STATE OF NEW HAMPSHIRE

BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX
25 CAPITOL STREET
CONCORD, NEW HAMPSHIRE 03301-6398

ADDENDUM # 4 TO RFP# 1359-12

DEADLINE FOR PROPOSAL SUBMISSIONS: 11/10/11 2:00 PM EST

This document must be signed and returned with your proposal.

FOR: Correctional Pharmacy Services

Questions/Clarifications (State Responses in Bold)

1. How many pharmacists and pharmacy technicians are presently employed by the DOC pharmacy? Please provide the current staffing matrix. **4.1 FTE Pharmacist and 5 FTE technicians.**

2. What are the current annualized staffing costs? Please include the total salaries paid and how much the State paid for pharmacy staff benefits in the last 12 months. **You may access job descriptions, classification and wage information on nh.gov>State Employees>Job Classification and Compensation. The correct wage scale is the 37.5 work week. Benefits may be calculated at 50-51% of salary.**

3. What is the hourly rate for the Pharmacists and Pharmacy Technicians? **You may access job descriptions, classification and wage information on nh.gov>State Employees>Job Classification & Compensation. For pharmacists there is a 30% Pharmacist enhancement on top of the wage by labor grade.**

4. Are there other additional employees in the pharmacy and if so, how many FTE's and what is their hourly rate? **There are no additional employees.**

5. Is the contractor required to utilize the pharmacy within the NH State Prison in Concord or could the Contractor propose moving the pharmacy to an operation elsewhere within the state or city of Concord in order to increase efficiency and operating space? **At the start of the contract, the Vendor will be required to utilize the existing pharmacy space until such time that the Vendor presents a comprehensive proposal showing the savings that would be obtained if the pharmacy was elsewhere while maintaining the needs of the Department and this proposed change is approved by the Department.**

6. Would the Department consider eliminating the Auto Pak machine and convert to blister cards to permit more efficient medication dispensing and eliminating weekly refills on chronic meds? **The Department would have to evaluate the financial impact of eliminating the Auto Pak machine and converting to blister cards.**

7. Would the Department accept proposals that include the implementation of an Electronic Medical Record that allows direct importation of prescriptions into the pharmacy dispensing software thus decreasing the need for pharmacist intervention? **The Department requires the Vendor to respond to the content requested in the RFP. Inclusion of an Electronic Medical Record would involve the State's Office of Information Technology and a review of our infrastructure to determine if the software could be supported and the cost**

of the necessary hardware. This should not be included in the RFP. If there are minor software enhancements that could be provided to facilitate electronic ordering thus decreasing the need for pharmacist interventions, it is at the Vendor's discretion whether they will choose to include this in their response to the RFP.

8. Would the Department consider proposals that eliminate the current software (CIPS) being used by the DOC at this time? **The Vendor would have to outline how this would be replaced and still provide the same level of reporting as well as maintenance of the historical data currently in the system. The Department would have to analyze any cost implications as a result of changing systems in their analysis of such a proposal.**

9. Should the contractor identify drug wholesalers that offer more competitive pricing than the State's current arrangement with MMCAP? Would the DOC permit drug purchases from alternative suppliers?
The Vendor should respond to the RFP as requested and if this is a provision of their response the State will evaluate the proposal.

10. Will the DOC give the contractor permission to route prescriptions electronically through a pharmacy benefits manager for adjudication and screening versus the formulary, early refill, duplication, etc?
The Department would have to develop a mutually agreed upon policy for such a process that ensures confidentiality and use of the information is managed with HIPAA based guidelines.

11. Is the DOC currently using local pharmacy back up for after hours medication needs to minimize on-call pharmacist costs? **Yes with retail pharmacies in each facility's geographic location.**

12. From where are compounded intravenous medications such as chemotherapy or total parenteral nutrition preparations obtained? **IV Chemotherapy is not performed on site at any facility. TPN preparations are obtained through our vendor that provides IV medications and nursing staff who start and maintain IV sites and ports.**

13. Would the DOC permit the subcontracting of the dispensing of certain high cost medications to a 340b eligible covered entity under the supervision of the contractor? **The Department knows such facilitation would also include the provision of establishing contracts for physician's services as those inmates whose medications are purchased through a 340b eligible covered entity also have to be the keeper of the medical record and provider of the persons medical treatment. There are incurred costs that would have to be evaluated, policy development, and other business processes to establish before the Department would consider this approach.**

14. Would the Department accept proposals that allow the contractor to solicit business from other New Hampshire correctional facilities such as the New Hampshire County Jails to have their prescriptions filled by the contractor staff employed under this contract if the DOC were made whole on its share of operating profits from such arrangements? **The Department would have to review this proposal before it agreed to such a provision.**

15. How many prescriptions were dispensed in the last 12 months? **In FYE11 there were 174,000 prescriptions dispensed.**

16. Is the Pharmacy Joint Commission accredited? **No**

17. What was the last 12 months medical and psychotropic drug cost? **In FYE11 medical drug costs were $1,503,000.00 and psychotropic drugs (anti-psychotics and anti-depressants) $469,000.00.**

18. What is the current days and hours of operation of the pharmacy? **Monday-Friday is 0700-1700. Saturday is 0800-1300. Sunday closed. Christmas and Thanksgiving pharmacy is closed, other state holidays are manned with 1 FTE pharmacist and 2 FTE technicians.**

19. Are there currently any restrictions on the license to operate the pharmacy? **The pharmacy currently does not have restrictions however the pharmacy does not have the space and equipment to compound medications.**

20. Is all the current pharmacy staff certified in CPR? **Yes**

21. Please provide a current copy of the Pharmacy's policies and procedures. **All non-confidential policies will be posted.**

22. Please clarify whether the vendor will be expected to provide ALL of the pharmacy positions that are currently provided by the State, or just provide a single chief pharmacist position. **The vendor is expected to provide ALL pharmacy positions.**

23. Certificate of Insurance, b., page 3 – Shall the Worker's Compensation policy be included in the proposal, or does the Certificate of Liability Insurance with Worker's Compensation policy information meet this requirement? If so, we should have someone checking on minimum wage law, prevailing wages, payroll taxes, etc. **The Certificate of Liability Insurance with Worker's Compensation policy information meets this requirement.**

24. Can you please provide the salaries paid to the four pharmacists as well as the five technicians currently employed for the past three year period? In addition, can you please provide the amount of overtime paid to these individuals over the past three years as well as the amount of holiday time paid to these individuals over the past three years? **See answers #2 and #3 above. For the past two years overtime has been authorized on a rare and infrequent basis. Regarding holiday time see answer #18 above. Staffed holidays include New Year's Day, Martin Luther King Day, President's Day, Memorial Day, 4th of July, Labor Day, Veteran's Day and the day after Thanksgiving.**

25. Can you please provide the amount of vacation time, personal time off and sick days for each pharmacist and technician currently employed that would be the responsibility of a pharmacy vendor? **The current benefit schedule for state employees is covered under the Collective Bargaining Agreement (CBA) which is found at nh.gov>State Agency>Human Resources>Employee Benefits. The Vendor is responsible for determining the wage, salary and benefits paid to its employees.**

26. Can you please provide a monthly sample schedule (or actual schedule) of the currently employed pharmacists and technicians? **See answers #1 and #18 above.** Is the time for monthly facility inspections and monthly MAC meeting factored into the current staffing matrix? **Yes.**

27. What percentage of orders is filled through the FastPak automed system? **An approximate monthly % is 45%. (45%+34%=79%. The remaining 21% includes nurse administered meds in Concord (outpatient), all inpatient nurse administered meds and the PRN pill line meds which are bubble/blister packed.)**

28. What percentage of orders is dispensed as Keep on Person? **An approximate monthly % is 34%. (45%+34%=79%. The remaining 21% includes nurse administered meds in Concord (outpatient), all inpatient nurse administered meds and the PRN pill line meds which are bubble/blister packed.)**

29. How many med carts would the NHDOC require as part of the contract? **The NHDOC currently has medication carts at: Goffstown-1, SPU-1, Men's-2, NCF-2 (3 homemade carts utilized for medication storage only). The Vendor will need to provide the remaining medication carts necessary for nurse administered medications at the NHSP-Men.**

30. Please explain the process for destruction of controlled substances and if using a reverse distributor, would the cost of a reverse distributor be the responsibility of the NHDOC or the pharmacy vendor? **We currently utilize the services of a reverse distributor for drugs that have not yet been dispensed. Dispensed controlled**

substances are flushed by a Pharmacist into the sewer system. Dispensed non-controlled substances are incinerated through another vendor.

31. Please provide a list of medications currently used in the night locker, emergency box, as well as the controlled substance box. **The list of medications for each of these areas varies by the needs of the individual site. This information will be attached as part of this response.**

32. Please describe the process to package and replenish medications in the night locker, emergency boxes and controlled substance box. **All three are replenished after the box is open or when the medication(s) expire by the pharmacy tech with the pharmacist verifying.**

33. Does the pharmacy liaison of the pharmacy vendor need to have New Hampshire licensure as a pharmacist? **No, but the Liaison must be aware of the NH Board of Pharmacy rules and the NH State laws affecting the Pharmacy and Pharmacy staff.**

34. It is our understanding of the MMCAP that the participation/withdrawal of the NHDOC from the MMCAP would not have an impact on other state agencies; Can you please explain how the withdrawal of the NHDOC would affect other state agencies? **Withdrawal from MMCAP <u>WOULD</u> have an impact on other state agencies. Withdrawal from the MMCAP would increase costs for other state agencies.**

35. If a vendor would be allowed to ship items to other New Hampshire agencies under the same terms as provided to the NHDOC, would this allow for the NHDOC to consider a mail order pharmacy option and the benefits that can be provided from such a model? Can a list of other New Hampshire Agencies participating in the MMCAP program be provided? **The Vendor should respond to the request for proposal submitted as it does not include other State agencies. State agencies that participate in the MMCAP include the NHDOC, New Hampshire Hospital and the University of NH**.

36. Would you be willing to provide a top 100 list of medications used by the NHDOC, along with yearly usage information, so we can provide to you a cost quote on these medication purchases for comparison with the MMCAP drug program costs? **Please respond to the content of the RFP which is for staffing only at this time.**

37. Please verify the following costs will be the responsibility of the NHDOC.
    a. Medication purchases through the MMCAP **Yes**

    b. All associated costs for backup pharmacy usage and delivery costs (if any) **Yes**

    c. All equipment, leasing cost and packaging supplies for blister cards, vials, labels, auto med supplies, etc. needed to provide the required services. **Yes**

    d. Courier costs associated with delivery to other facilities. **Yes**

38. Will additional questions be allowed if answers are unclear or need further clarification? **The period for questions closed 10/27/11.**

39. Who are your current vendors (for the position described in the RFP)? **All current positions described in the RFP are state employees.**

40. What are their respective rates? **See answers #2 and #3 above.**

41. How many FTE's do you require for each discipline? **See answer #1 for current staffing. It is the Vendor's responsibility to determine the appropriate staffing pattern to meet the Scope of Services as outlined in this RFP**.

42. You require 5 electronic copies-does that mean you want 5 separate CDs or can we put 5 copies on one CD? **5 separate cds.**

43. Section IV, Question 2 on page 29 (below)-are you just looking for subcontractor agreements?

    "Describe the agencies arrangements for coordination of services and exchange of information with other healthcare providers, Vendors and State agencies. Attach copies of appropriate contractual agreements, memoranda of understanding or letters of support from the appropriate persons summarizing the nature of the collaboration and indicating the level of support." **Yes.**

44. Section III, Financial Section on page 25, Question 1 –do we have to provide a separate pricing sheet for *each position at each facility*? The RFP states that you will not accept partial proposals for separate regions so I'm confused why there is a facility name blank at the top of the pricing page. Please explain. **In responding to Section III, Financial Section, the Vendor should indicate their proposal covers all sites, NHSP-M/NHSP-W/SPU/RTU/NCF and Transitional Housing Services. If the Vendor had intent to only bid for one facility, their proposal would be considered a partial proposal and would not be accepted.**

45. Section III, Financial Section on page 26, Question 2. What is the difference between facility name and site? **This is to assist NHDOC and NHDAS if a Vendor was to propose staff for specific sites rather than keeping them all centrally located.**

46. Section IV, page 29, Question 3- first bullet point-are you looking for information and resumes of our internal staff or the temporary pharmacy staff? **We are looking for Vendor compliance for the terms and conditions of this bullet point for any and all staff the Vendor proposes to supervise staff proposed, to hire and place at the NHDOC.**

47. Section IV, page 30, Question 3-first bullet point – is this plan for evaluating our processes and performance as a staffing provider or evaluations and processes for the temporary pharmacy staff. **Question 3-first bullet point does not describe your question. It is not clear what you mean by "temporary pharmacy staff."**

48. When will the answers to all questions submitted be posted? **11/1/11, as part of this addendum.**

49. Will the FTE's for each position type be required to travel to various sites or will each site require each position type? **Pharmaceutical services are provided out of a central location at the Men's prison in Concord. The Chief Pharmacist is required to travel to NCF and Goffstown once a month for site visits. The Vendor should propose the staffing pattern to the Department that best suites the request as outlined in the RFP.**

50. Should items in the table be expressed in %'s or $'s and should these items be added to our base rate? If added to the base rate where would they like the base rate indicated? **The cost should be indicated as $ with the percent indicated as requested (eg. (____%) and the cost associated with the percent across those lines as instructed in the sheet. It is unclear what is meant by the "base rate."**

51. Please provide a list of approved KOP medications. **All KOP medications on the NHDOC formulary are indicated by a letter "G" next to the medication. The NHDOC formulary will be posted with the response.**

52. Please provide monthly usage statistics for number of 30 day vials, 7-day packager prescriptions and PRN blister cards. **This information is not readily available. See answers #27 and #28 above.**

53. Are all KOP medications provided in 30-day vials? **All KOP meds are provided in vials with the exception of topicals. The supply may or may not be 30 days because of where the inmate is housed or physician order.**

54. Please provide the following information on the dispensing schedule:

    a. Med Pass times per facility **Currently med passes are done qid or four times daily. It is the intent of the NHDOC to implement bid or twice a day dispensing.**
    b. Courier pick-up schedule from the central pharmacy **Courier for NHSP-Goffstown departs at 1500 M-F, NCF departs at 2000 M-F. Med pick up for NHSP-M is performed by Correctional Officers between 1000-1100, 1300-1500, 1700-1800 M-F in the HSC. Med pick up for SPU is performed by Nursing staff at 0830 and 1300 from the Pharmacy and 1700-1800 in the HSC.**
    c. Other relevant daily central pharmacy deadlines **Medications dispensed via the FastPak system must be completed by 1500 M-F.**

55. Does the state of New Hampshire have a reverse distributor contract to dispose of wasted medications? **See answer #30 above.**

56. Please provide the latest published internal audit of the central pharmacy. **The NHDOC does not have a "published internal audit" for the pharmacy in addition any internal audit would be conducted through our Quality improvement process thus not be disclosed.**

57. What are the current cost of this RFP, annual and all contract years?

    We do not have a current contract. All pharmacy employees are currently employees of the state.

58. What is the current number of personnel involved on the current contract with regards to their job title? **See answer #1 and #2 above.**

59. What is the location of the Automated FastPak dispensing system? If not in a facility, what facility is the dispensing unit available? **The NHDOC has a centralized pharmacy located at the Men's facility in Concord, NH.**

60. If the shift requirement is 8 hours daily, what is the state expectation on picking up and delivering the meds 5 times a day? Please provide a better understanding of the five (5) a day services. **See answer 4a, b and c under Clinical Solutions.**

61. Please provide an overview of the state pharmacy facility and/or facilities cited in the contract. **Read #2.1-3 under Scope of Services, page 10 of 38 and page 11 of 38.**

62. What will the state provide toward delivery and pick up of meds? For example, a vehicle or courier services. **See answer #37 above.**

63. If the state requires additional work schedules and days of services, how will the contractor be paid for the services? **The Vendor is responsible for determining the proposed staffing pattern, wage, salary and benefits paid to its employees as delineated in Section III, Financial Section of this RFP, page 25 of 38. See also answer #18 above**.

NOTE: IN THE EVENT THAT YOUR PROPOSAL HAS BEEN SENT TO THIS OFFICE PRIOR TO RECEIVING THIS ADDENDUM, RETURN ADDENDUM WITHIN THE SPECIFIED TIME WITH ANY CHANGES YOU MAY WISH TO MAKE AND MARK ON THE REMITTANCE ENVELOPE PROPOSAL NUMBER AND DEADLINE DATE. RETURNED ADDENDA WILL SUPERSEDE PREVIOUSLY SUBMITTED PROPOSALS.

BIDDER _____ ADDRESS _____

BY _____
(This document must be signed)

_____ TEL. NO._____
(Please type or print name)

CONTROLLED SUBSTANCE DRUG KIT CONTENTS:

1. **NCF**
   - **A. Acetaminophen with Codeine 300mg/30mg**
   - **B. Diazepam Tablets 10mg**
   - **C. Diazepam Injection 5mg/5ml**
   - **D. Hydrocodone with acetaminophen Tablets 5mg/500mg**
   - **E. Clonazepam Tablets 1mg**
   - **F. Lorazepam Tablets 1mg**
   - **G. Morphine Sulfate Extended Release Tablets 30mg**
   - **H. Phenobarbital Tablets 30mg**

2. **NHPW**
   - **A. Acetaminophen with Codeine 300mg/30mg**
   - **B. Diazepam Tablets 10mg**
   - **C. Diazepam Injection 5mg/5ml**
   - **D. Hydrocodone with acetaminophen Tablets 5mg/500mg**
   - **E. Clonazepam Tablets 1mg**
   - **F. Lorazepam Tablets 1mg**
   - **G. Phenobarbital Tablets 30mg**
   - **H. Diphenoxylate with Atropine Tablets 2.5mg/0.025mg**

NH Department of Corrections: PHARMACY FORMULARY - Generic listing
G = Self-admin./stored by inmate.
Y = Self-admin./stored in control
R = Nurse administered or supervised

BRAND	GENERIC DESCRIPTION	COLOR CODE	ITEM #	AHFS #	NOTES / TX INTERCHANGE
A.S.A. TABLETS 325mg	ASPIRIN TABLETS 325mg	G	386292	280804	
ACETAMINOPHEN SUPPOSITORIES 650mg	ACETAMINOPHEN SUPP 650mg	G	000125	280892	
ACHROMYCIN V ORAL SOL	TETRACYCLINE SUSP. 125mg/5ml	G	600129	081224	
ACTIDOSE-AQUA	ACTIVATED CHARCOAL SUSP 50gm/240ml	R	296319	560400	E-KIT
ACTIDOSE-AQUA	ACTIVATED CHARCOAL SUSP 25gm/120ml	R	296301	560400	E-KIT
ACTIFED TABLETS	PSEUDOEPHEDRINE 60mg/TRIPROLIDINE	G	206912	040000	
ACTOS 15mg	PIOGLITAZONE 15mg	G	700514	682028	pts under age 50
ACTOS 30mg	PIOGLITAZONE 30mg	G	700515	682028	pts under age 50
ACTOS 45mg	PIOGLITAZONE 45mg	G	700516	682028	pts under age 50
ADACEL - ADULT	PERTUSSIS/DIPHTHERIA/TETANUS-ADULT	R	600381	800800	
ADRENALIN INJ 1:1000 (1mg/ml)	EPINEPHRINE INJ 1:1000 (1mg/ml)	R	001198	121200	E-KIT
AFRIN NASAL SPRAY	OXYMETAZOLINE NASAL SPRAY	G	001420	523200	
AKWA TEARS OPHTHALMIC OINTMENT	LUBRICANT OPHTHALMIC OINTMENT	G	600526	523600	
ALDACTAZIDE TABLETS 25/25	SPIRONOLACTONE/HCTZ 25/25	G	179069	402800	
ALDACTONE TABLETS 25mg	SPIRONOLACTONE TABLETS 25mg	G	179077	402810	
ALDACTONE TABLETS 50mg	SPIRONOLACTONE TABLETS 50mg	G	342790	402810	
ALTACE CAPSULE 10mg	RAMIPRIL CAPSULES 10mg	G	700459	243204	
ALTACE CAPSULES 2.5mg	RAMIPRIL CAPSULES 2.5mg	G	700457	243204	
ALTACE CAPSULES 5mg	RAMIPRIL CAPSULES 5mg	G	700458	243204	
ALUPENT INHALER 21gm	METAPROTERENOL INHALER 21gm	G	154609	121200	
AMINO-CERV VAGINAL CREAM	AMINO ACID / UREA VAGINAL CREAM	G	600441	920000	
AMLACTIN 12% CREAM	AMMONIUM LACTATE 12% CREAM	G	700459	842412	Active Hep C Tx only
AMOXICILLIN SUSPENSION 250mg/5ml	AMOXICILLIN SUSPENSION 250MG/5ML	G	600527	081216	
AMOXIL CAPSULES 250mg	AMOXICILLIN CAPSULES 250mg	G	600524	081216	
AMOXIL CAPSULES 500mg	AMOXICILLIN CAPSULES 500mg	G	600525	081216	
AMPICILLIN INJ 500MG	AMPICILLIN INJ. 500mg	R	600059	081216	
AMPICILLIN CAPSULES 250mg	AMPICILLIN CAPSULES 250mg	G	018044	081216	
AMPICILLIN INJ 1GM	AMPICILLIN INJ. 1GM	R	600060	081216	
ANAFRANIL CAPSULES 50mg	CLOMIPRAMINE HCL CAPSULES 50mg	Y	600307	281604	
ANAFRANIL CAPSULES 75mg	CLOMIPRAMINE CAPSULES 75mg	Y	600532	281604	
ANTILIRIUM INJECTION 1mg/ml	PHYSOSTIGMINE INJ 1mg/ml	R	171314	120400	
ANTIVERT TABLETS 12.5mg	MECLIZINE TABLETS 12.5mg	Y	600546	562200	
ANTIVERT TABLETS 25mg	MECLIZINE TABLETS 25mg	Y	295691	562200	
ANUSOL HC CREAM	HEMORRHOID HC CREAM	G	165944	843600	
ANUSOL HC SUPPOSITORIES	HEMORRHOIDAL HC SUPPOSITORIES	G	386417	843600	
ANUSOL SUPPOSITORIES	HEMORRHOIDAL SUPPOSITORIES	G	429746	843600	
APRESOLINE TABLETS 10mg	HYDRALAZINE TABLETS 10mg	G	600087	240800	
APRESOLINE TABLETS 25mg	HYDRALAZINE TABLETS 25mg	G	446336	240800	
AQUAMEPHYTON	PHYTONADIONE 10mg/ml	R	600115	882400	
AQUAMEPHYTON INJECTION	VITAMIN K INJECTION 10 mg	R	292672	882400	
AROMATIC AMMONIA VAPOROLE	AMMONIA INHALANTS	R	413641	282000	E-KIT
ARTANE TABLETS 2mg	TRIHEXYPHENIDYL TABLETS 2mg	Y	381921	120804	
ARTANE TABLETS 5 mg	TRIHEXYPHENIDYL TABLETS 5 mg	Y	410332	120804	
ARTIFICIAL TEARS OPHTHALMIC SOL'N	ARTIFICIAL TEARS OPHTHALMIC SOL'N	G	600474	523600	
ASENDIN 100mg	AMOXAPINE 100mg	Y	700512	281604	
ASENDIN 150mg	AMOXAPINE 150mg	Y	700513	281604	
ASENDIN 25mg	AMOXAPINE 25mg	Y	700510	281604	
ASENDIN 50mg	AMOXAPINE 50mg	Y	700511	281604	

