

**Ontario
Drug
Benefit
Formulary/
Comparative
Drug Index**

No. 38

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Ministry of Health

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PART I

INTRODUCTION

A. BACKGROUND

The Ontario Drug Benefit Formulary/Comparative Drug Index (Formulary/CDI) was first introduced in 1976 in order to define the benefits provided for eligible recipients. The Formulary/CDI was developed in consultation with the ministry's external expert drug advisory committee, the Drug Quality and Therapeutics Committee (DQTC). For many years, the Formulary/CDI has set the provincial standard for price, quality and interchangeability of drug products. The Ministry of Health and Long-Term Care has liaised with the Ontario Medical Association, the Ontario Pharmacists' Association, the Ontario College of Pharmacists, pharmaceutical manufacturers, and other professional and consumer groups as required on the content and policies embodied in this publication.

1. Purpose

The Formulary/CDI serves as:

- a guide to prescribers and pharmacists to confirm eligible benefits
- a guide to pharmacists in stocking interchangeable products
- a guide to professional committees in hospitals and institutions in the selection of pharmaceutical preparations
- confirmation of drug products designated as interchangeable under Ontario legislation
- a comparative pricing guide for drug products

The ODB program covers over 3,200 quality-assured drug products. While the list of benefits is extensive, it does not include every drug a practitioner* might prescribe.

2. Recipient Eligibility

When prescribed by a practitioner*, the drug products listed in the Formulary/CDI may be obtained under the ODB program by persons insured under the *Health Insurance Act* who are:

- 65 years of age or older
- receiving professional services under the Home Care Program
- residents of long-term care facilities or Homes for Special Care
- eligible under the Trillium Drug Program
- receiving benefits under: Ontario Works, or Ontario Disability Support Program

All eligible residents of Ontario qualify for ODB coverage on the first day of the month following their 65th birthday. People who are not eligible initially to receive Ontario Health Insurance coverage but become eligible after the specified waiting period of 3 months (e.g., new or returning permanent residents, landed immigrants) will also qualify for ODB coverage provided they fall into one of the categories listed above. As of July 15, 1996, a co-payment scheme was introduced under the ODB program, as a means to protect the program's future and to allow government to continue to add newly marketed drugs as benefits. All ODB recipients are required to pay a small portion of their prescriptions.

3. Interchangeable Products

The *Drug Interchangeability and Dispensing Fee Act* provides the Lieutenant Governor in Council the authority to designate a product as interchangeable with one or more other products where the Lieutenant Governor in Council considers it advisable in the public interest to do so. This Act defines an interchangeable product as a drug or combination of drugs identified by a specific product name or manufacturer and designated as interchangeable with one or more other such products. The onus is on the manufacturer to provide evidence of interchangeability. In early 1997, the ministry introduced regulatory changes to allow drug products to be considered as interchangeable with original drug

* Practitioners are those people authorized to prescribe drugs within the scope of practice of their health discipline in Ontario.

products that were once listed as Formulary/CDI benefits but are currently no longer listed in the Formulary/CDI.

Notice to Dispensers:

There are occasions when a drug product that is the subject of an ongoing patent dispute in the courts is designated as interchangeable in the Formulary/CDI. The designation of such a drug product is not meant to be, and does not act as, a certification that the drug product is non-infringing. Dispensers should take their own advice in that regard. If the drug product is found to be infringing by the court it is likely that, depending on the relief ordered, the Lieutenant Governor in Council will immediately consider the question of the continued listing status of the drug product.

4. The Drug Quality and Therapeutics Committee

The DQTC was established by Order in Council #2217/68 in 1968 as an expert advisory group to provide independent and specialized advice to the Minister of Health and the Drug Programs Branch on drug-related issues. The DQTC currently has 12 members including the chair. Members are selected for their technical expertise and specific knowledge. The membership is composed of representatives from medicine, pharmacy, pharmacology, epidemiology, health economics and other disciplines.

The terms of reference of the DQTC are:

- (a) to advise the Minister on the operation of programs designed to assist the people of Ontario to obtain prescribed pharmaceutical products of quality at reasonable cost;
- (b) to establish, maintain, and apply criteria to evaluate the quality and therapeutic value and cost of drug products and to recommend to the Minister those products which should be considered for publicly funded drug programs, and advise the Minister of the conditions under which such products should be funded;
- (c) to recommend to the Minister which drug products should be designated as interchangeable products or listed drug products for the purposes of the *Drug Interchangeability and Dispensing Fee Act*, and the *Ontario Drug Benefit Act*;
- (d) to monitor and evaluate, on a continuous basis, the list of drugs available in the light of drug use patterns, experience and current scientific knowledge;
- (e) when requested, to contribute and support ministry efforts on education about publicly funded drugs and related issues;
- (f) to review and assess information related to drugs and pharmaceutical products prepared for the Committee and for the Minister by selected consultants, from time to time, as requested by the Minister;
- (g) at the Minister's request, to act as liaison between the Minister and professional, educational and other groups;
- (h) to provide advice on relevant drug, pharmaceutical, policy and therapeutic questions and issues solicited or requested by the Ministry of Health, from time to time.

For drug products to be eligible for consideration for listing in the Formulary/CDI, a drug manufacturer must provide a complete submission in accordance with the prescribed conditions outlined in section 12 of Ontario Regulation 201/96 under the *Ontario Drug Benefit Act*, or section 6 of Ontario Regulation 935 under the *Drug Interchangeability and Dispensing Fee Act*. A complete submission undergoes a thorough review by the DQTC. The DQTC considers several factors in its review, including objective evidence of safety and efficacy, availability of suitable alternative agents, and the product's value relative to available alternatives. Following its review, the DQTC makes recommendations to the ministry as to whether a drug product should be listed as a Formulary/CDI benefit and whether a drug product should be designated as an interchangeable drug product. For further information on the submission review and approval process, please refer to the Ontario Guidelines for Drug Submission and Evaluation available on the ministry's website (www.gov.on.ca/health).

A comprehensive roster of experts has been established to assist the DQTC in the review of drug submissions and other drug-related issues. The services of these experts are obtained to complement the expertise available on the DQTC.

DQTC Committee*

Chair

Dr. Paul Oh; Toronto

Members

Dr. Michael Evans; Toronto

Dr. Gerald Evans; Kingston

Dr. Anne Holbrook; Hamilton

Dr. Andreas Laupacis; Toronto

Dr. Barbara Liu; Toronto

Dr. Malcolm Man-Son-Hing; Ottawa

Ms. Madeline Monaghan; Toronto

Dr. Christine Rivet; Ottawa

Mr. Scott E. Walker; Toronto

Dr. Kelly Zanke, London

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Drug Programs Management

*current membership as of the date of this formulary edition (December 12, 2002)

NOTE: Correspondence and enquiries should be directed to the Executive Secretary

B. How to Use the Formulary

The objective of the Formulary/CDI is to provide a tool for physicians and pharmacists that encourages appropriate and cost-effective utilization of drug therapies. The Formulary/CDI is a compilation of pharmaceutical preparations arranged in comparative categories and groupings according to the nature, strength and dosage form of the active therapeutic constituent. This publication requires knowledgeable interpretation and is not intended for general distribution; therefore, circulation is generally restricted to practitioners, pharmacies, hospitals and organizations associated with the manufacture, distribution and use of pharmaceutical preparations.

Daily costs for the most commonly prescribed dose for selected anti-infective and anti-hypertensive agents are listed in Part III. The prescribing notes and daily costs, along with the prescribing guidelines (e.g., hypertensive, anti-infectives, depression, and heart failure), are intended to assist prescribers and dispensers to make informed clinical decisions.

The loose-leaf format of this publication allows for easier incorporation of the changes or updates that occur as part of the continuous Formulary/CDI review process. Future supplements may include only those pages affected by changes, or a summary list of changes.

Part III Ontario Drug Benefit Formulary/Comparative Drug Index (No. 38)

Classification

Drugs are listed by a pharmacologic-therapeutic classification based on that of the American Hospital Formulary Service of the American Society of Health-System Pharmacists. Permission to use the classification has been granted by the society, which is not responsible for the accuracy of transposition of excerpts from the original context.

Drugs are listed alphabetically by the generic/chemical name within each pharmacologic-therapeutic classification. The generic/chemical name of each drug that is a benefit under the ODB program is followed by the brand names that are deemed interchangeable for that dosage form and strength.

The pharmacologic-therapeutic classification under which any drug is listed may be found by consulting the index in Part V of the Formulary/CDI. Drugs with multiple indications are listed under only one of the common uses.

Interchangeable Categories

Where there is more than one drug product listed in a specific category, the products are interchangeable under the *Drug Interchangeability and Dispensing Fee Act*, unless otherwise noted. The Drug Benefit Price (DBP) is listed for each drug product as well as the **lowest DBP price** for the interchangeable category. The ODB program will usually reimburse dispensing physicians or pharmacies only for the lowest DBP price for an interchangeable category.

Drug Identification Number (DIN)

For each drug product, the Formulary/CDI lists the eight-digit drug identification number assigned by the Therapeutics Products Directorate of Health Canada*. The DIN uniquely identifies each drug product as to its manufacturer, active ingredients, strength of active ingredients, route of administration and pharmaceutical dosage form. Please note that only products with DINs that are listed as benefits in the Formulary/CDI are eligible for reimbursement under the ODB program.

Daily Cost/Prescribing Notes

The Formulary/CDI includes the daily cost for selected anti-infective and anti-hypertensive agents and more extensive prescribing notes. The daily cost shown is that for the most common dose prescribed (see section titled “Drug Cost” for more information). The Formulary/CDI also includes prescribing notes that are intended to draw the health care provider’s attention to important aspects of the particular drug (e.g., adverse effects, comparative cost, effectiveness or toxicity).

Limited Use Products

Limited Use (LU) products are listed in the Formulary/CDI with specific LU clinical criteria/conditions for use and will be reimbursed only when the conditions have been met. Although not suitable for general listing, LU products are ones which the DQTC recommended be made available for specific circumstances. LU products, together with their specific clinical criteria, are listed in Part III of the Formulary/CDI based on their pharmacologic-therapeutic classification. In order to provide convenient access to a complete listing of all LU products and their specific clinical criteria, LU products are also listed alphabetically by generic name in Part XII of the Formulary/CDI. LU products will be reimbursed under the ODB program only when prescribed for an ODB eligible recipient in accordance with the LU criteria outlined for each product and accompanied by a valid and completed **Limited Use Prescription Form**. For more details about the LU reimbursement process and changes to the LU prescription form, please refer to Section C.8 of Part I, entitled “Limited Use Products” as well as to Part XII of the Formulary/CDI.

Part IV **Alphabetical Index of Drug Products Listed in Part III of the Formulary/CDI**

This is an alphabetical index, by both generic and brand names, for all drugs listed in the Formulary/CDI. Generic/chemical names are indicated by bold print.

Part V **Index of Pharmacologic-Therapeutic Classification**

An index of the pharmacologic-therapeutic classification is provided in this section in ascending order.

* A small number of drug products including nutrition products and diabetic test strips have been assigned a product identification number (PIN) with leading digits 98 for the purposes of ODB. These PINs may differ from those shown on the manufacturer's label but must be used when submitting ODB claims.

Part VI Facilitated Access Drug Products

This part lists specific products used to treat ODB eligible individuals with HIV and AIDS that are reimbursed through the Facilitated Access mechanism under the ODB program.

Part VII Trillium Drug Benefit Program

The ministry provides benefits to recipients under the Trillium Drug Program to help individuals and families who have high drug expenses in relation to their incomes. Part VII explains how the Trillium Drug Benefit Program works and provides a list of allowable expenses.

Part VIII Individual Clinical Review (Section 8) Mechanism

The ministry may consider requests for coverage of drug products not listed in the Formulary/CDI for ODB eligible persons. Part VIII explains how the individual clinical review (Section 8) mechanism works.

Part IX Additional Benefits

Nutrition Products

This list includes a maximum allowable reimbursement mechanism for Nutrition Products (NP) covered under the ODB program. Physicians must complete a Nutrition Product Form and forward a copy with the prescription to the pharmacy for each Nutrition Product (NP) prescribed. Claims for NPs are reimbursed only for patients who are eligible for ODB coverage and who also meet the patient eligibility criteria described in Part IX. ODB does not provide coverage for NPs for residents of long-term care facilities. These facilities are responsible for providing NPs to their residents when required.

Diabetic Testing Agents

Blood glucose strips and urine testing products covered by the ODB program are listed in Part IX. These products are available to ODB eligible recipients when prescribed by a physician. Blood glucose test strips are listed with a maximum price that will be reimbursed by ODB.

Part X Abbreviations, Tables and Sample Forms

This part contains an alphabetical index of abbreviations for the names of manufacturers whose products are listed in the Formulary/CDI and the following five tables:

- Table 1: Abbreviations for Dosage Forms
- Table 2: Medicinal Preparations That Can be Fatal to a 10kg Toddler Upon Ingestion of 1-2 Tablets, Capsules or Teaspoonfuls
- Table 3: Selected List of Drugs and Their Fatality Potential in Toddlers of 10kg
- Table 4: Approximate Relative Potencies of Listed Topical Steroid Preparations
- Table 5: Approximate Conversion Tables from the Avoirdupois to the Metric System

Sample Forms

This section contains samples of forms to be used for reimbursement purposes.

- The **Limited Use Prescription Form** must be completed for Limited Use products
- The Health Canada **Report of Adverse Reaction Form** must accompany medically necessary “No Substitution” claims.
- **Nutrition Product Form** must be completed for Nutrition Product claims.

These forms must be fully completed before submitting an ODB claim and will be requested during routine ODB pharmacy audits for post-payment verification.

Part XI Registered Nurses in the Extended Class

This section contains ODB eligible drug products that may be prescribed by Registered Nurses in the Extended Class (EC). The list is not a complete list of drugs which Registered Nurses (EC) can prescribe, only a list of those drugs which will be reimbursed by the ODB program.

Part XII Alphabetical List of Limited Use Products

This section contains a complete alphabetical list of all Limited Use (LU) drug products and their specific LU clinical criteria that are listed in the Formulary/CDI. It also contains samples of the LU prescription forms and guidelines for physicians and pharmacists.

