PARTNERSHIP HEALTHPLAN of CALIFORNIA

MEDI-CAL / HEALTHY KIDS

Formulary 2016

Pharmacy TAR Submission

Providers submitting POS claims through MedImpact:

PHC *Medi-Cal* PARx Online TAR: https://parx.partnershiphp.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

**Electronic document hyperlinks. If viewing from a printed version, see Appendix for full web address.*

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' AWPs. 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.

NF: 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:

- **D**iagnosis:
    - 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.**
- **O**ther Formulary Medications tried and nature of the failure.
- **C**linical Justification for the use of a non-formulary drug, including relevant lab results & medical history.

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

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

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

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

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

***FAX:* (707) 419-7900**

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

HAND-BILLING CLAIMS

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

***FAX*: 707-863-4330**

5-Day Emergency Fills:

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

TAR SUBMISSION TIPS

- ***IMPORTANT:*** **For improved TAR receipt & processing, TARS for different drugs &/or different patients are best FAXED separately, rather than in a bulk/group fax. Multiple pages in a single fax are OK, as long as all pages pertain to a single request.**

- Medi-Cal TAR forms & 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 resubsimmsion (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 personel 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-
B adult
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
MMRII (Measles, mumps & Rubella)

Meningococcal
Bexsero
Menactra
Menomune
Trumenba

Pneumococcal
Pneumovax 23
Prevnar

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)
- Urofullitropin (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.

- Eflorinithine (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
- Glucosamine/chondroitin
- MSM
- SAM-e
- Melatonin
- Certain vitamin combinations, as listed in State OIL# 180-14, with the exception of those remaining on PHC formulary for dialysis patients.

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

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
- **Brexpiprazole (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
- Tranylcypromine Sulfate
- Trifluoperazine HCl
- Trihexyphenidyl
- Ziprasidone
- Ziprasidone Mesylate

BLOOD/COAGULATION FACTOR Carve-Out Drugs

- Factor VIIa (antihemophilic factor, recombinant)
- Factor XIII (antihemophili 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 (Humate

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 asterix (*) 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 NS5A Resistance Test required)

<table>
<tr><th rowspan="3">Genotype</th><th rowspan="3">Stage 0-1</th><th colspan="2">Stage 2-4, unconfirmed cirrhosis</th><th colspan="4">Cirrhosis -definitive (bx, US, FibroSure ≥.75, findings of portal HTN, ascites, varicies, encephalopathy)</th></tr>
<tr><th colspan="2">CTP A (Score 5-6)</th><th colspan="2">CTP B (7-9) / C (10-15)</th></tr>
<tr><th>Naïve</th><th>IFN exerienced</th><th>Naïve</th><th>IFN exerienced</th><th>Naïve</th><th>IFN exerienced</th></tr>
<tr><td rowspan="8">GT 1a, mixed a/b or indeterminate GT 1</td><td rowspan="24">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</td><td colspan="4">Zepatier (no baseline RAVs) x 12 weeks</td><td>Epclusa + RBV X 12 weeks</td><td rowspan="6">Epclusa + RBV x 24 weeks*
OR Harvoni / RBV x 12 wks</td></tr>
<tr><td>Epclusa x 12 weeks</td><td>Epclusa x 12 weeks*</td><td>Epclusa x 12 weeks</td><td>Epclusa x 12 weeks*</td><td>H / lo RBV* or wt based RBV x 12 weeks</td></tr>
<tr><td>Viekira Pak (VP) + RBV x 12 wks</td><td>Viekira Pak (VP) + RBV x 12 wks*</td><td>H x 12 wks</td><td>H / RBV x 12 wks*</td><td>Dac / Sof / lo RBV* or wt based RBV x 12 wks</td></tr>
<tr><td colspan="2">Harvoni (H) x 12 weeks</td><td>Zepatier + RBV x 16 wks - with baseline NS5A RAVs</td><td>H x 24 wks</td><td>Epclusa x 24 weeks* if RBV intolerant</td></tr>
<tr><td colspan="2">Dac / Sof x 12 weeks</td><td>VP / RBV x 24 wks</td><td>Zepatier + RBV x 16 wks - with baseline NS5A RAVs</td><td>H x 24 weeks* if RBV intolerant</td></tr>
<tr><td colspan="2" rowspan="3">Zepatier + RBV x 16 wks - with baseline NS5A RAVs</td><td rowspan="3">Dac / Sof +/- RBV x 24 weeks*</td><td>VP + RBV x 24 wks*</td><td rowspan="3">Dac / Sof x 24 weeks* if RBV intolerant</td></tr>
<tr><td>Dac / Sof +/- RBV x 24 wks*</td></tr>
<tr><td>Sim / Sof +/- RBV x 24 wks* after Q80K neg</td></tr>
<tr><td rowspan="6">GT 1b</td><td colspan="4">Zepatier x 12 weeks</td><td>Epclusa + RBV x 12 weeks</td><td rowspan="6">Epclsua + RBV x 24 weeks*
OR Harvoni / RBV x 12 wks</td></tr>
<tr><td>Epclusa x 12 weeks</td><td>Epclusa x 12 weeks*</td><td>Epclusa x 12 weeks</td><td>Epclusa x 12 weeks*</td><td>H / lo RBV* or wt based RBV x 12 wks</td></tr>
<tr><td>VP x 12 wks</td><td>VP x 12 wks*</td><td>VP x 12 wks</td><td>VP x 12 wks*</td><td>Dac / Sof / lo RBV* or wt based RBV x 12 wks</td></tr>
<tr><td colspan="2">H x 12 wks</td><td>H x 12 wks</td><td>H / RBV x 12 wks*</td><td>Epclusa x 24 weeks* if RBV intolerant</td></tr>
<tr><td rowspan="2">Dac / Sof x 12 wks</td><td>Sim / Sof x 12 wks*</td><td rowspan="3">Dac / Sof +/- RBV x 24 wks*</td><td>H x 24 wks*</td><td>H x 24 weeks* if RBV intolerant</td></tr>
<tr><td>Dac / Sof x 12 wks*</td><td>Dac / Sof +/- RBV x 24 wks*</td><td rowspan="2">Dac / Sof x 24 weeks* if RBV intolerant</td></tr>
<tr><td>Sim / Sof +/- RBV x 24 wks*</td></tr>
<tr><td>GT 2</td><td>Epclusa x 12 weeks</td><td>Epclusa x 12 weeks*</td><td>Epclusa x 12 weeks</td><td>Epclusa x 12 weeks*</td><td>Epclusa + RBV x 12 weeks.</td><td>Epclusa + RBV x 24 weeks*</td></tr>
<tr><td>Dac / Sof x 12 wks*</td><td>Dac / Sof x 12 wks*</td><td>Dac / Sof x 16 - 24 wks*</td><td>Dac / Sof x 16 - 24 wks*</td><td>Dac / Sof / lo RBV x12 wks*</td><td>Sof / RBV x up to 48 weeks*</td></tr>
<tr><td>GT 3</td><td>Epclusa x 12 weeks</td><td>Epclusa x 12 weeks*</td><td>Epclusa x 12 weeks</td><td>Epclusa x 12 weeks*</td><td>Epclusa + RBV x 12 weeks</td><td>Epclusa + RBV x 24 weeks*</td></tr>
<tr><td>Dac / Sof x 12 wks</td><td>Dac / Sof x 12 wks</td><td>Dac / Sof +/- RBV x 24 wks</td><td>Dac / Sof / RBV x 24 wks*</td><td>Dac / Sof / lo RBV* or wt based RBV x 12 wks</td><td>Dac / Sof / RBV x 24 wks*</td></tr>
<tr><td rowspan="6">GT 4</td><td>Zepatier x 12 weeks</td><td>Zepatier x 12* or 16 wks (+RBV) (dependent on IFN failure type) - IF 16 WEEK NEEDED CAN USE EPCLUSA</td><td>Zepatier x 12 weeks</td><td>Zepatier x 12* or 16 wks (+RBV) (dependent on IFN failure type) - IF 16 WEEKS NEEDED CAN USE EPCLUSA</td><td>Epclusa + RBV X 12 weeks</td><td rowspan="6">Epclusa + RBV x 24 weeks*
OR Harvoni / lo RBV x 12 wks</td></tr>
<tr><td>Epclusa x 12 weeks</td><td>Epclusa x 12 weeks*</td><td>Epclusa x 12 weeks</td><td>Epclusa x 12 weeks*</td><td>H / lo RBV* or wt based RBV x 12 wk</td></tr>
<tr><td>Technivie / RBV x 12 weeks</td><td>Technivie / RBV x 12 weeks*</td><td>Technivie / RBV x 12 weeks*</td><td>Technivie / RBV 12 weeks*</td><td>Dac / Sof / lo RBV* or wt based RBV x 12 weeks</td></tr>
<tr><td colspan="2" rowspan="2">H x 12 weeks</td><td rowspan="2"></td><td>H / RBV x 12 weeks*</td><td>Epclusa x 24 weeks* if RBV intolerant</td></tr>
<tr><td>H x 24 weeks*</td><td>H x 24 weeks* if RBV intolerant</td></tr>
<tr><td colspan="2"></td><td>Dac / Sof x 24 weeks* if RBV intolerant</td></tr>
<tr><td>GT 5,6</td><td colspan="6">Epclusa x 12 weeks
Harvoni x 12 weeks</td></tr>
<tr><td colspan="2">Pre/Post Liver Transplant</td><td colspan="6">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)</td></tr>
</table>

