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>	AccuNeb	
<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>	Proventil	QL (40 ML per 25 DAYs)
Asthma/Copd Therapy - Beta Adrenergic Agents		
<i>albuterol sulfate</i>	Proventil	
<i>metaproterenol</i>		
<i>terbutaline</i>	Brethine	
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>	DuoNeb	
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)

Name	Reference	Notes
LIQUIBID D-R		AL (Min 3 Years)
MAXIPHEN		AL (Min 3 Years)
MUCAPHED		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 CONTROL (GUAIFENESIN)		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)
IOPHEN-NR		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>	Child Mucus Relief Expectorant	AL (Min 3 Years)

Name	Reference	Notes
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)
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>	Phenergan-Codeine	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)
IOPHEN C-NR		AL (Min 18 Years)
VIRTUSSIN AC		AL (Min 18 Years)
<i>codeine-guaifenesin</i>	Robafen AC	QL (240 ML per 90 days); AL (Min 18 Years)
Nasal Anticholinergics		
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>	Atrovent	QL (1 UNIT per 1 Month)
<i>ipratropium bromide nasal spray,non-aerosol 0.06 %</i>	Atrovent	
Nasal Corticosteroids		
NASACORT		
RHINOCORT ALLERGY		
<i>flunisolide</i>		QL (25 ML per 25 DAYs)
<i>fluticasone</i>	Flonase	QL (16 GM per 30 DAYs)
Nasal Moisturizers		
ALTAMIST		
AYR SALINE		
BABY AYR SALINE		
DEEP SEA NASAL		
NASAL SPRAY (SODIUM CHLORIDE)		

Name	Reference	Notes
OCEAN FOR KIDS		
OCEAN NASAL		
SALINE MIST		
SALINE NASAL		
SALINE NOSE		
SEA SOFT NASAL MIST		
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>	Donatussin Pediatric	
<i>pseudoephed-chlophedianol-gg</i>	Vanacof DX	
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)

Name	Reference	Notes
SUPHEDRINE 12 HOUR		AL (Min 4 Years)
WAL-PHED 12 HOUR		AL (Min 4 Years)
<i>12 hour cold relief</i>		
<i>pseudoephedrine hcl</i>	12 Hour Decongestant	AL (Min 3 Years)
Vaginal Products		
Vaginal Antibacterial - Lincosamides		
CLINDESSE		
<i>clindamycin phosphate</i>	ClindaMax	
Vaginal Antifungal - Imidazoles		
CLOTRIMAZOLE 3 DAY		
MICONAZOLE 7		
MICONAZOLE-3		
VAGISTAT-3		
<i>clotrimazole</i>	Gyne-Lotrimin	
<i>miconazole nitrate</i>	Miconazole 7	
Vaginal Antifungal - Triazoles		
<i>terconazole</i>	Terazol 7	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives		
<i>metronidazole</i>	Metrogel Vaginal	
Vaginal Estrogens		
ESTRACE		
PREMARIN		
VAGIFEM		

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		
MONOJECT PREFILL (PF)		
NAROPIN (PF)		
NESACAINE		
NESACAINE-MPF		
NEXT CHOICE ONE DOSE		QL (1 EA per 1 day)
OPANA		
OSMITROL 15 %		
PHOTOFRIN		
PITOCIN		

Name	Reference	Notes
POLOCAINE		
POLOCAINE-MPF		
PRECISION 200 CATHETER TRAY		
PROGESTERONE IN OIL		
PROLEUKIN		
PROSTASCINT		
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		
ZEMPLAR		
ZOLADEX		
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML		
<i>acetylcysteine</i>		
<i>amifostine crystalline</i>	Ethyol	

Name	Reference	Notes
<i>amphotericin b</i>		
<i>ampicillin sodium</i>	Totacillin-N	
<i>ampicillin-sulbactam</i>	Unasyn	
<i>atropine</i>		
<i>aztreonam</i>	Azactam	
<i>bleomycin</i>	Blenoxane	
<i>bupivacaine</i>	Sensorcaine	
<i>bupivacaine (pf)</i>	Sensorcaine-MPF	
<i>bupivacaine-epinephrine</i>	Sensorcaine/Epinephrine	
<i>bupivacaine-epinephrine (pf)</i>	Sensorcaine-MPF/Epinephrine	
<i>butorphanol tartrate</i>	Stadol	
<i>calcium chloride</i>		
<i>carboplatin</i>	Paraplatin	
<i>cefazolin</i>		
<i>cefazolin in dextrose (iso-os)</i>		
<i>cefepime</i>	Maxipime	
<i>cefotaxime</i>	Claforan	
<i>cefotetan</i>	Cefotan	
<i>cefoxitin</i>	Mefoxin	
<i>ceftazidime</i>	Fortaz	
<i>ceftriaxone</i>	Rocephin	
<i>ceftriaxone in dextrose,iso-os</i>		
<i>cefuroxime sodium</i>	Zinacef	
<i>chlophedianol-guaifenesin</i>	Vanacof G	
<i>cisplatin</i>		
<i>cladribine</i>	Leustatin	
<i>clindamycin phosphate</i>	Cleocin	
<i>cyclophosphamide intravenous</i>	Cytosan	
<i>cytarabine</i>	Tarabine Pfs	
<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>	DTIC-Dome	
<i>daunorubicin</i>		
<i>deferoxamine</i>	Desferal	
<i>dexamethasone sodium phos (pf)</i>		

Name	Reference	Notes
<i>dextrose 10 % and 0.2 % nacl</i>		
<i>dextrose 10 % in water (d10w)</i>		
<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 PFS	
<i>droperidol</i>	Inapsine	
<i>ephedrine sulfate</i>		
<i>epirubicin</i>	Ellence	
<i>etomidate</i>	Amidate	
<i>etoposide</i>	Toposar	
<i>external catheter, male</i>		
<i>floxuridine</i>	FUDR	
<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>	Heparin Lock Flush	
<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>		