C. Dispensary Reimbursement/Procedure

1. Health Network

The Health Network links all Ontario dispensaries to the Ministry of Health and Long-Term Care computer system and allows on-line real-time claims processing and adjudication. Benefits of the Network include timely reconciliation of claims and real time adjudication of claims that previously required special claims procedures (e.g., extemporaneous mixtures). The Network also identifies who is eligible for ODB benefits, and informs pharmacists of program and policy changes on-line through an email system. The Network provides for increased quality of care and potential cost savings to the health care system by identifying:

- drug interactions
- duplicate prescriptions
- potential double-doctoring
- inappropriate use of the system

As of the Spring of 1997, the ministry introduced an enhanced adjudication capability to the Health Network. The Network now has the capability to check for previous therapy, verify concomitant drug use, check the elapsed time between prescription refills and monitor days' supply and enforce quantity limits, where appropriate.

The collection, use and disclosure of personal information on the Network is governed by the *Freedom of Information and Protection of Privacy Act*.

2. Drug Utilization Review (DUR)

The Health Network assists pharmacists in providing quality health care through a drug utilization review (DUR) mechanism. DUR can be prospective or retrospective. A prospective DUR program, part of the Network's on-line system, provides analysis of both previous prescription information/claims data and current prescription data to identify potential problems. Its primary function is to enhance the current principles of good pharmacy practice with additional information sources. The Network's prospective DUR currently monitors for:

- potential drug interactions
- potential double doctoring
- duplicate prescriptions
- potential multiple pharmacy use
- fill too soon/too late.

A retrospective DUR audits medication usage to provide insights into drug use issues. It can help identify abnormal patterns that could form the basis for further study and the development of strategies leading to more rational drug use.

3. Drug Cost

The drug cost set out opposite the listed drug product in Part III of the Formulary/CDI is the Drug Benefit Price (DBP) as defined in the *Ontario Drug Benefit Act and the Drug Interchangeability and Dispensing Fee Act* (for the Comparative Drug Index). The DBP for a drug in a particular dosage form and strength reflects the amount, calculated per gram, millilitre, tablet, capsule or other appropriate unit, for which a listed drug product in that dosage form and strength will be reimbursed by the Ministry of Health and Long-Term Care. For drug products listed in package ("Pk") sizes (for example, pressurized inhalers), the DBP is for the package size listed. For ointments, creams, powders and liquids the cost is per gram or per millilitre. For tablets, capsules and suppositories, other than those designated "Pk", the cost is per unit dosage form.

A daily cost is shown for selected therapeutic categories. This information is provided as a point of reference for prescribers to show the relative cost of different therapeutic alternatives. It is not a limit on the amount that ODB will pay for an individual patient for a particular benefit. The daily cost is calculated for the most commonly prescribed dosage of the product; for example Cloxacillin 250mg Cap (generic): most commonly prescribed dose is 1 capsule QID; daily cost = 4 x \$0.0993 = \$0.40. The daily cost is based on the DBP for a particular benefit and does not include the mark-up (see Preamble) or the dispensing fee.

Drug products listed in Part III are reimbursed at the listed DBP (or lowest DBP for an interchangeable category) plus a mark-up plus the lesser of a pharmacy's posted usual and customary fee or the ODB dispensing fee, minus the applicable co-payment fee for every ODB prescription filled.

4. Cost Sharing

As of July 15, 1996, a co-payment scheme was introduced under the ODB program. People whose prescription drugs or additional benefits are paid for by the ODB program are required to contribute a small amount for each prescription.

There are two categories of co-payment dependent upon net income levels.

ODB recipients pay up to \$2 per prescription if they are:

- a senior single person with an annual net income of less than \$16,018
- a senior couple with a combined annual net income of less than \$24,175
- receiving benefits under the *Ontario Works Act* or the *Ontario Disability Support Program Act*
- receiving professional services under the Home Care Program
- a resident of a home under the Homes for the *Aged and Rest Homes Act, Nursing Homes Act, Charitable Institutions Act, or Homes for Special Care Act*
- eligible under the Trillium Drug Program

Seniors with higher annual net income levels each pay their first \$100 (i.e., deductible) in prescription costs each year. After that, they pay up to \$6.11 (i.e., co-payment) toward the ODB dispensing fee on each prescription.

The ODB deductible for newly eligible seniors in the higher co-payment category is adjusted (or prorated) based on the number of months they are eligible for ODB in their first year of eligibility. The Health Network will automatically track and notify pharmacists of an individual's adjusted, or prorated deductible, based on the month when they become eligible in their first year for ODB coverage.

Introducing co-payments to the drug program has helped the government make the program sustainable and affordable for the future.

Only allowable drug expenses can count towards the \$100 deductible, namely, prescriptions for drug products listed in Part III of the Formulary/CDI, prescriptions for nutrition products and diabetic testing agents approved as benefits under the ODB program, as well as extemporaneous products that are

designated pharmaceutical products under the regulations made under the *Ontario Drug Benefit Act*. The ODB deductible and co-payment are tracked through the Health Network according to the ODB benefit year. The ODB benefit year begins August 1 and ends July 31 of the subsequent year.

5. Drug Quantity

The normal quantity dispensed shall be the entire quantity of the drug prescribed. The maximum quantity that may be charged under the ODB program must not exceed that required for a 100-day course of treatment. The quantity dispensed is subject to the *Ontario Drug Benefit Act* and the *Drug Interchangeability and Dispensing Fee Act* and regulations made under those Acts, and to the details of the prescription. For recipients covered under the *Ontario Works Act*, the maximum quantity of medication claimed under the ODB program must not exceed that required for a 35-day course of treatment.

The Health Network provides pharmacists with a “repeat too soon” warning for claims where additional supplies are submitted more than ten days prior to the end of a previous supply. Pharmacists should use their professional judgment in consultation with the prescriber when dispensing the second prescription. The ministry recognizes that there are circumstances where recipients have a valid and appropriate reason for obtaining an early refill of a medication (e.g., dose change). In these cases, the reason for the early refill must be documented on the hard copy of the prescription. The ministry will monitor claims to ensure that pharmacies comply with the Health Network warnings and funds will be recovered where claims are submitted inappropriately.

Effective March 1, 1999, ODB recipients travelling outside the province for between 100 and 200 days, may obtain an early refill (up to a 100-day supply) of medication before leaving the province. In order to obtain an early refill for a vacation supply, recipients must provide the pharmacist with a letter or a copy of their travel insurance, confirming that they are leaving the province for between 100 and 200 days. The letter or copy of travel insurance must be attached to the hard copy of the prescription for audit purposes. Pharmacists must have the letter or copy of their travel insurance confirming travel outside of Ontario before submitting claims for a vacation supply and overriding any rejections generated by the Health Network (use intervention code “MV” to override the “refill too soon” rejection if two claims for 100-day supply of medication are submitted for the recipient on the same day).

6. Cost to Operator Claims

Where the ministry is satisfied that an operator of a pharmacy was not reasonably able to purchase a listed drug product at a price less than or equal to the reimbursement amount provided for by the regulations under the *Ontario Drug Benefit Act*, payment of the cost to the operator of the least expensive listed drug product in the pharmacy’s inventory may be claimed. The supporting documentation (manufacturer’s or wholesaler’s invoice) must be retained on file for 24 months for post-payment verification.

7. Medically Necessary “No Substitution” Claims

The ministry will provide reimbursement of a higher cost interchangeable product only in medically necessary circumstances — **where a patient has experienced a significant adverse reaction with a lower-cost interchangeable drug product**. When a prescriber identifies a patient for which it is medically necessary that a higher cost interchangeable product be provided, the **prescriber** must:

- complete, sign and forward to the pharmacist a Health Canada **Report of Adverse Reaction** form; and
- handwrite on the prescription “**No Substitution**” or “**No Sub**”.

The prescribing physician should keep a copy of the completed form in the patient’s record for future use and reference.

When the pharmacist receives a prescription with the handwritten notation “No Substitution”, reimbursement will be provided for the higher cost interchangeable product only if the prescription is accompanied by a completed Health Canada **Report of Adverse Reaction** form. This form must be completely filled out noting the details of the adverse reaction and signed by the prescriber.

Upon receipt, the **pharmacist** must:

- clearly note on the Health Canada **Report of Adverse Reaction** form “**ODB NO SUBSTITUTION**”
- fax or mail the completed and signed form to Health Canada
- retain his or her copy of the completed and signed Adverse Reaction form.

The Report of Adverse Reaction form will not have to be renewed but must be retained on file. The prescriber must hand write “No Substitution” or “No Sub” on renewal or subsequent new prescriptions. The dispenser will be reimbursed the DBP plus a mark-up and the lesser of the posted usual and customary fee or the ODB dispensing fee minus the applicable ODB co-payment fee.

Health Canada will provide the province with regular updates on the incidence of adverse reactions related to lower-cost interchangeable products. Since Health Canada, the ministry and the DQTC rigorously evaluate lower-cost generic products prior to designation of interchangeability with the higher-cost brand name products, it is expected that the incidence of adverse reactions will be low. Unexpectedly high incidences of adverse reactions will result in an investigation of the product in question by the Ministry of Health and Long-Term Care and/or Health Canada. Where a completed, signed Health Canada **Report of Adverse Reaction** form is not available at the pharmacy during an audit, the difference between the cost of the higher-cost product and the lowest DBP listed for the interchangeable category, will be recovered.

The pharmacist must mail or fax the completed form to:

Adverse Drug Reaction Monitoring Division
Bureau of Drug Surveillance
Therapeutic Products Directorate
Health Canada
Ottawa, ON K1A 0L2
Fax: (613) 957-0335

Blank forms can be obtained by calling:

Health Canada	(613) 957-0337
Ontario Ministry of Health and Long-Term Care	(613) 548-6586, or 1-888-310-9008

8. “Limited Use” Products

Designating Listed Drugs as Limited Use Benefits

Drug products reimbursed under the ODB program are evaluated and recommended for listing by the ministry’s external expert drug advisory committee, the Drug Quality and Therapeutics Committee (DQTC). Limited Use (LU) drugs are those drugs recommended by the DQTC as having value in specific circumstances, although they may not be appropriate for general listing in the Formulary/CDI. LU drugs may:

- have the potential for widespread use outside the indications for which benefit has been demonstrated;
- be useful but are associated with predictable severe adverse effects and a less toxic alternative is available as a benefit;
- be very costly and a lower-cost alternative is available as a general benefit.

As a result, the DQTC may recommend that a drug product be listed as a LU product in the Formulary/CDI and be reimbursed only when specific clinical criteria/conditions have been met.

Designating certain drugs as LU benefits provides an opportunity to make drugs available as formulary benefits, under certain conditions, with relatively easy access in lieu of a more involved process like the Individual Clinical Review (Section 8) mechanism (see Part VIII of the Formulary/CDI). The legislative authority, allowing the ministry to reimburse certain drug products as LU benefits, is provided for in the regulations under the *Ontario Drug Benefit Act* which indicate that “The Minister shall pay an amount in respect of the supplying of a listed drug product if such clinical criteria as may be specified for the product in Part III of the Formulary are met.” **Payment can be made only when the specific clinical criteria have been met.**

Presently, LU products, together with their specific clinical criteria, are listed in Part III of the Formulary/CDI based on their pharmacologic-therapeutic classification. For easier reference, all LU drug products and their specific clinical criteria for use are also listed alphabetically by generic name in Part XII.

Limited Use Reimbursement Process

The LU prescription form must be completed initially in writing. Patients may take the LU prescription form to the pharmacy, or physicians may fax it directly to the pharmacy. The LU prescription form is valid for one year from the initial date it was completed and signed by the prescriber. During the year any repeat prescriptions may be given verbally to a pharmacist as long as a valid LU prescription form is on file at the pharmacy. Prescribers may keep a duplicate copy.

See Part XII for more detailed information about the LU claims process including instructions for prescribers and pharmacists on how to complete the LU prescription form.

In instances where an ODB eligible patient does not meet the listed LU criteria, physicians can make a written request for special consideration for coverage under the ODB program's Individual Clinical Review (Section 8) mechanism (see Part VIII of the Formulary/CDI for further details).

Please note that electronic LU forms, or LU forms preprinted by manufacturers or generated by a dispensary's computer software, are neither valid nor acceptable by the ministry.

ODB Audit of Limited Use Claims

The Inspection Unit of the Drug Programs Branch routinely conducts on-site audits of all pharmacies for postpayment verification of claims paid by the ODB program. In addition, the ministry may request LU forms from pharmacies by mail for purposes of carrying out office audits relating to ODB claims for LU products. The ministry will recover monies paid for LU product claims where:

- the Limited Use code indicated on the LU prescription form does not meet the listed LU clinical criteria
- the LU prescription form is incomplete (e.g., the prescriber has not signed, the date, drug, patient name, or correct CPSO number is missing)
- the LU prescription form is expired (more than one year has elapsed since the form was completed by the prescriber)
- a valid LU prescription form was not obtained/retained in the pharmacy for 24 months
- the LU prescription form used is not valid (e.g., preprinted by manufacturers, or generated by a dispensary's computer software)

Pharmacists are reminded that copies of LU prescription forms must be retained by the pharmacy for 24 months as required by the regulations under the *Ontario Drug Benefit Act*. Please note that forms that have been completed and signed by the prescriber then faxed to the pharmacy are acceptable. However, if the fax has been printed on thermal paper, the form should be photocopied and the copy retained on file for 24 months.

Monitoring and Accountability Framework

Reimbursement for Limited Use claims is made under the authority of the *Ontario Drug Benefit Act* (ODBA) and can only be made if the authorized LU criteria have been met.

The Limited Use Committee with membership from the Ontario Medical Association, the Ontario Pharmacists Association and the Ministry of Health and Long-Term Care will recommend a monitoring and accountability framework for LU drug products. As part of the framework, and for the purposes of claims review under the ODBA, it may be necessary on occasion for prescribers to provide supporting documents on request.

LU prescription forms will be monitored by the ministry to ensure that the Limited Use code indicated is in accordance with the approved LU criteria listed in the Formulary/CDI. To view a sample copy of the LU prescription form, please refer to Part X and/or Part XII of the Formulary/CDI. Prescribers and pharmacists can fax requests for additional copies of the LU prescription forms to:

1-888-234-1365

or mail to: Ministry of Health and Long-Term Care
P.O. Box 2276
Bramalea, ON L6T 3S4

9. Extemporaneous Preparations

Extemporaneous preparations are designated as pharmaceutical products and eligible for reimbursement under the ODB program as specified in the regulations under the *Ontario Drug Benefit Act*.