Partnership HealthPlan of California
Medi-Cal Formulary Guide 2016

Table of Contents

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		
fentanyl	Duragesic	ST; QL (10 EA per 30 days)
hydromorphone (pf)	Dilaudid-HP	
hydromorphone injection		
hydromorphone oral tablet 2 mg	Dilaudid	QL (15 EA per 1 day)
hydromorphone oral tablet 4 mg	Dilaudid	QL (7 EA per 1 day)
hydromorphone oral tablet 8 mg	Dilaudid	QL (3 EA per 1 day)
hydromorphone rectal	Dilaudid	QL (12 EA per 1 Fill)
levorphanol tartrate	Levo-Dromoran	QL (2 EA per 1 day)
methadone	Methadose	QL (3 EA per 1 day)
morphine (pf)	Duramorph	
morphine concentrate	Roxanol Concentrate	QL (6 ML per 1 day)
morphine intravenous		
morphine oral solution 10 mg/5 ml		QL (60 ML per 1 day)
morphine oral solution 20 mg/5 ml (4 mg/ml)		QL (30 ML per 1 day)
morphine oral tablet 15 mg		QL (8 EA per 1 day)
morphine oral tablet 30 mg		QL (4 EA per 1 day)
morphine oral tablet extended release 15 mg	MS Contin	QL (8 EA per 1 day)
morphine oral tablet extended release 30 mg	MS Contin	QL (4 EA per 1 day)
morphine oral tablet extended release 60 mg	MS Contin	QL (2 EA per 1 day)
oxycodone oral capsule	OxyIR	QL (6 EA per 1 day)
oxycodone oral tablet 10 mg	Dazidox	QL (6 EA per 1 day)

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

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

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

Name	Reference	Notes
Anesthetics		
General Anesthetic - Parenteral, Others		
AMIDATE		
Local Anesthetic - Amides		
XYLOCAINE		
XYLOCAINE-MPF		
lidocaine		QL (50 GM per 1 FILL)
Anorectal Preparations		
Anorectal - Glucocorticoids		
ANUCORT-HC		
PROCTO-PAK		
hydrocortisone acetate	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		
ipecac		
Anti-Infective Agents		
Aminoglycoside Antibiotic		
amikacin		
gentamicin		
neomycin		
Aminopenicillin Antibiotic		
amoxicillin	Amoxil	
ampicillin		
Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations		
amoxicillin-pot clavulanate	Amoclan	
Anthelmintic Agents Other		
BILTRICIDE		QL (3 TAB per 1 FILL)
PIN-X		
REESE'S PINWORM MEDICINE		
ivermectin	Stromectol	QL (20 TABS per 1 RX)

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

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

Name	Reference	Notes
levofloxacin in d5w	Levaquin in D5W	
levofloxacin intravenous	Levaquin	
levofloxacin oral tablet 250 mg, 500 mg	Levaquin	
levofloxacin oral tablet 750 mg	Levaquin Leva-Pak	QL (10 EA per 1 FILL)
ofloxacin	Floxin	QL (28 EA per 30 DAYs)
Herpes Antiviral Agent - Purine Analogs		
acyclovir	Zovirax	
valacyclovir	Valtrex	
Herpes Antiviral Agent - Thymidine Analogs		
famciclovir	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		
clindamycin hcl	Cleocin	
clindamycin palmitate hcl	Cleocin	
Macrolides		
E.E.S. 400		
E.E.S. GRANULES		
ERYPED 200		
ERYPED 400		
ERY-TAB		
ERYTHROCIN		
ERYTHROCIN (AS STEARATE)		
azithromycin intravenous	Zithromax	
azithromycin oral packet	Zithromax	
azithromycin oral suspension for reconstitution	Zithromax	
azithromycin oral tablet 250 mg	Zithromax	QL (6 EA per 1 FILL)
azithromycin oral tablet 500 mg	Zithromax	QL (3 EA per 1 FILL)
azithromycin oral tablet 600 mg	Zithromax	QL (8 EA per 1 FILL)
clarithromycin	Biaxin	QL (2 TAB per 1 DAY)
erythromycin		

Name	Reference	Notes
erythromycin ethylsuccinate	E.E.S. 400	
Monobactam Antibiotics		
AZACTAM IN DEXTROSE (ISO-OSM)		
Penicillin Antibiotic - Natural		
PFIZERPEN-G		
penicillin g potassium	Pfizerpen-G	
penicillin v potassium	Veetids	
Penicillin Antibiotic - Penicillinase-Resistant		
dicloxacillin		
oxacillin		
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)
rifabutin	Mycobutin	
rifampin	Rifadin	
Tetracycline Antibiotics		
DOXY-100		
doxycycline hyclate	Doxy-100	
doxycycline monohydrate	Monodox	QL (2 EA per 1 day)
minocycline	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		
temozolomide	Temodar	
Antineoplastic - Antiadrenals		
LYSODREN		
Antineoplastic - Antiandrogens		
NILANDRON		
bicalutamide	Casodex	
flutamide		
Antineoplastic - Antimetabolite - Folic Acid Analogs		
TREXALL		
methotrexate sodium		
methotrexate sodium (pf) injection recon soln		
methotrexate sodium (pf) injection solution		
Antineoplastic - Antimetabolite - Purine Analogs		
TABLOID		
fludarabine	Fludara	
mercaptopurine	Purinethol	
Antineoplastic - Antimetabolite - Pyrimidine Analogs		
ADRUCIL		
capecitabine	Xeloda	
Antineoplastic - Antimetabolite - Urea Derivatives		
hydroxyurea	Hydrea	

Name	Reference	Notes
Antineoplastic - Aromatase Inhibitors		
anastrozole	Arimidex	
exemestane	Aromasin	
letrozole	Femara	
Antineoplastic - Epipodophyllotoxins		
ETOPOPHOS		
Antineoplastic - Estrogens		
EMCYT		
Antineoplastic - Multikinase Inhibitors		
NEXAVAR		QL (4 EA per 1 day)
Antineoplastic - Other		
TICE BCG		
Antineoplastic - Progestins		
megestrol		
Antineoplastic - Protein-Tyrosine Kinase Inhibitors		
SUTENT		QL (1 EA per 1 day)
VOTRIENT		QL (4 EA per 1 day)
imatinib	Gleevec	QL (1 EA per 1 day)
Antineoplastic - Retinoids		
tretinoin (chemotherapy)	Vesanoid	
Antineoplastic - Selective Estrogen Receptor Modulators (Serms)		
FARESTON		
tamoxifen	Nolvadex	
Antineoplastic - Selective Retinoid X Receptor Agonists		
TARGRETIN		
Antineoplastic - Vinca Alkaloids And Analogs		
vinblastine		
Methotrexate Rescue Agents		
leucovorin calcium injection		
leucovorin calcium oral		
Methotrexate Rescue Agents - Folic Acid Antagonist Type		
leucovorin calcium injection		
leucovorin calcium oral		