Name	Reference	Notes
<i>magnesium sulfate in d5w</i>		
<i>magnesium sulfate in water</i>		
<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>	Methergine	
<i>methylprednisolone acetate</i>	Depo-Medrol	
<i>methylprednisolone sodium succ</i>	Solu-Medrol	
<i>metoclopramide hcl</i>	Reglan	
<i>midazolam</i>		
<i>mitomycin</i>		
<i>mitoxantrone</i>	Novantrone	
<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>	Onxol	
<i>pamidronate</i>	Aredia	
<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>	Neo-Synephrine	
<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>	Alcaine	

Name	Reference	Notes
<i>propofol</i>	Diprivan	
<i>protamine</i>		
<i>rocuronium</i>	Zemuron	
<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>	Pitressin Synthetic	
<i>vecuronium bromide</i>		
<i>vinorelbine</i>	Navelbine	

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FREESTYLE SYSTEM KIT	69, 90	<i>glyburide-metformin</i>	48	HUMULIN N	50
FREESTYLE TEST	64, 90	<i>glycerin (adult)</i>	57	HUMULIN R	50
FREESTYLE UNISTIK 2	69, 90	<i>glycerin (child)</i>	57	HUMULIN R U-500 (CONCENTRATED)	50
FULL SPECTRUM B-VITAMIN C	41	GLYCOLAX	57	<i>hydralazine</i>	20
FUNGOID-D	35	<i>glycopyrrolate</i>	56	HYDROCERIN	36
<i>furosemide</i>	21	GLYSET	47	<i>hydrochlorothiazide</i>	21
<i>gabapentin</i>	22	GMATE CONTROL SOLUTION, HIGH	70, 90	HYDROCIL	56
GABITRIL	22	GMATE CONTROL SOLUTION, NORMAL	70, 90	HYDROCIL INSTANT	56
<i>ganciclovir sodium</i>	119	GOLYTELY	57	<i>hydrocodone-acetaminophen</i>	4
GARDASIL (PF)	116	<i>granisetron hcl</i>	54	<i>hydrocol dress-adhesive rem#1</i>	63, 99
GARDASIL 9 (PF)	16	<i>griseofulvin microsize</i>	9	HYDROCOL II	40, 90
GAS RELIEF	55	<i>griseofulvin ultramicrosize</i>	9	HYDROCOL II SACRAL	40, 90
<i>gauze bandage</i>	65, 99	GRX FOAM DRESSING	63, 90	HYDROCOL THIN II	40, 90
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<i>gemcitabine</i>	119	HEALTHY ACCENTS UNIFINE PENTIP	73, 90	<i>hydromorphone (pf)</i>	3
<i>gemfibrozil</i>	18	HEALTHY ACCENTS UNILET LANCET	70, 90	HYDROSKIN	36
GENERESS FE	29	HEARTBURN TREATMENT 24 HOUR	55	<i>hydroxychloroquine</i>	6, 9
GENERLAC	55	HEATHER	31	<i>hydroxyurea</i>	13
GENGRAF	6, 62	HEP FLUSH-10 (PF)	116	<i>hydroxyzine hcl</i>	21
GENTAK	103	<i>heparin (porcine)</i>	119	<i>hydroxyzine pamoate</i>	21
<i>gentamicin</i>	8, 103	HEPARIN FLUSH	61	<i>hyoscyamine sulfate</i>	56
<i>gentamicin sulfate (ped) (pf)</i>	119	<i>heparin flush(porcine)-0.9nacl</i>	119	HYPERHEP B S/D	15
GERI-HYDROLAC	36	<i>heparin lock flush (porcine)</i>	119	HYPERHEP B S-D NEONATAL	15
GERI-LANTA	53	HEPARIN		HYPERRAB S/D (PF)	15
GERI-TUSSIN	111	LOCKFLUSH(PORCINE)(PF)	61	HYPERRHO S/D	116
G-FENESIN	111	<i>heparin, porcine (pf)</i>	61	HYPODERMIC NEEDLES	76, 90
GIANVI (28)	29	HEXALEN	13	<i>ibuprofen</i>	7
GILDAGIA	29	HIST-PSE	105	ICAR-C PLUS	43
GILOTRIF	12	HOMATROPAIRE	101	ICY HOT MEDICATED SLEEVE	38
GIZMO	116			<i>idarubicin</i>	119
<i>glimepiride</i>	48			<i>ifosfamide</i>	119
<i>glipizide</i>	48			<i>ifosfamide-mesna</i>	119
				<i>imatinib</i>	14
				<i>imipramine hcl</i>	24
				<i>imiquimod</i>	37