ASPIRIN ENTERIC COATED 81mg	ASPIRIN ENTERIC COATED 81mg	G	600510	280804	
ASPIRIN SUPPOSITORIES 600mg	ASPIRIN SUPPOSITORIES 600mg U/D	G	336826	280804	
ATARAX TABLETS 10 mg	HYDROXYZINE TABLETS HCL 10 mg	Y	600008	282492	TS-VISTARIL
ATROVENT 0.02% INH SOLN	IPRATROPIUM BROMIDE 0.02% INH SOLN	R	600550	120808	
ATROVENT INHALER	IPRATROPIUM BROMIDE INHALER	G	448407	120808	
AUGMENTIN TABLETS 250mg.	AMOXICILLIN/CLAVULANATE 250mg/125mg	G	600375	081216	
AUGMENTIN TABLETS 500mg	AMOXICILLIN/CLAVULANATE 500mg/125mg	G	600376	081216	
AUGMENTIN TABLETS 875mg	AMOXICILLIN/CLAVULINATE 875mg/125mg	G	700403	081216	
AZULFIDINE TABLETS 500mg	SULFASALAZINE TABLETS 500mg	G	159004	082400	
BACITRACIN OINTMENT PACKETS	BACITRACIN OINTMENT PACKETS	G	290759	520404	NURSING
BACITRACIN OPHTHALMIC OINTMENT	BACITRACIN OPHTHALMIC OINTMENT	G	600533	520404	
BACTRIM DS (SEPTRA DS/ COTRIM DS)	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	G	304188	084000	
BACTROBAN NASAL OINTMENT	MUPIROCIN NASAL OINTMENT	G	700436	840404	restricted to MRSA
BENADRYL CAPSULES 25mg	DIPHENHYDRAMINE CAPSULES 25mg	Y	295392	040000	
BENADRYL CAPSULES 50mg	DIPHENHYDRAMINE CAPSULES 50mg	Y	238493	040000	
BENADRYL ELIXIR 25mg/10ml	DIPHENHYDRAMINE ELIX 25mg/10ml	R	419234	040000	
BENADRYL INJ 50mg/ml	DIPHENHYDRAMINE INJ 50mg/ml	R	405084	040000	E-KIT
BENEMID TABLETS 500 mg	PROBENECID TABLETS 500 mg	G	010405	404000	
BENTYL CAPSULES 10mg	DICYCLOMINE CAPSULES 10mg	Y	293563	120808	
BENTYL TABLETS 20mg	DICYCLOMINE TABLETS 20mg	Y	323378	120808	
BETADINE OINTMENT PACKETS	POVIDONE IODINE OINTMENT PACKETS	R	600514	840416	
BETAMETHASONE INJECTION 6mg/ml	CELESTONE SOLUSPAN 6mg/ml	R	600382	680400	
BETOPTIC-S OPHTHALMIC SOL'N 0.25%	BETAXOLOL OPHTHALMIC SOL'N 0.25%	G	600391	523600	
BICILLIN INJECTION 1.2 MIL UNITS	PENICILLIN BENZATHINE INJ. 1.2 MIL	R	600114	081216	REFRIGERATE
BRETHINE INJECTION 1mg/ml	TERBUTALINE INJECTION 1mg/ml	R	191866	121200	
BRETHINE TABLETS 2.5mg	TERBUTALINE TABLETS 2.5mg	G	242719	121200	
BRETHINE TABLETS 5mg	TERBUTALINE TABLETS 5mg	G	600127	121200	
BUSPAR 15mg	BUSPIRONE TABLETS 15mg	Y	600531	282492	tier 2
BUSPAR TABLETS 10mg	BUSPIRONE TABLETS 10mg	Y	600063	282492	tier 2
BUSPAR TABLETS 30mg	BUSPIRONE TABLETS 30mg	Y	700467	282492	
BUSPAR TABLETS 5mg	BUSPIRONE TABLETS 5mg	Y	443796	282492	tier 2
CALAMINE LOTION	CALAMINE LOTION PLAIN	G	082974	842404	
CALAN SR 240 mg (ISOPTIN SR 240 mg)	VERAPAMIL SR CAPLETS 240 mg	G	446567	240400	
CALAN SR TABLETS 120mg	VERAPAMIL SR TABLETS 120mg	G	600499	240400	
CALAN SR TABLETS 180mg	VERAPAMIL SR TABLETS 180mg	G	600500	240400	
CALAN TABLETS (ISOPTIN) 120 mg	VERAPAMIL TABLETS 120 mg	G	325316	240400	
CALCIUM LACTATE	CALCIUM LACTATE	G	600066	401200	
CARAFATE TABLETS 1gm	SUCRALFATE TABLETS 1gm	G	337410	564000	
CARDIZEM CD CAPSULES 120mg	DILTIAZEM CD CAPSULES 120mg	G	700490	240400	
CARDIZEM CD CAPSULES 180mg	DILTIAZEM CD CAPSULES 180mg	G	700491	240400	
CARDIZEM CD CAPSULES 240mg	DILTIAZEM CD CAPSULES 240mg	G	700423	240400	only XL Ca blockers
CARDIZEM CD CAPSULES 360mg	DILTIAZEM CD CAPSULES 360mg	G	700492	240400	
CATAPRES TABLETS 0.1mg	CLONIDINE TABLETS 0.1mg	Y	330829	240800	
CATAPRES TABLETS 0.2mg	CLONIDINE TABLETS 0.2mg	Y	330837	240800	
CEFTIN TABLETS 250mg.	CEFUROXIME AXETIL TABLETS 250mg.	G	600377	081206	
CEFTIN TABLETS 500MG	CEFUROXINE AXETIL TABLETS 500mg	G	700469	081206	
CELEXA TABLETS 10mg	CITALOPRAM TABLETS 10mg	Y	700546	281604	
CELEXA TABLETS 20mg	CITALOPRAM TABLETS 20mg	Y	700406	281604	
CELEXA TABLETS 40mg	CITALOPRAM TABLETS 40mg	Y	700411	281604	
CEPACOL LOZENGES	THROAT LOZENGES	G	288886	521600	inpatient only
CEPHULAC 10g/15ml	LACTULOSE 10g/15ml	G	700520	004010	

CHLORTRIMETON TABLETS 4mg	CHLORPHENIRAMINE TABLETS 4mg	G	415851	040000	
CILOXAN 0.3% OPHTH SOL'N	CIPROFLOXACIN 0.3% OPHTH SOL'N	G	600436	520412	
CIPRO TABLETS 250 mg	CIPROFLOXACIN TABLETS 250 mg	G	475541	082200	
CIPRO TABLETS 500 mg	CIPROFLOXACIN TABLETS 500mg	G	475558	082200	
CITROMA LIQUID	CITRATE OF MAGNESIA	R	01625	561200	
CLEOCIN CAPSULES 150 mg	CLINDAMYCIN CAPSULES 150 mg	G	021378	081228	
CLEOCIN-T SOLUTION	CLINDAMYCIN TOPICAL SOLN 1%	G	290353	840404	
CLOZARIL TABLETS 100mg	CLOZAPINE TABLETS 100mg	R	600353	281608	START-SPU tier 2
CLOZARIL TABLETS 25mg	CLOZAPINE TABLETS 25mg	R	600352	281608	START-SPU tier 2
COGENTIN INJECTION 2mg/2ml	BENZTROPINE INJ 2mg/2ml	R	292268	120804	E-KIT
COGENTIN TABLETS 0.5mg	BENZTROPINE TABLETS 0.5mg	Y	021956	120804	
COGENTIN TABLETS 1mg	BENZTROPINE TABLETS 1mg	Y	233692	120804	
COGENTIN TABLETS 2mg	BENZTROPINE TABLETS 2mg	Y	344010	120804	
COLACE CAPSULES 100mg	DOCUSATE CAPSULES 100mg	G	427336	561200	canteen
COLCHICINE TABLETS 0.6mg	COLCHICINE TABLETS 0.6mg	G	381962	920000	
COLY-MYCIN S OTIC SUSP.	NEOMYCIN/HYDRO/COLISTIN OTIC SUSP.	G	600072	081228	TS
COMPAZINE INJECTION 10mg/2ml	PROCHLORPERAZINE INJ 10mg/2ml	R	176396	562200	
COMPAZINE SUPPOSITORIES 25mg	PROCHLORPERAZINE SUPP 25mg	G	153635	562200	
COMPAZINE TABLETS 5mg	PROCHLORPERAZINE TABLETS 5mg	G	022921	562200	
COPEGUS CAPSULES 200mg	RIBAVIRIN CAPSULES 200MG	G	700478	081800	
COPPERTONE 30+ SUNBLOCK LOTION	SUNSCREEN SPF #30+	G	372763	848000	SPU ONLY
CORGARD TABLETS 40mg	NADOLOL TABLETS 40mg	G	381582	240400	BETA 1&2
CORGARD TABLETS 80mg	NADOLOL TABLETS 80mg	G	600017	240400	BETA 1&2
CORT-DOME CREAM 0.5%	HYDROCORTISONE CREAM 0.5%	G	163980	840600	LOW POTENCY
CORT-DOME CREAM 1%	HYDROCORTISONE CREAM 1%	G	401919	840600	LOW POTENCY
CORT-DOME OINTMENT 0.5%	HYDROCORTISONE OINTMENT 0.5%	G	424457	840600	LOW POTENCY
CORT-DOME OINTMENT 1%	HYDROCORTISONE OINTMENT 1%	G	232108	840600	LOW POTENCY
CORTISPORIN OPHTH OINT	NEO/POLY/HYDRO/BACIT OPHTH OINT	G	410183	520404	
CORTISPORIN OPHTHALMIC SUSPENSION	POLYMYXIN/NEOMYCIN/HC OPHTH. SUSP	G	024372	081228	
CORTISPORIN OTIC SUSPENSION	POLYMYXIN/NEOMYCIN/HC OTIC SUSP.	G	403477	081228	TS
COUMADIN TABLETS 1mg	WARFARIN TABLETS 1mg	R	600501	201204	
COUMADIN TABLETS 2.5mg	WARFARIN TABLETS 2.5mg	R	600502	201204	
COUMADIN TABLETS 2mg	WARFARIN TABLETS 2mg	R	600143	201204	
COUMADIN TABLETS 3mg	WARFARIN TABLETS 3mg	R	600503	201204	
COUMADIN TABLETS 4mg	WARFARIN TABLETS 4mg	R	600504	201204	
COUMADIN TABLETS 5mg	WARFARIN TABLETS 5mg	R	166611	201204	
COUMADIN TABLETS 6mg	WARFARIN TABLETS 6mg	R	600505	201204	
COUMADIN TABLETS 7.5mg	WARFARIN TABLETS 7.5mg	R	600506	201204	
CRIXIVAN CAPSULES 400mg	INDINAVIR CAPSULES 400mg	G	600437	081800	
CYANOCOBALAMIN INJECTION 1000mcg	VITAMIN B12 INJECTION 1000mcg	G	700402	880800	
CYCLOGYL 1%	CYCLOPENTOLATE 1%	R	600386	522400	
CYSTOSPAZ 0.15mg.	HYOSCYAMINE SULFATE SL 0.15mg	G	600427	120808	
CYTOTEC TABLETS 100mcg	MISOPROSTOL TABLETS 100mcg	G	600542	564000	
CYTOTEC TABLETS 200mcg	MISOPROSTOL TABLETS 200mcg	G	600543	564000	
DAPSONE TABLETS 100 mg	DAPSONE TABLETS 100 mg	G	600009	082600	
DEBROX OTIC SOLUTION	CARBAMIDE PEROXIDE 6.5% OTIC SOL'N	G	028480	520412	
DECADRON INJECTION 4mg/ml	DEXAMETHASONE INJ 4mg/ml	R	282491	680400	E-KIT
DECADRON OPHTH SOLUTION	DEXAMETHASONE OPHTH SOLUTION	G	600077	520800	
DECADRON OPHTHALMIC OINTMENT	DEXAMETHASONE OPHTH OINT	G	028548	680400	
DECADRON TABLETS 1mg	DEXAMETHASONE TABLETS 1mg	G	412064	680400	
DECADRON TABLETS 4mg	DEXAMETHASONE TABLETS 4mg	G	700488	680400	

DELTASONE TABLETS 10mg	PREDNISONE TABLETS 10mg	G	600117	680400	
DELTASONE TABLETS 20mg	PREDNISONE TABLETS 20mg	G	317842	680400	
DELTASONE TABLETS 5mg	PREDNISONE TABLETS 5mg	G	317826	680400	
DEMEROL TABLETS 50 mg	MEPERIDINE TABLETS 50 mg	R	439836	280808	
DEPAKOTE TABLETS 250mg	DIVALPROEX TABLETS 250mg	Y	600079	281292	
DEPAKOTE TABLETS 500mg	DIVALPROEX TABLETS 500mg	Y	600080	281292	
DEPO-MEDROL 40mg/ml	DEPO-METHYLPREDNISOLONE 40mg/ml	R	600075	680400	
DEPO-MEDROL 80mg/ml	DEPO-METHYLPREDNISOLONE 80mg/ml	R	700487	680400	
DEPO-PROVERA INJECTION 100mg/ml	DEPO-MEDROXYPROGESTERONE 100mg/ml	R	600076	680400	
DESYREL TABLETS 100mg	TRAZODONE TABLETS 100mg	Y	322461	281604	
DESYREL TABLETS 150mg	TRAZODONE TABLETS 150mg	Y	600498	281604	
DESYREL TABLETS 50 mg	TRAZODONE TABLETS 50 mg	Y	486688	281604	
DIFLUCAN TABLETS 100mg	FLUCONAZOLE TABLETS 100mg	G	700495	081204	
DIFLUCAN TABLETS 150mg	FLUCONAZOLE TABLETS 150mg	G	600404	081204	
DIFLUCAN TABLETS 200mg	FLUCONAZOLE TABLETS 200mg	G	700496	081204	
DILANTIN CAPSULES 100mg	PHENYTOIN CAPSULES 100mg	Y	233767	281212	
DILANTIN INFATABS 50mg (CHEWABLE)	PHENYTOIN INFATABS 50mg (CHEW)	Y	343947	281212	
DILANTIN SUSPENSION 125mg/5ml	PHENYTOIN ORAL SUSP 125mg/5ml	R	031195	281212	
DIPROSONE CREAM 0.05%	BETAMETHASONE DIPROP CREAM .05%	G	600536	840600	
DITROPAN TABLETS 5mg	OXYBUTYNIN TABLETS 5mg	G	190306	861200	
DOMEBORO OTIC SOLUTION	ACETIC ACID 2%/ALUM ACETATE OTIC	G	600045	520412	
DOVONEX 0.005% CREAM	CALCIPOTRIENE 0.005% CREAM	G	600465	843600	
DOVONEX OINTMENT 0.005%	CALCIPOTRIENE OINTMENT 0.005%	G	600545	843600	
DOVONEX SCALP SOLUTION 0.005%	CALCIPOTRIENE SOLUTION 0.005%	G	600466	843600	
DRYSOL	ALUMINUM CHLORIDE HEXAHYDRATE	R	600383	920000	
DULCOLAX SUPPOSITORIES 10mg	BISACODYL SUPPOSITORIES 10mg	G	402651	561200	
DULCOLAX TABLETS 5mg	BISACODYL TABLETS 5mg	G	402644	561200	
DURAGESIC PATCHES 100mcg/hr	FENTANYL PATCHES 100mcg/hr	R	700494	280808	inpatient use only
DURAGESIC PATCHES 25mcg/hr	FENTANYL PATCHES 25mcg/hr	R	600408	280808	inpatient use only
DURAGESIC PATCHES 50mcg/hr	FENTANYL PATCHES 50mcg/hr	R	600409	280808	inpatient use only
DURAGESIC PATCHES 75mcg/hr	FENTANYL PATCHES 75mcg/hr	R	700493	280808	inpatient use only
DYAZIDE CAPSULES 37.5/25mg	TRIAMTERENE/HCTZ CAPS 37.5/25mg	G	700471	402800	
DYNAPEN CAPSULES 250 mg	DICLOXACILLIN CAPSULES 250 mg	G	403782	081216	
DYNAPEN CAPSULES 500mg	DICLOXACILLIN CAPSULES 500mg	G	700489	081216	
E.E.S. LIQUID 400mg/5ml	ERYTHROMYCIN ES LIQUID 400mg/5ml	R	160002	081212	REFRIGERATE
ECOTRIN TABLETS 325mg	ASPIRIN ENTERIC COATED 325mg	G	600528	280804	
EFFEXOR TABLETS 37.5mg	VENLAFAXINE TABLETS 37.5mg	Y	700407	281604	tier 2
EFFEXOR TABLETS 75mg	VENLAFAXINE TABLETS 75mg	Y	700418	281604	tier 2
EFFEXOR XR CAPSULES 150mg	VENLAFAXINE XR CAPSULES 150mg	Y	700421	281604	tier 2
EFFEXOR XR CAPSULES 37.5mg	VENLAFAXINE XR CAPSULES 37.5mg	Y	700419	281604	tier 2
EFFEXOR XR CAPSULES 75mg	VENLAFAXINE XR CAPSULES 75mg	Y	700420	281604	tier 2
ELAVIL TABLETS 100mg	AMITRIPTYLINE TABLETS 100mg	Y	402818	281604	
ELAVIL TABLETS 10mg	AMITRIPTYLINE TABLETS 10mg	Y	402776	281604	
ELAVIL TABLETS 25mg	AMITRIPTYLINE TABLETS 25mg	Y	402784	281604	
ELAVIL TABLETS 50mg	AMITRIPTYLINE TABLETS 50mg	Y	402792	281604	
ELAVIL TABLETS 75mg	AMITRIPTYLINE TABLETS 75mg	Y	402800	281604	
ELIMITE	PERMETHRIN CREAM	G	049619	840412	
ENGERIX	HEPATITIS B VACCINE 20MCQ	R	524504	801200	
EPI-PEN (ADULT) [EPI=0.3mg]	EPINEPHRINE AUTO-INJECTOR (ADULT)	Y	311282	121200	
EPIVIR TABLETS 150mg	LAMIVUDINE TABLETS 150mg	G	600426	081800	
ERY-TAB 250mg (E.C.)	ERYTHROMYCIN TABLETS 250mg	G	287524	081212	