Section 9 of Regulation 201 made under the *Ontario Drug Benefit Act* specifies those extemporaneous preparations that are designated as pharmaceutical products and eligible for reimbursement under the ODB program. This section of the regulation indicates:

- an extemporaneous preparation that is not equivalent to a manufactured drug product is a designated pharmaceutical product, if,
 - a) the preparation is for internal consumption and contains a solid oral dosage form of a listed drug product and no other active substance,
 - b) the preparation is for injection and is prepared by or under the direct supervision of a pharmacist (i.e., a person holding a certificate of registration from the Ontario College of Pharmacists' under the *Regulated Health Professions Act*),
 - c) the preparation is for dermatological use and contains a listed drug product used for dermatological purposes and no other active substances other than one or more of the following: camphor, compound benzoin tincture, hydrocortisone powder, liquor carbonis detergens, menthol, salicylic acid, sulfur or tar distillate.
- an extemporaneous preparation that is not equivalent to a manufactured drug product is a designated pharmaceutical product if it is,
 - a topical nitrogen mustard preparation,
 - a topical preparation consisting of liquor carbonis detergens, salicylic acid, sulfur or tar distillate, but no other active substances, compounded in petrolatum jelly or lanolin,
 - an ophthalmic solution containing amikacin, cefazolin or vancomycin, or
 - an ophthalmic solution containing gentamicin or tobramycin in a concentration greater than three milligrams per millilitre.

D. Information and Assistance

1. Freedom of Information and Protection of Privacy

The information collected on Ontario Drug Benefit claims, including those on paper and electronic media, is collected for the purpose of payment under the *Ontario Drug Benefit Act* and for DUR. It is collected under the authority of s.13 of the *Ontario Drug Benefit Act* and s.6(2) of the *Ministry of Health Act*.

For further information please contact:

Director
Drug Programs Branch
3rd Floor, 5700 Yonge Street
Toronto ON M2M 4K5
moh.gov.on.ca

2. Inquiries and Assistance

The following information is provided to assist practitioners, pharmacists and manufacturers in obtaining details on the Ontario Drug Benefit program, claims submission and payments.

Payments

Health Insurance and Related Payments
Supply and Financial Services Branch
P.O. Box 48
Kingston ON K7L 5J3

Claims Submissions

Ministry of Health
ODB Claims Processing
P.O. Box 58
Kingston ON K7L 5J1

For inquiries about payments or claims submissions, please call the ministry's **Health Network Help Desk at 1-800-668-6641**.

For more information and assistance for dispensary connections to the ministry's Health Network, please contact:

Ontario Drug Programs
Registration Unit
P.O. Box 3800, Station Main
Kingston, ON K7L 5R6
Tel.: (613) 545-4330

NOTE: Dispensary operators are requested to notify the Registration Unit three weeks in advance of a change in status for: openings, closures or transfer of ownership.

Trillium Drug Program

For inquiries regarding the Trillium Drug Program, please contact:

Toronto (416) 326-1558
Out-of-Town 1-800-575-5386
TDD/TYY 1-800-387-5559

Co-payment Inquiries

For inquiries about co-payment, please contact: 1-888-405-0405

Section 8 Requests

Please fax any written requests to: (416) 327-7526

Except as indicated above, inquiries and correspondence on this publication should be directed to:

Drug Programs Branch
3rd floor, 5700 Yonge Street
Toronto ON M2M 4K5
Telephone: (416) 327-8109
Fax: (416) 327-8123
moh.gov.on.ca

FORMULARY/CDI LEGEND

ALPHABETICAL REFERENCE

- A. Nonproprietary or generic name of the drug followed by the strength and dosage form.
- B. **DIN/PIN** code uniquely identifies the drug product as to its manufacturer, name and strength of active ingredients, route of administration and pharmaceutical dosage form.
- C. Brand name(s) of the drug product(s).
- D. Three-letter identification code assigned to each manufacturer. See abbreviations in Part X for manufacturers' names.
- E. Drug Benefit Price of the drug product.
- F. Usual daily cost. See section entitled "Drug Cost" for more information.

NUMERICAL REFERENCE

- 1. Pharmacologic-therapeutic classification.
- 2. Pharmacologic-therapeutic sub-classification.
- 3. For Formulary listed benefits with Limited-Use criteria, the "Reason for Use Code" for each approved "Clinical Criteria" are provided in the shaded area.
- 4. For combination drug products, the active ingredients and their concentrations are listed.
- 5. Most items usually dispensed in non-divisible packages are identified by the designation "Pk", which appears immediately after the package description. One package of an item described "Pk" is billed as 0001. This example indicates that 7.5000 is the cost for a 200-dose package containing 50mcg of active ingredient per nasal spray. Where the dosage form is followed by a quantity, the cost listed applies to the quantity (e.g. the Drug Benefit Price for a 21-day pack of birth control pills refers to the quantity contained in the package).
- 6. The Drug Benefit Price is the listed price for that particular drug product, strength and dosage form.
- 7. Pursuant to subsection 17(1) of the Ontario Drug Benefit Act, designated pharmaceutical products are identified by the letters "dpp".
- 8. "Not a Benefit" indicates a product that is NOT a benefit under either the ODB and Trillium program, but which has retained its interchangeability designation. Claims for the product for ODB recipients will not be reimbursed.

SYMBOLS

- * A single asterisk denotes a type of drug product that is provided to residents of long-term care facilities and Homes for Special Care by the Government Pharmacy. Such drugs are not eligible for reimbursement when supplied to these residents by a dispensary unless an emergency authorization has previously been obtained from the Ministry.
- + The plus sign indicates a drug product or brand of a drug that is listed for the first time in this edition of the Formulary/CDI.
- # The number symbol indicates a drug product that is being discontinued as a benefit, but that will be retained in the payment system until further notice to allow utilization of remaining stock.

PART II

PREAMBLE

ONTARIO DRUG BENEFIT FORMULARY

The percentage of the Drug Benefit Price (the “mark-up ”) that is prescribed for the purpose of paragraph 3 of subsection 6(1) of the *Ontario Drug Benefit Act* is 10 percent.

PART III

**ONTARIO DRUG BENEFIT FORMULARY/
COMPARATIVE DRUG INDEX
NO. 38**

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

04:00 ANTIHISTAMINICS

DIPHENHYDRAMINE HCL

1	*25mg Cap				
	00022756	Benadryl (Not a Benefit)	PDA		
	00370517	Allerdryl (Not a Benefit)	ICN		
2	*50mg Cap				
	00022764	Benadryl (Not a Benefit)	PDA		
	00271411	Allerdryl (Not a Benefit)	ICN		

PROMETHAZINE HCL

3	2mg/mL O/L				
	00583979	PMS-Promethazine (Not a Benefit)	PMS		
	01937693	Phenergan (Not a Benefit)	RPR		

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DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:08:00 ANTHELMINTICS

MEBENDAZOLE

4	100mg Tab 00556734	Vermox	JAN	2.9117 2.9117

PIPERAZINE ADIPATE

5	Gran 2g Pk 02100215	Entacyl	SHI	.7230 .7230

PYRVINIUM PAMOATE

6	10mg/mL O/L 00023477	Vanquin	PDA	.1434 .1434

08:12:04 ANTIBIOTICS ANTIFUNGALS

AMPHOTERICIN B

7	Inj Pd-50mg Pk 00029149	Fungizone	BQU	37.3500 37.3500

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:12:04 ANTIBIOTICS ANTIFUNGALS

FLUCONAZOLE

8	10mg/mL O/L			.9720
	02024152	Diflucan P.O.S.	PFI	.9720
	Reason for Use Code	Clinical criteria		
	274	For the treatment of oral/esophageal candidiasis in immunocompromised patients (e.g. patients with malignancies and transplant patients) who have failed to respond to nystatin or imidazoles and when oral tablets of fluconazole cannot be tolerated.		
		NETWORK NOTE: For oral candidiasis, network will limit supply to 2 weeks. For esophageal candidiasis, network will limit supply to 6 weeks.		
	275	For the treatment of patients with disseminated candidiasis when oral tablets of fluconazole cannot be tolerated.		
		NETWORK NOTE: For disseminated candidiasis, network will limit supply to 6 weeks.		
	276	For the treatment of patients with cryptococcal meningitis when oral tablets of fluconazole cannot be tolerated.		
		NETWORK NOTE: For cryptococcal meningitis (initial treatment), network will limit supply to 12 weeks.		
	277	For the treatment of patients with vulvovaginal candidiasis when oral tablets of fluconazole cannot be tolerated.		
		NETWORK NOTE: For vulvovaginal candidiasis, network will limit supply to one dose 150mg (Repeats no more than every 25 days).		

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:12:04 ANTIBIOTICS ANTIFUNGALS

FLUCONAZOLE

9	50mg Tab			3.1266	6.25
	00891800	Diflucan	PFI	4.9628	9.93
	02237370	Apo-Fluconazole	APX	3.4740	6.95
	02245643	+ PMS-Fluconazole	PMS	3.1266	6.25
10	100mg Tab			5.5465	5.55
	00891819	Diflucan	PFI	8.8040	8.80
	02237371	Apo-Fluconazole	APX	6.1628	6.16
	02245644	+ PMS-Fluconazole	PMS	5.5465	5.55
	Reason for Use Code	Clinical criteria			
	202	For the treatment of thrush in immunocompromised patients (i.e. patients with malignancies and transplant recipients) who are unresponsive to nystatin or imidazole preparations;			
	203	For the treatment of oroesophageal candidiasis in immunocompromised patients (i.e. patients with malignancies and transplant recipients);			
	204	For patients with disseminated candidiasis;			
	205	For the treatment of acute cryptococcal meningitis.			

GRISEOFULVIN

11	125mg Tab			.1586	.63
	00012246	Grisovin FP	GLA	.1586	.63
12	125mg Tab			.1487	
	00028266	Fulvicin U/F	SCH	.1487	
13	250mg Tab			.2557	
	00028274	Fulvicin U/F	SCH	.2557	
14	500mg Tab			.4926	.49
	00012262	Grisovin FP	GLA	.4926	.49
15	500mg Tab			.4329	
	00028282	Fulvicin U/F	SCH	.4329	

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:12:04 ANTIBIOTICS ANTIFUNGALS

KETOCONAZOLE

Note: A low pH is necessary for absorption. Antacids, anticholinergics/antispasmodics, H2-blockers, and omeprazole may decrease absorption. Ketoconazole is a potent inhibitor of hepatic oxidation of drugs and may cause significant elevation of blood levels of astemizole, cisapride, cyclosporine, terfenadine, theophylline and warfarin. Potentially fatal arrhythmias (torsade de pointes) can occur with the combination of ketoconazole and astemizole, cisapride or terfenadine. Insulin requirements may be reduced. Hepatotoxicity occurs in approximately 1 in 1500 patients treated with ketoconazole for onychomycosis; female gender, pre-existing disease, alcoholism and greater than 2 weeks of therapy are pre-disposing factors.

16	200mg Tab				1.1835	1.18
	00633836	Nizoral	JAN		1.8786	1.88
	02231061	Novo-Ketoconazole	NOP		1.1835	1.18
	02237235	Apo-Ketoconazole	APX		1.1835	1.18

NYSTATIN

17	100000U/mL O/L				.0592	.24
	00248169	Mycostatin (Not a Benefit)	BQU			
	00282219	Nadostine	NDA		.0592	.24
	02194201	Nilstat	TCH		.0592	.24
18	500000U Tab				.0790	.24
	00029416	Mycostatin (Not a Benefit)	BQU			
	00270113	Nadostine	NDA		.0790	.24
	02194198	Nilstat	TCH		.0790	.24

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:12:12 ANTIBIOTICS ERYTHROMYCINS

Note: Erythromycin alone is not adequate for the treatment of *H. influenzae* infections. It lacks consistently reliable activity against this organism. Erythromycin is a potent inhibitor of hepatic oxidation of some drugs and may cause significant elevation of blood levels of astemizole, carbamazepine, cyclosporine, digoxin, dihydropyridines, terfenadine, theophylline and warfarin. Potentially fatal arrhythmias (torsade de pointes) can occur with the combination of erythromycin and astemizole or terfenadine.

AZITHROMYCIN

19	100mg/5mL O/L 02223716	Zithromax	PFI	1.0667 1.0667
20	200mg/5mL O/L 02223724	Zithromax	PFI	1.5111 1.5111
21	250mg Tab 02212021	Zithromax	PFI	4.9333 4.9333

CLARITHROMYCIN

22	500mg ER Tab 02244756	+ Biaxin XL	ABB	2.5144 2.5144
23	125mg/5mL Ped Gran 02146908	Biaxin	ABB	.2595 2.60 .2595 2.60
24	250mg/5mL Susp 02244641	+ Biaxin	ABB	.5190 .5190
25	250mg Tab 01984853	Biaxin	ABB	1.4790 2.96 1.4790 2.96

ERYTHROMYCIN BASE

26	250mg Ent Pel Cap 00607142	ERYC	PDA	.2120 .85 .2120 .85
	00726672	Apo-Erythro E-C	APX	.2120 .85
27	250mg Tab 00244635	Erythromid (Not a Benefit)	ABB	.0453 .18
	00682020	Apo-Erythro	APX	.0453 .18

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

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ERYTHROMYCIN ESTOLATE

28	250mg Cap				.1139	.46
	00015202	Ilosone (Not a Benefit)	LIL			
	00020966	# Novo-Rythro Estolate	NOP		.1139	.46
29	25mg/mL O/L				.0237	.47
	00015474	Ilosone (Not a Benefit)	LIL			
	00021172	Novo-Rythro Estolate	NOP		.0237	.47
30	50mg/mL O/L				.0479	.96
	00210641	Ilosone (Not a Benefit)	LIL			
	00262595	Novo-Rythro Estolate	NOP		.0479	.96

ERYTHROMYCIN ETHYLSUCCINATE & SULFISOXAZOLE ACETYL

31	40mg & 120mg/mL O/L				.1047	1.57
	00583405	Pediazole	ABB		.1047	1.57

ERYTHROMYCIN ETHYLSUCCINATE

32	40mg/mL O/L				.0618	.93
	00000299	EES-200	ABB		.0688	1.03
	00605859	Novo-Rythro Ethyl Succinate	NOP		.0618	.93
33	80mg/mL O/L				.0828	1.24
	00453617	EES-400	ABB		.1044	1.57
	00652318	Novo-Rythro Ethyl Succinate	NOP		.0828	1.24
34	600mg Tab				.3248	.97
	00583782	EES-600	ABB		.3248	.97
	00637416	Apo-Erythro-ES	APX		.3248	.97

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

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ERYTHROMYCIN STEARATE

35	250mg Tab			.0866	.35
	00000434	Erythrocin	ABB	.1185	.47
	00545678	Apo-Erythro-S	APX	.0866	.35
36	500mg Tab			.4920	.98
	00266515	Erythrocin	ABB	.5390	1.08
	00688568	Apo-Erythro-S	APX	.4920	.98

PARTICLE COATED ERYTHROMYCIN

37	333mg Tab			.4733	1.42
	00769991	PCE Dispertab	ABB	.4733	1.42

08:12:16 ANTIBIOTICS PENICILLINS

AMOXICILLIN & CLAVULANIC ACID

Note: Amoxicillin/clavulanic acid is not recommended as first line treatment for acute otitis media and sinusitis. Antibiotic resistance (*H. influenzae*, *M. catarrhalis*) due to B-lactamase production has caused only a minority of treatment failures with amoxicillin. Amoxicillin/clavulanic acid is first line treatment for infected bites of cat, dog or human.