IMOGAM RABIES-HT (PF)	15	ISORDIL TITRADOSE	18	KLOR-CON/EF	44
INCARE INVIEW CATHETER	116	<i>isosorbide dinitrate</i>	18	KOMBIGLYZE XR	49
IN-CHECK NASAL WITH MASK	78, 91	<i>isosorbide mononitrate</i>	18	KONSYL SUGAR-FREE	56
IN-CHECK ORAL FLOW METER	78, 91	ITCHY EYE DROPS	101	K-PHOS NO 2	59
INCRUSE ELLIPTA	109	<i>ivermectin</i>	8	K-PHOS ORIGINAL	59
<i>indapamide</i>	21	JANTOVEN	61	KPN	45
<i>indomethacin</i>	7	JANUMET	48	KURVELO	29
INFANRIX (DTAP) (PF)	15	JANUMET XR	48	<i>l norgest/e.estradiol-e.estrad</i>	28
INFANTS GAS RELIEF	55	JANUVIA	48	<i>labetalol</i>	17
INFANT'S PAIN RELIEF	5	JENCYCLA	31	<i>lactated ringers</i>	119
INFINITY CONTROL SOLUTION HIGH	70, 91	JENTADUETO	48	<i>lactic acid</i>	36
INFINITY CONTROL SOLUTION LOW	70, 91	JENTADUETO XR	48	<i>lactulose</i>	55, 57
INFINITY CONTROL SOLUTION NORM	70, 91	JINTELI	49	LAMISIL AF	35
INFUMORPH P/F	3	JOLESSA	29	<i>lamotrigine</i>	23
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INNOSPIRE ELEGANCE	79, 91	JUNEL 1/20 (21)	29	LANCETS, ULTRA THIN	70, 91
INNOSPIRE ESSENCE	79, 91	JUNEL FE 1.5/30 (28)	29	LANOXIN	20
INSPIRATION ELITE	79, 91	JUNEL FE 1/20 (28)	29	LANOXIN PEDIATRIC	20
INSPIRATION NEBULIZER SYSTEM	75, 91	JUNEL FE 24	29	<i>lansoprazole</i>	55
INSTANT EAR THERMOMETER	80, 91	JUNIOR MAPAP	5	LANTUS	51
INSULIN SYRINGE	73, 91	KAITLIB FE	29	LANTUS SOLOSTAR	51
<i>insulin syringe-needle u-100</i>	73, 99	KANGAROO FEEDING TUBE	65, 91	LARIN 1.5/30 (21)	29
<i>insulin syringes (disposable)</i>	74, 99	<i>kaolin-pectin</i>	54	LARIN 1/20 (21)	29
INSUPEN	73, 91	KAOPECTATE (BISMUTH SUBSALICY)	53	LARIN 24 FE	29
INTERLINK SYRINGE AND CANNULA	76, 91	KAO-TIN (BISMUTH SUBSALICYLAT)	53	LARIN FE 1.5/30 (28)	29
INTERSORB	65, 91	KAO-TIN (DOCUSATE CALCIUM)	58	LARIN FE 1/20 (28)	29
INTRASITE GEL DRESSING	40, 91	KARIVA (28)	28	<i>latanoprost</i>	104
INTROVALE	29	K-EFFERVESCENT	44	LAX STOOL SOFTENER WITH SENNA	58
INVACARE LANCETS	70, 91	KELNOR 1/35 (28)	29	LAXACIN	58
INZO ANTIFUNGAL	34	KENALOG	36, 50	LAXATIVE (BISACODYL)	57
IOPHEN C-NR	112	KENDALL	40, 66, 91	LAYOLIS FE	29
IOPHEN-NR	111	KENLINE ADD-A-FOLEY TRAY 30CC	116	LC D NEBULIZER SET	75, 91
IOPIDINE	103	KERLIX	65, 91	LC PLUS	75, 91
<i>ipecac</i>	8	KERLIX BURN PACK	40, 91	LC STAR	75, 91
IPOL	16	KERLIX PACKING SPONGE	65, 91	LEENA 28	31
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<i>ipratropium-albuterol</i>	110	<i>ketoconazole</i>	9, 34	LESSINA	29
<i>irbesartan</i>	17	KETO-DIASTIX	81, 91	<i>letrozole</i>	14
<i>irbesartan-hydrochlorothiazide</i> ..	17	KETONE URINE TEST	81, 91	<i>leucovorin calcium</i>	14
IRON	43	<i>ketoprofen</i>	7	LEUKERAN	13
IRON 100 PLUS	43	<i>ketorolac</i>	102, 119	LEVEMIR	51
<i>isoniazid</i>	10	KETOSTIX	81, 91	LEVEMIR FLEXTOUCH	51
ISORDIL	18	<i>ketotifen fumarate</i>	101	<i>levetiracetam</i>	23
		KIMIDESS (28)	28	<i>levobunolol</i>	102
		KIONEX	42	<i>levocarnitine</i>	100
		KIONEX (WITH SORBITOL)	42	<i>levocarnitine (with sugar)</i>	100
		KLOR-CON M10	44	<i>levocetirizine</i>	107, 108
		KLOR-CON M20	44	<i>levofloxacin</i>	11
		KLOR-CON SPRINKLE	44	<i>levofloxacin in d5w</i>	11
		KLOR-CON/25	44	LEVONEST (28)	32
				<i>levonorgestrel-ethinyl estrad</i>	31
				<i>levonorg-eth estrad triphasic</i>	32
				LEVORA 0.15/30 (28)	29
				LEVORA-28	29
				<i>levorphanol tartrate</i>	3