ERY-TAB 333mg (E.C.)	ERYTHROMYCIN TABLETS 333mg	G	508408	081212	
ERY-TAB 500mg (E.C.)	ERYTHROMYCIN TABLETS 500mg	G	600478	081212	
ESKALITH CR TABLETS 450mg	LITHIUM CARBONATE CR TABLETS 450mg	Y	326710	282800	
ETHYL CHLORIDE SPRAY	ETHYL CHLORIDE SPRAY	R	600083	840800	
EVAC-Q-KWIK BOWEL EVACUATION KIT	PRE-DIAGNOSTIC BOWEL EVACUATION	R	600358	561200	
EXCEDRIN MIGRAINE	APAP/ASPIRIN/CAFFEINE	G	700457	280804	1tab=2 can cola
FEOSOL ELIXIR	FERROUS SULFATE ELIXIR. 220mg/5ml	G	600084	200404	
FERROUS SULFATE TABLETS 325mg	FERROUS SULFATE TABLETS 324mg	G	386391	200404	
FLAGYL TABLETS 250mg	METRONIDAZOLE TABLETS 250mg	G	353839	084000	
FLAGYL TABLETS 500mg	METRONIDAZOLE TABLETS 500mg	G	600489	084000	
FLEET ENEMA	FLEET ENEMA	R	115709	561200	
FLEXERIL TABLETS 10mg	CYCLOBENZAPRINE TABLETS 10mg	Y	343962	122000	limit 7 days/2
FLOVENT ORAL INHALER 110MCG	FLUTICASONE ORAL INHALER 110mcg	G	700497	680400	
FLOXIN TABLETS 300mg	OFLOXACIN TABLETS 300mg	G	700412	082200	
FLUOR-I-STRIP	FLUORESCEIN SODIUM OPHTHAL STRIPS	R	363796	360000	
FOLATE TABLETS 1mg	FOLIC ACID TABLETS 1mg	G	415323	880800	
FORTOVASE CAPSULES 200mg	SAQUINAVIR SOFT GEL CAPSULES 200mg	G	600458	081800	
FULVICIN PG 250mg	GRISEOFULVIN ULTRA MICRO 250mg	G	041947	081204	
FULVICIN PG TABLETS 330mg	GRISEOFULVIN ULTRAMICRO TABS 333mg	G	600480	081204	
GARAMYCIN OPHTHAL OINTMENT	GENTAMICIN OPHTHALMIC OINTMENT	G	039446	520404	
GARAMYCIN OPHTHALMIC SOLUTION	GENTAMICIN OPHTH SOLUTION	G	388637	520404	
GEODON CAPSULES 20mg	ZIPRASIDONE CAPSULES 20mg	Y	700453	281608	tier 2
GEODON CAPSULES 40mg	ZIPRASIDONE CAPSULES 40mg	Y	700454	281608	tier 2
GEODON CAPSULES 60mg	ZIPRASIDONE CAPSULES 60mg	Y	700455	281608	tier 2
GEODON CAPSULES 80mg	ZIPRASIDONE CAPSULES 80mg	Y	700456	281608	tier 2
GLUCAGON INJECTION 1 UNIT (=1ml)	GLUCAGON INJ 1 UNIT (=1ml)	R	051656	682092	E-KIT
GLUCOPHAGE TABLETS 1000mg	METFORMIN HCL TABLETS 1000mg	G	700502	682092	
GLUCOPHAGE TABLETS 500mg.	METFORMIN HCL TABLETS 500mg	G	600412	682092	
GLUCOPHAGE TABLETS 850mg	METFORMIN HCL TABLETS 850mg	G	600421	682092	
GOLYTELY	GOLYTELY	R	700437	561200	
GYNE-LOTRIMIN VAGINAL CREAM	CLOTRIMAZOLE VAGINAL CREAM 1%	G	249813	840408	
HALDOL CONCENTRATE 2mg/ml	HALOPERIDOL CONCENTRATE 2mg/ml	R	220764	281608	
HALDOL DECANOATE INJ 100 mg/ml	HALOPERIDOL DECANOATE INJ 100 mg/ml	R	439810	281608	
HALDOL INJECTION 5mg/ml	HALOPERIDOL INJECTION 5mg/ml	R	193458	281608	
HALDOL TABLETS 0.5mg	HALOPERIDOL TABLETS 0.5mg	Y	286625	281608	
HALDOL TABLETS 10mg	HALOPERIDOL TABLETS 10mg	Y	404350	281608	
HALDOL TABLETS 1mg	HALOPERIDOL TABLETS 1mg	Y	233668	281608	
HALDOL TABLETS 20mg	HALOPERIDOL TABLETS 20mg	Y	328880	281608	
HALDOL TABLETS 2mg	HALOPERIDOL TABLETS 2mg	Y	233684	281608	
HALDOL TABLETS 5mg	HALOPERIDOL TABLETS 5mg	Y	233783	281608	
HAVRIX	HEPATITIS A VACCINE	R	700501	801200	
HIPREX TABLETS 1GM	METHENEAMINE HIPPURATE 1GM	G	600098	083600	
HIVID TABLETS 0.75mg	ZALCITABINE TABLETS 0.75mg	G	600464	081800	
HOMATROPINE OPHTHALMIC DROPS 5%	HOMATROPINE OPHTHALMIC DROPS 5%	G	600310	522400	
HUMULIN INSULIN NPH	INSULIN HUMAN NPH U-100	R	462739	682008	
HUMULIN INSULIN NPH/R 70/30	INSULIN HUMAN NPH/R U-100 70/30	R	600379	682008	
HUMULIN REGULAR U-100	INSULIN HUMAN REGULAR U-100	R	350272	682008	
HYDRODIURIL TABLETS 25mg	HYDROCHLOROTHIAZIDE TABS 25mg	G	411686	402800	
HYDRODIURIL TABLETS 50mg	HYDROCHLOROTHIAZIDE TABS 50mg	G	427138	402800	
HYTONE CREAM 2.5%	HYDROCORTISONE CREAM 2.5%	G	429811	840600	
HYTRIN CAPSULES 10mg	TERAZOSIN CAPSULES 10mg	G	600513	240800	

HYTRIN CAPSULES 1mg	TERAZOSIN CAPSULES 1mg	G	600511	240800	
HYTRIN CAPSULES 2mg	TERAZOSIN CAPSULES 2mg	G	600512	240800	
HYTRIN CAPSULES 5mg	TERAZOSIN CAPSULES 5mg	G	600457	240800	
ILOTYCIN OPHTHALMIC OINTMENT	ERYTHROMYCIN OPHTH OINT	G	366138	520404	
IMDUR 30mg	ISOSORBIDE MONONITRATE EXT REL 30mg	G	700521	241200	
IMDUR 60MG	ISOSORBIDE MONONITRATE EXT REL 60mg	G	700522	241200	
IMITREX TABLETS 100mg	SUMATRIPTAN SUCCINATE TABLETS 100mg	G	700545	283228	max 9 tabs/month
IMITREX TABLETS 25mg	SUMATRIPTAN SUCCINATE TABLETS 25mg	G	700543	283228	max 9 tabs/month
IMITREX TABLETS 50mg	SUMATRIPTAN SUCCINATE TABLETS 50mg	G	700544	283228	max 9 tabs/month
IMODIUM CAPSULES 2mg	LOPERAMIDE CAPSULES 2mg	G	343004	560800	
INDERAL LA CAPSULES 120 mg	PROPRANOLOL LA CAPSULES 120 mg	G	600019	240400	BETA 1&2
INDERAL LA CAPSULES 160 mg	PROPRANOLOL LA CAPSULES 160 mg	G	600018	240400	BETA 1&2
INDERAL LA CAPSULES 60 mg	PROPRANOLOL LA CAPSULES 60 mg	G	455998	240400	BETA 1&2
INDERAL LA CAPSULES 80 mg	PROPRANOLOL LA CAPSULES 80 mg	G	352310	240400	BETA 1&2
INDERAL TABLETS 10mg	PROPRANOLOL TABLETS 10mg	G	183483	240400	BETA 1&2
INDERAL TABLETS 20mg	PROPRANOLOL TABLETS 20mg	G	240481	240400	BETA 1&2
INDERAL TABLETS 40mg	PROPRANOLOL TABLETS 40mg	G	183491	240400	BETA 1&2
INDERAL TABLETS 60mg	PROPRANOLOL TABLETS 60mg	G	600120	240400	BETA 1&2
INDERAL TABLETS 80mg	PROPRANOLOL TABLETS 80mg	G	600121	240400	BETA 1&2
INDOCIN CAPSULES 25mg	INDOMETHACIN CAPSULES 25mg	G	250209	280804	
INDOCIN CAPSULES 50mg	INDOMETHACIN CAPSULES 50mg	G	600481	280804	
INDOCIN SR CAPSULES 75mg	INDOMETHACIN SR CAPSULES 75mg	G	324665	280804	
INFLUENZA VACCINE	INFLUENZA VACCINE	R	361337	801200	
INH TABLETS 300mg	ISONIAZID TABLETS 300 mg	G	056986	081600	
IOPIDINE 0.5% OPHTH SOL'N	APRACLONIDINE 0.5% OPHTH SOL'N	G	600438	523600	
ISOPTIN TABLETS 80mg	VERAPAMIL TABLETS 80mg	G	335943	240400	
ISORDIL ORAL TABLETS 5mg	ISOSORBIDE DINITRATE PO/TABS 5mg	G	404657	241200	
ISORDIL SL TABLETS 2.5mg	ISOSORBIDE SL TABLETS 2.5mg	G	600090	241200	
ISORDIL SL TABLETS 5mg	ISOSORBIDE SL TABLETS 5mg	G	600089	241200	
ISORDIL TABLETS 10mg	ISOSORBIDE DINITRATE ORAL 10 mg	G	388199	241200	
ISORDIL TABLETS 30mg	ISOSORBIDE DINITRATE TABLETS 30mg	G	600091	241200	
JANUVIA 100mg	SITAGLIPTIN 100mg	G	700519	682005	other tx failed
JANUVIA 25mg	SITAGLIPTIN 25mg	G	700517	682005	other tx failed
JANUVIA 50mg	SITAGLIPTIN 50mg	G	700518	682005	other tx failed
KAOPECTATE SUSPENSION	KAOLIN - PECTIN SUSPENSION 30ml	G	431973	560800	
KEFLEX CAPSULES 250 mg	CEPHALEXIN CAPSULES 250 mg	G	387647	081206	
KEFLEX CAPSULES 500mg	CEPHALEXIN CAPSULES 500mg	G	600388	081206	
KEFLEX SUSPENSION 250mg/5ml	CEPHALEXIN ORAL SUSP. 250 mg/5ml	G	470013	081206	
KENALOG CREAM 0.025%	TRIAMCINOLONE CREAM 0.025%	G	048496	840600	MED. POTENCY
KENALOG CREAM 0.1%	TRIAMCINOLONE CREAM 0.1%	G	446989	840600	MED POTENCY
KENALOG CREAM 0.5%	TRIAMCINOLONE CREAM 0.5%	G	600137	840600	MED. POTENCY
KENALOG IN ORABASE	TRIAMCINOLONE/ORABASE DENTAL PASTE	G	048587	840600	
KENALOG OINTMENT 0.025%	TRIAMCINOLONE OINTMENT 0.025%	G	600138	840600	MED. POTENCY
KENALOG OINTMENT 0.1%	TRIAMCINOLONE OINT 0.1%	G	048520	840600	MED POTENCY
KENALOG-10 10mg/ml	TRIAMCINOLONE ACETONIDE SUSP INJ.	R	600384	680400	
LAMICTAL TABLETS 100mg	LAMOTRIGINE TABLETS 100mg	Y	700447	281292	tier 2
LAMICTAL TABLETS 150mg	LAMOTRIGINE TABLETS 150mg	Y	700448	281292	tier 2
LAMICTAL TABLETS 200mg	LAMOTRIGINE TABLETS 200mg	Y	700449	281292	tier 2
LAMICTAL TABLETS 25mg	LAMOTRIGINE TABLETS 25mg	Y	700446	281292	tier 2
LAMISIL TABLETS 250mg	TERBINAFINE TABLETS 250mg	G	700460	840408	
LANOXIN TABLETS 0.125mg	DIGOXIN TABLETS 0.125mg	G	061234	240400	

LANOXIN TABLETS 0.25mg	DIGOXIN TABLETS 0.25mg	G	230367	240400	
LANTUS INSULIN 100 units/ml	INSULIN GLARGINE 100 units/ml	R	700499	682008	
LASIX INJECTION 40mg/ml	FUROSEMIDE INJECTION 40mg/ml	R	427351	402800	
LASIX TABLETS 20mg	FUROSEMIDE TABLETS 20mg	G	412031	402800	
LASIX TABLETS 40mg	FUROSEMIDE TABLETS 40mg	G	412049	402800	
LEVOXYL TABLETS 0.025mg	L-THYROXINE TABLETS 0.025mg	G	600482	683604	
LEVOXYL TABLETS 0.05mg	L-THYROXINE TABLETS 0.05mg	G	600483	683604	
LEVOXYL TABLETS 0.075mg	L-THYROXINE TABLETS 0.075mg	G	600484	683604	
LEVOXYL TABLETS 0.088mg	L-THYROXINE TABLETS 0.088mg	G	600485	683604	
LEVOXYL TABLETS 0.1 mg	L-THYROXINE TABLETS 0.1 mg	G	228783	683604	
LEVOXYL TABLETS 0.112mg	L-THYROXINE TABLETS 0.112mg	G	600486	683604	
LEVOXYL TABLETS 0.125 mg	L-THYROXINE TABLETS 0.125 mg	G	419713	683604	
LEVOXYL TABLETS 0.15 mg	L-THYROXINE TABLETS 0.15mg	G	325399	683604	
LEVOXYL TABLETS 0.2mg	L-THYROXINE TABLETS 0.2mg	G	600092	683604	
LEVSIN SL 0.125mg.	HYOSCYAMINE SULFATE 0.125mg.	G	600428	120808	
LICE TREATMENT SHAMPOO	PYRETHRUM/PIPERONYL BUTOXIDE	G	190884	840412	R&D
LIDOCAINE 1% W/EPI INJECTION	LIDOCAINE 1% W/EP INJECTION	R	108399	720000	
LIORESAL TABLETS 10mg	BACLOFEN TABLETS 10mg	Y	271072	122000	
LIPITOR 80mg TABLETS	ATORVASTATIN CALCIUM 80mg TABLETS	G	600452	240600	only 80mg on
LITHIUM CITRATE SYRUP 300mg/5ml	LITHIUM CITRATE SYR 300mg/5ml	R	296210	282800	
LITHONATE CAPSULES 150mg	LITHIUM CARBONATE CAPSULES 150mg	Y	541088	282800	
LITHONATE CAPSULES 300mg	LITHIUM CARBONATE CAPSULES 300mg	Y	344325	282800	
LITHONATE CAPSULES 600mg	LITHIUM CARBONATE CAPSULES 600mg	Y	600433	282800	
LODINE CAPSULES 200mg	ETODOLAC CAPSULES 200mg	G	700537	280804	low dose cox-2
LODINE CAPSULES 300mg	ETODOLAC CAPSULES 300mg	G	700538	280804	low dose cox-2
LODINE TABLETS 400mg	ETODOLAC TABLETS 400mg	G	700539	280804	low dose cox-2
LODINE TABLETS 500mg	ETODOLAC TABLETS 500mg	G	700540	280804	low dose cox-2
LOMOTIL TABLETS	DIPHENOXYLATE / ATROPINE TABLETS	Y	181701	560800	
LOPID TABLETS 600 mg	GEMFIBR0ZIL TABLETS 600 mg	G	495614	240600	
LOPRESSOR TABLETS 100mg	METOPROLOL TABLETS 100mg	G	600488	240400	BETA-1 SELEC
LOPRESSOR TABLETS 25mg	METOPROLOL TABLETS 25mg	G	700504	240400	
LOPRESSOR TABLETS 50mg	METOPROLOL TABLETS 50mg	G	242693	240400	BETA-1 SELEC
LOPROX CREAM 1%	CICLOPIROX CREAM 1%	G	600385	840408	
LOTRIMIN CREAM 1%	CLOTRIMAZOLE CREAM 1%	G	255851	840408	canteen
LOVENOX 100mg/ml	ENOXAPARIN 100mg/ml	R	700435	201204	
LOVENOX 30mg/0.3ml	ENOXAPARIN 30mg/0.3ml	R	700434	201204	
LOXITANE CAPSULES 10mg	LOXAPINE CAPSULES 10mg	Y	184689	281608	
LOXITANE CAPSULES 25mg	LOXAPINE CAPSULES 25mg	Y	411926	281608	
LOXITANE CAPSULES 50mg	LOXAPINE CAPSULES 50mg	Y	184705	281608	
LOXITANE CAPSULES 5mg	LOXAPINE CAPSULES 5mg	Y	411934	281608	
LUVOX TABLETS 100mg	FLUVOXAMINE TABLETS 100mg	Y	700444	281604	tier 2
LUVOX TABLETS 25mg	FLUVOXAMINE TABLETS 25mg	Y	700442	281604	tier 2
LUVOX TABLETS 50mg	FLUVOXAMINE TABLETS 50mg	Y	700443	281604	tier 2
MAALOX SUSPENSION	ANTACID SUSPENSION	G	600521	560400	canteen
MACROBID CAPSULES 100mg	NITROFURANTOIN MONOHYDRATE 100mg	G	600371	083600	
MACRODANTIN CAPSULES 50mg	NITROFURANTOIN CAPSULES 50mg	G	229526	083600	
MAGNESIUM TABLETS 250 mg	MAGNESIUM TABLETS 250 mg	G	458166	561200	
MANTOUX TEST	TUBERCULIN PPD INJECTION	R	282103	368400	
MAXITROL OPHTH	NEOMYCIN/POLYMYXIN/DEXAMETHASON	G	600095	520404	
MAXZIDE TABLETS 37.5/25mg	TRIAMTERENE/HCTZ TABS 37.5/25mg	G	700474	402800	
MAXZIDE TABLETS 75/50mg	TRIAMTERENE/HCTZ TABS 75/50mg	G	700474	402800	

MEDROL DOSEPACK 4mg	METHYLPREDNISOLONE DOSEPACK 4mg	G	600152	680400	
MESANTOIN TABLETS 100mg	MEPHENYTOIN TABLETS 100mg	G	600097	281212	
METAMUCIL SF POWDER	PSYLLIUM SUGAR FREE POWDER	G	408369	561200	canteen
METHERGINE TABLETS 0.2mg	METHYLERGONOVINE MALEATE 0.2mg	G	600403	760000	
METHOTREXATE INJECTION 50mg/2ml	METHOTREXATE INJECTION 50mg/2ml	R	700503	100000	
METROGEL VAGINAL GEL	METRONIDAZOLE VAGINAL GEL	G	600303	840416	
MEXATE TABLETS 2.5mg	METHOTREXATE TABLETS 2.5mg	G	065847	100000	
MG217 MEDICATED TAR SHAMPOO	COAL TAR SHAMPOO 15%	G	108738	843200	canteen
MICRONASE TABLETS 2.5 mg	GLYBURIDE TABLETS 2.5 mg	G	600025	682020	
MICRONASE TABLETS 5mg	GLYBURIDE TABLETS 5mg	G	393587	682020	
MILK OF MAGENSIA LIQUID	MILK OF MAGENSIA LIQUID	G	230722	561200	
MINIPRESS CAPSULES 1mg	PRAZOSIN CAPSULES 1mg	Y	700530	240800	
MINIPRESS CAPSULES 2mg	PRAZOSIN CAPSULES 2mg	Y	700531	240800	
MINIPRESS CAPSULES 5mg	PRAZOSIN CAPSULES 5mg	Y	700532	240800	
MOBIC TABLETS 7.5mg	MELOXICAM TABLETS 7.5mg	G	700541	280804	low dose cox-2
MOBIC YABLETS 15mg	MELOXICAM TABLETS 15MG	G	700542	280804	low dose cox-2
MOTRIN TABLETS 400mg	IBUPROFEN TABLETS 400mg	G	292698	280804	
MOTRIN TABLETS 600mg	IBUPROFEN TABLETS 600mg	G	313585	280804	
MOTRIN TABLETS 800 mg	IBUPROFEN TABLETS 800 mg	G	445601	280804	
MS CONTIN TABLETS 30mg.	MORPHINE SULFATE CONTROL REL 30mg	R	600407	280808	
MS CONTIN TABLETS 60MG	MORPHINE SULFATE CONTROL REL 60MG	R	600547	280808	
MUMPS ANTIGEN TEST	MUMPS SKIN TEST ANTIGEN	R	600301	365200	
MYAMBUTOL 400 mg	ETHAMBUTOL 400 mg	G	600010	840600	
MYCELEX TROUCHES 10 mg	CLOTRIMAZOLE TROCHE 10mg	G	600013	840408	
MYCOLOG CREAM	NYSTATIN/TRIAMCINOLONE CREAM	G	600015	840408	
MYCOLOG OINTMENT	NYSTATIN-TRIAMCINOLONE OINT.	G	600146	840408	
MYCOSTATIN VAGINAL TABLETS	NYSTATIN VAGINAL TABS 100,000units	G	068270	840408	
MYLICON CHEWABLE TABLETS 80mg	SIMETHICONE TABLETS 80mg	G	289595	561000	
MYSOLINE SUSPENSION 250mg/5ml	PRIMIDONE SUSP 250mg/5ml	Y	290312	281204	
MYSOLINE TABLETS 250mg	PRIMIDONE TABLETS 250mg	Y	243063	281204	
MYSOLINE TABLETS 50mg	PRIMIDONE TABLETS 50mg	Y	068437	281204	
NAPROSYN TABLETS 250mg	NAPROXEN TABLETS 250mg	G	074001	280804	
NAPROSYN TABLETS 500mg	NAPROXEN TABLET 500mg	G	326835	280804	
NARCAN INJECTION 0.4mg/ml	NALOXONE INJ 0.4mg/ml	R	068965	281000	E-KIT
NAVANE CAPSULES 10 mg	THIOTHIXENE CAPSULES 10 mg	Y	445825	281608	
NAVANE CAPSULES 2 mg	THIOTHIXENE CAPSULES 2 mg	Y	600373	281608	
NAVANE CAPSULES 20 mg	THIOTHIXENE CAPSULES 20 mg	Y	407783	281608	
NAVANE CAPSULES 5 mg	THIOTHIXENE CAPSULES 5 mg	Y	344168	281608	
NEOSPORIN OPHTH SOLN	NEOMYCN-POLY-GRAMICIDIN OPHTH	G	410175	520404	
NEOSPORIN OPHTHALMIC OINTMENT	NEOMYCIN/POLYMIXIN/BACIT OPHTH	G	600534	520404	
NEPTAZANE TABLETS 50mg	METHAZOLAMIDE TABLETS 50mg	G	600541	521000	
NEURONTIN CAPSULES 100mg	GABAPENTIN CAPSULES 100mg	Y	700415	281292	seizures & pain clinic
NEURONTIN CAPSULES 300mg	GABAPENTIN CAPSULES 300mg	Y	700408	281292	seizures & pain clinic
NEURONTIN CAPSULES 400mg	GABAPENTIN CAPSULES 400mg	Y	700416	281292	seizures & pain clinic
NEURONTIN TABLETS 600mg	GABAPENTIN TABLETS 600mg	Y	700417	281292	seizures & pain clinic
NEURONTIN TABLETS 800mg	GABAPENTIN TABLETS 800mg	Y	700498	281292	seizures & pain clinic
NIACIN TABLETS 250mg	NIACIN TABLETS 250mg	G	600106	880800	
NIACIN TABLETS 500 mg	NIACIN TABLETS 500 mg	G	344374	880800	
NILSTAT SUSPENSION 100,000units/ml	NYSTATIN SUSPENSION 100,000units/ml	G	070771	840408	
NILSTAT TABLETS	NYSTATIN ORAL TAB 500,000 units	G	331728	840408	
NITROBID CAP 6.5mg	NITROGLYCERIN SR CAP 6.5mg	G	600107	241200	