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		
ENGERIX-B (PF)		AL (Min 19 Years)
ENGERIX-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)
bcg vaccine, live (pf)		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		
bcg vaccine, live (pf)		AL (Min 19 Years)
Vaccine Viral - Human Papillomavirus (Hpv) Vaccines		
CERVARIX VACCINE (PF)		AL (Min 19 Years and Max 25 Years)
GARDASIL 9 (PF)		AL (Min 19 Years and Max 26 Years)
Vaccine Viral - Measles		
M-M-R II (PF)		AL (Min 19 Years)
PROQUAD (PF)		AL (Min 19 Years)
Vaccine Viral - Mumps And Related		
M-M-R II (PF)		AL (Min 19 Years)
PROQUAD (PF)		AL (Min 19 Years)
Vaccine Viral - Poliomyelitis		
IPOL		AL (Min 19 Years)
Vaccine Viral - Rabies		
RABAVERT (PF)		
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		
amlodipine-benazepril	Lotrel	
Ace Inhibitor And Diuretic Combinations		
benazepril-hydrochlorothiazide	Lotensin HCT	
enalapril-hydrochlorothiazide		
lisinopril-hydrochlorothiazide	Prinzide	
Ace Inhibitors		
benazepril	Lotensin	
captopril	Capoten	
enalapril maleate	Vasotec	
lisinopril	Zestril	
quinapril	Accupril	
ramipril	Altace	
Aldosterone Receptor Antagonists		
spironolactone	Aldactone	
Alpha-Beta Blockers		
carvedilol	Coreg	
labetalol	Trandate	
Angiotensin Ii Receptor Blocker (Arb)-Diuretic Combinations		
irbesartan-hydrochlorothiazide	Avalide	
losartan-hydrochlorothiazide	Hyzaar	
valsartan-hydrochlorothiazide	Diovan HCT	
Angiotensin Ii Receptor Blockers (Arbs)		
irbesartan	Avapro	
losartan	Cozaar	
valsartan	Diovan	
Antianginal - Coronary Vasodilators (Nitrates)		
DILATRATE-SR		

Name	Reference	Notes
ISORDIL		
ISORDIL TITRADOSE		
MINITRAN		
NITROSTAT		
isosorbide dinitrate	Isordil Titradose	
isosorbide mononitrate	Imdur	
nitroglycerin	Minitran	
Antiarrhythmic - Class Ia		
procainamide		
quinidine gluconate		
quinidine sulfate		
Antiarrhythmic - Class Ib		
mexiletine		
phenytoin sodium		
Antiarrhythmic - Class Ic		
flecainide	Tambocor	
propafenone	Rythmol	
Antiarrhythmic - Class Ii		
SORINE		
SOTALOL AF		
sotalol	Sotalol AF	
Antiarrhythmic - Class Iii		
PACERONE		
amiodarone	Pacerone	
Antiarrhythmic - Class Iv		
verapamil	Calan	
Antihyperlipidemic - Bile Acid Sequestrants		
CHOLESTYRAMINE LIGHT		
PREVALITE		
cholestyramine (with sugar)	Questran	
Antihyperlipidemic - Fibric Acid Derivatives		
fenofibrate	Triglide	
fenofibrate micronized	Lofibra	
gemfibrozil	Lopid	

Name	Reference	Notes
Antihyperlipidemic - Hmg Coa Reductase Inhibitors (Statins)		
atorvastatin	Lipitor	
lovastatin	Mevacor	
pravastatin	Pravachol	
simvastatin	Zocor	
Antihyperlipidemic - Nicotinic Acid Derivatives		
NIACOR		
niacin	Niaspan	
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor		
ZETIA		ST
Beta Blockers Cardiac Selective		
atenolol	Tenormin	
bisoprolol fumarate	Zebeta	
metoprolol succinate	Toprol XL	
metoprolol tartrate	Lopressor	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity		
acebutolol	Sectral	
Beta Blockers Non-Cardiac Selective		
SORINE		
SOTALOL AF		
nadolol	Corgard	
propranolol		
sotalol	Sotalol AF	
Calcium Channel Blockers - Benzothiazepines		
CARTIA XT		
DILT-XR		
TAZTIA XT		
diltiazem hcl	Diltzac ER	
Calcium Channel Blockers - Dihydropyridines		
AFEDITAB CR		
NIFEDICAL XL		
amlodipine	Norvasc	
felodipine	Plendil	

Name	Reference	Notes
nifedipine	Procardia XL	
Calcium Channel Blockers - Phenylakylamines		
verapamil	Isoptin SR	
Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb.		
atenolol-chlorthalidone	Tenoretic 100	
bisoprolol-hydrochlorothiazide	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)
epinephrine injection auto-injector	EpiPen	QL (2 INJECTIONS per 30 DAYs)
epinephrine injection solution	Adrenalin	
Cardiovascular Sympathomimetics		
epinephrine	Adrenalin	
Central Alpha-2 Receptor Agonists		
clonidine hcl	Catapres	
guanfacine	Tenex	
methyldopa	Aldomet	
Digitalis Glycosides		
DIGOX		
LANOXIN		
LANOXIN PEDIATRIC		
digoxin		
Direct Acting Vasodilators		
hydralazine		
minoxidil		
Diuretic - Aldosterone Receptor Antagonist, Non-Selective		
spironolactone	Aldactone	

Name	Reference	Notes
Diuretic - Carbonic Anhydrase Inhibitors		
acetazolamide	Diamox Sequels	
acetazolamide sodium		
methazolamide	Neptazane	
Diuretic - Loop		
bumetanide	Bumex	
furosemide	Lasix	
torsemide oral tablet 10 mg, 20 mg, 5 mg	Demadex	QL (2 EA per 1 Day)
torsemide oral tablet 100 mg	Demadex	QL (1 EA per 1 Day)
Diuretic - Osmotic		
mannitol 25 %		
Diuretic - Potassium Sparing		
amiloride	Midamor	
Diuretic - Potassium Sparing-Thiazide And Related Combinations		
spironolacton-hydrochlorothiaz	Aldactazide	
triamterene-hydrochlorothiazid	Dyazide	
Diuretic - Thiazides And Related		
DIURIL		
chlorothiazide		
chlorothiazide sodium	Diuril IV	
chlorthalidone		
hydrochlorothiazide		
indapamide		
metolazone	Zaroxolyn	
Muscarinic Receptor Antagonists		
atropine		
Peripheral Alpha-1 Receptor Blockers		
doxazosin	Cardura	
prazosin	Minipress	
terazosin	Hytrin	
Central Nervous System Agents		
Antianxiety Agent - Antihistamine Type		
hydroxyzine hcl		
hydroxyzine pamoate		
Antianxiety Agent - Benzodiazepines		
chlordiazepoxide hcl	Librium	QL (4 EA per 1 DAY)

Name	Reference	Notes
clonazepam	Klonopin	QL (4 EA per 1 DAY)
clorazepate dipotassium	Tranxene T-Tab	ST; QL (4 EA per 1 day)
diazepam injection	Valium	
diazepam oral	Valium	QL (4 EA per 1 day)
lorazepam	Ativan	QL (4 EA per 1 day)
oxazepam		QL (90 EA per 30 days)
Antianxiety Agent - Non-Benzodiazepine		
buspirone	BuSpar	
Anticonvulsant - Barbiturates And Derivatives		
phenobarbital		
primidone	Mysoline	
Anticonvulsant - Benzodiazepines		
clonazepam	Klonopin	QL (4 EA per 1 DAY)
diazepam rectal kit 12.5-15-17.5-20 mg	Diastat AcuDial	
diazepam rectal kit 2.5 mg	Diastat	
diazepam rectal kit 5-7.5-10 mg	Diastat AcuDial	
Anticonvulsant - Carboxylic Acid Derivatives		
divalproex	Depakote	
valproic acid	Depakene	
valproic acid (as sodium salt)	Depakene	
Anticonvulsant - Gaba Analogs		
gabapentin oral capsule 100 mg	Neurontin	QL (36 EA per 1 DAY)
gabapentin oral capsule 300 mg	Neurontin	QL (12 EA per 1 DAY)
gabapentin oral capsule 400 mg	Neurontin	QL (9 EA per 1 DAY)
gabapentin oral tablet 600 mg	Neurontin	QL (6 EA per 1 DAY)
gabapentin oral tablet 800 mg	Neurontin	QL (4 EA per 1 DAY)
Anticonvulsant - Gaba Re-Uptake Inhibitor, Nipecotic Acid Derivatives		
GABITRIL		
tiagabine	Gabitril	
Anticonvulsant - Hydantoins		
DILANTIN		
DILANTIN EXTENDED		
DILANTIN INFATABS		
DILANTIN-125		