<i>levothyroxine</i>	52	MAALOX MAXIMUM STRENGTH	53	MEDSAVER SYRINGE	76, 92
LICE CREAM RINSE	38	MAG-AL PLUS	53	<i>megestrol</i>	14, 41
LICE KILLING	38	MAG-AL PLUS EXTRA	53	<i>meloxicam</i>	7
LICE KILLING (PERMETHRIN)	38	STRENGTH	53	<i>mephalan hcl</i>	120
LICE PYRINYL SHAMPOO	38	MAGELLAN INSULIN SAFETY	53	<i>memantine</i>	27
LICE TREATMENT	38	SYRNG	73, 92	MENACTRA (PF)	16
LICE TREATMENT	38	MAGLOX	53	MENOMUNE - A/C/Y/W-135	16
(PERMETHRIN)	38	<i>magnesium chloride</i>	119	MENOMUNE - A/C/Y/W-135 (PF)	16
<i>lidocaine</i>	8, 38	<i>magnesium citrate</i>	57	MENVEO A-C-Y-W-135-DIP (PF)	16
<i>lidocaine hcl</i>	38, 100, 119	<i>magnesium hydroxide (bulk)</i>	27	MENVEO MENA COMPONENT	16
LIDOCAINE VISCOUS	100	<i>magnesium oxide</i>	43	(PF)	16
<i>lidocaine-epinephrine</i>	119	<i>magnesium sulfate</i>	119	MENVEO MENCYW-135	16
<i>lidocaine-prilocaine</i>	37	<i>magnesium sulfate in d5w</i>	120	COMPNT (PF)	16
LIDOPIN	38	<i>magnesium sulfate in water</i>	120	<i>meperidine</i>	120
LIFESHIELD BLUNT CANNULA	76, 91	<i>malathion</i>	38	<i>meperidine (pf)</i>	120
<i>liothyronine</i>	52	<i>mannitol 10 %</i>	120	MEPHYTON	47
LIQUIBID D-R	111	<i>mannitol 20 %</i>	120	MEPILEX	40, 92
LIQUITUSS GG	111	<i>mannitol 25 %</i>	21	MEPILEX AG	40
LISCO	65, 91	<i>mannitol 5 %</i>	120	MEPILEX BORDER	40, 63, 92
<i>lisinopril</i>	17	MAPAP (ACETAMINOPHEN)	5	MEPRON	9
<i>lisinopril-hydrochlorothiazide</i>	17	MAPAP ARTHRITIS PAIN	5	<i>mercaptopurine</i>	13
LITE TOUCH INSULIN PEN	73, 91	MAPAP EXTRA STRENGTH	5	<i>mesna</i>	120
NEEDLES	73, 91	MARCAINE	116	MESNEX	15
LITE TOUCH INSULIN SYRINGE	73, 91	MARCAINE-EPINEPHRINE	116	MESTINON	62
LITE TOUCH LANCETS	70, 91	MARGESIC	6	METADATE ER	25
LITEAIRE MDI CHAMBER	79, 91	MARLISSA	30	<i>metaproterenol</i>	110
LITTLE ANIMALS	45	MASOPHEN	5	<i>metformin</i>	51
LO LOESTRIN FE	28	MATULANE	13	<i>methadone</i>	3
LODRANE D	105	MAX STR NON-DROWSY SINUS	110	<i>methazolamide</i>	21
LOESTRIN 1.5/30 (21)	30	MAXIPHEN	111	<i>methenamine hippurate</i>	60
LOESTRIN 1/20 (21)	30	<i>meclizine</i>	54	<i>methimazole</i>	49
LOESTRIN FE 1.5/30 (28-DAY)	30	MEDICIDIN-D	105	<i>methocarbamol</i>	63
LOESTRIN FE 1/20 (28-DAY)	30	MEDIGRIP	64, 92	<i>methotrexate sodium</i>	6, 13
LOHIST - D	105	MEDIGRIP ELASTICATED	64, 92	<i>methotrexate sodium (pf)</i>	13
LOMEDIA 24 FE	30	SUPPORT	64, 92	<i>methyldopa</i>	20
LONG ACTING NASAL DECONG	113	MEDIGRIP TUBULAR	64, 92	<i>methylergonovine</i>	120
<i>loperamide</i>	53	MEDI-LAXX	58	<i>methlyphenidate</i>	25, 26
LORADAMED	107, 108	MEDI-MECLIZINE	54	<i>methyprednisolone</i>	50
<i>loratadine</i>	107, 108	MEDIPORE DRESS-IT COVER	63, 92	<i>methyprednisolone acetate</i>	120
<i>lorazepam</i>	22, 119	MEDIPORE PLUS PAD	63, 92	<i>methyprednisolone sodium succ</i>	120
LORTUSS LQ	105	MEDISENSE	70, 92	<i>metipranolol</i>	102
LORYNA (28)	30	MEDISENSE CONTROLS 1-HI	70, 92	<i>metoclopramide hcl</i>	120
<i>losartan</i>	17	1-LO	70, 92	<i>metolazone</i>	21
<i>losartan-hydrochlorothiazide</i>	17	MEDISENSE GLUCOSE KETONE	70, 92	<i>metoprolol succinate</i>	19
LOSEASONIQUE	28	MEDISENSE MID CONTROL	70, 92	<i>metoprolol tartrate</i>	19
<i>lovastatin</i>	19	MEDISENSE THIN LANCETS	70, 92	<i>metronidazole</i>	9, 33, 37, 114
LOW-OGESTREL (28)	30	MEDLANCE PLUS LANCETS	70, 92	<i>mexiletine</i>	18
LUMIGAN	104	MEDPOINT NORMAL CONTROL	70, 92	MI-ACID	52
LUTERA (28)	30	MEDROL	50	MI-ACID GAS RELIEF	56
LYSODREN	13	<i>medroxyprogesterone</i>	28, 51	MICONAZOLE 7	114
LYZA	31			<i>miconazole nitrate</i>	35, 114
M.V.I. PEDIATRIC	116			MICONAZOLE-3	114
MAALOX ADVANCED	53			MICRHOGAM ULTRA-FILTERED	15
				PLUS	15
				MICRO AIR	75, 92