NITRO-DUR 0.4mg/HR	NITROGLYCERIN PATCH 0.4mg/HR	G	600108	241200	
NITRO-DUR 0.1mg/HR	NITROGLYCERIN PATCH 0.1mg/HR	G	402230	241200	
NITRO-DUR 0.2mg/HR	NITROGLYCERIN PATCH 0.2mg/HR	G	402248	241200	
NITROSTAT S.L. TABLETS 0.3 mg	NITROGLYCERIN SL TABLETS 0.3 mg	G	600031	241200	
NITROSTAT SL TABS 0.4mg (1/150gr)	NITROGLYCERIN TABS 0.4mg (1/150gr)	G	229948	241200	
NIX CREAM RINSE	PERMETHRIN CREAM RINSE	G	049627	840412	
no brand name product	TRIAMTERENE/HYDROCHLOROTHIA 50/25mg	G	159103	402800	
NORMAL SALINE INJECTION 0.9% 10ml	SODIUM CHLORIDE INJ 0.9% 10ml	R	410795	401200	
NORPRAMIN TABLETS 100 mg	DESPIRAMINE TABLETS 100 mg	Y	298794	281604	
NORPRAMIN TABLETS 10mg	DESIPRAMINE TABLETS 10mg	Y	346353	281604	
NORPRAMIN TABLETS 25mg	DESIPRAMINE TABLETS 25mg	Y	289587	281604	
NORPRAMIN TABLETS 50mg	DESIPRAMINE TABLETS 50mg	Y	314591	281604	
NORPRAMIN TABLETS 75mg	DESIPRAMINE TABLETS 75mg	Y	301077	281604	
NORVASC TABLETS 10mg	AMLODIPINE BESYLATE TABLETS 10mg	G	700464	240400	
NORVASC TABLETS 2.5mg	AMLODIPINE BESYLATE TABLETS 2.5mg	G	600415	240400	
NORVASC TABLETS 5mg	AMLODIPINE BESYLATE TABLETS 5mg	G	600416	240400	
OCEAN NASAL SPRAY	SALINE NASAL SPRAY	G	072546	523600	canteen only
OPTIPRANOLOL HCL 0.3%	METIPRANOLOL HCL 0.3%	G	600398	523600	
ORABASE (PLAIN)	ORABASE - PLAIN	G	073288	521600	
ORAP TABLETS 2mg	PIMOZIDE TABLETS 2mg	Y	700452	680400	tier 2
ORTHO-NOVUM 1/35 (28 DAY)	GENORA 1/35 (INTERMED. ORAL CONTRA)	G	600356	681200	
ORTHO-TRI-CYCLEN	NORGESTIMATE/ETHINYL ESTRADIOL	G	700424	681200	
OSCAL W/ VITAMIN D TABLETS 250mg	CALCIUM (OYSTER SHELL)250mg & VIT D	G	600064	401200	canteen
PAMELOR CAPSULES 25mg	NORTRIPTYLINE CAPSULES 25mg	Y	316489	281604	
PAMELOR CAPSULES 50mg	NORTRIPTYLINE CAPSULES 50mg	Y	416172	281604	
PAMELOR CAPSULES 75mg	NORTRIPTYLINE CAPSULES 75mg	Y	600109	281604	
PANCREASE CAPSULES	PANCRELIPASE CAPSULES	G	600544	561600	
PARLODEL TABLETS 2.5mg	BROMOCRIPTINE TABLETS 2.5mg	G	600539	920000	
PAXIL TABLETS 10mg	PAROXETINE HCL TABLETS 10mg	Y	600490	281604	tier 2
PAXIL TABLETS 20mg	PAROXETINE HCL TABLETS 20mg	Y	600472	281604	tier 2
PAXIL TABLETS 30mg	PAROXETINE HCL TABLETS 30mg	Y	600491	281604	tier 2
PAXIL TABLETS 40mg	PAROXETINE HCL TABLETS 40mg	G	600492	281604	tier 2
PEGINTRON INJ 120mcg	PEGINTERFERON ALPHA 2B INJ 120mcg	R	700481	081820	
PEGINTRON INJ 150mcg	PEGINTERFERON ALPH 2B INJ 150mcg	R	700480	081820	
PEGINTRON INJ 50mcg	PEGINTERFERON ALPH 2B INJ 50mcg	R	700484	081820	
PEGINTRON INJ 80mcg	PEGINTERFERON ALPH 2B INJ 80mcg	R	700485	081820	
PERCOGESIC TABLETS	ACETAMINOPHEN/PHENYLTOLOXAMINE	Y	600430	280892	
PERIACTIN TABLETS 4 mg	CYPROHEPTADINE TABLETS 4 mg	Y	076729	040000	
PERIDEX	CHLOROHEXIDINE GLUCONATE RINSE	R	600201	522800	restricted to dental
PFIZERPEN INJ. 5 MIL UNITS	PENICILLIN G INJ. 5 MIL. UNITS	R	600113	081216	
PHENERGAN INJECTION 25mg/ml	PROMETHAZINE INJECTION 25mg/ml	R	700422	040000	
PHENERGAN TABLETS 25mg	PROMETHAZINE TABLETS 25mg	G	700410	040000	
PHENOBARBITAL TABLETS 100mg	PHENOBARBITAL TABLETS 100mg	Y	196428	281204	
PHENOBARBITAL TABLETS 15mg	PHENOBARBITAL TABLETS 15mg	Y	195412	281204	
PHENOBARBITAL TABLETS 30mg	PHENOBARBITAL TABLETS 30mg	Y	057489	281204	
PHENOBARBITAL TABLETS 64.8 or 65mg	PHENOBARBITAL TABLETS 64.8 or 65mg	Y	600431	281204	
PILOCAR 1 % SOLUTION	PILOCARPINE OPHTHALMIC 1% SOLUTION	G	600036	522000	
PILOCAR 2 % SOLUTION	PILOCARPINE OPHTHALMIC 2% SOLUTION	G	600035	522000	
PILOCAR 3 % SOLUTION	PILOCARPINE OPHTHALMIC 3% SOLUTION	G	600034	522000	
PILOCAR 4 % SOLUTION	PILOCARPINE OPHTHALMIC 4% SOLUTION	G	485615	522000	
PLAVIX TABLETS 75mg	CLOPIDOGREL TABLETS 75mg	G	700405	920000	

PRAVACHOL TABLETS 10mg	PRAVASTATIN TABLETS 10mg	G	700462	240600	
PRAVACHOL TABLETS 20mg	PRAVASTATIN TABLETS 20mg	G	700468	240600	
PRAVACHOL TABLETS 40mg	PRAVASTATIN TABLETS 40mg	G	700470	240600	
PRAVACHOL TABLETS 80mg	PRAVASTATIN TABLETS 80mg	G	700473	240600	
PRED-FORTE OPHTHALMIC SOLUTION 1%	PREDNISOLONE OPHTH SOLN 1%	G	080549	520800	
PREMARIN TABLETS 0.3 mg	ESTROGEN - CONJUGATED TABLETS 0.3mg	G	080721	681600	
PREMARIN TABLETS 0.625mg	ESTROGEN -CONJUGATED TABLETS .625mg	G	233825	681600	
PREMARIN TABLETS 1.25mg	ESTROGEN -CONJUGATED TABLETS 1.25mg	G	600073	681600	
PREMARIN VAGINAL CREAM	ESTROGEN CONJUGATED VAGINAL CREAM	G	080762	681600	
PRINIVIL TABLETS 10mg	LISINOPRIL TABLETS 10mg	G	700479	243204	
PRINIVIL TABLETS 2.5mg	LISINOPRIL TABLETS 2.5mg	G	700476	243204	
PRINIVIL TABLETS 20mg	LISINOPRIL TABLETS 20mg	G	700482	243204	
PRINIVIL TABLETS 30mg	LISINOPRIL TABLETS 30mg	G	700483	243204	
PRINIVIL TABLETS 40mg	LISINOPRIL TABLETS 40mg	G	700486	243204	
PRINIVIL TABLETS 5mg	LISINOPRIL TABLETS 5mg	G	700477	243204	
PROCAN SR TABLETS 500mg	PROCAINAMIDE SR TABLETS 500mg	G	293662	240400	
PROCAN SR TABLETS 750 mg	PROCAINAMIDE SR TABLETS 750 mg	G	405043	240400	
PROCARDIA XL TABLETS 30mg	NIFEDIPINE XL TABLETS 30mg	G	700463	240400	only XL Ca blockers
PROCARDIA XL TABLETS 60mg	NIFEDIPINE XL TABLETS 60mg	G	700465	240400	only XL Ca blockers
PROCARDIA XL TABLETS 90mg	NIFEDIPINE XL TABLETS 90mg	G	700458	240400	only XL Ca blockers
PROHIBIT	HEMOPHILUS B VACCINE	R	600387	801200	
PROLIXIN DECANOATE INJ 25mg/ml	FLUPHENAZINE DECANOATE INJ 25mg/ml	R	347807	281608	
PROLIXIN HCL INJECTION 2.5mg/ml	FLUPHENAZINE HCL INJ 2.5mg/ml	R	399121	281608	
PROLIXIN TABLETS 10mg	FLUPHENAZINE TABLETS 10mg	Y	249151	281608	
PROLIXIN TABLETS 1mg	FLUPHENAZINE TABLETS 1mg	Y	205294	281608	
PROLIXIN TABLETS 2.5mg	FLUPHENAZINE TABLETS 2.5mg	Y	164079	281608	
PROLIXIN TABLETS 5mg	FLUPHENAZINE TABLETS 5mg	Y	081547	281608	
PROPINE OPHTHALMIC SOLN 0.1%	DIPIVEFRIN HCL OPHTHAL SOLN 0.1%	G	491654	522400	
PROPYLTHIOURACIL TABS 50mg	PROPYLTHIOURACIL TABLETS 50mg	G	458570	683608	
PROSCAR TABLETS 5mg.	FINASTERIDE TABLETS 5mg.	G	600378	920000	
PROSTIGMIN INJ.1:2000	NEOSTIGMINE INJ.1:2000	R	600122	120400	
PROTONIX 20mg	PANTOPRAZOLE 20mg	G	700549	564000	
PROTONIX 40mg	PANTOPRAZOLE 40mg	G	700548	564000	
PROVERA TABLETS 2.5mg	MEDROXYPROGESTERONE TABLETS 2.5mg	G	082289	683200	
PROVERA TABLETS 10mg	MEDROXYPROGESTERONE TABS 10mg	G	082297	683200	
PROVERA TABLETS 5mg	MEDROXYPROGESTERONE TABLETS 5mg	G	600487	683200	
PROZAC CAPSULES 10mg	FLUOXETINE CAPSULES 10mg	Y	600443	281604	
PROZAC CAPSULES 20 mg	FLUOXETINE CAPSULES 20 mg	Y	391805	281604	
PYRAZINAMIDE TABLETS 500mg	PYRAZINAMIDE TABLETS 500mg	G	600306	081600	
PYRIDIUM TABLETS 100mg	PHENAZOPYRIDINE TABLETS 100mg	G	230573	840800	
PYRIDOXINE TABLETS 50mg	PYRIDOXINE TABLETS 50mg	G	084061	880800	
R&C SPRAY - NOT FOR HUMAN USE	R & C SPRAY	R	199489	840412	
REGITINE MESYLATE INJECTION 5mg/ml	PHENTOLAMINE INJ 5mg/ml	R	299842	121600	
REGLAN TABLETS 10mg	METOCLOPRAMIDE TABLETS 10mg	G	323402	564000	
REMERON TABLETS 15mg	MIRTAZEPINE TABLETS 15mg	Y	700439	281604	tier 2
REMERON TABLETS 30mg	MIRTAZEPINE TABLETS 30mg	Y	700440	281604	tier 2
REMERON TABLETS 45mg	MIRTAZEPINE TABLETS 45mg	Y	700441	281604	tier 2
RETIN - A GEL 0.025%	TRETINOIN GEL 0.025%	G	600390	841600	
RETIN A GEL 0.01%	TRETINOIN GEL 0.01%	G	249656	841600	
RETROVIR CAPSULES 100 mg	ZIDOVUDINE CAPSULES 100 mg	G	600001	081800	
RIFADIN CAPSULES 300mg	RIFAMPIN CAPSULES 300mg	G	086611	081600	

RISPERDAL TABLETS 0.25mg	RISPERIDONE TABLETS 0.25mg	Y	600549	281608	
RISPERDAL TABLETS 0.5mg	RISPERIDONE TABLETS 0.5mg	Y	600548	281608	
RISPERDAL TABLETS 1mg.	RISPERIDONE TABLETS 1mg.	Y	600397	281608	
RISPERDAL TABLETS 4mg	RISPERIDONE TABLETS 4mg	Y	600496	281608	
RISPERIDAL TABLETS 2mg	RISPERIDONE TABLETS 2mg	Y	600494	281608	
RISPERIDAL TABLETS 3mg	RISPERIDONE TABLETS 3mg	Y	600495	281608	
ROBAXIN TABLETS 500 mg	METHOCARBAMOL TABLETS 500 mg	Y	345843	122000	
ROBAXIN TABLETS 750 mg	METHOCARBAMOL TABLETS 750 mg	Y	600026	122000	
ROBITUSSIN COUGH SYRUP 100 mg/5ml	GUAIFENESIN SYRUP 100mg/5mg	G	379172	481600	
ROBITUSSIN DM SYRUP	GUAIFENESIN DM SYRUP	G	351528	480800	RX ONLY
ROBITUSSIN PEDIATRIC DM SYRUP	SUGAR FREE DM SYRUP 7.5mg/5ml.	G	600068	480800	SUGAR FREE
ROCEPHIN INJECTION 1 gram	CEFTRIAXONE INJECTION 1 gram	R	600372	081206	
SELSUN LOTION	SELENIUM SULFIDE LOTION 2.5%	G	421214	840416	
SENNA TABLETS	SENNA TABLETS	G	700509	561200	
SILVADENE CREAM 1%	SILVER SULFADIAZINE CREAM 1%	R	314070	840416	
SINEMET TAB 25/100	CARBIDOPA/LEVODOPA 25/100	G	600067	920000	
SINEMET TABLETS 10/100	CARBIDOPA/LEVODOPA TABLETS 10/100	G	600021	920000	
SINEMET TABLETS 25/250	CARBIDOPA/LEVODOPA TABLETS 25/250	G	600020	920000	
SINEQUAN CAPSULES 100mg	DOXEPIN CAPSULES 100mg	Y	404343	281604	
SINEQUAN CAPSULES 10mg	DOXEPIN CAPSULES 10mg	Y	296699	281604	
SINEQUAN CAPSULES 25mg	DOXEPIN CAPSULES 25mg	Y	233676	281604	
SINEQUAN CAPSULES 50mg	DOXEPIN CAPSULES 50mg	Y	270629	281604	
SINEQUAN CAPSULES 75mg	DOXEPIN CAPSULES 75mg	Y	271637	281604	
SLO-BID GYROCAPS 200mg	THEOPHYLLINE SR CAPSULES 200mg	G	270058	861600	TS
SLO-BID GYROCAPS 300mg	THEOPHYLLINE SR CAPSULES 300mg	G	270066	861600	TS
SLO-BID GYROCAPS 50mg	THEOPHYLLINE SR CAPSULES 50mg	G	391839	861600	TS
SODIUM SULAMYD OPHTH OINT 10%	SULFACETAMIDE OPHTH OINT 10%	G	410217	520408	
SODIUM SULAMYD OPHTH SOLN 10%	SULFACETAMIDE OPHTH SOLN 10%	G	410225	520408	
SOLU-CORTEF INJECTION 100 mg	HYDROCORTISONE INJECTION 100mg	R	600041	680400	
STELAZINE TABLETS 10mg	TRIFLUOPERAZINE TABLETS 10mg	Y	700472	281608	
STELAZINE TABLETS 1mg	TRIFLUOPERAZINE TABLETS 1mg	Y	700460	281608	
STELAZINE TABLETS 2mg	TRIFLUOPERAZINE TABLETS 2mg	Y	700461	281608	
STELAZINE TABLETS 5mg	TRIFLUOPERAZINE TABLETS 5mg	Y	700466	281608	
STUARTNATAL TABLETS 1+1	PRE-NATAL VITAMINS	G	095877	882800	
SUDAFED TABLETS 30mg	PSEUDOEPHEDRINE TABLETS 30mg	G	413575	121200	
SULTRIN VAGINAL CREAM	TRIPLE SULFA VAGINAL CREAM	G	385096	082400	
SUMYCIN CAPSULES 250mg	TETRACYCLINE CAPSULES 250mg	G	381608	081224	
SUMYCIN CAPSULES 500mg	TETRACYCLINE CAPSULES 500mg	G	412494	081224	
SYMMETREL CAPSULES 100mg	AMANTADINE CAPSULES 100mg	G	600523	081800	
TAPAZOLE TABLETS 10 mg	METHIMAZOLE TABLETS 10mg	G	600300	683608	
TEGRETOL TABLETS 100 mg	CARBAMAZEPINE TABLETS 100 mg	Y	316679	281292	CHEW
TEGRETOL TABLETS 200mg	CARBAMAZEPINE TABLETS 200mg	Y	234443	281292	
TEGRIN PSORIASIS CREAM	COAL TAR 5% CREAM	G	600250	843200	
TEMOVATE CREAM 0.05%	CLOBETASOL PROPIONATE CREAM 0.05%	G	600207	840600	V. HIGH POT.
TEMOVATE OINTMENT 0.05%	CLOBETASOL PROPIONATE OINT. 0.05%	G	600206	840600	V. HIGH POT.
TENEX TABLETS 10 mg	GUANFACINE TABLETS 1 mg	Y	600016	240800	
TEN-K TABLETS 10mEq	POTASSIUM TABLETS 10mEq	G	289603	401200	
TENORMIN TABLETS 100mg	ATENOLOL TABLETS 100mg	G	600530	240400	
TENORMIN TABLETS 25mg	ATENOLOL TABLETS 25mg	G	600475	240400	
TENORMIN TABLETS 50mg	ATENOLOL TABLETS 50mg	G	600529	240400	
TERAZOL 3 VAGINAL CREAM 0.8%	TERCONAZOLE VAGINAL CREAM 0.8%	G	600304	840408	

TETRACAINE OPHTHALMIC 0.5% SOLUTION	TETRACAINE OPHTHALMIC 0.5% SOLUTION	G	099184	521600	
THERAGRAN TABLETS	MULTIVITAMIN TABLETS	G	363267	882800	canteen
THERAGRAN-M TABLETS	MULTIVITAMIN W/MINERAL TABLETS	G	390948	882800	
THIAMINE INJECTION 100mg/ml	THIAMINE INJECTION 100mg/ml	R	388066	880800	
THORAZINE INJECTION 25mg/ml	CHLORPROMAZINE INJ 25mg/ml	R	176404	281608	E-KIT
THORAZINE TABLETS 100mg	CHLORPROMAZINE TABLETS 100mg	Y	402909	281608	
THORAZINE TABLETS 10mg	CHLORPROMAZINE TABLETS 10mg	Y	406744	281608	
THORAZINE TABLETS 200mg	CHLORPROMAZINE TABLETS 200mg	Y	402917	281608	
THORAZINE TABLETS 25mg	CHLORPROMAZINE TABLETS 25mg	Y	402883	281608	
THORAZINE TABLETS 50mg	CHLORPROMAZINE TABLETS 50mg	Y	402891	281608	
THYROID TABLETS 15 mg	THYROID TABLETS 15 mg	G	100008	683604	
THYROID TABLETS 60 mg	THYROID TABLETS 60 mg	G	312520	683604	
TIMOPTIC SOLUTION 0.25%	TIMOLOL OPHTHALMIC 0.25% SOLUTION	G	600037	523600	
TIMOPTIC SOLUTION 0.5%	TIMOLOL OPHTHALMIC 0.5% SOLUTION	G	244566	523600	
TOBREX OPHTHALMIC SOLUTION 0.3%	TOBRAMYCIN OPHTH SOLN 0.3%	G	300608	520404	
TOFRANIL TABLETS 10mg	IMIPRAMINE TAB 10mg	Y	448761	281604	
TOFRANIL TABLETS 25mg	IMIPRAMINE TABLETS 25mg	Y	101899	281604	
TOFRANIL TABLETS 50mg	IMIPRAMINE TABLETS 50mg	Y	101501	281604	
TOPAMAX TABLETS 100mg	TOPIRAMATE TABLETS 100mg	Y	700528	281292	
TOPAMAX TABLETS 200mg	TOPIRAMATE TABLETS 200mg	Y	700529	281292	
TOPAMAX TABLETS 25mg	TOPIRAMATE TABLETS 25mg	Y	700526	281292	
TOPAMAX TABLETS 50mg	TOPIRAMATE TABLETS 50mg	Y	700527	281292	
TOPROL XL 100mg	METOPROLOL XL TABLETS 100MG	G	700507	240400	
TOPROL XL 25mg	METOPTOLOL XL TABLETS 25mg	G	700505	240400	
TOPROL XL 50mg	METOPROLOL XL TABLETS 50mg	G	700506	240400	
TRENTAL TABLETS 400mg	PENTOXIFYLLINE TABLETS 400mg	G	389601	202400	
TRICHLOROACETIC ACID SOLUTION 80%	TRICHLOROACETIC ACID SOLUTION 80%	R	600389	920000	MD,PA,ARNP
TRILAFON TABLETS 2mg	PERPHENAZINE TABLETS 2mg	Y	700523	281608	
TRILAFON TABLETS 4mg	PERPHENAZINE TABLETS 4mg	Y	700524	281608	
TRILAFON TABLETS 8mg	PERPHENAZINE TABLETS 8mg	Y	700525	281608	
TRIPHASIL TABLETS	LEVONORGESTREL / ETHINYL ESTRADIOL	G	600442	681200	
TRUSOPT OPHTH SOLUTION 2%	DORZOLAMIDE HCL OPHTH SOLUTION 2%	G	600417	521000	
TUCKS PADS	HEMORRHOIDAL/VAGINAL PADS	G	103200	841200	canteen
TWINRIX	HEPATITIS A and B VACCINE	R	700500	801200	
TYLENOL EXTRA-STRENGTH LIQUID	ACETAMINOPHEN ELIXIR 500mg/15ml	G	235697	280892	
TYLENOL TABLETS 325mg	ACETAMINOPHEN TABLETS 325mg	G	433904	280892	
TYLENOL TABS W/CODEINE 30mg	ACETAMINOPHEN TABS W/CODEINE 30mg	Y	274738	280808	2 wk limit-acute pain
TYLENOL WITH CODEINE ELIX 12mg/5ml	ACETAMINOPHEN/CODEINE ELIX 12mg/5ml	R	600515	280808	2 wk limit-acute pain
ULTRAM TABLETS 50mg	TRAMADOL TABLETS 50mg	Y	700547	280808	**PAIN CLINIC
URECHOLINE TABLETS 10mg	BETHANECHOL TABLETS 10mg	G	600537	120400	
URECHOLINE TABLETS 25mg	BETHANECHOL TABLETS 25mg	G	600538	120400	
VASOCIDIN OPHTHALMIC SOLUTION	SULFACETAMIDE 10%&PREDNISOLONE 0.23	G	122010	520408	
VASOCON OPHTH SOL'N 0.1%	NAPHAZOLINE HCL.OPHTH SOL'N 0.1%	G	600093	523200	
VASODILAN TABLETS 20mg	ISOXSUPRINE TABLETS 20mg	G	600039	241200	
VASOTEC TABLETS 10mg	ENALAPRIL TABLETS 10mg	G	600082	243204	
VASOTEC TABLETS 2.5mg	ENALAPRIL TABLETS 2.5mg	G	600540	243204	
VASOTEC TABLETS 20mg	ENALAPRIL TABLETS 20mg	G	600477	243204	
VASOTEC TABLETS 5mg	ENALAPRIL TABLETS 5mg	G	416537	243204	
VEETIDS SUSPENSION 250mg/5ml	PENICILLIN V.K. SUSP, 250mg/5ml	R	250142	081216	REFRIGERATE
VEETIDS TABLETS 250mg	PENICILLIN VK TABLETS 250mg	G	403758	081216	
VEETIDS TABLETS 500mg	PENICILLIN VK TABLETS 500mg	G	412510	081216	