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

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

Name	Reference	Notes
Antiparkinson Therapy - Non-Ergot Dopamine Agonist Agents		
pramipexole	Mirapex	
ropinirole	Requip	
Attention Deficit-Hyperactivity (Adhd) Therapy, Stimulant-Type		
METADATE ER		
dextroamphetamine-amphetamine	Adderall XR	QL (1 EA per 1 day); AL (Min 4 Years and Max 17 Years)
methylphenidate oral tablet	Methylin	
methylphenidate oral tablet extended release	METADATE ER	
methylphenidate oral tablet extended release 24hr	Concerta	QL (1 EA per 1 day); AL (Min 4 Years and Max 17 Years)
Bipolar Therapy Agents - Anticonvulsant Type		
carbamazepine	Tegretol XR	
divalproex	Depakote	
valproic acid	Depakene	
valproic acid (as sodium salt)	Depakene	
Cns Stimulant - Amphetamine Combinations		
dextroamphetamine-amphetamine	Adderall XR	QL (1 EA per 1 day); AL (Min 4 Years and Max 17 Years)
Cns Stimulant - Analeptics		
caffeine citrated	Cafcit	
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
duloxetine	Cymbalta	QL (2 EA per 1 day)
Migraine Therapy - Carboxylic Acid Derivatives		
divalproex	Depakote ER	
Migraine Therapy - Ergot Alkaloids And Derivatives		
dihydroergotamine	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)
rizatriptan	Maxalt	QL (12 EA per 30 days)
sumatriptan	Imitrex	QL (6 EA per 30 Days)
sumatriptan succinate oral	Imitrex	QL (9 EA per 30 DAYs)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml	Imitrex STATdose Kit Refill	
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	Imitrex STATdose Kit Refill	QL (1 ML per 15 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	Imitrex STATdose Pen	
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	Imitrex STATdose Pen	QL (1 ML per 15 days)
sumatriptan succinate subcutaneous solution	Imitrex	QL (2.5 ML per 15 Days)
Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative		
methylphenidate	Methylin	
Sedative-Hypnotic - Antihistamines		
SLEEP AID (DOXYLAMINE)		
UNISOM (DOXYLAMINE)		
ZZZQUIL		
diphenhydramine hcl	Sleep Aid Max Str (Diphenhydr)	
Sedative-Hypnotic - Barbiturates		
phenobarbital		
Sedative-Hypnotic - Benzodiazepines		
flurazepam	Dalmane	QL (1 EA per 1 DAY)
temazepam oral capsule 15 mg	Restoril	QL (2 EA per 1 day)
temazepam oral capsule 30 mg	Restoril	QL (1 EA per 1 day)
Sedative-Hypnotic - Gaba-Receptor Modulators		
eszopiclone	Lunesta	ST; QL (1 EA per 1 day); AL (Min 18 Years)
zaleplon	Sonata	QL (1 EA per 1 day); AL (Min 18 Years)
zolpidem	Ambien	

Name	Reference	Notes
Chemical Dependency, Agents To Treat		
Alcohol Deterrents		
disulfiram	Antabuse	
Smoking Deterrents - Ne And Dopamine Reuptake Inhibitor (Ndri)-Type		
bupropion hcl	Wellbutrin SR	QL (180 EA per 360 days)
Smoking Deterrents - Nicotine-Type		
NICODERM CQ		QL (42 EA per 1 FILL)
NICORETTE		
nicotine	Nicoderm CQ	QL (42 EA per 1 FILL)
nicotine (polacrilex)	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		
magnesium hydroxide (bulk)		
niacin (bulk)	Nicotinic Acid	
Pharmaceutical Adjuvant - Inhalation Vehicles		
sodium chloride		
Pharmaceutical Adjuvant - Parenteral Vehicles		
BACTERIOSTATIC WATER(PARABENS)		
Cognitive Disorder Therapy		
Alzheimer's Disease Therapy - Cholinesterase Inhibitors		
donepezil	Aricept	AL (Min 18 Years)
Alzheimer's Disease Therapy - Nmda Receptor Antagonists		
memantine	Namenda	QL (2 EA per 1 day)

Name	Reference	Notes
Cognitive Disorder Therapy - Cerebral Vasodilators		
ergoloid		
Contraceptives		
Contraceptive Injectable - Progestin		
DEPO-SUBQ PROVERA 104		
medroxyprogesterone	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)		
desog-e.estradiol/e.estradiol	Kariva	
l norgest/e.estradiol-e.estrad	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)		
desogestrel-ethinyl estradiol	Solia	
drospirenone-ethinyl estradiol	Yasmin 28	
levonorgestrel-ethinyl estrad oral tablet	Sronyx	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	Quasense	QL (1 FILL per 91 Days)
noreth-ethinyl estradiol-iron	Generess Fe	
norethindrone ac-eth estradiol	Junel 1/20 (21)	
norgestimate-ethinyl estradiol	Previfem	
Contraceptive Oral - Progestin		
CAMILA		
DEBLITANE		
ERRIN		
HEATHER		
JENCYCLA		
JOLIVETTE		
LYZA		
NORA-BE		
norethindrone (contraceptive)	Errin	
Contraceptive Oral - Quadraphasic		
NATAZIA		
QUARTETTE		
Contraceptive Oral - Triphasic		
ALYACEN 7/7/7 (28)		
ARANELLE (28)		
CAZIANT (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)		
levonorg-eth estrad triphasic	Enpresse	
norgestimate-ethinyl estradiol	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		
clindamycin phosphate	ClindaMax	
erythromycin with ethanol	Emgel	
metronidazole	MetroCream	
Acne Therapy Topical - Keratolytic		
ACNE TREATMENT (BENZOYL PEROX)		
ACNE-CLEAR		
BP		
BP WASH		
BPO-10		
BPO-5		
PANOXYL		
PERSA-GEL		
benzoyl peroxide	SoluClenz Rx	
Acne Therapy Topical - Retinoids And Derivatives		
adapalene topical cream	Differin	QL (45 GM per 30 days)
adapalene topical gel	Differin	ST; QL (45 GM per 30 days)
adapalene topical gel with pump	Differin	ST; QL (45 GM per 30 days)
adapalene topical lotion	Differin	QL (59 ML per 30 days)
tretinoin	Retin-A	QL (45 GM per 30 days); AL (Max 39 Years)

Name	Reference	Notes
Dermatological - Antibacterial Mixtures		
NEOSPORIN (NEO-BAC-POLYM)		
TRIPLE ANTIBIOTIC		
bacitracin-polymyxin b	Multi-Antibiotic	
Dermatological - Antibacterial Other		
mupirocin	Bactroban	
mupirocin calcium	Bactroban	
Dermatological - Antibacterial Polymyxins And Derivatives		
BACITRAYCIN PLUS		
bacitracin	First Aid Bacitracin	
bacitracin zinc	Antibiotic (bacitracin zinc)	
Dermatological - Antibacterial-Local Anesthetic Combinations		
TRIPLE ANTIBIOTIC PLUS		
Dermatological - Antifungal Allylamines		
terbinafine hcl	Lamisil	
Dermatological - Antifungal Amphoteric Polyene Macrolides		
NYAMYC		
NYSTOP		
nystatin		
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		
clotrimazole	Lotrimin AF	
econazole	Spectazole	
ketoconazole	Nizoral	

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

Name	Reference	Notes
Dermatological - Calcineurin Inhibitors		
ELIDEL		QL (30 GM per 1 FILL); AL (Min 2 Years and Max 5 Years)
tacrolimus	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		
ammonium lactate	LAClotion	
lactic acid	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		
alclometasone	Aclovate	