MICRO ELITE COMP-NEBUL	79, 92	MONOJECT ALLERGY TRAY	76, 92	MOUTHPIECE REUSABLE MW	79, 93
MICRO PLUS NEBULIZER	75, 92	MONOJECT CONTROL		MOXEZA	103
MICRODOT HIGH-LOW		SYRINGE LUER	76, 92	MPM FOAM DRESSING	40, 63, 93
CONTROL	70, 92	MONOJECT DISPOSABLE		MUCAPHED	111
MICRODOT NORMAL CONTROL	70, 92	SYRINGE	76, 92	MUCINEX	111
MICROGESTIN 1.5/30 (21)	30	MONOJECT ECCENTRIC		MUCINEX FAST-MAX	
MICROGESTIN 1/20 (21)	30	NON-STERILE	76, 92	COLD-SINUS	110
MICROGESTIN 24 FE	30	MONOJECT HYPODERMIC		MUCINEX MINI-MELTS	111
MICROGESTIN FE 1.5/30 (28)	30	NEEDLES	76, 92	MUCOSA	111
	30	MONOJECT HYPODERMIC		MUCUS RELIEF	111
MICROGESTIN FE 1/20 (28)	30	POLYPROPYL	76, 92	MUCUS RELIEF ER	111
MICRO-GUARD	34	MONOJECT INSULIN SYRINGE	73, 92	MUCUS RELIEF SINUS	111
MICROLET LANCET	70, 92	MONOJECT LUER-LOCK TIP	76, 92	MULTI-VIT WITH	
MICROLIFE PEAK FLOW METER	78, 92	MONOJECT PHARMACY TRAY		FLUORIDE-IRON	45
<i>midazolam</i>	120	LUER	76, 93	MULTI-VITAMIN WITH	
MIGERGOT	25	MONOJECT PHARMACY TRAY		FLUORIDE	45
MILK OF MAGNESIA	57	REG TIP	77, 93	<i>mupirocin</i>	34
MILK OF MAGNESIA		MONOJECT PREFILL (PF)	116	<i>mupirocin calcium</i>	34
CONCENTRATED	57	MONOJECT REG TIP		MURO 128	102
MILLIPRED	50	NON-STERILE	77, 93	MUSTARGEN	13
MILLIPRED DP	50	MONOJECT REGULAR LUER	77, 93	MY WAY	32, 33
MIMVEY	49			<i>mycophenolate mofetil</i>	6, 62
MIMVEY LO	49	MONOJECT SAFETY LUER		<i>mycophenolate sodium</i>	62
MINASTRIN 24 FE	30	LOCK TIP	77, 93	MYGLUCOHEALTH LANCETS	70, 93
MINERIN	36	MONOJECT SAFETY SYRINGES	77, 93	MYLERAN	12
MINI ELITE		MONOJECT SMARTIP CANNULA	77, 93	MYNATAL	45
COMPRESSOR-NEBULIZE	79, 92	MONOJECT SYRINGE	77, 93	MYNATAL ADVANCE	45
MINI ELITE LITHIUM BATTERY	79, 92	MONOJECT SYRINGE		MYNATAL PLUS	45
MINI PLUS NEBULIZER	75, 92	CATHETER	77, 93	MYNATAL-Z	45
MINI ULTRA-THIN II	73, 92	MONOJECT SYRINGE		MYNATE 90 PLUS	45
MINI WRIGHT PEAK FLOW		ECCENTRI LUER	77, 93	MYNEPHROCAPS	41
METER	78, 92	MONOJECT SYRINGE LUER		MYORISAN	33
MINITRAN	18	LOK	77, 93	MYTAB GAS	56
MINIVELLE	50	MONOJECT SYRINGE REGULAR		MYTAB GAS MAXIMUM	
MINI-WRIGHT PEAK FLOW		LUER	77, 93	STRENGTH	56
METER	78, 92	MONOJECT SYRINGE TOOMEY	77, 93	MYZILRA	32
MINOCIN	116	TYPE	77, 93	NABI-HB	15
<i>minocycline</i>	6, 12	MONOJECT TB LUER LOK	77, 93	<i>nabumetone</i>	6
<i>minoxidil</i>	20	MONOJECT TB SAFETY		<i>nadolol</i>	19
MINTOX PLUS	53	SYRINGE	77, 93	<i>nafcillin</i>	120
MIRALAX	57	MONOJECT TUBERCULIN		<i>nafcillin in dextrose iso-osm</i>	120
MIRCETTE (28)	28	SYRINGE	77, 93	<i>nalbuphine</i>	4
MIRENA	116	MONOLET LANCETS	70, 93	<i>naproxen</i>	7
<i>mirtazapine</i>	23	MONOLET THIN LANCETS	70, 93	<i>naproxen sodium</i>	7
<i>misoprostol</i>	55			NAROPIN (PF)	116
<i>mitomycin</i>	120	MONO-LINYAH	30	NASACORT	112
<i>mitoxantrone</i>	120	MONONESSA (28)	30	NASAL DECONGESTANT (PE)	113
M-M-R II (PF)	15, 16, 17	<i>montelukast</i>	109	NASAL DECONGESTANT	
<i>mometasone</i>	37	<i>morphine</i>	3, 120	(PSEUDOEPH)	113
MONOJECT 140CC PISTON		<i>morphine (pf)</i>	3	NASAL SPRAY (SODIUM	
SYRINGE	76, 92	<i>morphine concentrate</i>	3	CHLORIDE)	112
				NASONEB NASAL NEBULIZER	75, 93
				NATAZIA	31