VENTOLIN INHALER / PROVENTIL INH.	ALBUTEROL INHALER	G	299156	121200	
VENTOLIN/PROVENTIL SOL'N FOR INHAL.	ALBUTEROL SOL'N FOR INHALATION	R	600312	121200	
VIBRAMYCIN TABLETS 100mg	DOXYCYCLINE TABLETS 100mg	G	439695	081224	
VIBRAMYCIN TABLETS 50mg	DOXYCYCLINE TABLETS 50mg	G	402859	081224	
VICODIN TABLETS (LORTABS)	HYDROCODONE/APAP 5/500	Y	462804	280808	2 wk limit-acute pain
VIDEX TABLETS 100 mg	DIDANOSIDE TABLETS 100 mg	G	600203	081800	
VIDEX TABLETS 150 mg	DIDANOSINE TABLETS 150 mg	G	600204	081800	
VIDEX TABLETS 50 mg	DIDANOSINE TABLETS 50 mg	G	600202	081800	
VIRACEPT TABLETS 250mg	NELFINAVIR MESYLATE TABLETS 250mg	G	600461	081800	
VIRAMUNE TABLETS 200mg	NEVIRAPINE TABLETS 200mg	G	600460	081800	
VIROPTIC OPHTHALMIC SOLUTION 1%	TRIFLURIDINE OPHTHALMIC SOLUTION 1%	R	600455	520406	REFRIGERATE
VISCOUS XYLOCAINE 2%	LIDOCAINE VISCOUS 2%	R	289611	720000	
VISINE EYE DROPS	TETRAHYDROZOLINE HCL OPHTH 0.05%	G	105940	523200	
VISTARIL CAPSULES 25 mg	HYDROXYZINE PAMOATE CAPSULES 25mg	Y	344184	282492	TS-ATARAX
VISTARIL CAPSULES 50mg	HYDROXYZINE PAMOATE CAPSULES 50mg	Y	302687	282492	TS-ATARAX
VISTARIL INJECTION 25mg/ml	HYDROXYZINE INJ 25mg/ml	R	388058	282492	
VITAMIN A & D OINTMENT	VITAMIN A & D OINTMENT	G	600042	842412	SPU ONLY
VITAMIN B-1 TABLETS 100mg	THIAMINE TABLETS 100mg	G	600393	880800	
VITAMIN C TABLETS 250mg	ASCORBIC ACID TABLETS 250mg	G	413559	881200	canteen
VITAMIN C TABLETS 500mg	ASCORBIC ACID TABLETS 500mg	G	700400	881200	canteen
VITAMIN D TABLETS 400IU	VITAMIN D TABLETS 400IU	G	254987	881600	
VITAMIN E CAPSULES 400IU	VITAMIN E CAPSULES 400IU	G	302224	882000	canteen
VOSOL HC OTIC SOLUTION	ACETIC ACID -HC OTIC SOLUTION	G	106740	520412	
VOSOL OTIC SOLUTION	ACETIC ACID OTIC SOLUTION	G	600516	520412	
WELLBUTRIN TABLETS 100 mg	BUPROPION TABLETS 100 mg	Y	517425	281604	tier 2
WELLBUTRIN TABLETS 75 mg	BUPROPION TABLETS 75 mg	Y	600011	281604	tier 2
XYLOCAINE 2% W / EPI INJECTION	LIDOCAINE 2% W/EPI INJECTION	R	600051	720000	
XYLOCAINE INJECTION 10mg/ml (5ml)	LIDOCAINE INJECTION 10mg/ml (1%)	R	229666	720000	
XYLOCAINE INJECTION 20mg/ml	LIDOCAINE INJECTION 20mg/ml (2%)	R	299032	720000	
ZANTAC TABLETS 150mg	RANITIDINE TABLETS 150mg	G	600509	564000	
ZERIT CAPSULES 30mg	STAVUDINE CAPSULES 30mg	G	600463	081800	
ZERIT CAPSULES 40mg	STAVUDINE CAPSULES 40mg	G	600462	081800	
ZINC OXIDE OINTMENT 30gm	ZINC OXIDE OINTMENT 30gm	R	424556	848000	
ZITHROMAX 250 mg	AZITHROMYCIN 250mg	G	600439	081212	
ZITHROMAX 600mg	AZITHROMYCIN 600 mg	G	600440	081212	
ZOCOR TABLETS 10mg	SIMVASTATIN TABLETS 10mg	G	700534	240600	
ZOCOR TABLETS 40mg	SIMVASTATIN TABLETS 40mg	G	700535	240600	
ZOCOR TABLETS 5mg	SIMVASTATIN TABLETS 5mg	G	700533	240600	
ZOCOR TABLETS 80mg	SIMVASTATIN TABLETS 80mg	G	700536	240600	
ZOLOFT TABLETS 100mg	SERTRALINE TABLETS 100mg	Y	600432	281604	
ZOLOFT TABLETS 25mg	SERTRALINE TABLETS 25mg	Y	600497	281604	
ZOLOFT TABLETS 50mg.	SERTRALINE TABLETS 50mg.	Y	600396	281604	
ZOVIRAX CAPSULES 200mg	ACYCLOVIR CAPSULES 200mg	G	600517	081800	
ZOVIRAX OINTMENT	ACYCLOVIR OINTMENT	G	600518	081800	
ZOVIRAX TABLETS 400mg	ACYCLOVIR TABLETS 400mg	G	700457	081800	
ZOVIRAX TABLETS 800mg	ACYCLOVIR TABLETS 800mg	G	600473	081800	
ZYLOPRIM TABLETS 100mg	ALLOPURINOL TABLETS 100mg	G	600519	920000	
ZYLOPRIM TABLETS 300mg	ALLOPURINOL TABLETS 300mg	G	600520	920000	

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER Health Services STATEMENT NUMBER 6.42
SUBJECT: **PHARMACEUTICAL SERVICES** PROPONENT: Robert MacLeod, Administrative Dir. *Name/Title* Medical/Forensic Services 271-3707 *Office* *Phone #*	EFFECTIVE DATE 06/15/07 REVIEW DATE 03/01/08 SUPERSEDES PPD# 6.42 DATED 02/01/06
ISSUING OFFICER: *William Wrenn, Commissioner*	DIRECTOR'S INITIALS DATE APPENDIX ATTACHED: YES NO
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:
To provide guidance for the proper management of pharmaceuticals

II. APPLICABILITY:
To all staff involved in the management of and use of medications.

III. POLICY:
It is the policy of the Department of Corrections to provide procedures for the proper management of medications, addressing the following subjects:

A. A formulary specifically developed for the Department of Corrections.
B. Prescription practice guidelines require that:
   1. Psychotropic medications are prescribed only when clinically indicated as one facet of a program of therapy.
   2. "STOP order" time periods are defined for all medications.
   3. The prescribing practitioner re-evaluates a prescription prior to its renewal.
   4. Procedures for medication receipt, storage, dispensing, and administration are followed.
   5. The Pharmacy & Therapeutic Committee (PTC) and the Administrative Director of Medical and Forensic Services must approve all non-prescription (over-the-counter) medications available to inmates on canteen.
   6. Maximum security storage and periodic inventory of all controlled substances, syringes, and needles are maintained.
   7. Administration of medication is carried out by persons properly trained and under the supervision of the health authority and facility administrator.
   8. Accountability for dispensing, distributing and distributing medications in a timely manner, according to physician's orders, is maintained.

IV. PROCEDURE:

A. The Department of Corrections pharmaceutical services are provided by the pharmacy located at the New Hampshire State Prison for Men. The pharmacy is fully licensed (Pharmacy permit number 0333-P and Drug Enforcement Agency number BN2554839) according to State and Federal regulations.

B. Scope of Services:
   1. The pharmacy shall dispense medication to all Department of Corrections facilities in conformance with all appropriate federal and state regulations.
   2. The Director of Pharmacy shall determine the pharmacy's hours of operation. Minimally the pharmacy will be open Monday through Friday.
   3. Off-hours coverage will be provided by a "night closet" located in the Health Services Center, and by a pharmacist available on-call for phone consultation with the physician on-call.
   4. A formulary that is reviewed at least annually by the PTC lists all medications that are stocked by the Pharmacy Department. This formulary does not prevent a physician from ordering a non-formulary medication, if the medication has no formulary alternative and the medication is approved according to facility procedures.
   5. Emergency drug box locations and contents are maintained and approved by the PTC.
   6. The Director of Pharmacy will develop, review, and implement specific procedures that provide guidance with regard to controlled substances, stop orders, medication distribution, inventory control, and other areas necessary for the day-to-day operation of the pharmacy as required by RSA 318-B 704.10.

C. All licensed practitioners authorized to prescribe medication will adhere to the following:
   1. Prescribe medication that is listed in the DOC formulary.
   2. Prescribe controlled substances according to Pharmacy Department procedures.
   3. All medication prescriptions will be written in ink, legible, and signed by the prescribing practitioner. Verbal orders will be minimized and shall be signed within 72 hours. All orders shall be written on the physician's order sheet.
   4. Only licensed practitioners authorized by the DOC Professional Staff Organization (PSO) may prescribe medication for inmates.
   5. Medication will be ordered according to the stop order policy provided by the Pharmacy Department.
   6. The prescribing practitioner will perform medication reviews as clinically indicated and documented in the progress notes of the medical record.
   7. If the physician wishes to modify a medication order, the previous order for the particular medication is discontinued and the entire medication order is written to indicate the intent of the physician.
   8. All medications, including psychotropic, are ordered only when clinically indicated and will be in compliance with applicable laws of the jurisdiction.
   9. A physician, physician's assistant, advanced registered nurse practitioner (ARNP) or a nurse will administer medication requiring parenteral administration. The PTC will approve exceptions related to self-administered medication. Self-administration of medication will be under the observation of the nurse or prescribing practitioners.

D. The Director of Pharmacy and designated staff from Health Services will jointly develop guidelines on the storage, dispensing, administration, and documentation regarding controlled and non-controlled substances.

E. The Medication Delivery System
   1. All medication is divided into three distinct categories as follows:
      a. Green medications are self administered and self-carried by inmates at all institutions:
         1) Medication that is dispensed by the pharmacy on the order of an authorized prescribing practitioner for self-administration by the inmate, according to the green medication guidelines established by the pharmacy.
         2) The inmate requests refills on an "Inmate Self Medication Refill Request Form."
         3) Green medications are defined by the PTC and listed in the DOC Formulary.
         4) Green medications are not controlled substances, have historically not been abused or misused by the majority of inmates, and are not prescribed as psychotropic medication.
         5) Green medication procedures at the in patient centers of SPU, HSC/M, HSC/NCF

a) Nursing staff will administer each dose of medication from the individually labeled prescription.
b) If an inmate is transferred to a unit that allows inmate self-administration of medication, nursing shall return the green medication to the pharmacy for a transfer order.
c) The pharmacy department will automatically send refills according to guidelines established by the Director of Pharmacy.

b. Yellow medications are delivered by Corrections Officers and self-administered by the inmate under observation at NHSPM, NHSPW, LRF, NCF:
1) Medication dispensed by the pharmacy on the order of an authorized prescribing practitioner for self-administration by the inmate, and is delivered by a Corrections Officer who observes the process of self-administration.
2) The pharmacy department automatically sends yellow medication refills to the inmate's housing unit.
3) Yellow medications are defined by the PTC and listed in the DOC Formulary.
4) Yellow medications do not fulfill the "green" criteria, are not Schedule II Controlled Substances, are not injectable, and do not require administration by a registered nurse.
5) Yellow medication is dispensed and delivered according to the yellow medication system guidelines established by the pharmacy.
6) "Yellow medications" at the in-patient centers of SPU, HSC/M, HSC/NCF
a) Nursing staff will administer each dose of all yellow medications to residents according to guidelines established by the Director of Nursing.
b) The pharmacy department will automatically send refills according to guidelines established by the Director of Pharmacy.
c) If a resident is transferred to a unit that allows resident self-administration of medication, nursing shall return the medication to the pharmacy with the transfer order.
6) "Yellow medications" at MSU and the halfway houses
a) Medication dispensed by the pharmacy department on the order of an authorized prescribing practitioner with a yellow prescription label, in a bulk prescription vial, for self-administration by the offender.
b) The inmate requests refills on an "Inmate Self-medication Refill Request" form.
c) Correctional staff will:
i) Randomly perform security audits on these medications, at least monthly, paying particular attention to controlled substances. Controlled substances can be identified by reviewing the list of controlled substances available from the pharmacy department.
ii) Perform audits wearing latex gloves or use counting trays.
iii) Store controlled substances while the offender is in the house. The **entire container** of these medications will be given to the offender to facilitate self-administration when the offender is not in the house (i.e., to self-administer the medication at work). The inmate stores all other yellow medication.
d) Inmates may carry these medications in the original prescription container dispensed by the pharmacy.

c. Red medications are nurse administered or nurse supervised medication for inmates at all departmental facilities:
1) Medication dispensed by the pharmacy on the order of an authorized prescribing practitioner for direct administration by a registered nurse.
2) Red medications are defined by the PTC and listed in the DOC Formulary.
3) Red medications are all Schedule II Controlled Substances, injectables, and other medications that require administration by a registered nurse.
4) Red medication is dispensed according to the "red medication" system guidelines established by the pharmacy and administered according to

established nursing procedures.

5) Red medication will be treated under yellow medication guidelines where clinically appropriate and in MSU and the halfway houses.

2. A medication's category may be changed for an individual resident by physician's order, when clinically appropriate from a lessor restrictive category to a more restrictive category.

F. Inmate Movement

1. Inmates are responsible to carry their green medication to their new housing unit when transferred.
2. The officer-in-charge (OIC) of the sending unit is responsible to ensure that yellow medications are transferred by a Corrections Officer to the receiving unit before the end of their shift.

REFERENCES:

<u>Standards for the Administration of Correctional Agencies</u>
Second Edition Standards

<u>Standards for Adult Correctional Institutions</u>
Fourth Edition Standards
4-4378; 4-4401

<u>Standards for Adult Community Residential Services</u>
Fourth Edition Standards
4-ACRS-4C-12 thru 4C-13

<u>Standards for Adult Probation and Parole Field Services</u>
Third Edition Standards

<u>Other</u>

MACLEOD/pf

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER Health Services STATEMENT NUMBER 6.42
SUBJECT: **PHARMACEUTICAL SERVICES** PROPONENT: Robert MacLeod, Administrative Dir. *Name/Title* Medical/Forensic Services 271-3707 *Office* *Phone #*	EFFECTIVE DATE 06/15/07 REVIEW DATE 03/01/08 SUPERSEDES PPD# 6.42 DATED 02/01/06
ISSUING OFFICER: *William Wrenn, Commissioner*	DIRECTOR'S INITIALS DATE APPENDIX ATTACHED: YES NO
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:
To provide guidance for the proper management of pharmaceuticals

II. APPLICABILITY:
To all staff involved in the management of and use of medications.

III. POLICY:
It is the policy of the Department of Corrections to provide procedures for the proper management of medications, addressing the following subjects:

A. A formulary specifically developed for the Department of Corrections.
B. Prescription practice guidelines require that:
   1. Psychotropic medications are prescribed only when clinically indicated as one facet of a program of therapy.
   2. "STOP order" time periods are defined for all medications.
   3. The prescribing practitioner re-evaluates a prescription prior to its renewal.
   4. Procedures for medication receipt, storage, dispensing, and administration are followed.
   5. The Pharmacy & Therapeutic Committee (PTC) and the Administrative Director of Medical and Forensic Services must approve all non-prescription (over-the-counter) medications available to inmates on canteen.
   6. Maximum security storage and periodic inventory of all controlled substances, syringes, and needles are maintained.
   7. Administration of medication is carried out by persons properly trained and under the supervision of the health authority and facility administrator.
   8. Accountability for dispensing, distributing and distributing medications in a timely manner, according to physician's orders, is maintained.

IV. PROCEDURE:

A. The Department of Corrections pharmaceutical services are provided by the pharmacy located at the New Hampshire State Prison for Men. The pharmacy is fully licensed (Pharmacy permit number 0333-P and Drug Enforcement Agency number BN2554839) according to State and Federal regulations.

B. Scope of Services:
   1. The pharmacy shall dispense medication to all Department of Corrections facilities in conformance with all appropriate federal and state regulations.
   2. The Director of Pharmacy shall determine the pharmacy's hours of operation. Minimally the pharmacy will be open Monday through Friday.
   3. Off-hours coverage will be provided by a "night closet" located in the Health Services Center, and by a pharmacist available on-call for phone consultation with the physician on-call.
   4. A formulary that is reviewed at least annually by the PTC lists all medications that are stocked by the Pharmacy Department. This formulary does not prevent a physician from ordering a non-formulary medication, if the medication has no formulary alternative and the medication is approved according to facility procedures.
   5. Emergency drug box locations and contents are maintained and approved by the PTC.
   6. The Director of Pharmacy will develop, review, and implement specific procedures that provide guidance with regard to controlled substances, stop orders, medication distribution, inventory control, and other areas necessary for the day-to-day operation of the pharmacy as required by RSA 318-B 704.10.

C. All licensed practitioners authorized to prescribe medication will adhere to the following:
   1. Prescribe medication that is listed in the DOC formulary.
   2. Prescribe controlled substances according to Pharmacy Department procedures.
   3. All medication prescriptions will be written in ink, legible, and signed by the prescribing practitioner. Verbal orders will be minimized and shall be signed within 72 hours. All orders shall be written on the physician's order sheet.
   4. Only licensed practitioners authorized by the DOC Professional Staff Organization (PSO) may prescribe medication for inmates.
   5. Medication will be ordered according to the stop order policy provided by the Pharmacy Department.
   6. The prescribing practitioner will perform medication reviews as clinically indicated and documented in the progress notes of the medical record.
   7. If the physician wishes to modify a medication order, the previous order for the particular medication is discontinued and the entire medication order is written to indicate the intent of the physician.
   8. All medications, including psychotropic, are ordered only when clinically indicated and will be in compliance with applicable laws of the jurisdiction.
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         5) Green medication procedures at the in patient centers of SPU, HSC/M, HSC/NCF

a) Nursing staff will administer each dose of medication from the individually labeled prescription.
b) If an inmate is transferred to a unit that allows inmate self-administration of medication, nursing shall return the green medication to the pharmacy for a transfer order.
c) The pharmacy department will automatically send refills according to guidelines established by the Director of Pharmacy.

b. Yellow medications are delivered by Corrections Officers and self-administered by the inmate under observation at NHSPM, NHSPW, LRF, NCF:
1) Medication dispensed by the pharmacy on the order of an authorized prescribing practitioner for self-administration by the inmate, and is delivered by a Corrections Officer who observes the process of self-administration.
2) The pharmacy department automatically sends yellow medication refills to the inmate's housing unit.
3) Yellow medications are defined by the PTC and listed in the DOC Formulary.
4) Yellow medications do not fulfill the "green" criteria, are not Schedule II Controlled Substances, are not injectable, and do not require administration by a registered nurse.
5) Yellow medication is dispensed and delivered according to the yellow medication system guidelines established by the pharmacy.
6) "Yellow medications" at the in-patient centers of SPU, HSC/M, HSC/NCF
a) Nursing staff will administer each dose of all yellow medications to residents according to guidelines established by the Director of Nursing.
b) The pharmacy department will automatically send refills according to guidelines established by the Director of Pharmacy.
c) If a resident is transferred to a unit that allows resident self-administration of medication, nursing shall return the medication to the pharmacy with the transfer order.
6) "Yellow medications" at MSU and the halfway houses
a) Medication dispensed by the pharmacy department on the order of an authorized prescribing practitioner with a yellow prescription label, in a bulk prescription vial, for self-administration by the offender.
b) The inmate requests refills on an "Inmate Self-medication Refill Request" form.
c) Correctional staff will:
i) Randomly perform security audits on these medications, at least monthly, paying particular attention to controlled substances. Controlled substances can be identified by reviewing the list of controlled substances available from the pharmacy department.
ii) Perform audits wearing latex gloves or use counting trays.
iii) Store controlled substances while the offender is in the house. The **entire container** of these medications will be given to the offender to facilitate self-administration when the offender is not in the house (i.e., to self-administer the medication at work). The inmate stores all other yellow medication.
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Third Edition Standards

<u>Other</u>

MACLEOD/pf

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER Health Services STATEMENT NUMBER 6.42
SUBJECT: **PHARMACEUTICAL SERVICES** PROPONENT: Robert MacLeod, Administrative Dir. *Name/Title* Medical/Forensic Services 271-3707 *Office* *Phone #*	EFFECTIVE DATE 06/15/07 REVIEW DATE 03/01/08 SUPERSEDES PPD# 6.42 DATED 02/01/06
ISSUING OFFICER: *William Wrenn, Commissioner*	DIRECTOR'S INITIALS DATE APPENDIX ATTACHED: YES NO
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:
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II. APPLICABILITY:
To all staff involved in the management of and use of medications.