Name	Reference	Notes
betamethasone dipropionate	Diprosone	
betamethasone valerate		
clobetasol	Cormax	
clobetasol-emollient	Temovate E	
desonide	DesOwen	
fluocinolone		
fluocinolone and shower cap	Derma-Smoothe/FS Scalp Oil	
fluocinonide		
fluticasone	Cutivate	QL (60 GM per 1 Rx)
hydrocortisone	Dermolate Anti-Itch	
hydrocortisone acetate	LanaCort	
mometasone	Elocon	
prednicarbate	DERMATOP	
triamcinolone acetonide	Kenalog	
Dermatological - Glucocorticoid-Emollient Combinations		
HYDROCORTISONE PLUS		
hydrocortisone-aloe vera	Hydrocortisone Plus	
Dermatological - Immunomodulator - Imidazoquinolinamines		
imiquimod	Aldara	
Dermatological - Keratolytic-Antimitotic Single Agents		
CONDYLOX		QL (3.5 GM Max Qty Per Fill Retail)
podofilox	Condylox	QL (3.5 ML per 1 Fill)
Dermatological - Local Anesthetic Combinations		
lidocaine-prilocaine	EMLA	QL (30 GM per 30 days)
Dermatological - Nsaid Single Agents		
diclofenac sodium	Voltaren	ST; QL (200 GM per 30 days)
Dermatological - Protectant Combinations		
calamine-zinc oxide		
Dermatological - Rosacea Therapy, Topical		
metronidazole	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)
lidocaine		QL (50 GM per 1 FILL)
lidocaine hcl mucous membrane	Anestacon	
lidocaine hcl topical	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)
malathion	Ovide	ST; QL (118 ML per 90 days)
permethrin topical cream	Elimite	
permethrin topical liquid	Nix Creme Rinse	QL (236 ML per 90 days)
spinosad	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		
hydrocolloid dressing	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		
megestrol	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		
sodium chlor 0.9% bacteriostat		
Diluents - Sterile Water For Injection		
STERILE WATER FOR INJECTION		
water for inject, bacteriostat		
water for injection, sterile	Sterile Water for Injection	
Electrolyte Depleters - Ion Exchange Resin		
KIONEX		
KIONEX (WITH SORBITOL)		
SODIUM POLYSTYRENE (SORB FREE)		
SPS (WITH SORBITOL)		
sodium polystyrene sulfonate	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		
calcium acetate	Calphron	
calcium carbonate	Caltrate 600	
calcium citrate	Calcitrate	
calcium gluconate		
calcium lactate		
Minerals And Electrolytes - Calcium Replacement Combinations		
CALCIUM 600 + MINERALS		
calcium-magnesium		

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		
calcium carbonate-vitamin d3	Super Calcium/D	
calcium citrate-vitamin d3		
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		
ferrous gluconate	Iron High Potency	
ferrous sulfate	FeroSul	
Minerals And Electrolytes - Magnesium		
PHILLIPS		
magnesium oxide	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		
potassium bicarb and chloride	K-Lyte/Cl 25	
Minerals And Electrolytes - Potassium For Injection		
potassium chloride in 0.9%nacl		
potassium chloride in lr-d5		
potassium chloride-d5-0.2%nacl		
potassium chloride-d5-0.3%nacl		
potassium chloride-d5-0.9%nacl		
Minerals And Electrolytes - Potassium, Oral		
EFFER-K		
K-EFFERVESCENT		
KLOR-CON M10		
KLOR-CON M20		
KLOR-CON SPRINKLE		
KLOR-CON/25		
KLOR-CON/EF		
potassium bicarb-citric acid	Effer-K	
potassium chloride	Micro-K	
potassium gluconate		
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)
pediatric multivitamin	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		
pnv cmb#95-ferrous fumarate-fa	Prenatal	
prenatal vit#96-ferrous fum-fa		
Sodium Chloride Solutions, Concentrated		
sodium chloride 3 %		
sodium chloride 5 %		
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%		
sodium chloride 0.45 %		
sodium chloride 3 %		
sodium chloride 5 %		
Sterile Water For Injection		
water for injection, sterile		
Vitamins - B-1, Thiamine And Derivatives		
thiamine hcl (vitamin b1)		

Name	Reference	Notes
Vitamins - B-12, Cyanocobalamin And Derivatives		
cyanocobalamin (vitamin b-12)	Vitamin B-12	
Vitamins - B-3, Niacin And Derivatives		
ENDUR-ACIN		
niacin		
niacinamide	Niacin (niacinamide)	
Vitamins - B-6, Pyridoxine And Derivatives		
VITAMIN B-6		
pyridoxine (vitamin b6)	Vitamin B-6	
Vitamins - D Derivatives		
DELTA D3		
D-VI-SOL		
D-VITA		
VITAMIN D2		QL (8 EA per 28 DAYs)
VITAMIN D3		
calcitriol	Rocaltrol	
cholecalciferol (vitamin d3)	Dialyvite Vitamin D	
ergocalciferol (vitamin d2) oral capsule	Drisdol	QL (8 EA per 28 DAYs)
ergocalciferol (vitamin d2) oral tablet		
Vitamins - Folic Acid And Derivatives		
folic acid		
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
acarbose	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)
alogliptin	Nesina	ST; QL (1 EA per 1 day); AL (Min 18 Years)
Antihyperglycemic - Meglitinide Analogs		
nateglinide	Starlix	
repaglinide	Prandin	
Antihyperglycemic - Sulfonylurea And Biguanide Combinations		
glyburide-metformin	Glucovance	
Antihyperglycemic - Sulfonylurea Derivatives		
glimepiride	Amaryl	
glipizide	Glucotrol XL	
glyburide	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)
alogliptin-metformin	Kazano	ST; QL (2 EA per 1 day); AL (Min 18 Years)
Antithyroid Agents, Thionamides - Imidazole Derivatives		
methimazole	Tapazole	
Antithyroid Agents, Thionamides - Thiouracil Derivatives		
propylthiouracil		
Bone Resorption Inhibitors - Bisphosphonates		
alendronate oral tablet 10 mg, 40 mg, 5 mg	Fosamax	
alendronate oral tablet 35 mg, 70 mg	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		
calcitonin (salmon)	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)
estrogens-methyltestosterone	Essian H.S.	QL (1 EA per 1 DAY)
Estrogen-Progestin		
CLIMARA PRO		
COMBIPATCH		QL (1 EA per 1 DAY)
JINTELI		
MIMVEY		
MIMVEY LO		
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	Activella	
estradiol-norethindrone acet oral tablet 1-0.5 mg	Activella	