38	25mg & 6.25mg/mL O/L			.0724	1.09
	01916882	Clavulin	SMJ	.1034	1.55
	02243986	+ Apo-Amoxi Clav	APX	.0724	1.09
39	50mg & 12.5mg/mL O/L			.1217	1.83
	01916874	Clavulin	SMJ	.1738	2.61
	02243987	+ Apo-Amoxi Clav	APX	.1217	1.83
40	200mg & 28.5mg/5mL Susp			.1299	
	02238831	Clavulin (BID)	SMJ	.1299	

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

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41	400mg & 57mg/5mL Susp			.2426	
	02238830	Clavulin (BID)	SMJ	.2426	
42	250mg & 125mg Tab			.6111	1.83
	01916866	Clavulin	SMJ	.8731	2.62
	02243350	Apo-Amoxi Clav	APX	.6111	1.83
	02243770	Alti-Amoxi Clav	ALT	.6112	1.83
43	500mg & 125mg Tab			.9342	2.80
	01916858	Clavulin	SMJ	1.3346	4.00
	02243351	Apo-Amoxi Clav	APX	.9342	2.80
	02243771	Alti-Amoxi Clav	ALT	.9342	2.80
44	875mg & 125mg Tab			2.0018	
	02238829	Clavulin (BID)	SMJ	2.0018	

AMOXICILLIN

Note: The activity of amoxicillin is essentially identical to ampicillin. However, amoxicillin is more completely absorbed and causes diarrhea less frequently than ampicillin. The only situation where amoxicillin should not be used to replace oral ampicillin is Shigellosis.

45	250mg Cap			.1032	.31
	00406724	Novamoxin	NOP	.1032	.31
	00628115	Apo-Amoxi	APX	.1032	.31
	00865567	Nu-Amoxi	NXP	.1032	.31
	02041294	# Amoxil	WAY	.1839	.55
	02181487	Lin-Amox	LON	.1032	.31
	02238171	Gen-Amoxicillin	GEN	.1032	.31
	02241826	# Scheinpharm Amoxicillin	SCE	.1032	.31
46	500mg Cap			.2010	.60
	00406716	Novamoxin	NOP	.2010	.60
	00628123	Apo-Amoxi	APX	.2010	.60
	00865575	Nu-Amoxi	NXP	.2010	.60
	02041308	# Amoxil	WAY	.3740	1.12
	02181495	Lin-Amox	LON	.2010	.60
	02238172	Gen-Amoxicillin	GEN	.2010	.60
	02241827	# Scheinpharm Amoxicillin	SCE	.2010	.60

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:12:16 ANTIBIOTICS PENICILLINS

AMOXICILLIN

Note: The activity of amoxicillin is essentially identical to ampicillin. However, amoxicillin is more completely absorbed and causes diarrhea less frequently than ampicillin. The only situation where amoxicillin should not be used to replace oral ampicillin is Shigellosis.

47	25mg/mL O/L			.0200	.30
	00452149	Novamoxin	NOP	.0200	.30
	00628131	Apo-Amoxi	APX	.0200	.30
	00865540	Nu-Amoxi	NXP	.0200	.30
	01934171	Novamoxin (Sugar Reduced)	NOP	.0200	.30
	02041316	# Amoxil	WAY	.0361	.54
	02181509	Lin-Amox	LON	.0200	.30
48	50mg/mL O/L			.0300	.45
	00452130	Novamoxin	NOP	.0300	.45
	00628158	Apo-Amoxi	APX	.0300	.45
	00865559	Nu-Amoxi	NXP	.0300	.45
	01934163	Novamoxin (Sugar Reduced)	NOP	.0300	.45
	02042592	# Amoxil	WAY	.0575	.86
	02181517	Lin-Amox	LON	.0300	.45

AMPICILLIN

Note: Use with caution in urinary tract infections as even E. coli is resistant in approximately 20% of cases.

49	250mg Cap			.0819	.33
	00002003	Penbritin (Not a Benefit)	AYE		
	00020877	Novo-Ampicillin	NOP	.0819	.33
	00603279	Apo-Ampi	APX	.0819	.33
	00717657	Nu-Ampi	NXP	.0819	.33
50	500mg Cap			.1588	.64
	00002011	Penbritin (Not a Benefit)	AYE		
	00020885	Novo-Ampicillin	NOP	.1588	.64
	00603295	Apo-Ampi	APX	.1588	.64
	00717673	Nu-Ampi	NXP	.1588	.64

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:12:16 ANTIBIOTICS PENICILLINS

AMPICILLIN

Note: Use with caution in urinary tract infections as even E. coli is resistant in approximately 20% of cases.

51	25mg/mL O/L				.0160	.32
	00021121	# Novo-Ampicillin	NOP		.0160	.32
	00603260	Apo-Ampi	APX		.0160	.32
	00717495	Nu-Ampi	NXP		.0160	.32
52	50mg/mL O/L				.0262	.52
	00002429	Penbritin (Not a Benefit)	AYE			
	00021148	# Novo-Ampicillin	NOP		.0262	.52
	00603287	Apo-Ampi	APX		.0262	.52
	00717649	Nu-Ampi	NXP		.0262	.52

BACAMPICILLIN HCL

Note: Although bacampicillin is administered every 12 hours rather than every 8 hours for amoxicillin, bacampicillin is more expensive than amoxicillin.

53	400mg Tab				.4640	.93
	00627127	Penglobe	AZC		.4640	.93
54	800mg Tab				.9345	1.87
	00627135	Penglobe	AZC		.9345	1.87

CLOXACILLIN

55	250mg Cap				.0993	.40
	00002046	Orbenin (Not a Benefit)	AYE			
	00337765	Novo-Cloxin	NOP		.0993	.40
	00618292	Apo-Cloxi	APX		.0993	.40
	00717584	Nu-Cloxi	NXP		.0993	.40
56	500mg Cap				.1946	.78
	00002054	Orbenin (Not a Benefit)	AYE			
	00337773	Novo-Cloxin	NOP		.1946	.78
	00618284	Apo-Cloxi	APX		.1946	.78
	00717592	Nu-Cloxi	NXP		.1946	.78

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:12:16 ANTIBIOTICS PENICILLINS

CLOXACILLIN

57	250mg Inj Pd-Vial Pk			1.2500	
	00002151	Orbenin (Not a Benefit)	AYE		
	00407593	Tegopen	BQU	1.2500	
58	25mg/mL O/L			.0238	.95
	00337757	Novo-Cloxin	NOP	.0238	.95
	00644633	Apo-Cloxi	APX	.0238	.95
	00717630	Nu-Cloxi	NXP	.0238	.95
	02042975	Orbenin (Not a Benefit)	WAY		

PENICILLIN G (BENZATHINE)

59	1200000IU/2mL Inj Sol-2mL Pk			6.3400	
	02041596	# Bicillin 1200 L-A	WAY	6.3400	
60	100000IU/mL O/L			.0604	1.21
	00009938	Megacillin 500	FRS	.0604	1.21

PENICILLIN G (POTASSIUM)

61	500000IU Tab			.0425	.17
	00107484	Megacillin 500	FRS	.1086	.43
	00151432	# Novo-Pen-500	NOP	.0425	.17

PENICILLIN V (BENZATHINE)

62	60mg/mL O/L			.0350	.53
	00248835	PVF 500	FRS	.0786	1.18
	02229617	Pen-Vee	LIO	.0350	.53

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:12:16 ANTIBIOTICS PENICILLINS

PENICILLIN V (POTASSIUM)

63	25mg/mL O/L				.0245	.49
	00018635	Nadopen-V (Not a Benefit)	NDA			
	00642223	Apo-Pen V-K	APX	.0245	.49	
64	60mg/mL O/L				.0325	.49
	00391603	Novo-Pen-VK-500	NOP	.0325	.49	
	00642231	Apo-Pen V-K	APX	.0325	.49	
65	300mg Tab				.0375	.15
	00018740	Nadopen-V	LIO	.0375	.15	
	00021202	Novo-Pen-VK-500	NOP	.0375	.15	
	00248843	PVF-K 500 (Not a Benefit)	FRS			
	00642215	Apo-Pen V-K	APX	.0375	.15	
	00717568	Nu-Pen VK	NXP	.0375	.15	

PIVAMPICILLIN

Note: Although pivampicillin is administered every 12 hours rather than every 8 hours for amoxicillin, pivampicillin is more expensive than amoxicillin.

66	35mg/mL O/L				.0630	.63
	00582239	Pondocillin	LEO	.0630	.63	
67	500mg Tab				.6588	1.32
	00582247	Pondocillin	LEO	.6588	1.32	

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:12:24 ANTIBIOTICS TETRACYCLINES

TETRACYCLINE

Note: Tetracycline use during tooth development (last half of pregnancy and up to age 8) may cause permanent tooth discoloration or enamel hypoplasia. These reactions are more common during long-term use. Tetracyclines should not be used in these groups unless other antibiotics are unlikely to be effective or are contraindicated.

68	250mg Cap			.0190	.08
	00021059	# Novo-Tetra	NOP	.0190	.08
	00024422	Tetracyn (Not a Benefit)	PFI		
	00580929	Apo-Tetra	APX	.0190	.08
	00717606	Nu-Tetra	NXP	.0190	.08
69	25mg/mL O/L			.0181	.72
	00151416	Novo-Tetra	NOP	.0181	.72

08:12:28 ANTIBIOTICS OTHER ANTIBIOTICS

CEFACLOR

70	250mg Cap			.6430	1.93
	00465186	Ceclor	LIL	1.0207	3.06
	02185830	PMS-Cefaclor	PMS	.6430	1.93
	02230263	Apo-Cefaclor	APX	.6430	1.93
	02231432	Nu-Cefaclor	NXP	.6430	1.93
	02231691	Novo-Cefaclor	NOP	.6430	1.93
	02237729	# Scheinpharm Ceclor	SCE	.6430	1.93
71	500mg Cap			1.2625	3.79
	00465194	Ceclor	LIL	2.0040	6.01
	02185849	PMS-Cefaclor	PMS	1.2625	3.79
	02230264	Apo-Cefaclor	APX	1.2625	3.79
	02231433	Nu-Cefaclor	NXP	1.2625	3.79
	02231693	Novo-Cefaclor	NOP	1.2625	3.79
	02237730	# Scheinpharm Ceclor	SCE	1.2625	3.79
72	25mg/mL Oral Susp			.0762	1.14
	00465208	Ceclor	LIL	.1089	1.63
	02185857	PMS-Cefaclor	PMS	.0762	1.14
	02237500	Apo-Cefaclor	APX	.0762	1.14

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:12:28 ANTIBIOTICS OTHER ANTIBIOTICS

CEFACLOR

73	50mg/mL Oral Susp			.1395	2.09
	00465216	Ceclor	LIL	.1993	2.99
	02185865	PMS-Cefaclor	PMS	.1395	2.09
	02237501	Apo-Cefaclor	APX	.1395	2.09
74	375mg/5mL Oral Susp			.2010	
	00832804	Ceclor	LIL	.2872	
	02185873	PMS-Cefaclor	PMS	.2010	
	02237502	Apo-Cefaclor	APX	.2010	

CEFADROXIL

75	500mg Cap			.8421	1.68
	00507245	Duricef	BQU	.8421	1.68
	02235134	Novo-Cefadroxil	NOP	.8421	1.68
	02240774	Apo-Cefadroxil	APX	.8421	1.68

CEFAZOLIN SODIUM

76	500mg Inj Pd-Vial Pk			2.0000	
	00322288	Kefzol	LIL	2.0000	
	01919636	Ancef	SMJ	2.5000	
77	1000mg Inj Pd-Vial Pk			3.0000	
	00322296	Kefzol	LIL	3.0000	

CEFIXIME

78	20mg/mL Oral Susp			.3316	
	00868965	Suprax	LED	.3316	
79	400mg Tab			3.0940	3.09
	00868981	Suprax	LED	3.0940	3.09

CEFPROZIL

80	125mg/5mL Oral Susp			.1495	
	02163675	Cefzil	BQU	.1495	
81	250mg/5mL Oral Susp			.2989	
	02163683	Cefzil	BQU	.2989	

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:12:28 ANTIBIOTICS OTHER ANTIBIOTICS

CEFPROZIL					
82	250mg Tab			1.5300	
	02163659	Cefzil	BQU	1.5300	
83	500mg Tab			3.0000	
	02163667	Cefzil	BQU	3.0000	
CEFTRIAXONE DISODIUM					
84	0.25g/Vial Inj Pd-1 Vial Pk			10.7500	
	00657387	Rocephin	HLR	10.7500	
85	1g/Vial Inj Pd-1 Vial Pk			34.0000	
	00657417	Rocephin	HLR	34.0000	
86	2g/Vial Inj Pd-1 Vial Pk			67.0000	
	00657409	Rocephin	HLR	67.0000	
CEFUROXIME AXETIL					
87	250mg Sachet			1.4750	
	02212293	Ceftin	GLW	1.4750	
88	125mg/5mL Susp			.1600	
	02212307	Ceftin	GLW	.1600	
89	250mg Tab			1.0131	2.03
	02212277	Ceftin	GLW	1.4473	2.89
	02242656	Alti-Cefuroxime	ALT	1.0131	2.03
	02244393	Apo-Cefuroxime	APX	1.0131	2.03
90	500mg Tab			2.0071	4.01
	02212285	Ceftin	GLW	2.8673	5.73
	02242657	Alti-Cefuroxime	ALT	2.0071	4.01
	02244394	Apo-Cefuroxime	APX	2.0071	4.01
CEPHALEXIN MONOHYDRATE					
91	250mg Cap			.1493	.60
	00342084	Novo-Lexin	NOP	.1493	.60
92	500mg Cap			.2986	1.19
	00342114	Novo-Lexin	NOP	.2986	1.19