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A. The Department of Corrections pharmaceutical services are provided by the pharmacy located at the New Hampshire State Prison for Men. The pharmacy is fully licensed (Pharmacy permit number 0333-P and Drug Enforcement Agency number BN2554839) according to State and Federal regulations.

B. Scope of Services:
   1. The pharmacy shall dispense medication to all Department of Corrections facilities in conformance with all appropriate federal and state regulations.
   2. The Director of Pharmacy shall determine the pharmacy's hours of operation. Minimally the pharmacy will be open Monday through Friday.
   3. Off-hours coverage will be provided by a "night closet" located in the Health Services Center, and by a pharmacist available on-call for phone consultation with the physician on-call.
   4. A formulary that is reviewed at least annually by the PTC lists all medications that are stocked by the Pharmacy Department. This formulary does not prevent a physician from ordering a non-formulary medication, if the medication has no formulary alternative and the medication is approved according to facility procedures.
   5. Emergency drug box locations and contents are maintained and approved by the PTC.
   6. The Director of Pharmacy will develop, review, and implement specific procedures that provide guidance with regard to controlled substances, stop orders, medication distribution, inventory control, and other areas necessary for the day-to-day operation of the pharmacy as required by RSA 318-B 704.10.

C. All licensed practitioners authorized to prescribe medication will adhere to the following:
   1. Prescribe medication that is listed in the DOC formulary.
   2. Prescribe controlled substances according to Pharmacy Department procedures.
   3. All medication prescriptions will be written in ink, legible, and signed by the prescribing practitioner. Verbal orders will be minimized and shall be signed within 72 hours. All orders shall be written on the physician's order sheet.
   4. Only licensed practitioners authorized by the DOC Professional Staff Organization (PSO) may prescribe medication for inmates.
   5. Medication will be ordered according to the stop order policy provided by the Pharmacy Department.
   6. The prescribing practitioner will perform medication reviews as clinically indicated and documented in the progress notes of the medical record.
   7. If the physician wishes to modify a medication order, the previous order for the particular medication is discontinued and the entire medication order is written to indicate the intent of the physician.
   8. All medications, including psychotropic, are ordered only when clinically indicated and will be in compliance with applicable laws of the jurisdiction.
   9. A physician, physician's assistant, advanced registered nurse practitioner (ARNP) or a nurse will administer medication requiring parenteral administration. The PTC will approve exceptions related to self-administered medication. Self-administration of medication will be under the observation of the nurse or prescribing practitioners.

D. The Director of Pharmacy and designated staff from Health Services will jointly develop guidelines on the storage, dispensing, administration, and documentation regarding controlled and non-controlled substances.

E. The Medication Delivery System
   1. All medication is divided into three distinct categories as follows:
      a. Green medications are self administered and self-carried by inmates at all institutions:
         1) Medication that is dispensed by the pharmacy on the order of an authorized prescribing practitioner for self-administration by the inmate, according to the green medication guidelines established by the pharmacy.
         2) The inmate requests refills on an "Inmate Self Medication Refill Request Form."
         3) Green medications are defined by the PTC and listed in the DOC Formulary.
         4) Green medications are not controlled substances, have historically not been abused or misused by the majority of inmates, and are not prescribed as psychotropic medication.
         5) Green medication procedures at the in patient centers of SPU, HSC/M, HSC/NCF

a) Nursing staff will administer each dose of medication from the individually labeled prescription.
b) If an inmate is transferred to a unit that allows inmate self-administration of medication, nursing shall return the green medication to the pharmacy for a transfer order.
c) The pharmacy department will automatically send refills according to guidelines established by the Director of Pharmacy.

b. Yellow medications are delivered by Corrections Officers and self-administered by the inmate under observation at NHSPM, NHSPW, LRF, NCF:
1) Medication dispensed by the pharmacy on the order of an authorized prescribing practitioner for self-administration by the inmate, and is delivered by a Corrections Officer who observes the process of self-administration.
2) The pharmacy department automatically sends yellow medication refills to the inmate's housing unit.
3) Yellow medications are defined by the PTC and listed in the DOC Formulary.
4) Yellow medications do not fulfill the "green" criteria, are not Schedule II Controlled Substances, are not injectable, and do not require administration by a registered nurse.
5) Yellow medication is dispensed and delivered according to the yellow medication system guidelines established by the pharmacy.
6) "Yellow medications" at the in-patient centers of SPU, HSC/M, HSC/NCF
a) Nursing staff will administer each dose of all yellow medications to residents according to guidelines established by the Director of Nursing.
b) The pharmacy department will automatically send refills according to guidelines established by the Director of Pharmacy.
c) If a resident is transferred to a unit that allows resident self-administration of medication, nursing shall return the medication to the pharmacy with the transfer order.
6) "Yellow medications" at MSU and the halfway houses
a) Medication dispensed by the pharmacy department on the order of an authorized prescribing practitioner with a yellow prescription label, in a bulk prescription vial, for self-administration by the offender.
b) The inmate requests refills on an "Inmate Self-medication Refill Request" form.
c) Correctional staff will:
i) Randomly perform security audits on these medications, at least monthly, paying particular attention to controlled substances. Controlled substances can be identified by reviewing the list of controlled substances available from the pharmacy department.
ii) Perform audits wearing latex gloves or use counting trays.
iii) Store controlled substances while the offender is in the house. The **entire container** of these medications will be given to the offender to facilitate self-administration when the offender is not in the house (i.e., to self-administer the medication at work). The inmate stores all other yellow medication.
d) Inmates may carry these medications in the original prescription container dispensed by the pharmacy.

c. Red medications are nurse administered or nurse supervised medication for inmates at all departmental facilities:
1) Medication dispensed by the pharmacy on the order of an authorized prescribing practitioner for direct administration by a registered nurse.
2) Red medications are defined by the PTC and listed in the DOC Formulary.
3) Red medications are all Schedule II Controlled Substances, injectables, and other medications that require administration by a registered nurse.
4) Red medication is dispensed according to the "red medication" system guidelines established by the pharmacy and administered according to

established nursing procedures.

5) Red medication will be treated under yellow medication guidelines where clinically appropriate and in MSU and the halfway houses.

2. A medication's category may be changed for an individual resident by physician's order, when clinically appropriate from a lessor restrictive category to a more restrictive category.

F. Inmate Movement

1. Inmates are responsible to carry their green medication to their new housing unit when transferred.
2. The officer-in-charge (OIC) of the sending unit is responsible to ensure that yellow medications are transferred by a Corrections Officer to the receiving unit before the end of their shift.

REFERENCES:

<u>Standards for the Administration of Correctional Agencies</u>
Second Edition Standards

<u>Standards for Adult Correctional Institutions</u>
Fourth Edition Standards
4-4378; 4-4401

<u>Standards for Adult Community Residential Services</u>
Fourth Edition Standards
4-ACRS-4C-12 thru 4C-13

<u>Standards for Adult Probation and Parole Field Services</u>
Third Edition Standards

<u>Other</u>

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NH Department of Corrections:
Division of Medical and Forensic Services - Pharmacy
Pharmacy Services Night Closet Medication List for All Sites

DRUG NAME	QTY	ITEM #	SITE	EXP DATE
ACETAMINOPHEN W/CODEINE TABS 330MG/30MG	20	274768A	MEN	2/1/2013
ACETAMINOPHEN W/CODEINE ORAL SOL 120MG/12G	1	600515A	MEN	2/1/2012
ACETIC ACID HC OTIC SOLUTION	1	106740A	MEN	5/1/2012
ACETIC ACID OTIC SOLUTION	1	600516A	MEN	4/1/2012
ACYCLOVIR CAPSULES 200MG	30	600517A	MEN	12/1/2011
ACYCLOVIR CAPSULES 200MG	30	600517B	MEN	2/1/2012
ACYCLOVIR CREAM 5%, 3GM	1		MEN	12/1/2012
ACYCLOVIR OINTMENT 5%, 15GM	1	600518A	MEN	9/1/2014
ALBUTEROL MDI	1	299156A	MEN	4/1/2012
ALBUTEROL MDI	1	299156B	MEN	11/1/2012
ALBUTEROL MDI	1	299156C	MEN	3/1/2013
ALLOPURINOL TABLETS 300MG	6	600520A	MEN	12/1/2012
AMANTADINE CAPSULES 100MG	6	600523A	MEN	1/1/2012
AMITRIPTYLINE TABLETS 25MG	5	402784A	MEN	1/4/2014
AMITRIPTYLINE TABLETS 25MG	5	402784B	MEN	6/1/2013
AMITRIPTYLINE TABLETS 75MG	5	402800A	MEN	7/1/2012
AMITRIPTYLINE TABLETS 100MG	6	402818A	MEN	5/1/2013
AMLODIPINE BESYLATE TABLETS 2.5MG	12	600415A	MEN	12/1/2012
AMLODIPINE BESYLATE TABLETS 2.5MG	12	600415B	MEN	12/1/2012
AMOXICILLIN CAPSULES 250MG	20	600524A	MEN	2/1/2013
AMOXICILLIN CAPSULES 250MG	20	600524B	MEN	2/1/2013
AMOXICILLIN/CLAVULANATE TABS 500MG/125MG	12	600376A	MEN	2/1/2012
AMOXICILLIN/CLAVULANATE TABS 875MG/125MG	5	700403A	MEN	1/1/2013
AMOXICILLIN/CLAVULANATE TABS 875MG/125MG	5	700403B	MEN	11/1/2012
ARTIFICIAL TEARS OPHTHALMIC SOLUTION	1	600474A	MEN	6/1/2012
ATENOLOL TABLETS 25MG	12	600475A	MEN	7/1/2012
ATENOLOL TABLETS 25MG	12	600475B	MEN	11/1/2012
AZITHROMYCIN TABLETS 250MG	12	600439A	MEN	8/1/2012
BACLOFEN TABLETS 10MG	12	271072A	MEN	11/1/2011
BENZTROPINE INJECTION 2MG/2ML	5	292268A	MEN	4/1/2013
BENZTROPINE TABLETS 0.5MG	6	021956A	MEN	9/1/2013
BENZTROPINE TABLETS 0.5MG	6	021956B	MEN	7/1/2013
BETAXOLOL PTHTHALMIC SOLUTION 0.25%	1	600391A	MEN	3/1/2014
BETHANECOL TABLETS 25MG	6	600538A	MEN	12/1/2011
BISACODYL E.C. TABLETS 5MG	6	402644A	MEN	3/1/2012
BISACODYL SUPPOSITORIES 10MG	2	402651A	MEN	9/1/2012
BISACODYL SUPPOSITORIES 10MG	2	402651B	MEN	9/1/2012
BUPROPION TABLETS 75MG	5	600011A	MEN	2/1/2012

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DRUG NAME	QTY	ITEM #	SITE	EXP DATE
BUPROPION TABLETS 100MG	5	517425A	MEN	1/1/2012
BUSPIRONE TABLETS 10MG	12	600063A	MEN	12/31/2013
BUSPIRONE TABLETS 10MG	12	600063B	MEN	2/1/2014
CAPTOPRIL TABLETS 25MG	10	381574A	MEN	1/1/2012
CARBAMAZEPINE TABLETS 100MG	10	316679A	MEN	12/1/2012
CARBAMAZEPINE TABLETS 100MG	10	316679B	MEN	12/1/2012
CARBAMAZEPINE TABLETS 200MG	12	234443A	MEN	1/1/2014
CARBAMAZEPINE TABLETS 200MG	12	234443B	MEN	6/1/2012
CEFTRIAXONE SODIUM INJECTION 250MG	4	600372A	MEN	2/1/2014
CEFUROXIME TABLETS 500MG	10	700469A	MEN	4/1/2013
CEFUROXIME TABLETS 500MG	10	700469B	MEN	8/1/2012
CEPHALEXIN CAPSULES 500MG	12	600388A	MEN	2/1/2013
CEPHALEXIN CAPSULES 500MG	12	600388B	MEN	2/1/2013
CHLORDIAZEPOXIDE CAPSULES 25MG	20	256768A	MEN	4/1/2014
CHLORPROMAZINE INJECTION 25MG/ML	2	176404A	MEN	2/1/2014
CHLORPROMAZINE INJECTION 25MG/ML	2	176404B	MEN	2/1/2014
CHLORPROMAZINE TABLETS 25MG	10	402883A	MEN	1/1/2012
CHLORPROMAZINE TABLETS 25MG	10	402883B	MEN	2/1/2013
CHLORPROMAZINE TABLETS 100MG	10	402909A	MEN	12/1/2012
CHLORPROMAZINE TABLETS 100MG	10	402909B	MEN	1/1/2012
CIPROFLOXACIN OPHTHALMIC SOLUTION 0.3%	1	600436A	MEN	6/1/2012
CIPROFLOXACIN TABLETS 500MG	6	475558A	MEN	4/1/2013
CIPROFLOXACIN TABLETS 500MG	6	475558B	MEN	9/1/2013
CITALOPRAM TABLETS 20MG	6	700406A	MEN	9/1/2012
CITALOPRAM TABLETS 2OMG	6	700406B	MEN	2/1/2012
CITRATE OF MAGNESIA	1	01625A	MEN	12/1/2012
CLINDAMYCIN CAPSULES 150MG	20	021378A	MEN	4/1/2015
CLINDAMYCIN CAPSULES 150MG	20	021378B	MEN	1/1/2015
CLONAZEPAM TABLETS 1MG	20	188177A	MEN	1/1/2013
CLONIDINE TABLETS 0.1MG	12	330829A	MEN	5/1/2013
CLONIDINE TABLETS 0.1MG	12	330829B	MEN	1/1/2013
CLOPIDOGREL BISULFATE TABLETS 75MG	3	700405A	MEN	6/1/2013
CLOPIDOGREL BISULFATE TABLETS 75MG	3	700405B	MEN	11/1/2012
COLCHICINE TABLETS 0.6MG	10	381962A	MEN	7/1/2013
CYCLOBENZAPRINE TABLETS 10MG	12	344962A	MEN	4/1/2013
CYCLOBENZAPRINE TABLETS 10MG	12	344962B	MEN	8/1/2012
DEXAMETHASONE OPHTHALMIC SOLUTION	1	600077A	MEN	4/1/2013
DEXTROMETHORPHAN SUGAR FREE SYRUP	1	600068A	MEN	10/1/2012
DIAZEPAM TABLETS 10MG	20	233866A	MEN	10/1/2012
DICLOXACILLIN CAPSULES 250MG	12	403782A	MEN	1/1/2012

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DRUG NAME	QTY	ITEM #	SITE	EXP DATE		
DICYCLOMINE CAPSULES 10MG	12	293563A	MEN	12/1/2013		
DIGOXIN TABLETS 0.125MG	6	061234A	MEN	9/1/2012		
DILTIAZEM TABLETS 30MG	10	600078A	MEN	3/1/2012		
DILTIAZEM CD CAPSULES 240MG	3	700423A	MEN	6/1/2013		
DIPHENHYDRAMINE CAPSULES 25MG	10	295392A	MEN	6/1/2013		
DIPHENHYDRAMINE CAPSULES 25MG	10	295392B	MEN	2/1/2013		
DIPHENHYDRAMINE INJECTION 50MG/ML	10	405084A	MEN	3/1/2013		
DIPHENHYDRAMINE INJECTION 50MG/ML	10	405084B	MEN	3/1/2013		
DIPHENOXYLATE/ATROPINE 2.5MG/.025MG	20	181701A	MEN	9/1/2013		
DIVALPROEX TABLETS 250MG	12	600079A	MEN	12/1/2012		
DIVALPROEX TABLETS 250MG	12	600079B	MEN	5/1/2012		
DOCUSATE SODIUM CAPSULES 100MG	6	427336A	MEN	11/1/2013		
DORZOLAMIDE OPHTHALMIC SOLUTION 2%	1	600417A	MEN	4/1/2013		
DOXEPIN CAPSULES 25MG	12	233676A	MEN	9/1/2012		
DOXEPIN CAPSULES 100MG	3	404343A	MEN	8/1/2013		
DOXYCYCLINE CAPSULES 100MG	6	439695A	MEN	11/1/2013		
DOXYCYCLINE CAPSULES 100MG	6	439695B	MEN	11/1/2013		
ENALAPRIL TABLETS 5MG	20	416537A	MEN	1/1/2012		
ENALAPRIL TABLETS 5MG	20	416537B	MEN	4/1/2012		
ERYTHROMYCIN OPHTHALMIC OINTMENT	1	366138A	MEN	2/1/2012		
ERYTHROMYCIN OPHTHALMIC OINTMENT	1	366138B	MEN	Oct-12		
ERYTHROMYCIN TABLETS 250MG	12	287524A	MEN	5/7/2012		
ERYTHROMYCIN TABLETS 250MG	12	287524B	MEN	5/7/2012		
ERYTHROMYCIN TABLETS 333MG	10	508408A	MEN	1/1/2013		
ERYTHROMYCIN TABLETS 333MG	10	508408B	MEN	7/1/2012		
FINASTERIDE TABLETS 5MG	4	600378A	MEN	4/1/2012		
FINASTERIDE TABLETS 5MG	4	600378B	MEN	11/1/2013		
FLUCONAZOLE TABLETS 150MG	1	600404A	MEN	11/1/2012		
FLUCONAZOLE TABLETS 150MG	1	600404B	MEN	11/1/2012		
FLUOXETINE CAPSULES 10MG	6	600443A	MEN	12/1/2013		
FLUOXETINE CAPSULES 10MG	6	600443B	MEN	1/1/2014		
FLUPHENAZINE HCL INJECTION 2.5MG/ML	1	399121A	MEN	11/1/2010		MFR OUT
FLUPHENAZINE HCL INJECTION 2.5MG/ML	1	399121B	MEN	11/1/2010		MFR OUT
FLUPHENAZINE TABLETS 5MG	10	081547A	MEN	8/1/2013		
FLUPHENAZINE TABLETS 5MG	10	081547B	MEN	10/1/2012		
FUROSEMIDE TABLETS 40MG	10	412049A	MEN	12/1/2011		
FUROSEMIDE TABLETS 40MG	10	412049B	MEN	11/1/2012		
GABAPENTIN CAPSULES 100MG	6	700415A	MEN	2/1/2013		
GABAPENTIN CAPSULES 100MG	6	700415B	MEN	2/1/2013		
GABAPENTIN CAPSULES 300MG	10	700408A	MEN	3/31/2012		