Name	Reference	Notes
Estrogens		
ALORA		QL (1 EA per 1 day)
MINIVELLE		QL (1 EA per 1 DAY)
estradiol oral	Estrace	QL (1 EA per 1 DAY)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.075 mg/24 hr	Climara	QL (1 EA per 1 day)
estradiol transdermal patch weekly 0.0375 mg/24 hr, 0.06 mg/24 hr	Climara	
estradiol transdermal patch weekly 0.05 mg/24 hr	Estradiol Transdermal Patch	QL (1 EA per 1 day)
estradiol transdermal patch weekly 0.1 mg/24 hr	Climara	QL (1 EA per 1 DAY)
Glucocorticoid Salt Combinations		
betamethasone acet,sod phos	Celestone Soluspan	
Glucocorticoids		
A-HYDROCORT		
DEXAMETHASONE INTENSOL		
DEXPAK 13 DAY		
KENALOG		
MEDROL		
MILLIPRED		
MILLIPRED DP		
dexamethasone		
dexamethasone sodium phosphate		
hydrocortisone	Cortef	
methylprednisolone	Medrol	
prednisolone	Prelone	
prednisolone sodium phosphate	Orapred	
prednisone		
triamcinolone acetonide	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		
metformin	Glucophage	
Insulin Response Enhancers - Thiazolidinediones (Ppar-Gamma Agonists)		
pioglitazone	Actos	AL (Min 18 Years)
Mineralocorticoids		
fludrocortisone	Florinef	
Progestins		
medroxyprogesterone	Provera	
norethindrone acetate	Aygestin	
progesterone micronized	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)		
liothyronine	Cytomel	
Thyroid Hormones - Synthetic T4 (Thyroxine)		
levothyroxine	Synthroid	
Gastrointestinal Therapy Agents		
Antacid - Alginate Combinations		
FOAMING ANTACID		
Antacid - Aluminum		
aluminum hydroxide gel		
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		
calcium carbonate	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		
loperamide	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		
diphenoxylate-atropine	Lonox	
Antidiarrheal Gi Adsorbent Mixtures		
kaolin-pectin		
Antiemetic - Antihistamines		
MEDI-MECLIZINE		
TRAVEL SICKNESS (MECLIZINE)		
VERTICALM		
meclizine	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)
prochlorperazine	Compazine	QL (6 EA per 23 Days)
prochlorperazine edisylate	Compazine	
prochlorperazine maleate	Compazine	
promethazine	Phenergan	QL (6 EA per 1 Month)
Antiemetic - Selective Serotonin 5-Ht3 Antagonists		
granisetron hcl	Kytril	QL (12 EA Max Qty Per Fill Retail)
ondansetron	ZOFRAN ODT	QL (3 EA per 1 day)
ondansetron hcl (pf)	Zofran	QL (18 ML per 1 Fill)
ondansetron hcl intravenous	Zofran	
ondansetron hcl oral solution	Zofran	QL (50 ML per 30 days)
ondansetron hcl oral tablet 24 mg		QL (9 EA per 30 DAYs)
ondansetron hcl oral tablet 4 mg, 8 mg	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		
lactulose	Generlac	
Digestive Enzyme Mixtures		
CREON		
Gallstone Solubilizing (Litholysis) Agents		
ursodiol	Actigall	
Gastric Acid Secretion Reducers - Histamine H2-Receptor Antagonists		
cimetidine	Tagamet	
cimetidine hcl		
famotidine intravenous		
famotidine oral	Pepcid	QL (2 EA per 1 day)
ranitidine hcl	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)
lansoprazole	Prevacid	
omeprazole magnesium		
omeprazole oral capsule,delayed release(dr/ec) 10 mg	Prilosec	QL (1 ea per 1 day)
omeprazole oral capsule,delayed release(dr/ec) 20 mg	Prilosec	
omeprazole oral capsule,delayed release(dr/ec) 40 mg	Prilosec	QL (2 ea per 1 day)
omeprazole oral tablet,delayed release (dr/ec)		QL (2 ea per 1 day)
pantoprazole	Protonix	
Gastric Mucosa - Cytoprotective Prostaglandin Analogs		
misoprostol	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		
simethicone	Equalizer Gas Relief	
Gi Antispasmodic - Belladonna Alkaloids		
OSCIMIN		
OSCIMIN SL		
hyoscyamine sulfate	Levsin	
Gi Antispasmodic - Quaternary Ammonium Compounds		
glycopyrrolate	Robinul	
propantheline		
Gi Antispasmodic - Synthetic Tertiary Amines		
dicyclomine	Bentyl	
Gi Antispasmodic And Benzodiazepine Combinations		
chlordiazepoxide-clidinium	Librax (with Clidinium)	
Gi Antispasmodic Combinations Other		
chlordiazepoxide-clidinium	Librax (with Clidinium)	
Inflammatory Bowel Agent - Aminosalicylates And Related Agents		
DELZICOL		QL (6 EA per 1 day); AL (Min 18 Years)
SULFAZINE		
balsalazide	Colazal	
sulfasalazine	Azulfidine	
Inflammatory Bowel Agent - Glucocorticoids		
COLOCORT		
CORTIFOAM		
hydrocortisone	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)		
glycerin (adult)	Fleet Glycerin (Adult)	
glycerin (child)	Fleet Glycerin (Child)	
lactulose	Generlac	
magnesium citrate	Citroma	
polyethylene glycol 3350	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		
peg 3350-electrolytes	Golytely	
Laxative - Stimulant		
ALOPHEN		
BISAC-EVAC		
BISCOLAX		
LAXATIVE (BISACODYL)		
SENEXON		
SENNA		
SENNA LAX		

Name	Reference	Notes
SENNA LAXATIVE		
SENNA-GEN		
SEN-O-TAB		
bisacodyl	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		
sennosides-docusate sodium	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		
docusate calcium	Calcium Stool Softener	
docusate sodium	Colace	
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives		
CARAFATE		
sucralfate	Carafate	

Name	Reference	Notes
Genitourinary Therapy		
G.U. Irrigants		
acetic acid		
G.U. Irrigants - Anti-Infective		
neomycin-polymyxin b gu	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)
calcium acetate	Calphron	
Phosphate Binders - Calcium-Based		
ELIPHOS		
calcium acetate	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		
alfuzosin	Uroxatral	AL (Min 35 Years)
tamsulosin	Flomax	
Prostatic Hypertrophy Agent - Type Ii 5-Alpha Reductase Inhibitors		
finasteride	Proscar	
Urinary Acidifier - Phosphates		
K-PHOS NO 2		
K-PHOS ORIGINAL		
PHOSPHA 250 NEUTRAL		
Urinary Alkalinizer - Citrates		
CYTRA-2		
TRICITRATES		
VIRTRATE-3		
pot,sodium citrate-citric acid	Tricitrates	
potassium citrate-citric acid	Cytra-K	
sodium citrate-citric acid	Cytra-2	

Name	Reference	Notes
Urinary Analgesics		
phenazopyridine	Pyridium	
Urinary Antibacterial - Methenamine And Salts		
methenamine hippurate	Urex	
Urinary Antibacterial - Nitrofuran Derivatives		
nitrofurantoin macrocrystal	Macrodantin	
nitrofurantoin monohyd/m-cryst	Macrobid	
Urinary Anti-Infective Methenamine-Antispas-Analg Combinations		
USTELL		
Urinary Antispasmodic - Smooth Muscle Relaxants		
OXYTROL FOR WOMEN		QL (8 EA per 28 days)
oxybutynin chloride oral syrup	Ditropan	
oxybutynin chloride oral tablet	Ditropan	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg	Ditropan XL	QL (1 EA per 1 day)
oxybutynin chloride oral tablet extended release 24hr 15 mg	Ditropan XL	QL (2 EA per 1 day)
tolterodine oral capsule,extended release 24hr 2 mg	Detrol LA	ST; QL (1 EA per 1 day)
tolterodine oral capsule,extended release 24hr 4 mg	Detrol LA	ST
tolterodine oral tablet	Detrol	ST; QL (2 EA per 1 day)
trospium	Sanctura	ST
Urinary Retention Therapy - Parasympathomimetic Agents		
bethanechol chloride	Urecholine	
Gout And Hyperuricemia Therapy		
Gout And Hyperuricemia - Antimitotic-Uricosuric Combinations		
probenecid-colchicine		
Hyperuricemia Therapy - Uricosurics		
probenecid		
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors		
allopurinol	Zyloprim	

Name	Reference	Notes
Hematological Agents		
Anticoagulants - Coumarin		
COUMADIN		
JANTOVEN		
warfarin	Coumadin	
Direct Factor Xa Inhibitors		
ELIQUIS		
XARELTO		
Erythropoietins		
EPOGEN		QL (4 ML per 28 days); AL (Min 21 Years)
Hematorheologic Agents		
pentoxifylline	Trental	
Heparin Flush Formulations		
HEPARIN FLUSH		
HEPARIN LOCKFLUSH(PORCINE)(PF)		
heparin, porcine (pf)	Monoject Prefill Advanced	
Heparins		
HEPARIN FLUSH		
HEPARIN LOCKFLUSH(PORCINE)(PF)		
heparin, porcine (pf)	Monoject Prefill Advanced	
Indirect Factor Xa Inhibitors		
fondaparinux	Arixtra	QL (10 Day Supply per 1 Rx)
Low Molecular Weight Heparins		
enoxaparin	Lovenox	QL (20 Doses per 1 Rx)
Platelet Aggregation Inhib - Cyclopentyl-Triazolo-Pyrimidines (Cptps)		
BRILINTA		
Platelet Aggregation Inhibitors - Phosphodiesterase Iii Inhibitors		
cilostazol	Pletal	
Platelet Aggregation Inhibitors - Quinazoline Agents		
anagrelide	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		
aspirin	Bayer Aspirin	
Platelet Aggregation Inhibitors - Thienopyridine Agents		
EFFIENT		
clopidogrel	Plavix	
Platelet Aggregation Inhib-Pdesterase And Adenosine Deaminase Inhibitr		
dipyridamole	Persantine	
Sickle Cell Anemia Agents		
DROXIA		
Immunosuppressive Agents		
Immunosuppressive - Calcineurin Inhibitors		
GENGRAF		
NEORAL		
SANDIMMUNE		
cyclosporine	Sandimmune	
cyclosporine modified	Neoral	
tacrolimus	Prograf	
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors		
mycophenolate mofetil	CellCept	
mycophenolate sodium	Myfortic	
Immunosuppressive - Purine Analogs		
azathioprine	Imuran	
Locomotor System		
Als Agent - Benzathiazoles		
riluzole	Rilutek	QL (2 EA per 1 day); AL (Min 18 Years)
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors		
MESTINON		