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:12:28 ANTIBIOTICS OTHER ANTIBIOTICS

CEPHALEXIN MONOHYDRATE

93	25mg/mL O/L			.0323	.65
	00015547	Keflex	LIL	.0457	.91
	00342106	Novo-Lexin	NOP	.0323	.65
	02177811	PMS-Cephalexin 125	PMS	.0323	.65
94	50mg/mL O/L			.0655	1.31
	00035645	Keflex	LIL	.0948	1.90
	00342092	Novo-Lexin	NOP	.0655	1.31
	02177838	PMS-Cephalexin 250	PMS	.0655	1.31
95	250mg Tab			.1493	.60
	00403628	Keflex	LIL	.2370	.95
	00583413	Novo-Lexin	NOP	.1493	.60
	00768723	Apo-Cephalex	APX	.1493	.60
	00865877	Nu-Cephalex	NXP	.1493	.60
	02177781	PMS-Cephalexin	PMS	.1493	.60
96	500mg Tab			.2986	1.19
	00244392	Keflex	LIL	.4740	1.90
	00583421	Novo-Lexin	NOP	.2986	1.19
	00768715	Apo-Cephalex	APX	.2986	1.19
	00865885	Nu-Cephalex	NXP	.2986	1.19
	02177803	PMS-Cephalexin	PMS	.2986	1.19

CLINDAMYCIN HCL

97	150mg Cap			.4890	3.91
	00030570	Dalacin C	UPJ	.7762	6.21
	02130033	Ratio-Clindamycin	RAI	.4890	3.91
	02241709	Novo-Clindamycin	NOP	.5433	4.35
	02245232	Apo-Clindamycin	APX	.4890	3.91
98	300mg Cap			.9780	
	02182866	Dalacin C	UPJ	1.5524	
	02192659	Ratio-Clindamycin	RAI	.9780	
	02241710	Novo-Clindamycin	NOP	1.0867	
	02245233	Apo-Clindamycin	APX	.9780	

CLINDAMYCIN PALMITATE

99	15mg/mL O/L			.1103	
	00225851	Dalacin C	UPJ	.1103	

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:12:28 ANTIBIOTICS OTHER ANTIBIOTICS

CLINDAMYCIN PHOSPHATE

100	300mg/2mL Inj Sol-2mL Pk			4.5738
	00260436	Dalacin C	UPJ	6.5340
	02230540	Clindamycin Phosphate Injection USP	SIL	4.5738

Note: Clindamycin is well absorbed by the oral route, therefore stepdown therapy from IV to oral is possible.

FUSIDIC ACID

101	49.2mg/mL Oral Susp			.2500
	00506036	Fucidin Leo Suspension	LEO	.2500
	Reason for Use Code	Clinical criteria		
	342	As part of combination therapy, for the treatment of serious infections confirmed on culture to be caused by a strain of <i>S. aureus</i> or coagulase-negative staphylococci likely susceptible to fusidic acid where standard anti-staphylococcal agents are precluded because of allergy, resistance or treatment failure.		

GENTAMICIN SULFATE

102	80mg/2mL Inj Sol-2mL Pk			3.9600
	00223824	Garamycin	SCH	3.9600

NEOMYCIN SULFATE

103	25mg/mL O/L			.0750
	00030805	Mycifradin	UPJ	.0750
104	500mg Tab			.2398
	00030996	Mycifradin	UPJ	.2398

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:12:28 ANTIBIOTICS OTHER ANTIBIOTICS

SODIUM FUSIDATE

105	250mg Tab			1.1250
	01934252	Fucidin Leo	LEO	1.1250
	Reason for Use Code	Clinical criteria		
	342	As part of combination therapy, for the treatment of serious infections confirmed on culture to be caused by a strain of <i>S. aureus</i> or coagulase-negative staphylococci likely susceptible to fusidic acid where standard anti-staphylococcal agents are precluded because of allergy, resistance or treatment failure.		

TOBRAMYCIN SULFATE

106	20mg/2mL Inj Sol-2mL Pk			3.4110
	00325457	Nebcin	LIL	3.4110
107	80mg/2mL Inj Sol-2mL Pk			4.3381
	00325449	Nebcin	LIL	4.8200
	02230640	# Tobramycin	SCE	4.8202
	02241210	Tobramycin	SIL	4.3381

08:16:00 ANTITUBERCULAR AGENTS

AMINOSALICYLATE SODIUM

108	500mg Tab			.2013
	00236691	Nemasol	ICN	.2013

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:16:00 ANTITUBERCULAR AGENTS

ETHAMBUTOL HCL

109	100mg Tab				.0973
	00127957	Myambutol (Not a Benefit)	LED		
	00247960	Etibi	ICN		.0973
110	400mg Tab				.2711
	00247979	Etibi	ICN		.2711
	02170078	# Myambutol	WAY		.2745

ISONIAZID

111	300mg Tab				.0640
	00272655	Isotamine	ICN		.0640

PYRAZINAMIDE

112	500mg Tab				.4980
	00283991	Tebrazid	ICN		.4980

RIFABUTIN

113	150mg Cap				3.7500
	02063786	Mycobutin	PMJ		3.7500
	Reason for Use Code	Clinical criteria			
		For the prevention of <u>Mycobacterium Avium Intracellular</u> (MAI) in:			
	103	Patients with a CD4+ cell count less than 200/mm3 with an AIDS-defining diagnosis; or			
	104	Patients with a CD4+ cell count less than 100/mm3 without an AIDS-defining diagnosis.			

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:16:00 ANTITUBERCULAR AGENTS

RIFAMPIN

Note: Except when used for prophylaxis in contacts of H. influenzae or N. meningitidis, rifampin should not be used as monotherapy, as bacterial resistance will develop quickly.

114	150mg Cap				.6038
	00210471	# Rimactane	CIB		.7846
	00393444	Rofact	ICN		.6038
	02091887	Rifadin	AVE		.6038
115	300mg Cap				.9503
	00210463	# Rimactane	CIB		1.2345
	00343617	Rofact	ICN		.9503
	02092808	Rifadin	AVE		.9503

08:18:00 ANTIVIRALS

ABACAVIR & LAMIVUDINE & ZIDOVUDINE

116	300mg/150mg/300mg Tab				15.7500
	02244757	+ Trizivir	GSK		15.7500

ABACAVIR SULFATE

117	20mg/mL O/L				.4166
	02240358	Ziagen	GLW		.4166

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

118	300mg Tab				6.2500
	02240357	Ziagen	GLW		6.2500

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:18:00 ANTIVIRALS

ACYCLOVIR

119	500mg/10mL Inj-10mL Pk			69.4900
	00605336	Zovirax	GLW	69.4900
120	1000mg/20mL Inj-20mL Pk			138.9800
	00899321	Zovirax	GLW	138.9800
	Reason for Use Code	Clinical criteria		
		In immunocompromised patients who are not responding to oral acyclovir, famciclovir or valacyclovir, and in whom there is concern about the absorption of oral acyclovir, famciclovir or valacyclovir, for the treatment of:		
	166	<u>Herpes simplex</u> infection, or		
	167	<u>Herpes zoster</u> infection.		
		In immunocompromised patients who are unable to take oral acyclovir, famciclovir or valacyclovir, for the treatment of:		
	168	<u>Herpes simplex</u> infection, or		
	169	<u>Herpes zoster</u> infection.		

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:18:00 ANTIVIRALS

ACYCLOVIR

121	800mg Tab				2.8557
	01911635	Zovirax	GLW	4.5328	
	02078651	Avirax	FAB	2.8557	
	02197421	Nu-Acyclovir	NXP	2.8557	
	02207656	Apo-Acyclovir	APX	2.8557	
	02229709	Alti-Acyclovir	ALT	2.8557	
	02242464	Gen-Acyclovir	GEN	2.8557	
	Reason for Use Code	Clinical criteria			
		In contrast to bacterial infections, viral replication precedes clinical signs and symptoms. Since antiviral agents are only active against replicating viruses, clinical benefit in reducing severity of symptoms and duration of illness is only marginal, at best. Therefore, treatment initiated beyond the stated time frames below is of no value, and treatment of mild cases should be carefully considered, in light of the minimal benefit which will be achieved. In addition, the balance of evidence indicates that the use of acyclovir in normal hosts in an attempt to prevent post-herpetic neuralgia is of no value. Where specified, treatment must begin within the time frames indicated for the product to be reimbursed. There is no benefit from the therapy begun after these time frames. Acyclovir tablets will be reimbursed when prescribed for:			
	95	Herpes zoster in immunocompetent patients 50 years of age or older, up to 72 hours after appearance of lesions: Dose: 800mg 5 times/day for 7 days.			
	96	Herpes zoster ophthalmicus regardless of age, up to 72 hours after appearance of lesions: Dose: 800mg 5 times/day for 7 days.			
	97	Herpes zoster in immunocompromised patients regardless of age and time elapsed from onset: Dose: 800mg 5 times/day for 7 days.			
	314	Varicella zoster in immunocompetent patients greater than or equal to 12 years of age, up to 24 hours after appearance of lesions: Dose: 20mg/kg/dose (max. 800mg) 4 times/day for 5 days.			
		NETWORK NOTE: Network will limit supply up to 7 days and up to 35 tablets.			

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:18:00 ANTIVIRALS

AMPRENAVIR

122	50mg Cap				.6400
	02243541	Agenerase	GLW		.6400

Note: For the treatment of protease inhibitor (PI) experienced HIV-infected patients 12 years of age or older, recommended for use with other PIs e.g., ritonavir. Prescriber must be approved for the Facilitated Access mechanism.

123	150mg Cap				1.9200
	02243542	Agenerase	GLW		1.9200

Note: For the treatment of protease inhibitor (PI) experienced HIV-infected patients 12 years of age or older, recommended for use with other PIs e.g., ritonavir. Prescriber must be approved for the Facilitated Access mechanism.

124	15mg/mL O/L				.1920
	02243543	Agenerase	GLW		.1920

Note: For the treatment of protease inhibitor (PI) experienced HIV-infected patients 12 years of age or older, recommended for use with other PIs e.g., ritonavir. Prescriber must be approved for the Facilitated Access mechanism.

DELAVIDINE MESYLATE

125	100mg Tab				.7178
	02238348	Rescriptor	AGO		.7178

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

EFAVIRENZ

126	50mg Cap				1.1077
	02239886	Sustiva	DUP		1.1077

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

127	100mg Cap				2.2150
	02239887	Sustiva	DUP		2.2150

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

128	200mg Cap				4.4300
	02239888	Sustiva	DUP		4.4300

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:18:00 ANTIVIRALS

FAMCICLOVIR

129	500mg Tab				6.0400
	02177102	Famvir	NOV		6.0400
	Reason for Use Code	Clinical criteria			
	147	Herpes zoster in patients 50 years of age or older, up to 72 hours* after appearance of lesions. Dose: 500mg 3 times/day for 7 days.			
		*The patient must begin treatment within the time frame specified for the product to be reimbursed. There is no benefit from the therapy begun after this time frame.			
		NETWORK NOTE: Network will limit supply to 7 days and 21 tablets.			

GANCICLOVIR SODIUM

130	500mg/Vial Pd Inj-10mL Pk				41.2140
	00865516	Cytovene	SYN		41.2140
	Reason for Use Code	Clinical criteria			
	12	For the treatment of CMV retinitis secondary to AIDS and other immunosuppressive syndromes.			

INDINAVIR

131	200mg Cap				1.3467
	02229161	Crixivan	FRS		1.3467
		Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.			
132	400mg Cap				2.6933
	02229196	Crixivan	FRS		2.6933
		Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.			

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION
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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:18:00 ANTIVIRALS

LAMIVUDINE

133	10mg/mL O/L				.2933
	02192691	3TC	GLW		.2933

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism. Reimbursement will not be provided for the treatment of hepatitis.

134	150mg Tab				4.4000
	02192683	3TC	GLW		4.4000

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism. Reimbursement will not be provided for the treatment of hepatitis.

LAMIVUDINE & ZIDOVUDINE

135	150mg & 300mg Tab				9.5000
	02239213	Combivir	GLW		9.5000

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

LOPINAVIR & RITONAVIR

136	133.3mg/33.3mg Cap				3.2944
	02243643	Kaletra	ABB		3.2944

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

137	80mg/mL & 20mg/mL O/L				1.9767
	02243644	Kaletra	ABB		1.9767

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:18:00 ANTIVIRALS

NELFINAVIR MESYLATE

138	50mg/g Oral Pd				.3640
	02238618	Viracept		AGO	.3640
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.				
139	250mg Tab				1.8200
	02238617	Viracept		AGO	1.8200
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.				

NEVIRAPINE

140	200mg Tab				4.6500
	02238748	Viramune		BOE	4.6500
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.				

RITONAVIR

141	100mg Cap				1.3354
	02241480	Norvir SEC		ABB	1.3354
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.				
142	80mg/mL O/L				1.0681
	02229145	Norvir		ABB	1.0681
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.				

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:18:00 ANTIVIRALS

SAQUINAVIR MESYLATE

143	200mg Cap			1.8200
	02216965	Invirase	HLR	1.8200

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

144	200mg Cap			1.0200
	02239083	Fortovase	HLR	1.0200

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

STAVUDINE

145	15mg Cap			3.7800
	02216086	Zerit	BQU	3.7800

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

146	20mg Cap			3.9300
	02216094	Zerit	BQU	3.9300

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

147	30mg Cap			4.1000
	02216108	Zerit	BQU	4.1000

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

148	40mg Cap			4.2500
	02216116	Zerit	BQU	4.2500

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:18:00 ANTIVIRALS

VALACYCLOVIR

149	500mg Cap			3.0200
	02219492	Valtrex	GLW	3.0200
	Reason for Use Code	Clinical criteria		
	159	Herpes zoster in patients 50 years of age or older, up to 72 hours* after appearance of lesions. Dose: 1 gram 3 times/day for 7 days.		
		*The patient must begin treatment within the time frame specified for the product to be reimbursed. There is no benefit from the therapy begun after this time frame.		
		NETWORK NOTE: Network will limit supply to 7 days and 42 capsules.		