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DRUG NAME	QTY	ITEM #	SITE	EXP DATE
GABAPENTIN CAPSULES 300MG	10	700408B	MEN	4/14/2012
GEMFIBROZIL TABLETS 600MG	6	495614A	MEN	2/1/2013
GENTAMICIN OPHTHALMIC OINTMENT	1	039446A	MEN	8/1/2012
GENTAMICIN OPHTHALMIC SOLUTIOIN	1	388637A	MEN	4/1/2014
GLUCAGON INJECTION	1	051656A	MEN	5/1/2012
GLYBURIDE TABLETS 5MG	12	393587A	MEN	9/1/2012
GLYBURIDE TABLETS 5MG	12	393587B	MEN	3/1/2012
GOLYTELY ORAL SOLUTION	1	700437A	MEN	3/1/2015
GUAIFENESIN DM SYRUP 100MG/5ML	1	351528A	MEN	11/1/2013
GUAIFENESIN DM SYRUP 100MG/5ML	1	351528B	MEN	12/1/2012
HALOPERIDOL CONCENTRATE 2MG/ML	1	220764A	MEN	2/1/2012
HALOPERIDOL CONCENTRATE 2MG/ML	1	220764B	MEN	4/1/2012
HALOPERIDOL INJECTION 5MG/ML	10	193458A	MEN	7/1/2012
HALOPERIDOL TABLETS 1MG	15	233668A	MEN	12/1/2012
HALOPERIDOL TABLETS 2MG	10	233684A	MEN	1/1/2013
HALOPERIDOL TABLETS 10MG	10	404350A	MEN	4/1/2013
HOMATROPINE OPHTHALMIC DROPS 5%	1	600310A	MEN	10/1/2012
HYDROCHLOROTHIAZIDE TABLETS 25MG	3	411686A	MEN	9/1/2013
HYDROCHLOROTHIAZIDE TABLETS 25MG	3	411686B	MEN	3/1/2013
HYDROCODONE/ACETAMINOPHEN TABS 5MG/500MG	20	462804A	MEN	12/1/2014
HYDROXYZINE TABLETS 25MG	12	344184A	MEN	1/1/2013
HYDROXYZINE TABLETS 25MG	12	344184B	MEN	4/1/2015
IBUPROFEN TABLETS 400MG	10	292698A	MEN	7/1/2012
IBUPROFEN TABLETS 400MG	10	292698B	MEN	7/1/2012
IBUPROFEN TABLETS 400MG	10	292698C	MEN	7/1/2012
IBUPROFEN TABLETS 600MG	12	313585A	MEN	8/1/2012
IBUPROFEN TABLETS 600MG	12	313585B	MEN	2/1/2012
IBUPROFEN TABLETS 800MG	6	445601A	MEN	6/1/2012
IBUPROFEN TABLETS 800MG	6	445601B	MEN	5/1/2015
IMIPRAMINE TABLETS 25MG	10	101899A	MEN	9/1/2012
IMIPRAMINE TABLETS 25MG	10	101899B	MEN	9/1/2012
INDOMETHACIN CAPSULES 25MG	10	250209A	MEN	4/1/2012
INDOMETHACIN CAPSULES 25MG	10	250209B	MEN	4/1/2012
IPRATROPIUM INHALATION SOLUTION 0.02%	6	700404A	MEN	3/1/2012
IPRATROPIUM INHALATION SOLUTION 0.02%	6	700404B	MEN	3/1/2012
IPRATROPIUM INHALER	1	448407A	MEN	8/1/2012
ISONIAZID TABLETS 300MG	3	056986A	MEN	1/1/2012
ISONIAZID TABLETS 300MG	3	056986B	MEN	1/1/2012
ISOSORBIDE DINITRATE TABLETS 10MG	12	388199A	MEN	3/1/2014
ISOSORBIDE MONONITRATE ER TABLETS 30MG	12	700521A	MEN	1/1/2012

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DRUG NAME	QTY	ITEM #	SITE	EXP DATE
LACTULOSE SOLUTION 10G/15ML	1	700520A	MEN	11/1/2012
LEVOTHYROXINE TABLETS 50MCG	6	600483A	MEN	6/1/2012
LEVOTHYROXINE TABLETS 50MCG	6	600483B	MEN	11/1/2012
LIDOCAINE INJECTION 10MG/ML 1%	4	229666A	MEN	7/1/2012
LISINOPRIL TABLETS 5MG	12	700477A	MEN	3/1/2013
LISINOPRIL TABLETS 5MG	12	700477B	MEN	1/1/2012
LITHIUM CARBONATE CAPSULES 300MG	10	344325A	MEN	6/1/2014
LITHIUM CARBONATE CAPSULES 300MG	10	344325B	MEN	10/1/2013
LITHIUM CARBONATE CR TABLETS 450MG	10	326710A	MEN	3/1/2013
LITHIUM CARBONATE CR TABLETS 450MG	10	326710B	MEN	12/1/2012
LITHIUM CITRATE SYRUP	1	296210A	MEN	1/1/2013
LOPERAMIDE CAPSULES 2MG	10	343004A	MEN	1/1/2013
LOPERAMIDE CAPSULES 2MG	10	343004B	MEN	5/1/2012
LORAZEPAM TABLETS 1MG	20	323584A	MEN	3/1/2013
LOVENOX 40MG/0.4ML INJ	3		MEN	9/1/2012
LOVENOX 100MG/1MG INJ	3	700435A	MEN	1/1/2014
LOXAPINE CAPSULES 25MG	10	411926A	MEN	3/1/2013
MECLIZINE TABLETS 12.5MG	6	600546A	MEN	5/1/2013
MECLIZINE TABLETS 12.5MG	6	600546B	MEN	5/1/2013
METFORMIN TABLETS 500MG	10	600412A	MEN	12/1/2013
METFORMIN TABLETS 500MG	10	600412B	MEN	12/1/2013
METFORMIN TABLETS 850MG	10	600421A	MEN	5/1/2014
METHYLERGONOVINE MALEATE 0.2MG	5	600403A	MEN	9/1/2012
METHYLPREDNISOLONE TABLETS 4MG	1	600152A	MEN	11/1/2012
METHYLPREDNISOLONE TABLETS 4MG	1	600152B	MEN	11/1/2012
METOCLOPRAMIDE TABLETS 10MG	10	323402A	MEN	11/1/2011
METOPROLOL TABLETS 50MG	6	242693A	MEN	3/1/2013
METOPROLOL TABLETS 50MG	6	242693B	MEN	6/1/2012
METOPROLOL ER TABLETS 25MG	10	700505A	MEN	3/1/2014
METOPROLOL ER TABLETS 25MG	10	700505B	MEN	4/1/2013
METRONIDAZOLE TABLETS 250MG	12	353839A	MEN	11/1/2013
METRONIDAZOLE TABLETS 250MG	12	353839B	MEN	11/1/2013
MILK OF MAGNESIA UD 30ML	4	230722A	MEN	5/1/2013
MILK OF MAGNESIA UD 30ML	4	230722B	MEN	5/1/2013
NAPROXEN TABLETS 500MG	6	326835A	MEN	2/1/2015
NAPROXEN TABLETS 500MG	6	326835B	MEN	2/1/2015
NEO/POLY B/GRAM OPHTHALMIC SOLUTION	1	410175A	MEN	8/1/2012
NEO/POLY/HYDRO OPHTHALMIC SUSPENSION	1	024372A	MEN	10/1/2012
NEO/POLY/HYDRO OPHTHALMIC SUSPENSION	1	024372B	MEN	7/1/2012
NEO/POLY/HYDRO/BACIT OPHTHALMIC OINTMENT	1	410183A	MEN	7/1/2012

DRUG NAME	QTY	ITEM #	SITE	EXP DATE
NEO/POLY/HYDRO/BACIT OPHTHALMIC OINTMENT	1	410183B	MEN	12/1/2012
NEO-POLY/HC OTIC SUSPENSION	1	403477A	MEN	1/1/2012
NIFEDIPINE XL CAPSULES 30MG	10	700463A	MEN	8/1/2012
NIFEDIPINE XL CAPSULES 30MG	10	700463B	MEN	10/1/2012
NITROFURANTOIN CAPSULES 100MG	6	600371A	MEN	2/1/2013
NITROGLYCERIN SL TABLETS 0.4MG	1	229948A	MEN	7/1/2012
NITROGLYCERIN SL TABLETS 0.4MG	1	229948B	MEN	3/1/2013
NITROGLYCERIN SL TABLETS 0.4MG	1	229948C	MEN	6/1/2014
NORTRIPTYLINE CAPSULES 25MG	10	316489A	MEN	11/1/2011
NORTRIPTYLINE CAPSULES 50MG	6	416172A	MEN	7/1/2012
OMEPRAZOLE CAPSULES 20MG	12	700508A	MEN	11/1/2012
OMEPRAZOLE CAPSULES 20MG	5	700508B	MEN	5/1/2012
PAROXETINE TABLETS 20MG	3	600472A	MEN	8/1/2012
PAROXETINE TABLETS 20MG	3	600472B	MEN	8/1/2012
PENICILLIN VK TABLETS 250MG	12	403758A	MEN	8/1/2012
PENICILLIN VK TABLETS 250MG	12	403758B	MEN	8/1/2012
PENICILLIN VK TABLETS 500MG	12	412510A	MEN	2/1/2012
PENICILLIN VK TABLETS 500MG	12	412510B	MEN	3/1/2013
PERMETHRIN CREAM 5%	1	049619A	MEN	1/1/2013
PERMETHRIN CREAM 5%	1	049619B	MEN	1/1/2013
PERMETHRIN CRÈME RINSE 1%	1	049627A	MEN	5/1/2013
PERMETHRIN CRÈME RINSE 1%	1	049627B	MEN	5/1/2013
PHENAZOPYRIDINE TABLETS 200MG	10	230573A	MEN	6/1/2012
PHENOBARBITAL TABLETS 30MG	20	057489A	MEN	7/1/2014
PHENYTOIN CAPSULES 100MG	12	233767A	MEN	4/1/2013
PHENYTOIN CAPSULES 100MG	12	233767B	MEN	4/1/2012
PHENYTOIN INFATABS 50MG (CHEWABLE)	12	343947A	MEN	5/1/2013
POTASSIUM CHLORIDE SLOW REL TABS 10MEQ	10	289603A	MEN	1/24/2014
PRAVASTATIN TABLETS 10MG	24	700462A	MEN	12/1/2013
PREDNISOLONE OPHTHALMIC SOLUTION 1%	1	080549A	MEN	4/1/2012
PEDNISONE TABLETS 5MG	10	317826A	MEN	9/1/2012
PEDNISONE TABLETS 5MG	10	317826B	MEN	9/1/2012
PREDNISONE TABLETS 10MG	21	600117A	MEN	1/1/2014
PREDNISONE TABLETS 10MG	21	600117B	MEN	5/1/2013
PROCHLORPERAZINE INJECTION 10MG/2ML	2	176396A	MEN	2/1/2012
PROCHLORPERAZINE INJECTION 10MG/2ML	2	176396B	MEN	6/1/2012
PROCHLORPERAZINE SUPPOSITORIES 25MG	2	153635A	MEN	2/1/2012
PROCHLORPERAZINE SUPPOSITORIES 25MG	2	153635B	MEN	2/1/2012
PROCHLORPERAZINE TABLETS 5MG	10	022921A	MEN	4/1/2012
PROCHLORPERAZINE TABLETS 5MG	10	022921B	MEN	10/1/2012

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DRUG NAME	QTY	ITEM #	SITE	EXP DATE
PROMETHAZINE INJECTION 25MG/ML	3	700422A	MEN	7/1/2012
PROMETHAZINE INJECTION 25MG/ML	3	700422B	MEN	7/1/2012
PROMETHAZINE TABLETS 25MG	6	700410A	MEN	4/1/2014
PROMETHAZINE TABLETS 25MG	6	700410B	MEN	11/1/2011
PROPRANOLOL TABLETS 20MG	10	240481A	MEN	1/1/2012
PROPRANOLOL TABLETS 20MG	10	240481B	MEN	2/1/2012
PSEUDOEPHEDRINE TABLETS 30MG	10	413575A	MEN	8/1/2013
PSEUDOEPHEDRINE TABLETS 30MG	10	413575B	MEN	8/1/2013
RANITIDINE TABLETS 150MG	6	600509A	MEN	7/1/2013
RANITIDINE TABLETS 150MG	6	600509B	MEN	1/1/2013
RIBAVIRIN CAPSULES 200MG	25	700483A	MEN	7/1/2012
RIBAVIRIN CAPSULES 200MG	25	700483B	MEN	7/1/2012
RISPERIDONE TABLETS 1MG	12	600397A	MEN	2/1/2013
RISPERIDONE TABLETS 1MG	12	600397B	MEN	1/1/2012
SERTRALINE TABLETS 50MG	5	600396A	MEN	2/1/2014
SERTRALINE TABLETS 50MG	5	600396B	MEN	2/1/2012
SILVER SULFADIAZINE CREAM 1%	1	314070A	MEN	3/1/2012
SILVER SULFADIAZINE CREAM 1%	1	314070B	MEN	6/1/2013
STERILE WATER FOR INJECTION	3	600402A	MEN	6/1/2012
STERILE WATER FOR INJECTION	3	600402B	MEN	6/1/2012
SUCRALFATE TABLETS 1GM	6	337410A	MEN	6/1/2014
SULFACETAMIDE 10%/PREDNISOLONE 0.25% OPHTH	1	122010A	MEN	11/1/2011
SULFACETAMIDE OPHTHALMIC SOLUTION 10%	1	410225A	MEN	7/1/2012
SULFACETAMIDE OPHTHALMIC SOLUTION 10%	1	410225B	MEN	7/1/2012
SULFAMETHOX/TRIMETHOPRIM TABS 800MG/160MG	6	304188A	MEN	1/1/2013
SULFAMETHOX/TRIMETHOPRIM TABS 800MG/160MG	6	304188B	MEN	2/1/2013
TERAZOSIN CAPSULES 2MG	10	600512A	MEN	5/1/2012
TERAZOSIN CAPSULES 2MG	10	600512B	MEN	11/1/2011
TETRACAINE OPHTHALMIC SOLUTION 0.5%	3	099184A	MEN	4/1/2013
TETRACYCLINE CAPSULES 250MG	12	381608A	MEN	2/1/2014
TETRACYCLINE CAPSULES 250MG	12	381608B	MEN	5/1/2012
THIAMINE TABLEETS 100MG	3	388066A	MEN	9/1/2011
THIOTHIXENE CAPSULES 2MG	6	600393A	MEN	12/1/2012
THIOTHIXENE CAPSULES 5MG	10	600373A	MEN	10/1/2010
TIMOLOL OPTHALMIC SOLUTION 0.25%	10	344168A	MEN	11/1/2013
TIMOLOL OPHTHALMIC SOLUTION 0.5%	1	600037A	MEN	4/1/2012
TRAZODONE TABLETS 50MG	10	486688A	MEN	2/1/2013
TRAZODONE TABLETS 50MG	10	486688B	MEN	6/1/2012
TRIAMTERENE/HYDROCHLORO CAPS 50MG/25MG	3	159103A	MEN	2/1/2012
TRIAMTERENE/HYDROCHLORO CAPS 50MG/25MG	3	159103B	MEN	2/1/2012

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DRUG NAME	QTY	ITEM #	SITE	EXP DATE
TRIHEXYHENIDYL TABLETS 2MG	10	381921A	MEN	12/1/2013
TRIHEXYHENIDYL TABLETS 2MG	10	381921B	MEN	4/1/2012
VENLAFAXINE ER CAPSULES 37.5MG	8	700419A	MEN	3/1/2013
VENLAFAXINE ER CAPSULES 37.5MG	8	700419B	MEN	7/1/2012
VERAPAMIL TABLETS 80MG	6	335943A	MEN	10/1/2012
VERAPAMIL TABLETS 120MG	10	325316A	MEN	8/1/2013
VERAPAMIL TABLETS 120MG	10	325316B	MEN	8/1/2013
VERAPAMIL SR TABLETS 240MG	4	446567A	MEN	4/1/2012
VERAPAMIL SR TABLETS 240MG	4	446567B	MEN	4/1/2012
WARFARIN TABLETS 2MG	3	600143A	MEN	1/1/2012
WARFARIN TABLETS 3MG	10	600503A	MEN	3/1/2013
WARFARIN TABLETS 5MG	5	166611A	MEN	1/1/2013
WARFARIN TABLETS 5MG	5	166611B	MEN	7/1/2012
ACYCLOVIR CAPSULES 200MG	30	600517F	NCF	1/1/2012
ACYCLOVIR CAPSULES 200MG	30	600517G	NCF	12/1/2011
ALBUTEROL MDI	1	299156F	NCF	11/1/2012
ALBUTEROL MDI	1	299156G	NCF	3/1/2013
AMITRIPTYLINE TABLETS 25MG	30	402784F	NCF	1/1/2014
AMITRIPTYLINE TABLETS 25MG	30	402784G	NCF	1/1/2014
AMLODIPINE TABLETS 5MG	15	240400F	NCF	6/1/2012
AMLODIPINE TABLETS 5MG	15	240400G	NCF	9/1/2012
AMOXICILLIN CAPSULES 500MG	30	600525F	NCF	8/1/2012
AMOXICILLIN CAPSULES 500MG	30	600525G	NCF	6/1/2012
AMOXICILLIN/CALVULANATE TABS 500MG/125MG	30	600376F	NCF	10/1/2012
AMOXICILLIN/CALVULANATE TABS 500MG/125MG	30	600376G	NCF	12/1/2012
ATENOLOL TABLETS 25MG	30	600475F	NCF	11/1/2012
ATENOLOL TABLETS 25MG	30	600475G	NCF	1/1/2012
AZITHROMYCIN TABLETS 250MG	12	600439F	NCF	4/1/2014
AZITHROMYCIN TABLETS 250MG	12	600439G	NCF	4/1/2014
BENZTROPINE TABLETS 1MG	15	233692F	NCF	12/1/2013
BENZTROPINE TABLETS 1MG	15	233692G	NCF	12/1/2013
BISACODYL TABLETS 5MG	15	402644F	NCF	6/1/2014
BISACODYL TABLETS 5MG	15	402644G	NCF	12/1/2012
BUPROPION TABLETS 75MG	30	600011F	NCF	2/1/2012
BUPROPION TABLETS 75MG	30	600011G	NCF	2/1/2012
BUSPIRONE TABLETS 5MG	30	282492F	NCF	12/1/2013
BUSPIRONE TABLETS 5MG	30	282492G	NCF	5/1/2013
CAPTOPRIL TABLETS 12.5MG	30	600476F	NCF	5/1/2013
CAPTOPRIL TABLETS 12.5MG	30	600476G	NCF	5/1/2013
CARBAMAZEPINE TABLETS 200MG	30	234443F	NCF	10/1/2013

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DRUG NAME	QTY	ITEM #	SITE	EXP DATE
CARBAMAZEPINE TABLETS 200MG	30	234443G	NCF	1/1/2013
CEFUROXIME TABLETS 250MG	10	600377F	NCF	5/1/2012
CEFUROXIME TABLETS 250MG	10	600377G	NCF	5/1/2012
CEPHALEXIN CAPSULES 500MG	30	600388F	NCF	4/1/2014
CEPHALEXIN CAPSULES 500MG	30	600388G	NCF	2/1/2013
CHLORPROMAZINE TABLETS 25MG	15	402883F	NCF	5/1/2012
CHLORPROMAZINE TABLETS 25MG	15	402883G	NCF	5/1/2012
CHLORPROMAZINE TABLETS 100MG	15	402909F	NCF	12/1/2012
CHLORPROMAZINE TABLETS 100MG	15	402909G	NCF	1/1/2012
CIPROFLOXACIN TABLETS 500MG	30	475558F	NCF	3/1/2013
CIPROFLOXACIN TABLETS 500MG	30	475558G	NCF	6/1/2013
CITALOPRAM TABLETS 20MG	30	700406F	NCF	7/1/2012
CITALOPRAM TABLETS 20MG	30	700406G	NCF	6/1/2012
CLINDAMYCIN CAPSULES 150MG	60	021378F	NCF	6/1/2015
CLINDAMYCIN CAPSULES 150MG	60	021378G	NCF	4/1/2015
CLONIDINE TABLETS 0.1MG	15	330829F	NCF	8/1/2012
CLONIDINE TABLETS 0.1MG	15	330829G	NCF	6/1/2012
CLOPIDOGREL BISULFATE TABLETS 75MG	10	700405F	NCF	9/1/2013
CLOPIDOGREL BISULFATE TABLETS 75MG	10	700405G	NCF	9/1/2013
COLCHICINE TABLETS 0.6MG	15	381962F	NCF	10/1/2013
COLCHICINE TABLETS 0.6MG	15	381962G	NCF	1/1/2014
CYCLOBENZAPRINE TABLETS 10MG	30	343962F	NCF	4/1/2013
CYCLOBENZAPRINE TABLETS 10MG	30	343962G	NCF	10/1/2012
DESIPRAMINE TABLETS 25MG	20	289587F	NCF	5/1/2012
DESIPRAMINE TABLETS 25MG	20	289587G	NCF	5/1/2012
DIGOXIN TABLETS 0.125MG	30	061234F	NCF	8/1/2012
DIGOXIN TABLETS 0.125MG	30	061234G	NCF	8/1/2012
DIPHENHYDRAMINE CAPSULES 25MG	30	295392F	NCF	5/1/2013
DIPHENHYDRAMINE CAPSULES 25MG	30	295392G	NCF	5/1/2013
DIVALPROEX TABLETS 250MG	30	600079F	NCF	7/1/2012
DIVALPROEX TABLETS 250MG	30	600079G	NCF	12/1/2011
DIVALPROEX TABLETS 500MG	30	600080F	NCF	5/1/2012
DIVALPROEX TABLETS 500MG	30	600080G	NCF	9/1/2012
DOXEPIN CAPSULES 25MG	30	233676F	NCF	12/1/2013
DOXEPIN CAPSULES 25MG	30	233676G	NCF	12/1/2013
DOXYCYCLINE CAPSULES 100MG	15	439695F	NCF	3/1/2013
DOXYCYCLINE CAPSULES 100MG	15	439695G	NCF	9/1/2013
ENALAPRIL TABLETS 5MG	30	419537F	NCF	1/1/2012
ENALAPRIL TABLETS 5MG	30	419537G	NCF	1/1/2012
ERYTHROMYCIN OPHTHALMIC OINTMENT	1	366138F	NCF	9/1/2013