Name	Reference	Notes
pyridostigmine bromide	Mestinon	
Neuromuscular Blocker - Nondepolarizing Agents		
atracurium		
Skeletal Muscle Relaxant - Central Muscle Relaxants		
baclofen		
chlorzoxazone	Parafon Forte DSC	
cyclobenzaprine	Flexeril	QL (90 EA per 30 days)
methocarbamol	Robaxin	QL (120 EA per 30 days)
tizanidine	Zanaflex	
Skeletal Muscle Relaxant - Direct Muscle Relaxants		
dantrolene	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		
TELFA		
TELFA ISLAND DRESSING		
adhesive bandage-adhes remov#1		
hydrocol dress-adhesive rem#1		

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		
elastic bandage	Self-Grip	

Name	Reference	Notes
Medical Supplies And Dme - Eye Patches		
CURITY EYE		
OPTICLUDE EYE PATCH		
eye patch	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		
gauze bandage	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		
RIGHTEST CONTROL SOLUTION HIGH		
RIGHTEST CONTROL SOLUTION NORM		
RIGHTEST GL300 LANCETS		
SAFETY LANCETS		
SAFETY SEAL LANCETS		
SINGLE-LET		
SOFT TOUCH LANCETS		
SOLUS V2 CONTROL SOLUTION, LOW		
SOLUS V2 CONTROL SOLUTION,HIGH		
SOLUS V2 LANCETS		
STERILANCE TL		
SURE COMFORT LANCETS		
SURE-LANCE		
SURE-LANCE ULTRA THIN		
SURE-TEST EASYPLUS MINI		
SURE-TOUCH LANCET		
TECHLITE LANCETS		
TELCARE CONTROL		
TELCARE LANCETS		
ULTILET BASIC LANCETS		
ULTILET CLASSIC LANCETS		
ULTILET LANCETS		
ULTRA THIN II LANCETS		
ULTRA THIN LANCETS		
ULTRA TLC LANCETS		
ULTRALANCE LANCETS		

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		
blood glucose contrl hi,normal	Assure Dose Norm-Hi Control	
blood glucose control, normal	Glucometer DEX	
lancets	Ultilet Lancets	
Medical Supplies And Dme - Humidifiers		
COOL MIST HUMIDIFIER		
COOL MIST HUMIDIFIER 1 GALLON		
HEALTHMIST		
VICKS WARM MIST HUMIDIFIER		
humidifiers	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		
insulin syringe-needle u-100	Aimsco Insulin Syringe	

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

Name	Reference	Notes
oral thermometer	BRITE SIGHT Thermometer	
syringe (disposable)	BD Slip Tip Syringe	
syringe with needle	BD SafetyGlide Syringe	
thermometer probe covers	Thermometer Covers	
vaporizers	SudaCare Advanced	
Metabolic Modifiers		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type		
calcitriol	Rocaltrol	
doxercalciferol	Hectorol	
paricalcitol	Zemplar	
Metabolic Modifier - Carnitine Replenisher Agents		
CARNITOR (SUGAR-FREE)		
levocarnitine	Carnitor	
levocarnitine (with sugar)	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)
sodium fluoride	Fluorabon	
Mouth And Throat - Antifungals		
clotrimazole	Mycelex	
nystatin		
Mouth And Throat - Antiseptics		
PERIOGARD		
chlorhexidine gluconate	Peridex	
Mouth And Throat - Glucocorticoids		
triamcinolone acetonide	Oralone	
Mouth And Throat - Local Anesthetic Amides		
LIDOCAINE VISCOUS		
lidocaine hcl	Anestacon	

Name	Reference	Notes
Mouth And Throat - Saliva Stimulants		
pilocarpine hcl	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		
pilocarpine hcl	Isopto Carpine	
Ophthalmic - Antibacterial-Glucocorticoid Combinations		
BLEPHAMIDE		
BLEPHAMIDE S.O.P.		
TOBRADEX		
neomycin-polymyxin b-dexameth	Dexasporin	
sulfacetamide-prednisolone		
tobramycin-dexamethasone	TobraDex	
Ophthalmic - Anticholinergics		
CYCLOGYL		
HOMATROPAIRE		
atropine		
cyclopentolate	Cyclogyl	
homatropine hbr	Isopto Homatropine	
Ophthalmic - Antihistamines		
ALAWAY		
CHILDREN'S ALAWAY		
EYE ITCH RELIEF		
ITCHY EYE DROPS		
azelastine	Optivar	ST
epinastine	ELESTAT	ST
ketotifen fumarate	Eye Itch Relief	
olopatadine	Patanol	ST

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

Name	Reference	Notes
Ophthalmic - Mast Cell Stabilizers		
ALOMIDE		ST
cromolyn	Crolom	
Ophthalmic - Viscoelastic Agents		
AMVISC		
AMVISC PLUS		
Ophthalmic Antibacterial Mixtures		
POLYCIN		
bacitracin-polymyxin b	AK-Poly-Bac	
neomycin-polymyxin-gramicidin	Ocutricin	
polymyxin b sulf-trimethoprim	Polytrim	
Ophthalmic Antibiotic - Aminoglycosides		
GENTAK		
TOBREX		
gentamicin	Gentak	
tobramycin	Tobrex	
Ophthalmic Antibiotic - Fluoroquinolones		
MOXEZA		
VIGAMOX		
ciprofloxacin hcl	Ciloxan	
ofloxacin	Ocuflox	QL (5 ML per 30 DAYs)
Ophthalmic Antibiotic - Macrolides		
erythromycin	Romycin	
Ophthalmic Antibiotic - Sulfonamides		
BLEPH-10		
sulfacetamide sodium		
Ophthalmic Antivirals		
trifluridine	Viroptic	
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists		
IOPIDINE		QL (24 ml per 1 Month)
apraclonidine	Iopidine	QL (5 ML per 15 DAYs)
brimonidine		

Name	Reference	Notes
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs		
LUMIGAN		QL (2.5 ML per 30 Days); AL (Min 55 Years)
TRAVATAN Z		
latanoprost	Xalatan	
Otic		
Otic - Anti-Infective Mixtures		
acetic acid-aluminum acetate	Borofair	
Otic - Anti-Infective-Glucocorticoid Combinations		
CIPRODEX		
neomycin-polymyxin-hc	Antibiotic Ear	
Otic - Anti-Infectives Other		
acetic acid	VoSol	
Otic - Fluoroquinolones		
ciprofloxacin hcl	Cetraxal	QL (14 EA per 1 Rx)
ofloxacin	Floxin	
Otic - Glucocorticoids		
ACETASOL HC		
hydrocortisone-acetic acid	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		
diphenhydramine-phenylephrine	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		
chlorpheniramine maleate	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		
diphenhydramine hcl	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)
promethazine	Phenergan	QL (6 EA per 1 Month)
Antihistamine - 1St Generation - Piperidines		
cyproheptadine		
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		
chlorpheniramine maleate	ChlorHist	
cyproheptadine		
diphenhydramine hcl	Banophen Allergy	
promethazine	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		
all day allergy relief(cetir)		
allergy relief (cetirizine)		
aller-tec		
cetirizine	All Day Allergy	
fexofenadine	Allegra	
levocetirizine	Xyzal	
loratadine	Wal-vert	