08:20:00 PLASMODICIDES (ANTIMALARIALS)

CHLOROQUINE PHOSPHATE

150	250mg Tab			.0664
	00021261	Novo-Chloroquine	NOP	.0664
	02017539	Aralen	SAO	.3208

HYDROXYCHLOROQUINE SULFATE

151	200mg Tab			.5240
	02017709	Plaquenil	SAO	.5240

08:24:00 SULFONAMIDES

SULFAPYRIDINE

152	500mg Tab			.3550
	01944827	Dagenan	AVE	.3550

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:24:00 SULFONAMIDES

SULFASALAZINE

153	500mg Ent Tab				.1084
	00445126	S.A.S. Enteric 500	ICN		.1400
	00598488	PMS-Sulfasalazine-E.C.	PMS		.1084
	00685925	Sulfasalazine	KNR		.1084
	02064472	Salazopyrin	PMJ		.2499
154	500mg Tab				.0836
	00598461	PMS-Sulfasalazine	PMS		.0836
	00685933	Sulfasalazine	KNR		.0836
	02064480	Salazopyrin	PMJ		.1600

08:26:00 SULFONES

DAPSONE

155	100mg Tab				.1955	.20
	02041510	# Avlosulfon	WAY		.1955	.20

08:32:00 TRICHOMONACIDES

METRONIDAZOLE

156	500mg Cap				.8500	2.55
	00783137	Trikacide	PMS		.8500	2.55
	01926853	Flagyl	AVE		.8500	2.55
157	250mg Tab				.0278	.08
	00021555	Novo-Nidazol	NOP		.0278	.08
	00545066	Apo-Metronidazole	APX		.0278	.08
	00584339	# PMS-Metronidazole	PMS		.0278	.08
	01926896	Flagyl (Not a Benefit)	RPP			

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:36:00 URINARY ANTI-INFECTIVES

NITROFURANTOIN MONO/MICRO CRYSTALS

158	100mg Cap				.6175
	02063662	MacroBID	ALZ		.6175

NITROFURANTOIN

Note: Nitrofurantoin macrocrystals may be better tolerated. Avoid use of nitrofurantoin during the last 6 weeks of pregnancy. Use with caution in patients with renal impairment.

159	50mg Cap				.2276	.91
	01997637	Macrodantin	ALZ		.3252	1.30
	02231015	Novo-Furantoin	NOP		.2276	.91
160	100mg Cap				.2315	.93
	01997645	Macrodantin (Not a Benefit)	ALZ			
	02231016	Novo-Furantoin	NOP		.2315	.93
161	5mg/mL O/L				.0269	
	00232971	# Novo-Furan	NOP		.0269	
162	50mg Tab				.0185	.07
	00021563	# Novo-Furan	NOP		.0185	.07
	00319511	Apo-Nitrofurantoin	APX		.0185	.07
163	100mg Tab				.0201	.08
	00021571	# Novo-Furan	NOP		.0201	.08
	00312738	Apo-Nitrofurantoin	APX		.0201	.08

PIVMECILLINAM HCL

164	200mg Tab				.8482	
	00657212	Selexid	LEO		.8482	

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:40:00 MISCELLANEOUS ANTI-INFECTIVES

CIPROFLOXACIN

Note: Ciprofloxacin is not intended for the treatment of asymptomatic bacteriuria in the absence of risk factors. Avoid use in pregnancy and children < 18 years of age. Ciprofloxacin inhibits theophylline clearance and also affects phenytoin kinetics. Theophylline doses should be decreased and blood levels of phenytoin or theophylline monitored when either of these drugs is used concomitantly with ciprofloxacin.

165	10g/100mL Oral Susp			.5012	5.01
	02237514	Cipro	BAH	.5012	5.01
166	250mg Tab			2.2210	4.44
	02155958	Cipro	BAH	2.2210	4.44
167	500mg Tab			2.5058	5.01
	02155966	Cipro	BAH	2.5058	5.01
168	750mg Tab			4.7262	9.45
	02155974	Cipro	BAH	4.7262	9.45
	Reason for Use Code	Clinical criteria			
		For the treatment of patients with:			
	332	<u>SST/BJ (Gram negative bacteria):</u> Skin/soft tissue and bone/joint infection due to gram negative bacteria; severe diabetic foot infection; severe otitis externa; decubitus ulcers.			
	333	<u>GU Tract:</u> Urinary tract infection/prostatitis/epididymitis caused by (suspected or documented) Pseudomonas; sexually transmitted diseases.			
	334	<u>COPD with risk:</u> Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors ¹ ; bronchiectasis; pneumonic illness with cystic fibrosis. ¹ Risk factors include: poor pulmonary lung function (FEV ₁ below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease or 4 or more exacerbations per year.			
	336	<u>Step-Down:</u> Step-down therapy after parenteral therapy or hospital/emergency department discharge; febrile neutropenia.			
	350	<u>GI:</u> Traveller's diarrhea; enteric fever syndromes; Crohn's disease.			
	353	For the prophylaxis or treatment of <i>B. anthracis</i> exposure.			
	977	Exceptional cases of allergy or intolerance to all other appropriate therapies.			

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:40:00 MISCELLANEOUS ANTI-INFECTIVES

GATIFLOXACIN

169	400mg Tab			5.0100
	02243182	Tequin	BQU	5.0100
	Reason for Use Code	Clinical criteria		
		For the treatment of patients with:		
	337	<u>CAP with co-morbidity:</u> Community acquired pneumonia with co-morbid illnesses or failure to first-line therapy.		
	338	<u>COPD with risk:</u> Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors ¹ ; bronchiectasis. ¹ Risk factors include: poor pulmonary lung function (FEV ₁ below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease, or 4 or more exacerbations per year.		
	339	<u>Step-Down:</u> Step-down therapy after parenteral therapy or hospital / emergency department discharge.		
	977	Exceptional cases of allergy or intolerance to all other appropriate therapies.		

IDOQUINOL

170	650mg Tab			.3840	1.15
	01997750	Diodoquin	GLE	.3840	1.15

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:40:00 MISCELLANEOUS ANTI-INFECTIVES

LEVOFLOXACIN

171	250mg Tab			4.4400
	02236841	Levaquin	JNO	4.4400
172	500mg Tab			5.0100
	02236842	Levaquin	JNO	5.0100
	Reason for Use Code	Clinical criteria		
		For the treatment of patients with:		
	337	<u>CAP with co-morbidity:</u> Community acquired pneumonia with co-morbid illnesses or failure to first-line therapy.		
	338	<u>COPD with risk:</u> Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors ¹ ; bronchiectasis. ¹ Risk factors include: poor pulmonary lung function (FEV ₁ below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease, or 4 or more exacerbations / year.		
	339	<u>Step-Down:</u> Step-down therapy after parenteral therapy or hospital / emergency department discharge.		
	977	Exceptional cases of allergy or intolerance to all other appropriate therapies.		

LINEZOLID

173	600mg Tab			70.6390
	02243684	+ Zyvoxam	PHA	70.6390
	Reason for Use Code	Clinical criteria		
		For the treatment of patients with:		
	362	Methicillin-resistant Staphylococcus species (MRSA, MRSE) infections* in patients who are intolerant or have failed vancomycin therapy, or have contraindications to venous access.		
	363	Vancomycin resistant Enterococcus species (VRE) infections* in patients switching from IV linezolid.		
	364	Step-down therapy for the treatment of methicillin-resistant Staphylococcus species or vancomycin resistant Enterococcus species (VRE) infections* after parenteral therapy or hospital/ emergency department discharge. * Infections must be documented and culture proven. Not approved for colonization (e.g. nares, urine, etc). Maximum 28 days supply.		

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:40:00 MISCELLANEOUS ANTI-INFECTIVES

MOXIFLOXACIN HYDROCHLORIDE

174	400mg Tab			5.0100
	02242965	Avelox	BAH	5.0100
	Reason for Use Code	Clinical criteria		
		For the treatment of patients with:		
	337	<u>CAP with co-morbidity:</u> Community acquired pneumonia with co-morbid illnesses or failure to first-line therapy.		
	338	<u>COPD with risk:</u> Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors ¹ ; bronchiectasis.		
		¹ Risk factors include: poor pulmonary lung function (FEV ₁ below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease, or 4 or more exacerbations / year.		
	339	<u>Step-Down:</u> Step-down therapy after parenteral therapy or hospital / emergency department discharge.		
	977	Exceptional cases of allergy or intolerance to all other appropriate therapies.		

NORFLOXACIN

175	400mg Tab			1.5257	3.05
	00643025	Noroxin	MSD	2.1795	4.36
	02229524	Apo-Norfloxx	APX	1.5257	3.05
	02237682	Novo-Norfloxxacin	NOP	1.5257	3.05

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:40:00 MISCELLANEOUS ANTI-INFECTIVES

OFLOXACIN

176	200mg Tab			1.4490	2.90
	01968424	Floxin (Not a Benefit)	JNO		
	02231529	Apo-Oflox	APX	1.4490	2.90
177	300mg Tab			1.7025	3.41
	01968416	Floxin	JNO	2.4322	4.86
	02231531	Apo-Oflox	APX	1.7025	3.41
178	400mg Tab			1.7025	3.41
	01968408	Floxin	JNO	2.4322	4.86
	02231532	Apo-Oflox	APX	1.7025	3.41
	Reason for Use Code	Clinical criteria			
		For the treatment of patients with:			
340		SST/BJ (Gram negative bacteria): Skin/soft tissue and bone/joint infection due to gram negative bacteria; severe diabetic foot infection.			
341		GU Tract: Urinary tract infection / prostatitis / epididymitis; sexually transmitted disease.			
338		COPD with risk: Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors ¹ ; bronchiectasis. ¹ Risk factors include: poor pulmonary lung function (FEV ₁ below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease, or 4 or more exacerbations / year.			
335		GI: Traveller's diarrhea; enteric fever syndromes.			
339		Step-Down: Step-down therapy after parenteral therapy or hospital / emergency department discharge.			
977		Exceptional cases of allergy or intolerance to all other appropriate therapies.			

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:40:00 MISCELLANEOUS ANTI-INFECTIVES

SULFAMETHOXAZOLE & TRIMETHOPRIM

Note: Avoid using sulfamethoxazole/trimethoprim during the last 6 weeks of pregnancy.

179	40mg & 8mg/mL O/L			.0198	.20
	00270644	Septra	BWE	.0199	.20
	00272485	Bactrim Sugar Free	HLR	.0199	.20
	00726540	Novo-Trimel	NOP	.0198	.20
	00846465	Apo-Sulfatrim	APX	.0198	.20
	00865753	Nu-Cotrimox	NXP	.0198	.20
180	400mg & 80mg Tab			.0482	.19
	00270636	Septra	BWE	.0482	.19
	00272469	Bactrim	HLR	.1455	.58
	00445274	Apo-Sulfatrim	APX	.0482	.19
	00510637	Novo-Trimel	NOP	.0482	.19
	00865710	Nu-Cotrimox	NXP	.0482	.19
181	800mg & 160mg Tab			.1221	.24
	00368040	Septra DS	BWE	.1221	.24
	00371823	Bactrim-DS	HLR	.2606	.52
	00445282	Apo-Sulfatrim-DS	APX	.1221	.24
	00510645	Novo-Trimel DS	NOP	.1221	.24
	00865729	Nu-Cotrimox	NXP	.1221	.24

TRIMETHOPRIM & SULFADIAZINE

182	9mg/mL & 41mg/mL Oral Susp			.1355	
	00745618	Coptin	BFI	.1355	
183	90mg & 410mg Tab			.4951	.99
	00656933	Coptin	BFI	.4951	.99

TRIMETHOPRIM

184	100mg Tab			.1891	.38
	00675229	Proloprim	BWE	.2701	.54
	02243116	Apo-Trimethoprim	APX	.1891	.38
185	200mg Tab			.3885	.39
	00677590	Proloprim	BWE	.5550	.56
	02243117	Apo-Trimethoprim	APX	.3885	.39

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DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

10:00 ANTINEOPLASTIC AGENTS

ALTRETAMINE

186	50mg Cap				3.3600
	02126230	Hexalen	LIL		3.3600

AMETHOPTERIN (SODIUM)

187	50mg/2mL Inj Sol-2mL Pk				17.8400
	02170671	Methotrexate	WAY		17.8400

AMETHOPTERIN

188	2.5mg Tab				.6333
	02170698	Methotrexate	WAY		.7037
	02182963	Methotrexate	FAU		.7037
	02244798	Ratio-Methotrexate Sodium	RAI		.6333

ANASTROZOLE

189	1mg Tab				4.9500
	02224135	Arimidex	AZC		4.9500
	Reason for Use Code	Clinical criteria			
	180	For the hormonal treatment of metastatic breast cancer in hormone receptor positive post-menopausal women who have disease progression following tamoxifen therapy.			

BICALUTAMIDE

190	50mg Tab				6.4400
	02184478	Casodex	AZC		6.4400

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

10:00 ANTINEOPLASTIC AGENTS

BUSERELIN ACETATE

191	6.3mg Implant Kit 02228955	Suprefact Depot	AVE	670.0000 670.0000
192	9.45mg Implant Kit 02240749	Suprefact Depot	AVE	990.0000 990.0000
193	1mg/mL Inj Sol-5.5mL Pk 02225166	Suprefact	AVE	46.8750 46.8750
194	1mg/mL Nas Sp-10mL Pk 02225158	Suprefact	AVE	62.8000 62.8000

BUSULFAN

195	2mg Tab 00004618	Myleran	BWE	1.2852 1.2852

CAPECITABINE

196	150mg Tab 02238453	Xeloda	HLR	1.8300 1.8300
197	500mg Tab 02238454	Xeloda	HLR	6.1000 6.1000
	Reason for Use Code	Clinical criteria		
	346	For the first-line treatment of patients with metastatic colorectal cancer in whom combination chemotherapy is not recommended.		
	360	NOTE: Not to be used in patients who have failed 5-flurouracil. For the treatment of metastatic breast cancer in combination with docetaxel in women who experience disease progression on or after an anthracycline.		

CHLORAMBUCIL

198	2mg Tab 00004626	Leukeran	BWE	1.2116 1.2116

CLADRIBINE

199	1mg/mL Inj 02022117	Leustatin	OMC	48.5000 48.5000
	Reason for Use Code	Clinical criteria		
	99	For hairy cell leukemia, as a single 7-day treatment course.		