<i>nateglinide</i>	48	NON-ASPIRIN ALLERGY SINUS	105	OGESTREL (28)	30
NATURAL CALCIUM	42	NON-ASPIRIN CHILDRENS	5	<i>olopatadine</i>	101
NATURAL FIBER LAXATIVE (SUGAR)	56	NON-ASPIRIN CHILDREN'S	5	<i>omeprazole</i>	55
NATURAL FIBER LAXATIVE THERAPY	56	NON-ASPIRIN EXTRA STRENGTH	5	<i>omeprazole magnesium</i>	55
NATURAL VEG LAXATIVE(DEXTROSE)	57	NON-ASPIRIN PAIN RELIEF	5	ON CALL LANCET	70, 93
NATURE-THROID	52	NON-DROWSY ALLERGY	107, 108	ON CALL PLUS CONTROL	70, 93
NECON 0.5/35 (28)	30	NORA-BE	31	ON CALL PLUS LANCET	70, 93
NECON 1/35 (28)	30	NOREL AD	105	ON CALL VIVID CONTROL	70, 93
NECON 1/50 (28)	30	<i>noreth-ethinyl estradiol-iron</i>	31	<i>ondansetron</i>	54
NECON 10/11 (28)	28	<i>norethindrone (contraceptive)</i>	31	<i>ondansetron hcl</i>	54
NECON 7/7/7 (28)	32	<i>norethindrone acetate</i>	51	<i>ondansetron hcl (pf)</i>	54
<i>needle (disp) 23 gauge</i>	77, 99	<i>norethindrone ac-eth estradiol</i>	31	ONETOUCH SURESOFT LANCING DEV	71, 93
<i>nefazodone</i>	24	<i>norgestimate-ethinyl estradiol</i>	31, 32	ONETOUCH ULTRA CONTROL	71, 93
<i>neomycin</i>	8	NORINYL 1+35 (28)	30	ONETOUCH ULTRASOFT LANCETS	71, 93
<i>neomycin-polymyxin b gu</i>	59	NORMAL SALINE FLUSH	46	ONGLYZA	48
<i>neomycin-polymyxin b-dexameth</i>	101	NORTEMP	5	OPANA	116
<i>neomycin-polymyxin-gramicidin</i>	103	NORTREL 0.5/35 (28)	30	OPSITE	66, 93
<i>neomycin-polymyxin-hc</i>	104	NORTREL 1/35 (21)	30	OPSITE ADHESIVE DRESSING	66, 94
NEORAL	6, 62	NORTREL 1/35 (28)	30	OPSITE FLEXIFIX	66, 94
NEOSPORIN (NEO-BAC-POLYM)	34	NORTREL 7/7/7 (28)	32	OPSITE FLEXIGRID DRESSING	66, 94
NEOSPORIN ANTI-ITCH	36	<i>nortriptyline</i>	24	OPTICHAMBER ADULT MASK-LARGE	79, 94
NEPHPLEX RX	41	NOVA MAX GLUCOSE CONTROL	70, 93	OPTICHAMBER DIAMOND LG MASK	79, 94
NEPHROCAPS	41	NOVA SAFETY LANCETS	70, 93	OPTICHAMBER DIAMOND VHC	79, 94
NEPHRO-VITE	41	NOVA SUREFLEX LANCETS	70, 93	OPTICHAMBER DIAMOND-MED MSK	79, 94
NEPHRO-VITE RX	41	NOVOFINE 30	73, 93	OPTICHAMBER DIAMOND-SML MASK	79, 94
NESACAINE	116	NOVOFINE 32	73, 93	OPTICLUDE EYE PATCH	65, 94
NESACAINE-MPF	116	NOVOFINE AUTOCOVER	73, 93	OPTIUM EZ	64, 94
NEXAFED	113	NOVOLIN 70/30	50	OPTIUM TEST	64, 94
NEXAVAR	14	NOVOLIN N	50	ORAL SALINE LAXATIVE	57
NEXCARE TEGADERM	66, 93	NOVOLIN R	51	<i>oral thermometer</i>	80, 100
NEXIUM 24HR	55	NOVOLOG	51	ORALYTE	43
NEXT CHOICE ONE DOSE	116	NOVOLOG FLEXPEN	51	ORGAN-I NR	111
<i>niacin</i>	19, 47	NOVOLOG MIX 70-30	51	ORSYTHIA	30
<i>niacin (bulk)</i>	27	NOVOLOG MIX 70-30 FLEXPEN	51	ORTHO TRI-CYCLEN LO (28)	32
<i>niacinamide</i>	47	NOVOLOG PENFILL	51	OSCIMIN	56
NIACOR	19	NOVOTWIST	73, 93	OSCIMIN SL	56
NICODERM CQ	27	NP THYROID	52	OSMITROL 15 %	116
NICORETTE	27	NUVARING	32	<i>oxacillin</i>	12
<i>nicotine</i>	27	NYAMYC	34	<i>oxacillin in dextrose(iso-osm)</i>	120
<i>nicotine (polacrilex)</i>	27	<i>nystatin</i>	9, 34, 100	<i>oxaliplatin</i>	120
NIFEDICAL XL	19	<i>nystatin-triamcinolone</i>	35	<i>oxaprozin</i>	7
<i>nifedipine</i>	20	NYSTOP	34	<i>oxazepam</i>	22
NILANDRON	13	OBAGI NU-DERM TOLEREEN	36	<i>oxcarbazepine</i>	23
<i>nitrofurantoin macrocrystal</i>	60	O-CAL FA	45	OXISTAT	34
<i>nitrofurantoin monohydr/m-cryst</i>	60	O-CAL PRENATAL	45	<i>oxybutynin chloride</i>	60
<i>nitroglycerin</i>	18	OCEAN FOR KIDS	113		
NITROSTAT	18	OCEAN NASAL	113		
NIX CREME RINSE	38	OCELLA	30		
NOBLE FORMULA HC	36	<i>ofloxacin</i>	11, 103, 104		
NON-ASPIRIN	5				

<i>oxycodone</i>	3, 4	PEDIA-LAX STOOL SOFTENER	58	<i>phenytoin sodium extended</i>	23
<i>oxycodone-acetaminophen</i>	4	PEDIALYTE	43	PHILITH	30
<i>oxytocin</i>	120	PEDIALYTE ADVANCED CARE	44	PHILLIPS	43
OXYTROL FOR WOMEN	60	PEDIALYTE FREEZER POPS	44	PHOSPHA 250 NEUTRAL	44, 59
OYSCO 500/D	43	PEDIATRIC ELECTROLYTE	44	PHOSPHOLINE IODIDE	101
OYSCO D	43	PEDIATRIC MEDIUM MASK	79, 94	PHOTOFRIN	116
OYSCO-500	42	PEDIATRIC MOUTHPIECES	74, 94	<i>physostigmine salicylate</i>	120
OYST-CAL-500	42	<i>pediatric multivitamin</i>	45	<i>phytonadione (vitamin k1)</i>	120
OYSTER SHELL CALCIUM	42	PEDIATRIC PANDA MASK	79, 94	PIKO 1	78, 94
OYSTER SHELL CALCIUM 500	42	PEDIATRIC SMALL MASK	79, 94	PILLOW MASK ADULT	65, 94
OYSTER SHELL CALCIUM-VIT D2	43	PEDIATRIC-SMALL MOUTH ADAPTOR	74, 94	<i>pilocarpine hcl</i>	101
OYSTER SHELL CALCIUM-VIT D3	43	PEDI-BORO SOAK	35	PIMTREA (28)	28
PACERONE	18	PEDVAX HIB (PF)	16	PINK BISMUTH	53
<i>paclitaxel</i>	120	<i>peg 3350-electrolytes</i>	57	PINK BISMUTH MAXIMUM STRENGTH	53
PAIN AND FEVER	5	PEG-3350 WITH FLAVOR PACKS	57	PIN-X	8
PAIN RELIEF	5	PEN NEEDLE	73, 94	<i>pioglitazone</i>	51
PAIN RELIEF EXTRA STRENGTH	5	<i>penicillin g pot in dextrose</i>	120	<i>piperacillin-tazobactam</i>	120
PAIN RELIEF REGULAR STRENGTH	5	<i>penicillin g potassium</i>	12	PIRMELLA	30, 32
PAIN RELIEVER	5	<i>penicillin g procaine</i>	120	<i>piroxicam</i>	7
PAIN RELIEVER EXTRA STRENGTH	5	<i>penicillin g sodium</i>	120	PITOCIN	116
<i>pamidronate</i>	120	<i>penicillin v potassium</i>	12	PLAN B ONE-STEP	32, 33
PANDA MASK	79, 94	PENTACEL ACTHIB COMPONENT (PF)	16	PNEUMOVAX 23	16
PANOXYL	33	<i>pentoxifylline</i>	61	<i>pnv cmb#95-ferrous fumarate-fa</i>	46
<i>pantoprazole</i>	55	PEPTIC RELIEF	53	POCKET CHAMBER	79, 94
PARI BABY CONV KIT - SIZE 3	79, 94	PERATIVE	44	POCKET PEAK FLOW METER	78, 94
PARI BABY CONVERSION PACK 1	79, 94	PERI-COLACE	58	<i>podofilox</i>	37
PARI BABY CONVERSION PACK 2	79, 94	PERIOGARD	100	POLOCAINE	117
PARI BABY NEBULIZER	75, 94	<i>permethrin</i>	38	POLOCAINE-MPF	117
PARI LC D NEBULIZER	75, 94	<i>perphenazine-amitriptyline</i>	24	POLYCIN	103
PARI LC FILTER WITH VALVE SET	79, 94	PERRY PRENATAL	45	<i>polyethylene glycol 3350</i>	57
PARI LC MASK SET	79, 94	PERSA-GEL	33	<i>polymyxin b sulf-trimethoprim</i>	103
PARI LC SPRINT NEBULIZER SET	75, 94	PERSONAL BEST FULL RANGE	78, 94	POLYSKIN II	67, 95
PARI LC SPRINT SINUS	75, 94	PERSONAL BEST LOW RANGE	78, 94	POLY-VITA	45
PARI SINUS AEROSOL SYSTEM	79, 94	PETROLATUM GAUZE	67, 94	POLY-VITA (IRON)	45
PARI TREK S COMBO PACK	79, 94	PFIZERPEN-G	12	POLY-VITAMIN	45
PARI TREK S COMPACT COMPRESSOR	79, 94	PHENADOZ	54, 106, 107	POLY-VITAMIN WITH IRON	45
<i>paricalcitol</i>	100	PHENAGIL	105	POLY-VITAMINS	45
<i>paroxetine hcl</i>	23	<i>phenazopyridine</i>	60	PORTIA	30
PARVA-CAL 500	43	<i>phenobarbital</i>	22, 26	<i>pot,sodium citrate-citric acid</i>	59
PEAK AIR PEAK FLOW METER	78, 94	<i>phenobarbital sodium</i>	120	<i>potassium bicarb and chloride</i>	44
PEDIACARE FEVER REDUCER	5	<i>phenylephrine hcl</i>	120	<i>potassium bicarb-citric acid</i>	44
		<i>phenylephrine-chlophedianol-gg</i>	113	<i>potassium chlorid-d5-0.45%nacl</i>	120
		PHENYLHISTINE DH	112	<i>potassium chloride</i>	44, 120
		PHENYTEK	23	<i>potassium chloride in 0.9%nacl</i>	44
		<i>phenytoin</i>	23	<i>potassium chloride in 5 % dex</i>	120
		<i>phenytoin sodium</i>	18, 23	<i>potassium chloride in lr-d5</i>	44
				<i>potassium chloride-d5-0.2%nacl</i>	44
				<i>potassium chloride-d5-0.3%nacl</i>	44