Name	Reference	Notes
wal-zyr (cetirizine) oral tablet		
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		
all day allergy relief(cetir)		
allergy relief (cetirizine)		
aller-tec		
cetirizine	All Day Allergy	
levocetirizine	Xyzal	
wal-zyr (cetirizine) oral tablet		
Antihistamines - 2Nd Generation - Piperidines		
ALLEGRA ALLERGY		ST
ALLERGY RELIEF (LORATADINE)		
LORADAMED		
NON-DROWSY ALLERGY		
fexofenadine	Allegra	
loratadine	Wal-vert	
Antitussives - Nonnarcotic		
benzonatate	Tessalon	
Asthma Therapy - Alpha/Beta Adrenergic Agents		
epinephrine		
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		
montelukast	Singulair	
zafirlukast	Accolate	ST
Asthma Therapy - Mast Cell Stabilizers		
cromolyn	Intal	
Asthma Therapy - Xanthines		
ELIXOPHYLLIN		
THEO-24		
THEOCHRON		
aminophylline		
theophylline	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)
ipratropium bromide		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
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml	AccuNeb	
albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)		QL (225 ML per 25 DAYs)
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml		QL (40 EA per 25 DAYs)
albuterol sulfate inhalation solution for nebulization 5 mg/ml	Proventil	QL (40 ML per 25 DAYs)
Asthma/Copd Therapy - Beta Adrenergic Agents		
albuterol sulfate	Proventil	
metaproterenol		
terbutaline	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)
ipratropium-albuterol	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)
guaifenesin	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)
promethazine-phenyleph-codeine	Promethazine VC-Codeine	QL (30 ML per 1 day); AL (Min 18 Years)
Narcotic Antitussive-1St Generation Antihistamine Combinations		
promethazine-codeine	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)
codeine-guaifenesin	Robafen AC	QL (240 ML per 90 days); AL (Min 18 Years)
Nasal Anticholinergics		
ipratropium bromide nasal spray,non-aerosol 0.03 %	Atrovent	QL (1 UNIT per 1 Month)
ipratropium bromide nasal spray,non-aerosol 0.06 %	Atrovent	
Nasal Corticosteroids		
NASACORT		
RHINOCORT ALLERGY		
flunisolide		QL (25 ML per 25 DAYs)
fluticasone	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		
dexchlorphen-pse-chlophedianol	Vanacof	
Non-Narcotic Antitussive-Antihistamine Combinations		
promethazine-dm		
Non-Narcotic Antitussive-Decongestant-Expectorant Combinations		
CERTUSS-D		
phenylephrine-chlophedianol-gg	Donatussin Pediatric	
pseudoephed-chlophedianol-gg	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)
12 hour cold relief		
pseudoephedrine hcl	12 Hour Decongestant	AL (Min 3 Years)
Vaginal Products		
Vaginal Antibacterial - Lincosamides		
CLINDESSE		
clindamycin phosphate	ClindaMax	
Vaginal Antifungal - Imidazoles		
CLOTRIMAZOLE 3 DAY		
MICONAZOLE 7		
MICONAZOLE-3		
VAGISTAT-3		
clotrimazole	Gyne-Lotrimin	
miconazole nitrate	Miconazole 7	
Vaginal Antifungal - Triazoles		
terconazole	Terazol 7	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives		
metronidazole	Metrogel Vaginal	
Vaginal Estrogens		
ESTRACE		
PREMARIN		
VAGIFEM		

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		
acetylcysteine		
amifostine crystalline	Ethyol	

Name	Reference	Notes
amphotericin b		
ampicillin sodium	Totacillin-N	
ampicillin-sulbactam	Unasyn	
atropine		
aztreonam	Azactam	
bleomycin	Blenoxane	
bupivacaine	Sensorcaine	
bupivacaine (pf)	Sensorcaine-MPF	
bupivacaine-epinephrine	Sensorcaine/Epinephrine	
bupivacaine-epinephrine (pf)	Sensorcaine-MPF/Epinephrine	
butorphanol tartrate	Stadol	
calcium chloride		
carboplatin	Paraplatin	
cefazolin		
cefazolin in dextrose (iso-os)		
cefepime	Maxipime	
cefotaxime	Claforan	
cefotetan	Cefotan	
cefoxitin	Mefoxin	
ceftazidime	Fortaz	
ceftriaxone	Rocephin	
ceftriaxone in dextrose,iso-os		
cefuroxime sodium	Zinacef	
chlophedianol-guaifenesin	Vanacof G	
cisplatin		
cladribine	Leustatin	
clindamycin phosphate	Cleocin	
cyclophosphamide intravenous	Cytoxan	
cytarabine	Tarabine Pfs	
cytarabine (pf)		
d10 %-0.45 % sodium chloride		
d2.5 %-0.45 % sodium chloride		
d5 % and 0.9 % sodium chloride		
d5 %-0.45 % sodium chloride		
dacarbazine	DTIC-Dome	
daunorubicin		
deferoxamine	Desferal	
dexamethasone sodium phos (pf)		

Name	Reference	Notes
dextrose 10 % and 0.2 % nacl		
dextrose 10 % in water (d10w)		
dextrose 5 % in water (d5w)		
dextrose 5 %-lactated ringers		
dextrose 5%-0.2 % sod chloride		
dextrose 5%-0.3 % sod.chloride		
dextrose 50 % in water (d50w)		
dextrose 70 % in water (d70w)		
dimenhydrinate		
dobutamine		
dobutamine in d5w		
dopamine		
doxapram	Dopram	
doxorubicin	Adriamycin PFS	
droperidol	Inapsine	
ephedrine sulfate		
epirubicin	Ellence	
etomidate	Amidate	
etoposide	Toposar	
external catheter, male		
floxuridine	FUDR	
ganciclovir sodium	Cytovene	
gemcitabine	Gemzar	
gentamicin sulfate (ped) (pf)		
heparin (porcine)		
heparin flush(porcine)-0.9nacl		
heparin lock flush (porcine)	Heparin Lock Flush	
idarubicin	Idamycin PFS	
ifosfamide	Ifex	
ifosfamide-mesna		
ketamine	Ketalar	
ketorolac		
lactated ringers		
lidocaine hcl	Xylocaine	
lidocaine-epinephrine	Xylocaine-Epinephrine	
lorazepam	Ativan	
magnesium chloride		
magnesium sulfate		

Name	Reference	Notes
magnesium sulfate in d5w		
magnesium sulfate in water		
mannitol 10 %	Osmitrol 10 %	
mannitol 20 %	Osmitrol 20 %	
mannitol 5 %	Osmitrol 5 %	
melphalan hcl	Alkeran	
meperidine		
meperidine (pf)	Demerol (PF)	
mesna	Mesnex	
methylergonovine	Methergine	
methylprednisolone acetate	Depo-Medrol	
methylprednisolone sodium succ	Solu-Medrol	
metoclopramide hcl	Reglan	
midazolam		
mitomycin		
mitoxantrone	Novantrone	
morphine injection		
nafcillin		
nafcillin in dextrose iso-osm		
oxacillin in dextrose(iso-osm)		
oxaliplatin		
oxytocin	Pitocin	
paclitaxel	Onxol	
pamidronate	Aredia	
penicillin g pot in dextrose		
penicillin g procaine		
penicillin g sodium		
phenobarbital sodium		
phenylephrine hcl	Neo-Synephrine	
physostigmine salicylate		
phytonadione (vitamin k1)		
piperacillin-tazobactam	Zosyn	
potassium chlorid-d5-0.45%nacl		
potassium chloride		
potassium chloride in 5 % dex		
potassium phosphate m-/d-basic		
progesterone	Progesterone in Oil	
proparacaine	Alcaine	

Name	Reference	Notes
propofol	Diprivan	
protamine		
rocuronium	Zemuron	
sodium bicarbonate		
sodium chloride		
sodium chloride 0.9 %		
streptomycin		
tobramycin sulfate		
topotecan	Hycamtin	
vancomycin		
vasopressin	Pitressin Synthetic	
vecuronium bromide		
vinorelbine	Navelbine	

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 .