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

10:00 ANTINEOPLASTIC AGENTS

CYCLOPHOSPHAMIDE

200	200mg Inj Pd-Vial Pk 00013544	Procytox	HOR	5.7630 5.7630
201	1000mg Inj Pd-Vial Pk 00013552	Procytox	HOR	13.4436 13.4436
202	25mg Tab 00262676	Procytox	HOR	.3520 .3520
	00344877	Cytosan	BQU	.3520
203	50mg Tab 00013749	Procytox	HOR	.4740 .4740
	00344885	Cytosan	BQU	.4740

CYPROTERONE ACETATE

204	50mg Tab 00704431	Androcur	BEX	1.5092 1.5092
	02229449	Alti-CPA	ALT	1.5092
	02229723	Gen-Cyproterone	GEN	1.5092
	02232872	Novo-Cyproterone	NOP	1.5092

CYTARABINE

205	100mg Inj Pd-Vial Pk 00386715	Cytosar	UPJ	9.4780 9.4780
206	500mg Inj Pd-Vial Pk 00194727	Cytosar	UPJ	41.9280 41.9280
207	1g Inj Pd-Vial Pk 00646296	Cytosar	UPJ	76.4700 76.4700
208	2g Inj Pd-Vial Pk 00646318	Cytosar	UPJ	151.1200 151.1200

DACARBAZINE

209	Inj Pd-200mg Pk 02154854	DTIC	BAH	18.0800 18.0800

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

10:00 ANTINEOPLASTIC AGENTS

DAUNORUBICIN

210	Inj Pd-20mg Pk 01926683	Cerubidine	AVE	80.1200 80.1200

ESTRAMUSTINE PHOSPHATE DISODIUM

211	140mg Cap 00780278	Emcyt	KAP	3.0070 3.0070

ETOPOSIDE

212	50mg Cap 00616192	Vepesid	BQU	30.5025 30.5025

EXEMESTANE

213	25mg Tab 02242705	Aromasin	PHA	4.9500 4.9500
	Reason for Use Code 180	Clinical criteria For the hormonal treatment of metastatic breast cancer in hormone receptor positive post-menopausal women who have disease progression following tamoxifen therapy.		

FLUOROURACIL

214	500mg/10mL Inj Sol-10mL Pk 00012882	Fluorouracil	HLR	3.4400 3.4400

FLUTAMIDE

215	250mg Tab 00637726	Euflex	SCH	1.3530 1.3530
	02230089	Novo-Flutamide	NOP	1.3530
	02230104	PMS-Flutamide	PMS	1.3530
	02238560	Apo-Flutamide	APX	1.3530

GOSERELIN ACETATE

216	3.6mg Depot Inj 02049325	Zoladex	AZC	381.7500 381.7500
217	10.8mg Depot Inj 02225905	Zoladex LA	AZC	1087.9900 1087.9900

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

10:00 ANTINEOPLASTIC AGENTS

HYDROXYUREA

218	500mg Cap				1.1337
	00465283	Hydrea		BQU	1.1337
	02242920	Gen-Hydroxyurea		GEN	1.1337

INTERFERON ALFA-2A

219	3mu/Vial Inj Sol-1mL Pk				34.0000
	02217015	Roferon-A		HLR	34.0000
220	18mu/Vial Inj Sol-3mL Pk				204.0000
	02217066	Roferon-A		HLR	204.0000
221	9mu/Vial Pd for Inj				102.0000
	01911996	Roferon-A		HLR	102.0000
222	18mu/Vial Pd for Inj				204.0000
	01912003	Roferon-A		HLR	204.0000
	Reason for Use Code	Clinical criteria			
	28	For hairy cell leukemia.			
	29	For Kaposi's Sarcoma.			

INTERFERON ALFA-2B

223	15mu/mL 18mu MD Pen Kit				203.9400
	02240693	Intron A		SCH	203.9400
224	25mu/mL 30mu MD Pen Kit				339.9000
	02240694	Intron A		SCH	339.9000
225	50mu/mL 60mu MD Pen Kit				679.8000
	02240695	Intron A		SCH	679.8000
	Reason for Use Code	Clinical criteria			
	28	For hairy cell leukemia.			
	29	For Kaposi's Sarcoma.			

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION
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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

10:00 ANTINEOPLASTIC AGENTS

INTERFERON ALFA-N1 (INS)

226	3mu/Vial Inj 01959077	Wellferon	BWE	35.3000 35.3000
227	10mu/Vial Inj 01959069	Wellferon	BWE	117.3000 117.3000
	Reason for Use Code	Clinical criteria		
	28	For hairy cell leukemia.		
	89	For the treatment of juvenile laryngeal papillomatosis.		

L-ASPARAGINASE

228	Inj Pd-10000IU Pk 01926438	Kidrolase	AVE	128.3700 128.3700

LETROZOLE

229	2.5mg Tab 02231384	Femara	NOV	4.9500 4.9500
	Reason for Use Code	Clinical criteria		
	180	For the hormonal treatment of metastatic breast cancer in hormone receptor positive post-menopausal women who have disease progression following tamoxifen therapy.		

LEUPROLIDE ACETATE

230	3.75mg Inj-Kit 00884502	Lupron Depot PDS	ABB	304.5000 304.5000
231	7.5mg Inj-Kit 00836273	Lupron Depot PDS	ABB	387.9700 387.9700
232	11.25mg Inj-Kit 02239834	Lupron Depot PDS	TAP	913.5000 913.5000
233	22.5mg Inj-Kit 02230248	Lupron Depot PDS	ABB	1071.0000 1071.0000
234	30mg Inj-Kit 02239833	Lupron Depot PDS	TAP	1428.0000 1428.0000

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

10:00 ANTINEOPLASTIC AGENTS

LEVAMISOLE HCL					
235	50mg Tab				4.7500
	00846368	Ergamisol	JAN		4.7500
LOMUSTINE (CCNU)					
236	10mg Cap				4.1900
	00360430	CeeNU	BQU		4.1900
237	40mg Cap				7.2125
	00360422	CeeNU	BQU		7.2125
238	100mg Cap				11.9075
	00360414	CeeNU	BQU		11.9075
MEGESTROL ACETATE					
239	40mg Tab				.9054
	00386391	Megace	BQU		1.3430
	02176092	Lin-Megestrol	LON		.9054
	02185415	Nu-Megestrol	NXP		.9054
	02195917	Apo-Megestrol	APX		.9054
240	160mg Tab				3.6267
	00731323	Megace	BQU		5.3733
	02176106	Lin-Megestrol	LON		3.6267
	02185423	Nu-Megestrol	NXP		3.6267
	02195925	Apo-Megestrol	APX		3.6267
MELPHALAN					
241	2mg Tab				1.3606
	00004715	Alkeran	BWE		1.3606
MERCAPTOPURINE					
242	50mg Tab				1.8340
	00004723	Purinethol	BWE		1.8340
Note: Decrease dose of mercaptopurine to 25-33% of initial dose if allopurinol used concomitantly.					

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

10:00 ANTINEOPLASTIC AGENTS

METHOTREXATE SODIUM

243	20mg/2mL Inj Sol-2mL Pk				12.5000
	02182947	Methotrexate Sodium	FAU		12.5000

NILUTAMIDE

244	50mg Tab				1.7000
	02221861	Anandron	AVE		1.7000
245	100mg Tab				2.0000
	02221888	Anandron	AVE		2.0000

PROCARBAZINE HCL

246	50mg Cap				.4079
	00012750	Natulan	HLR		.4079
Note: Procarbazine inhibits monoamine oxidase. Avoid alcohol and foods with high tyramine content (e.g. aged cheese, red wine, yogurt, etc.)					

STREPTOZOCIN

247	Inj Pd-1g Pk				37.6600
	00622141	Zanosar	UPJ		37.6600

TAMOXIFEN CITRATE

248	10mg Tab				.1750
	00812404	Apo-Tamox	APX		.1750
	00851965	Novo-Tamoxifen	NOP		.1750
	01926624	Tamofen	AVE		.1750
	02048477	Nolvadex	AZC		.1750
	02063778	Tamone	PMJ		.2270
	02088428	Gen-Tamoxifen	GEN		.1750
249	20mg Tab				.3500
	00812390	Apo-Tamox	APX		.3500
	00851973	Novo-Tamoxifen	NOP		.3500
	01926632	Tamofen	AVE		.3500
	02048485	Nolvadex D	AZC		.3500
	02063751	Tamone	PMJ		.4539
	02089858	Gen-Tamoxifen	GEN		.3500

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

10:00 ANTINEOPLASTIC AGENTS

TEMOZOLOMIDE

250	5mg Cap				7.1300
	02241093	Temodal	SCH		7.1300
251	20mg Cap				28.5200
	02241094	Temodal	SCH		28.5200
252	100mg Cap				142.6000
	02241095	Temodal	SCH		142.6000
253	250mg Cap				356.4900
	02241096	Temodal	SCH		356.4900
	Reason for Use Code	Clinical criteria			
	320	For patients with recurrent or progressive glioblastoma multiforme or anaplastic astrocytoma.			

THIOGUANINE

254	40mg Tab				3.7456
	00282081	Lanvis	BWE		3.7456

VINBLASTINE SULFATE

255	Inj Pd-10mg Pk				49.8212
	00015431	Velbe	LIL		49.8212

VINCRISTINE SULFATE

256	1mg/mL Inj Sol				7.1300
	00611182	Oncovin (Not a Benefit)	LIL		
	02143305	Vincristine Sulfate	NOP		7.1300

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

12:00 AUTONOMIC AGENTS

12:04:00 PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

BETHANECHOL CHLORIDE

257	10mg Tab				.2315
	00349720	Urecholine (Not a Benefit)	FRS		
	01947958	Duvoid	SHI		.2315
258	25mg Tab				.3750
	00349739	# Urecholine	FRS		.6310
	01947931	Duvoid	SHI		.3750
259	50mg Tab				.4925
	01947923	Duvoid	SHI		.4925

CARBACHOL

260	2mg Tab				.3727
	00885568	Carbachol	GLA		.3727

DONEPEZIL HCL

261	5mg Tab				4.5900
	02232043	Aricept	PFI		4.5900
262	10mg Tab				4.5900
	02232044	Aricept	PFI		4.5900
	Reason for Use Code	Clinical criteria			
	347	<u>Initial Trial:</u> For patients with mild to moderate Alzheimer’s Disease (Mini-Mental State Exam [MMSE] 10-26). Patients will be reimbursed for a period of up to 3 months after which continued treatment must be reassessed.			
	348	NETWORK NOTE: Maximum duration 3 months.			
		<u>Continuation:</u> Further reimbursement will be made available to those patients whose disease has not progressed/deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.			

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

12:00 AUTONOMIC AGENTS

12:04:00 PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

GALANTAMINE HYDROBROMIDE

263	4mg Tab				2.2950
	02244298	Reminyl	JNO		2.2950
264	8mg Tab				2.2950
	02244299	Reminyl	JNO		2.2950
265	12mg Tab				2.2950
	02244300	Reminyl	JNO		2.2950
	Reason for Use Code	Clinical criteria			
	354	Initial Trial: For patients with mild to moderate Alzheimer’s Disease (Mini-Mental State Exam [MMSE] 10-26). Patients will be reimbursed for a period of up to 3 months after which continued treatment must be reassessed. Although ODB will not reimburse this initial trial period, reimbursement is available through the manufacturer.			
	355	Continuation: Further reimbursement by ODB will be made available to those patients whose disease has not progressed/ deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.			

NEOSTIGMINE BROMIDE

266	15mg Tab				.1484
	00869945	Prostigmin	ICN		.1484

PYRIDOSTIGMINE BROMIDE

267	180mg LA Tab				.3379
	00869953	Mestinon	ICN		.3379
268	60mg Tab				.1491
	00869961	Mestinon	ICN		.1491

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

12:00 AUTONOMIC AGENTS

12:04:00 PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

RIVASTIGMINE

269	1.5mg Cap				2.2950
	02242115	Exelon		NOV	2.2950
270	3mg Cap				2.2950
	02242116	Exelon		NOV	2.2950
271	4.5mg Cap				2.2950
	02242117	Exelon		NOV	2.2950
272	6mg Cap				2.2950
	02242118	Exelon		NOV	2.2950
	Reason for Use Code	Clinical criteria			
	354	Initial Trial: For patients with mild to moderate Alzheimer’s Disease (Mini-Mental State Exam [MMSE] 10-26). Patients will be reimbursed for a period of up to 3 months after which continued treatment must be reassessed. Although ODB will not reimburse this initial trial period, reimbursement is available through the manufacturer.			
	355	Continuation: Further reimbursement by ODB will be made available to those patients whose disease has not progressed/ deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.			

12:08:00 PARASYMPATHOLYTIC (CHOLINERGIC BLOCKING) AGENTS

Note: Anticholinergic agents should be used with extreme caution in the elderly due to age-related central nervous system adverse effects (e.g., confusion, paranoia, hallucinations). Avoid in patients with dementia as drug-induced memory impairment is common. (This does not apply to ipratropium bromide).

BENZTROPINE MESYLATE

273	2mg/2mL Inj Sol-2mL Pk				3.3110
	00016128	Cogentin		MSD	4.7300
	02238903	Benztropine Omega		OMG	3.3110
274	2mg Tab				.0164
	00016357	Cogentin		MSD	.1369
	00426857	Apo-Benztropine		APX	.0164

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

12:00 AUTONOMIC AGENTS

12:08:00 PARASYMPATHOLYTIC (CHOLINERGIC BLOCKING) AGENTS

Note: Anticholinergic agents should be used with extreme caution in the elderly due to age-related central nervous system adverse effects (e.g., confusion, paranoia, hallucinations). Avoid in patients with dementia as drug-induced memory impairment is common. (This does not apply to ipratropium bromide).

ETHOPROPAZINE HCL

275	50mg Tab				.1855
	01927744	Parsitan		AVE	.1855

FLAVOXATE HCL

276	200mg Tab				.3112
	00728179	Urispas		PAL	.4940
	02244842	Apo-Flavoxate		APX	.3458
	02245480	+ PMS-Flavoxate		PMS	.3112

IPRATROPIUM BROMIDE/SALBUTAMOL

277	20mcg/100mcg/md	Aero Inh			18.6500
	02163721	Combivent		BOE	18.6500

278	500mcg/2.5mg/2.5mL	Inh Sol-2.5mL Pk			1.0276
	02231675	Combivent UDV		BOE	1.4680
	02243789	+ Ratio-IPRA SAL UDV		RAI	1.0276

Reason for Use Code	Clinical criteria
	For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.
256	Patients who have a tracheostomy;
257	Patients with cystic fibrosis in whom nebulizer therapy is indicated;
258	Patients with severe mental or physical disabilities;
259	Patients who have previously used nebulizer therapy within the last 12 month period.