<i>potassium chloride-d5-0.9%nacl</i>	44	<i>primidone</i>	22	Q-TAPP	105
<i>potassium citrate-citric acid</i>	59	PROAIR RESPICLICK	109	Q-TUSSIN	111
<i>potassium gluconate</i>	44	<i>probenecid</i>	60	QUARTETTE	31
<i>potassium phosphate m-l-d-basic</i>	120	<i>probenecid-colchicine</i>	60	QUASENSE	30
<i>pramipexole</i>	25	<i>procainamide</i>	18	QUELICIN	117
<i>pravastatin</i>	19	<i>prochlorperazine</i>	54	<i>quinapril</i>	17
<i>prazosin</i>	21	<i>prochlorperazine edisylate</i>	54	<i>quinidine gluconate</i>	18
PRECISION 200 CATHETER		<i>prochlorperazine maleate</i>	54	<i>quinidine sulfate</i>	18
TRAY	117	PROCTOFOAM HC	8	QVAR	109
PRECISION GLUCOSE		PROCTO-PAK	8, 36	RABAVERT (PF)	16
CONTROL SOLN	71, 95	PRODIGY CONTROL SOLUTION,		<i>ramipril</i>	17
PRECISION GLUCOSE/KETONE		LOW	71, 95	<i>ranitidine hcl</i>	55
CONTR	71, 95	PRODIGY CONTROL		RECLIPSEN (28)	30
PRECISION PCX PLUS TEST		SOLUTION,HIGH	71, 95	RECOMBIVAX HB (PF)	15
.....	64, 95	PRODIGY LANCETS	71, 95	RECORT PLUS	36
PRECISION PCX TEST	64, 95	PRODIGY MINI-MIST		REDNESS RELIEVER EYE	
PRECISION POINT OF CARE		NEBULIZER	75, 95	DROPS	102
TEST	64, 95	PRODIGY TWIST TOP LANCET		REESE'S PINWORM MEDICINE	
PRECISION Q-I-D TEST	64, 95		71, 95		8
PRECISION XTRA MONITOR		<i>progesterone</i>	120	REFENESEN	111
.....	71, 95	PROGESTERONE IN OIL	117	REFENESEN PE	111
PRECISION XTRA TEST	64, 95	<i>progesterone micronized</i>	51	REFRESH LACRI-LUBE	101
PRED MILD	102	PROLEUKIN	117	REFUAH PLUS GLUCOSE	
<i>prednicarbate</i>	37	<i>promethazine</i>	54, 106, 107	CONTROL	71, 95
<i>prednisolone</i>	50	PROMETHAZINE VC	105	REGULOID	57
<i>prednisolone acetate</i>	102	PROMETHAZINE VC-CODEINE		REGULOID, SUGAR FREE	57
<i>prednisolone sodium phosphate</i>			112	RELENZA DISKHALER	11
.....	50, 102	<i>promethazine-codeine</i>	112	REMEDY ANTIFUNGAL	34
<i>prednisone</i>	50	<i>promethazine-dm</i>	113	RENAL CAPS	41
PREMARIN	114	<i>promethazine-phenyleph-codeine</i>		RENA-VITE	41
PRENATABS FA	45		112	RENA-VITE RX	42
PRENATABS RX	45	PROMETHEGAN	54, 106, 107	RENO CAPS	41
PRENATAL	46	PRONEB ULTRA FILTER		<i>repaglinide</i>	48
PRENATAL 19	46	ASSEMBLY	79, 95	REPLICARE DRESSING	40, 95
PRENATAL LOW IRON	46	PRONEB ULTRA II	79, 95	REPLICARE THIN	40, 95
PRENATAL PLUS (CALCIUM		PRONEB ULTRA II FILTER		REPLICARE ULTRA DRESSING	
CARB)	46	ASSEM	79, 95		40, 95
PRENATAL TABLET	46	<i>propafenone</i>	18	RESCON	105
<i>prenatal vit#96-ferrous fum-fa</i>	46	<i>propantheline</i>	56	RESCON-GG	111
PRENATAL VITAMIN	46	<i>proparacaine</i>	120	RESTORE	40, 67, 95
PRENATAL VITAMIN PLUS LOW		<i>propofol</i>	121	RESTORE CALCIUM ALGINATE	
IRON	46	<i>propranolol</i>	19		40
PRENATAL VITAMIN WITH		<i>propylthiouracil</i>	49	RESTORE TRIO	63, 95
MINERALS	46	PROQUAD (PF)	15, 16, 17	RETRACTED PENIS POUCH	
PRENATAL-U	46	PROSTASCINT	117		117
PREPARATION H		<i>protamine</i>	121	RETROVIR	9
HYDROCORTISONE	36	<i>protriptyline</i>	24	RHINOCORT ALLERGY	112
PRESSURE ACTIVATED		PROVISC	117	RHOGAM ULTRA-FILTERED	
LANCETS	71, 95	<i>pseudoephed-chlophedianol-gg</i>		PLUS	15
PREVALITE	18		113	RID LICE KILLING	38
PREVIFEM	30	<i>pseudoephedrine hcl</i>	114	RIDAURA	6
PREVNAR 13 (PF)	16	PULMICORT FLEXHALER	109	<i>rifabutin</i>	10, 12
PRIFTIN	10, 12	<i>pyrazinamide</i>	10	RIFAMATE	10
<i>primaquine</i>	9	<i>pyridostigmine bromide</i>	63	<i>rifampin</i>	10, 12
PRIMATENE ASTHMA	111	<i>pyridoxine (vitamin b6)</i>	47	RIFATER	10
PRIMEAIRE	79, 95	Q-DRYL	106, 107	RI-GEL	53
		Q-PAP	5	RI-GEL II	53
		Q-PAP EXTRA STRENGTH	5		