DRUG NAME	QTY	ITEM #	SITE	EXP DATE
ERYTHROMYCIN OPHTHALMIC OINTMENT	1	366138G	NCF	10/1/2012
ERYTHROMYCIN TABLETS 250MG	30	287524F	NCF	5/7/2012
ERYTHROMYCIN TABLETS 250MG	30	287524G	NCF	5/7/2012
ERYTHROMYCIN TABLETS 333MG	15	508408F	NCF	7/24/2012
ERYTHROMYCIN TABLETS 333MG	15	508408G	NCF	7/24/2012
FLUOXETINE CAPSULES 10MG	30	600443F	NCF	6/1/2012
FLUOXETINE CAPSULES 10MG	30	600443G	NCF	6/1/2012
FLUPHENAZINE TABLETS 2.5MG	10	164079F	NCF	9/1/2012
FLUPHENAZINE TABLETS 2.5MG	10	164079G	NCF	9/1/2012
FUROSEMIDE TABLETS 20MG	30	412049F	NCF	10/1/2012
FUROSEMIDE TABLETS 20MG	30	412049G	NCF	5/1/2012
GLYBURIDE TABLETS 2.5MG	60	600025F	NCF	2/1/2012
GLYBURIDE TABLETS 2.5MG	60	600025G	NCF	8/1/2012
GOLYTELY ORAL SOLUTION	1	700437F	NCF	6/1/2015
GOLYTELY ORAL SOLUTION	1	700437G	NCF	10/1/2014
GUAIFENESIN DM SYRUP 100MG/5ML	1	351528F	NCF	11/1/2012
GUAIFENESIN DM SYRUP 100MG/5ML	1	351528G	NCF	11/1/2013
HALOPERIDOL TABLETS 2MG	30	233684F	NCF	8/1/2012
HALOPERIDOL TABLETS 2MG	30	233684G	NCF	10/1/2013
HYDROCHLOROTHIAZIDE TABLETS 25MG	30	411686F	NCF	9/1/2012
HYDROCHLOROTHIAZIDE TABLETS 25MG	30	411686G	NCF	11/1/2012
HYDROXYZINE INJECTION 50MG/ML	5	388058F	NCF	9/1/2011
HYDROXYZINE INJECTION 50MG/ML	5	388058G	NCF	9/1/2011
HYDROXYZINE PAMOATE CAPSULES 25MG	30	344184F	NCF	1/1/2013
HYDROXYZINE PAMOATE CAPSULES 25MG	30	344184G	NCF	6/1/2012
IBUPROFEN TABLETS 600MG	30	313585F	NCF	3/1/2015
IBUPROFEN TABLETS 600MG	30	313585G	NCF	10/1/2012
INDOMETHACIN CAPSULES 25MG	21	250209F	NCF	4/1/2012
INDOMETHACIN CAPSULES 25MG	21	250209G	NCF	4/1/2012
ISONIAZID TABLETS 300MG	10	056986F	NCF	10/1/2013
LANTUS INSULIN	1	700499F	NCF	5/1/2013
LANTUS INSULIN	1	700499G	NCF	6/1/2013
LEVOTHYROXINE TABLETS 25MCG	30	600482F	NCF	1/1/2012
LEVOTHYROXINE TABLETS 25MCG	30	600482G	NCF	1/1/2012
LISINOPRIL TABLETS 10MG	30	243204F	NCF	4/1/2012
LISINOPRIL TABLETS 10MG	30	243204G	NCF	4/1/2012
LITHIUM CARBONATE CAPSULES 300MG	30	344325F	NCF	6/1/2014
LITHIUM CARBONATE CAPSULES 300MG	30	344325G	NCF	3/1/2013
LITHIUM CARBONATE CR TABLETS 450MG	20	326710F	NCF	3/1/2013
LITHIUM CARBONATE CR TABLETS 450MG	20	326710G	NCF	3/1/2013

DRUG NAME	QTY	ITEM #	SITE	EXP DATE
LOPERAMIDE CAPSULES 2MG	30	343004F	NCF	4/1/2012
LOPERAMIDE CAPSULES 2MG	30	343004G	NCF	1/1/2012
METFORMIN TABLETS 500MG	30	600412F	NCF	2/1/2014
METFORMIN TABLETS 500MG	30	600412G	NCF	4/1/2014
METHYLPREDNISOLONE ACETATE INJ 80MG/ML	1	700487F	NCF	3/1/2013
METHYLPREDNISOLONE ACETATE INJ 80MG/ML	1	700487G	NCF	4/1/2013
METHYLPREDNISOLONE TABLETS 4MG	1	600152F	NCF	4/1/2013
METHYLPREDNISOLONE TABLETS 4MG	1	600152G	NCF	5/1/2012
METOPROLOL TABLETS 50MG	30	242693F	NCF	3/1/2013
METOPROLOL TABLETS 50MG	30	242693G	NCF	1/1/2012
MILK OF MAGNESIA UD 30ML	4	230722F	NCF	5/1/2013
MILK OF MAGNESIA UD 30ML	4	230722G	NCF	5/1/2013
MIRTAZAPINE TABLETS 15MG	30	700439F	NCF	10/1/2013
MIRTAZAPINE TABLETS 15MG	30	700439G	NCF	10/1/2013
MUPIROCIN OINTMENT 2%	1	700436F	NCF	12/1/2012
MUPIROCIN OINTMENT 2%	1	700436G	NCF	10/1/2012
NAPROXEN TABLETS 500MG	30	074001F	NCF	12/1/2012
NAPROXEN TABLETS 500MG	30	074001G	NCF	12/1/2012
NEO/POLY B/HC OTIC SUSPENSION	1	600447F	NCF	2/1/2013
NEO/POLY B/HC OTIC SUSPENSION	1	600447G	NCF	9/1/2012
NEO/POLY B/HC OPHTHALMIC SUSPENSION	1	600074F	NCF	10/1/2012
NEO/POLY B/HC OPHTHALMIC SUSPENSION	1	600074G	NCF	10/1/2012
NITROGLYCERIN SL TABLETS 0.4MG	1	229948F	NCF	11/1/2012
NITROGLYCERIN SL TABLETS 0.4MG	1	229948G	NCF	11/1/2012
NORTRIPTYLINE CAPSULES 25MG	20	316489F	NCF	5/1/2013
NORTRIPTYLINE CAPSULES 25MG	20	316489G	NCF	5/1/2013
OMEPRAZOLE CAPSULES 20MG	14	700508F	NCF	6/1/2012
OMEPRAZOLE CAPSULES 20MG	14	700508G	NCF	4/1/2012
PAROXETINE TABLETS 10MG	15	600490F	NCF	12/1/2011
PAROXETINE TABLETS 10MG	15	600490G	NCF	12/1/2011
PENICILLIN VK TABLETS 500MG	60	403758F	NCF	10/1/2012
PENICILLIN VK TABLETS 500MG	60	403758G	NCF	3/1/2013
PERMETHRIN CREAM 5%	1	049619F	NCF	6/1/2012
PERMETHRIN CREAM 5%	1	049619G	NCF	6/1/2012
PERMETHRIN CREAM RINSE 1%	1	049627F	NCF	7/1/2013
PERMETHRIN CREAM RINSE 1%	1	049627G	NCF	7/1/2013
PERPHENAZINE TABLETS 2MG	30	281608F	NCF	9/1/2012
PERPHENAZINE TABLETS 2MG	30	281608G	NCF	9/1/2012
PHENYTOIN CAPSULES 100MG	30	233767F	NCF	1/1/2013
PHENYTOIN CAPSULES 100MG	30	233767G	NCF	5/1/2013

DRUG NAME	QTY	ITEM #	SITE	EXP DATE
POTASSIUM CHLORIDE SLOW REL TABS 10MEQ	15	289603F	NCF	3/1/2013
POTASSIUM CHLORIDE SLOW REL TABS 10MEQ	15	289603G	NCF	3/1/2013
PREDNISOLONE OPHTHALMIC SOLUTION 1%	1	080549F	NCF	7/1/2013
PREDNISOLONE OPHTHALMIC SOLUTION 1%	1	080549G	NCF	9/1/2012
PREDNISONE TABLETS 10MG	30	600117F	NCF	5/1/2013
PREDNISONE TABLETS 10MG	30	600117G	NCF	5/1/2013
PROCHLORPERAZINE SUPPOSITORIES 25MG	6	153635F	NCF	8/1/2012
PROCHLORPERAZINE SUPPOSITORIES 25MG	6	153635G	NCF	8/1/2012
PROMETHAZINE INJECTION 25MG/ML	5	700422F	NCF	7/1/2012
PROMETHAZINE INJECTION 25MG/ML	5	700422G	NCF	7/1/2012
PROMETHAZINE TABLETS 25MG	30	700410F	NCF	11/1/2011
PROMETHAZINE TABLETS 25MG	30	700410G	NCF	5/1/2012
RISPERIDONE TABLETS 0.5MG	20	600548F	NCF	3/1/2012
RISPERIDONE TABLETS 0.5MG	20	600548G	NCF	2/1/2012
RISPERIDONE TABLETS 1MG	20	600397F	NCF	1/1/2012
RISPERIDONE TABLETS 1MG	20	600397G	NCF	2/1/2013
SERTRALINE TABLETS 25MG	30	600497F	NCF	7/1/2013
SERTRALINE TABLETS 25MG	30	600497G	NCF	7/1/2013
SILVER SULFADIAZINE CREAM 1%	1	314070F	NCF	9/1/2013
SILVER SULFADIAZINE CREAM 1%	1	314070G	NCF	6/1/2014
SULFACETAMIDE OPHTHALMIC SOLUTION 10%	1	410225F	NCF	10/1/2013
SULFACETAMIDE OPHTHALMIC SOLUTION 10%	1	410225G	NCF	11/1/2011
SULFAMETHOX/TRIMETHOPRIM TABS 800MG/160MG	30	304188F	NCF	2/1/2013
SULFAMETHOX/TRIMETHOPRIM TABS 800MG/160MG	30	304188G	NCF	3/1/2013
THIOTHIXENE CAPSULES 2MG	10	600373F	NCF	8/1/2012
THIOTHIXENE CAPSULES 5MG	10	344168F	NCF	11/1/2013
TOPIRAMATE TABLETS 25MG	30	700526F	NCF	6/1/2012
TOPIRAMATE TABLETS 25MG	30	700526G	NCF	4/1/2012
TRAMADOL TABLETS 50MG	30	700547F	NCF	6/1/2013
TRAMADOL TABLETS 50MG	30	700547G	NCF	5/1/2014
TRAZODONE TABLETS 50MG	30	486688F	NCF	4/1/2012
TRAZODONE TABLETS 50MG	30	486688G	NCF	4/1/2012
VENLAFAXINE ER CAPSULES 37.5MG	30	700419F	NCF	
VENLAFAXINE ER CAPSULES 37.5MG	30	700419G	NCF	
VERAPAMIL ER TABLETS 120MG	15	600499F	NCF	
VERAPAMIL ER TABLETS 120MG	15	600499G	NCF	5/1/2012
WARFARIN TABLETS 2MG	30	600143F	NCF	5/1/2012
WARFARIN TABLETS 2MG	30	600143G	NCF	10/1/2012
ACYCLOVIR CAPSULES 200MG	30	600517Y	NHPW	1/1/2012
ACYCLOVIR CAPSULES 200MG	30	600517Z	NHPW	1/1/2012

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DRUG NAME	QTY	ITEM #	SITE	EXP DATE
ALBUTEROL MDI	1	299156Y	NHPW	11/1/2012
ALBUTEROL MDI	1	299156Z	NHPW	12/1/2012
AMITRIPTYLINE TABLETS 25MG	30	402784Y	NHPW	1/1/2014
AMITRIPTYLINE TABLETS 25MG	30	402784Z	NHPW	1/1/2014
AMOXICILLIN CAPSULES 250MG	30	600524Y	NHPW	10/1/2012
AMOXICILLIN CAPSULES 250MG	30	600524Z	NHPW	2/1/2013
AMOXICILLIN/CALVULANATE TABS 875MG/125MG	6	700403Y	NHPW	3/1/2013
AMOXICILLIN/CALVULANATE TABS 875MG/125MG	6	700403Z	NHPW	11/1/2012
ATENOLOL TABLETS 50MG	30	600529Y	NHPW	2/1/2012
ATENOLOL TABLETS 50MG	30	600529Z	NHPW	2/1/2013
AZITHROMYCIN TABLETS 250MG	6	600439Y	NHPW	10/1/2011
AZITHROMYCIN TABLETS 250MG	6	600439Z	NHPW	8/1/2012
BENZTROPINE TABLETS 1MG	15	233692Y	NHPW	4/1/2012
BENZTROPINE TABLETS 1MG	15	233692Z	NHPW	4/1/2012
BUSPIRONE TABLETS 10MG	15	600063Y	NHPW	12/1/2011
BUSPIRONE TABLETS 10MG	15	600063Z	NHPW	6/1/2012
CARBAMAZEPINE TABLETS 200MG	15	234443Y	NHPW	8/1/2012
CARBAMAZEPINE TABLETS 200MG	15	234443Z	NHPW	10/1/2013
CEPHALEXIN CAPSULES 250MG	30	387647Y	NHPW	12/1/2011
CEPHALEXIN CAPSULES 250MG	30	387647Z	NHPW	12/1/2011
CHLORPROMAZINE TABLETS 25MG	20	402883Y	NHPW	10/1/2012
CHLORPROMAZINE TABLETS 25MG	20	402883Z	NHPW	10/1/2012
CIPROFLOXACIN TABLETS 500MG	30	475558Y	NHPW	11/1/2011
CIPROFLOXACIN TABLETS 500MG	30	475558Z	NHPW	12/1/2012
CITALOPRAM TABLETS 20MG	10	700406Y	NHPW	7/1/2012
CITALOPRAM TABLETS 20MG	10	700406Z	NHPW	4/1/2012
CLINDAMYCIN CAPSULES 150MG	20	021378Y	NHPW	9/1/2014
CLINDAMYCIN CAPSULES 150MG	20	021378Z	NHPW	12/1/2013
CLONIDINE TABLETS 0.1MG	30	330829Y	NHPW	3/1/2013
CLONIDINE TABLETS 0.1MG	30	330829Z	NHPW	2/1/2012
CLOTRIMAZOLE VAGINAL CREAM 1%	1	249813Y	NHPW	11/1/2011
CLOTRIMAZOLE VAGINAL CREAM 1%	1	249813Z	NHPW	4/1/2013
DIPHENHYDRAMINE CAPSULES 25MG	30	295392Y	NHPW	11/1/2012
DIPHENHYDRAMINE CAPSULES 25MG	30	395392Z	NHPW	5/1/2013
DIVALPROEX DR TABLETS 250MG	20	600079Y	NHPW	12/1/2011
DIVALPROEX DR TABLETS 250MG	20	600079Z	NHPW	12/1/2011
ENALAPRIL TABLETS 5MG	15	416537Y	NHPW	1/1/2012
ENALAPRIL TABLETS 5MG	15	416537Z	NHPW	1/1/2012
ERYTHROMYCIN OPHTHALMIC OINTMENT	1	366138Y	NHPW	10/1/2012
ERYTHROMYCIN OPHTHALMIC OINTMENT	1	366138Z	NHPW	4/1/2012

DRUG NAME	QTY	ITEM #	SITE	EXP DATE
ERYTHROMYCIN TABLETS 250MG	30	287524Y	NHPW	10/19/2012
ERYTHROMYCIN TABLETS 250MG	30	287524Z	NHPW	10/19/2012
FLUOXETINE CAPSULES 20MG	15	391805Y	NHPW	9/1/2012
FLUOXETINE CAPSULES 20MG	15	391805Z	NHPW	11/1/2012
GABAPENTIN CAPSULES 300MG	30	700084Y	NHPW	3/1/2013
GABAPENTIN CAPSULES 300MG	30	700084Z	NHPW	3/1/2013
GLYBURIDE TABLETS 2.5MG	15	600025Y	NHPW	2/1/2012
GLYBURIDE TABLETS 2.5MG	15	600025Z	NHPW	2/1/2012
HYDROCHLOROTHIAZIDE TABLETS 25MG	15	411686Y	NHPW	9/1/2012
HYDROCHLOROTHIAZIDE TABLETS 25MG	15	411686Z	NHPW	9/1/2012
HYDROXYZINE PAMOATE CAPSULES 25MG	30	344184Y	NHPW	9/1/2012
HYDROXYZINE PAMOATE CAPSULES 25MG	30	344184Z	NHPW	9/1/2012
IBUPROFEN TABLETS 600MG	30	343585Y	NHPW	12/1/2012
IBUPROFEN TABLETS 600MG	30	313585Z	NHPW	12/1/2012
LITHIUM CARBONATE CAPSULES 300MG	15	344325Y	NHPW	4/1/2012
LITHIUM CARBONATE CAPSULES 300MG	15	344325Z	NHPW	10/1/2011
LOPERAMIDE CAPSULES 2MG	15	343004Y	NHPW	4/1/2013
LOPERAMIDE CAPSULES 2MG	15	343004Z	NHPW	1/1/2012
METFORMIN TABLETS 500MG	15	682092Y	NHPW	12/1/2013
METFORMIN TABLETS 500MG	15	682092Z	NHPW	10/1/2013
METHYLERGONOVINE MALEATE 0.2MG	10	600403Y	NHPW	9/1/2012
METHYLERGONOVINE MALEATE 0.2MG	10	600403Z	NHPW	9/1/2012
METOPROLOL TABLETS 50MG	15	242693Y	NHPW	2/1/2013
METOPROLOL TABLETS 50MG	15	242693Z	NHPW	3/1/2013
METRONIDAZOLE TABLETS 250MG	8	353839Y	NHPW	11/1/2013
METRONIDAZOLE TABLETS 250MG	8	353839Z	NHPW	11/1/2013
MILK OF MAGNESIA UD 30ML	4	230722Y	NHPW	NOT USED IN UD
MILK OF MAGNESIA UD 30ML	4	230772Z	NHPW	NOT USED IN UD
NEOMYCIN/POLYMIXIN/HC OTIC SUSPENSION	1	600447Y	NHPW	11/1/2012
NEOMYCIN/POLYMIXIN/HC OTIC SUSPENSION	1	600447Z	NHPW	1/1/2012
NITROGLYCERIN SL TABLETS 0.4MG	1	229948Y	NHPW	6/1/2012
NITROGLYCERIN SL TABLETS 0.4MG	1	229948Z	NHPW	2/1/2012
PAROXETINE TABLETS 20MG	10	600472Y	NHPW	6/1/2012
PAROXETINE TABLETS 20MG	10	600472Z	NHPW	11/1/2011
PENICILLIN VK TABLETS 250MG	60	403758Y	NHPW	8/1/2012
PENICILLIN VK TABLETS 250MG	60	403758Z	NHPW	8/1/2012
PERMETHRIN CREAM 5%	1	049619Y	NHPW	6/1/2012
PERMETHRIN CREAM 5%	1	049619Z	NHPW	4/1/2012
PERMETHRIN CREAM RINSE 1%	1	049627Y	NHPW	
PERMETHRIN CREAM RINSE 1%	1	049627Z	NHPW	

NH Department of Corrections:
Division of Medical and Forensic Services - Pharmacy
Pharmacy Services Night Closet Medication List for All Sites

DRUG NAME	QTY	ITEM #	SITE	EXP DATE
PERPHENAZINE TABLETS 2MG	20	700465Y	NHPW	12/1/2011
PERPHENAZINE TABLETS 2MG	30	700465Z	NHPW	11/1/2011
PHENAZOPYRIDINE TABLETS 100MG	20	230576Y	NHPW	1/1/2013
PHENAZOPYRIDINE TABLETS 100MG	20	230573Z	NHPW	1/1/2013
PHENYTOIN CAPSULES 100MG	30	233767Y	NHPW	8/1/2012
PHENYTOIN CAPSULES 100MG	30	233767Z	NHPW	8/1/2012
PREDNISONE TABLETS 5MG	30	317826Y	NHPW	4/1/2014
PREDNISONE TABLETS 5MG	30	317826Z	NHPW	4/1/2014
PROCHLORPERAZINE SUPPOSITORIES 25MG	3	153635Y	NHPW	7/1/2012
PROCHLORPERAZINE SUPPOSITORIES 25MG	3	153635Z	NHPW	7/1/2012
PROCHLORPERAZINE TABLETS 5MG	10	022921Y	NHPW	10/1/2012
PROCHLORPERAZINE TABLETS 5MG	10	022921Z	NHPW	10/1/2012
PROPRANOLOL TABLETS 20MG	15	240481Y	NHPW	9/1/2011
PROPRANOLOL TABLETS 20MG	15	240481Z	NHPW	1/1/2013
RISPERIDONE TABLETS 0.5MG	30	600548Y	NHPW	10/1/2011
RISPERIDONE TABLETS 0.5MG	30	600548Z	NHPW	10/1/2011
RISPERIDONE TABLETS 1MG	30	600397Y	NHPW	10/1/2011
RISPERIDONE TABLETS 1MG	30	600397Z	NHPW	10/1/2011
SERTRALINE TABLETS 50MG	15	600396Y	NHPW	9/1/2013
SERTRALINE TABLETS 50MG	15	600396Z	NHPW	7/1/2013
SULFAMETHOX/TRIMETHOPRIM TABS 800MG/160MG	30	304188Y	NHPW	8/1/2012
SULFAMETHOX/TRIMETHOPRIM TABS 800MG/160MG	30	304188Z	NHPW	4/1/2012
TOPIRAMATE TABLETS 25MG	30	700455Y	NHPW	6/1/2012
TOPIRAMATE TABLETS 25MG	30	700455Z	NHPW	4/1/2012
TRAZODONE TABLETS 50MG	30	486688Y	NHPW	2/1/2012
TRAZODONE TABLETS 50MG	30	486688Z	NHPW	2/1/2012
TRIAMTERENE/HYDROCHLORO TABS 37.5MG/25MG	10	402800Y	NHPW	4/1/2013
TRIAMTERENE/HYDROCHLORO TABS 37.5MG/25MG	10	402800Z	NHPW	4/1/2013
VENLAFAXINE ER CAPSULES 37.5MG	15	700419Y	NHPW	7/1/2012
VENLAFAXINE ER CAPSULES 37.5MG	15	700419Z	NHPW	3/1/2013
VENLAFAXINE ER CAPSULES 75MG	15	700420Y	NHPW	5/1/2013
VENLAFAXINE ER CAPSULES 75MG	15	700420Z	NHPW	5/1/2013
WARFARIN TABLETS 2MG	10	600143Y	NHPW	1/1/2012
WARFARIN TABLETS 2MG	10	600143Z	NHPW	1/1/2012
WARFARIN TABLETS 2.5MG	10	600502Y	NHPW	7/1/2012
WARFARIN TABLETS 2.5MG	10	600502Z	NHPW	7/1/2012
DIPHENHYDRAMINE INJECTION 50MG/ML	6	405084E	SPU	11/1/2012
HALOPERIDOL INJECTION 5MG/ML	10	193458E	SPU	7/1/2012