RIGHT STEP PRENATAL		SELF-CATH	117	SLEEP AID (DOXYLAMINE)	26
VITAMINS	46	SELF-CATH 10"	117	sodium bicarbonate	121
RIGHTEST CONTROL		SELF-CATHETER, FEMALE ...	117	sodium chlor 0.9% bacteriostat	
SOLUTION HIGH	71, 95	SE-NATAL 19	46		42
RIGHTEST CONTROL		SENEXON	57	sodium chloride	27, 102, 121
SOLUTION NORM	71, 95	SENEXON-S	58	sodium chloride 0.45 %	46
RIGHTEST GL300 LANCETS		SENNA	57	sodium chloride 0.9 %	121
.....	71, 95	SENNA LAX	57	sodium chloride 3 %	46
RIGINIC	52	SENNA LAXATIVE	58	sodium chloride 5 %	46
riluzole	62	SENNA PLUS	58	sodium citrate-citric acid	59
RI-MAG	52	SENNA WITH DOCUSATE		sodium fluoride	100
RI-MAG PLUS	53	SODIUM	58	SODIUM POLYSTYRENE (SORB	
RI-MOX	53	SENNA-GEN	58	FREE)	42
RI-MOX PLUS	53	SENNALAX-S	58	sodium polystyrene sulfonate	42
RITIFED	105	SENNA-S	58	SOF-SET ADHESIVE PATCH	
RI-TUSSIN	111	sennosides-docusate sodium	58		63, 96
rizatriptan	26	SENOKOT-S	58	SOFT CLOTH	63, 96
ROBAFEN	111	SEN-O-TAB	58	SOFT TOUCH LANCETS	71, 96
ROBINSON CLEAR VINYL		SENSIPAR	49	SOLOSITE	40, 96
CATHETER	117	SENSORCAINE	117	SOLOSITE WOUND GEL	40, 96
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(DEXCHLORPHENIRAMINE-PE)		SF 5000 PLUS	100	(HYDROCORTISONE)	36
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RYNEX PE	105	SIDESTREAM NEBULIZER		DRESSING	40
RYNEX PSE	105		75, 95	SORBSAN WOUND DRESSING	
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.....	73, 95	SILACE	58	SOTALOL AF	18, 19
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SALINE NOSE	113	silver sulfadiazine	35		21
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SANDIMMUNE	6, 62	SINGLE-LET	71, 96	SPS (WITH SORBITOL)	42
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SANI-SUPP (INFANT)	57	SINUS DECONGESTANT (PE)		SSD	35
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STRATASORB ISLAND DRESSING	63, 96	SYRINGE WITH CANNULA,DISPOSABL	77, 97	<i>terbutaline</i>	110
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STRIVERDI RESPIMAT	109	SYRINGE WITHOUT NEEDLE	77, 97	TERUMO SYRINGE	77, 97
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<i>sulfacetamide sodium</i>	103	<i>tamoxifen</i>	14	THERMOMETER COVERS	80, 97
<i>sulfacetamide-prednisolone</i>	101	<i>tamsulosin</i>	59	<i>thermometer probe covers</i>	74, 80, 100
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<i>sulfasalazine</i>	6, 56	TARGRETIN	14, 35	<i>thiamine hcl (vitamin b1)</i>	46
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SUPHEDRINE	113	TEGADERM FRAME STYLE	67, 97	TOBRADEX	101
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<i>trimethoprim</i>	9	UNILET SUPER THIN LANCETS			80, 98
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TRINESSA (28)	32	UNISOM (DOXYLAMINE)	26	THERMOMETER	80, 98
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.....	45	USTELL	60	<i>vinblastine</i>	14
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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](#).