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

12:00 AUTONOMIC AGENTS

12:08:00 PARASYMPATHOLYTIC (CHOLINERGIC BLOCKING) AGENTS

Note: Anticholinergic agents should be used with extreme caution in the elderly due to age-related central nervous system adverse effects (e.g., confusion, paranoia, hallucinations). Avoid in patients with dementia as drug-induced memory impairment is common. (This does not apply to ipratropium bromide).

IPRATROPIUM BROMIDE

279	250mcg/mL Inh Sol-20mL Pk			11.0600
	00731439	Atrovent	BOE	17.5700
	02097141	Ipratropium	KNR	11.0600
	02126222	Apo-Ipravent Inhalation Solution	APX	11.0600
	02210479	Novo-Ipramide	NOP	11.0600
	02231136	PMS-Ipratropium	PMS	11.0600
	02239131	Gen-Ipratropium	GEN	11.0600
	Reason for Use Code	Clinical criteria		
		For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.		
	256	Patients who have a tracheostomy;		
	257	Patients with cystic fibrosis in whom nebulizer therapy is indicated;		
	258	Patients with severe mental or physical disabilities;		
	259	Patients who have previously used nebulizer therapy within the last 12 month period.		

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

12:00 AUTONOMIC AGENTS

12:08:00 PARASYMPATHOLYTIC (CHOLINERGIC BLOCKING) AGENTS

Note: Anticholinergic agents should be used with extreme caution in the elderly due to age-related central nervous system adverse effects (e.g., confusion, paranoia, hallucinations). Avoid in patients with dementia as drug-induced memory impairment is common. (This does not apply to ipratropium bromide).

IPRATROPIUM BROMIDE

280	125mcg/mL Inh Sol-2mL UDV Pk			.7550
	02026759	Atrovent UDV	BOE	1.3180
	02097176	Alti-Ipratropium UDV	ALT	.7550
	02231135	PMS-Ipratropium	PMS	.7550
	02243827	Apo-Ipravent	APX	.7550
281	250mcg/mL Inh Sol-2mL UDV Pk			1.5100
	01950681	Atrovent UDV	BOE	2.6360
	02097168	Alti-Ipratropium UDV	ALT	1.5100
	02216221	Gen-Ipratropium	GEN	1.5100
	02231245	PMS-Ipratropium	PMS	1.5100
	02231494	Apo-Ipravent Sterule	APX	1.5100
	Reason for Use Code	Clinical criteria		
		For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.		
	265	Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have a tracheostomy;		
	266	Individuals must have a known hypersensitivity to the preservative in the bulk solution, and be patients with cystic fibrosis in whom nebulizer therapy is indicated;		
	267	Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have severe mental or physical disabilities;		
	268	Patients who have previously used nebulizer therapy within the last 12 month period.		
282	Inh-200 Dose Pk			15.7500
	00576158	Atrovent	BOE	15.7500

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

12:00 AUTONOMIC AGENTS

12:08:00 PARASYMPATHOLYTIC (CHOLINERGIC BLOCKING) AGENTS

Note: Anticholinergic agents should be used with extreme caution in the elderly due to age-related central nervous system adverse effects (e.g., confusion, paranoia, hallucinations). Avoid in patients with dementia as drug-induced memory impairment is common. (This does not apply to ipratropium bromide).

OXYBUTYNIN CHLORIDE

283	1mg/mL O/L			.0622
	01924753	Ditropan	PGP	.0888
	02223376	PMS-Oxybutynin	PMS	.0622
	02231089	Apo-Oxybutynin	APX	.0622
284	5mg Tab			.2485
	01924761	Ditropan	PGP	.3945
	02158590	Nu-Oxybutyn	NXP	.2485
	02163543	Apo-Oxybutynin	APX	.2485
	02220059	Oxybutyn	ICN	.2485
	02220067	Albert-Oxybutynin	ALT	.2485
	02230394	Novo-Oxybutynin	NOP	.2485
	02230800	Gen-Oxybutynin	GEN	.2485
	02240550	PMS-Oxybutynin	PMS	.2485

PROCYCLIDINE HCL

285	0.5mg/mL O/L			.0307
	00004405	Kemadrin	BWE	.0307
286	2.5mg Tab			.0274
	00649392	PMS-Procyclidine	PMS	.0274
287	5mg Tab			.0255
	00004758	Kemadrin	BWE	.0255
	00306290	Procyclid	ICN	.0390
	00587354	PMS-Procyclidine	PMS	.0255

PROPANTHELINE BROMIDE

288	15mg Tab			
	00294837	Propanthel (Not a Benefit)	ICN	
	02030837	Pro-Banthine (Not a Benefit)	SHI	

TRIHENYPHENIDYL HCL

289	0.4mg/mL O/L			.0203
	00014656	Artane (Not a Benefit)	LED	
	00885398	PMS-Trihexyphenidyl	PMS	.0203

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

12:00 AUTONOMIC AGENTS

12:08:00 PARASYMPATHOLYTIC (CHOLINERGIC BLOCKING) AGENTS

Note: Anticholinergic agents should be used with extreme caution in the elderly due to age-related central nervous system adverse effects (e.g., confusion, paranoia, hallucinations). Avoid in patients with dementia as drug-induced memory impairment is common. (This does not apply to ipratropium bromide).

TRIHEXYPHENIDYL HCL

290	2mg Tab				.0100
	00015040	Artane (Not a Benefit)	LED		
	00021911	# Novo-Hexidyl	NOP		.0100
	00545058	Apo-Trihex	APX		.0100
291	5mg Tab				.0087
	00015059	Artane (Not a Benefit)	LED		
	00021938	# Novo-Hexidyl	NOP		.0087
	00545074	Apo-Trihex	APX		.0087

12:12:00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

Note: Solutions for use in nebulizers are more expensive than metered dose inhalers (MDI) and turbuhalers, and for most patients, there is no significant benefit. The only indication for this mode of administration is for selected patient groups, such as those noted in the Limited Use clinical criteria for solutions for use in nebulizers, who are unable to use other formulations. Even children who are unable to coordinate actuation of a MDI and inhalation can usually use a spacer or turbuhaler. Special fittings are available for patients with severe arthritis who have difficulty using a standard MDI.

BUDESONIDE & FORMOTEROL FUMARATE DIHYDRATE

292	100mcg/6mcg Pd Inh-120 Dose Pk				60.0000
	02245385	+ Symbicort 100 Turbuhaler	AZC		60.0000
293	200mcg/6mcg Pd Inh-120 Dose Pk				78.0000
	02245386	+ Symbicort 200 Turbuhaler	AZC		78.0000
	Reason for Use Code	Clinical criteria			
	330	For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.			

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12:00 AUTONOMIC AGENTS

12:12:00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

Note: Solutions for use in nebulizers are more expensive than metered dose inhalers (MDI) and turbuhalers, and for most patients, there is no significant benefit. The only indication for this mode of administration is for selected patient groups, such as those noted in the Limited Use clinical criteria for solutions for use in nebulizers, who are unable to use other formulations. Even children who are unable to coordinate actuation of a MDI and inhalation can usually use a spacer or turbuhaler. Special fittings are available for patients with severe arthritis who have difficulty using a standard MDI.

EPINEPHRINE HCL (RACEMIC)

294	2.25% Inh Sol-30mL Pk			21.4200
	01927582	Vaponefrin	AVE	21.4200
	Reason for Use Code	Clinical criteria		
		For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.		
	256	Patients who have a tracheostomy;		
	257	Patients with cystic fibrosis in whom nebulizer therapy is indicated;		
	258	Patients with severe mental or physical disabilities;		
	259	Patients who have previously used nebulizer therapy within the last 12 month period.		

EPINEPHRINE HCL

295	30mg/30mL Inj Sol-30mL Pk			9.8500
	00155357	Adrenalin	PDA	9.8500

EPINEPHRINE

296	Aero Sol-15mL Pk			9.8500
	02017555	Bronkaid Mistometer	SAO	9.8500

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12:00 AUTONOMIC AGENTS

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Note: Solutions for use in nebulizers are more expensive than metered dose inhalers (MDI) and turbuhalers, and for most patients, there is no significant benefit. The only indication for this mode of administration is for selected patient groups, such as those noted in the Limited Use clinical criteria for solutions for use in nebulizers, who are unable to use other formulations. Even children who are unable to coordinate actuation of a MDI and inhalation can usually use a spacer or turbuhaler. Special fittings are available for patients with severe arthritis who have difficulty using a standard MDI.

FENOTEROL HBR

297	Inh Pd-200 Dose Pk 02006383	Berotec	BOE	9.8300 9.8300
	Reason for Use Code 08	Clinical criteria For patients who have not responded to other less expensive inhaled beta-2 adrenergic agonists.		
298	0.1% Inh Sol-20mL Pk 00541389	Berotec	BOE	14.0600 14.0600
	Reason for Use Code	Clinical criteria For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.		
	256	Patients who have a tracheostomy;		
	257	Patients with cystic fibrosis in whom nebulizer therapy is indicated;		
	258	Patients with severe mental or physical disabilities;		
	259	Patients who have previously used nebulizer therapy within the last 12 month period.		
299	2.5mg Tab 00454796	Berotec	BOE	.2306 .2306

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

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FORMOTEROL FUMARATE

300	12mcg/Cap	Inh Pd-Device Pk			42.3000
	02230898	Foradil	NOV		42.3000
	Reason for Use Code	Clinical criteria			
	132	For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.			
		NOTE: This drug is not for relief of acute symptoms.			

FORMOTEROL FUMARATE DIHYDRATE

301	6mcg/Metered Dose	Pd Inh-60 Dose Pk			31.7500
	02237225	Oxeze Turbuhaler	AZC		31.7500
302	12mcg/Metered Dose	Pd Inh-60 Dose Pk			42.3000
	02237224	Oxeze Turbuhaler	AZC		42.3000
	Reason for Use Code	Clinical criteria			
	132	For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.			
		NOTE: This drug is not for relief of acute symptoms.			

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

12:00 AUTONOMIC AGENTS

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Note: Solutions for use in nebulizers are more expensive than metered dose inhalers (MDI) and turbuhalers, and for most patients, there is no significant benefit. The only indication for this mode of administration is for selected patient groups, such as those noted in the Limited Use clinical criteria for solutions for use in nebulizers, who are unable to use other formulations. Even children who are unable to coordinate actuation of a MDI and inhalation can usually use a spacer or turbuhaler. Special fittings are available for patients with severe arthritis who have difficulty using a standard MDI.

ISOPROTERENOL HCL

303	0.5% Inh Sol-10mL Pk			8.4700
	02017652	Isuprel	SAO	8.4700
	Reason for Use Code	Clinical criteria		
		For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.		
	260	Children aged 6 years or less;		
	261	Patients who have a tracheostomy;		
	262	Patients with cystic fibrosis in whom nebulizer therapy is indicated;		
	263	Patients with severe mental or physical disabilities;		
	264	Patients who have previously used nebulizer therapy within the last 12 month period.		

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

12:00 AUTONOMIC AGENTS

12:12:00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

Note: Solutions for use in nebulizers are more expensive than metered dose inhalers (MDI) and turbuhalers, and for most patients, there is no significant benefit. The only indication for this mode of administration is for selected patient groups, such as those noted in the Limited Use clinical criteria for solutions for use in nebulizers, who are unable to use other formulations. Even children who are unable to coordinate actuation of a MDI and inhalation can usually use a spacer or turbuhaler. Special fittings are available for patients with severe arthritis who have difficulty using a standard MDI.

ORCIPRENALINE SULFATE

304	Inh Pd-300 Dose Pk			12.8000
	00254134	Alupent	BOE	12.8000

305	5% Inh Sol-10mL Pk			9.2200
	00003859	Alupent	BOE	9.2200

Reason for Use Code	Clinical criteria

For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.

- 256 Patients who have a tracheostomy;
- 257 Patients with cystic fibrosis in whom nebulizer therapy is indicated;
- 258 Patients with severe mental or physical disabilities;
- 259 Patients who have previously used nebulizer therapy within the last 12 month period.

306	2mg/mL O/L			.0381
	00249920	Alupent	BOE	.0604
	02152568	Alti-Orciprenaline	ALT	.0381
	02192675	Tanta Orciprenaline	TAN	.0453
	02236783	Apo-Orciprenaline	APX	.0381

307	20mg Tab			.2349
	00003891	Alupent	BOE	.2349

PIRBUTEROL ACETATE

308	0.25mg/Dose Inh-300 Dose Pk			10.0000
	02053136	Maxair	MMH	10.0000

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PSEUDOEPHEDRINE HCL

309	6mg/mL O/L			
	00004561	Sudafed (Not a Benefit)	BWE	
	00425516	Robidrine (Not a Benefit)	WHB	
310	60mg Tab			
	00004766	Sudafed (Not a Benefit)	BWE	
	00342726	Robidrine (Not a Benefit)	WHB	

SALBUTAMOL SULFATE

313	200mcg/Blister	Pd Inh-120 Dose Pk		20.4100
	02214997	Ventodisk	GLW	20.4100
314	400mcg/Blister	Pd Inh-120 Dose Pk		28.3600
	02215004	Ventodisk	GLW	28.3600

SALBUTAMOL

315	200mcg/Cart	Inh Pd		.1701
	02212315	Ventolin Rotacaps	GLW	.1701
316	400mcg/Cart	Inh Pd		.2364
	02212323	Ventolin Rotacaps	GLW	.2364

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SALBUTAMOL

317	1mg/mL Inh Sol-2.5mL Pk			.6083
	01926934	Gen-Salbutamol Sterinebs P.F.	GEN	.6083
	01986864	Salbutamol Respirator Sol P.F.	KNR	.6083
	02208229	PMS-Salbutamol	PMS	.6083
	02213419	Ventolin Nebules P.F.	GLW	.9655
	02231430	# Asmavent	TCH	.6083
	02231488	Apo-Salvent Sterule	APX	.6083
	Reason for Use Code	Clinical criteria		
		For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.		
	265	Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have a tracheostomy;		
	266	Individuals must have a known hypersensitivity to the preservative in the bulk solution, and be patients with cystic fibrosis in whom nebulizer therapy is indicated;		
	267	Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have severe mental or physical disabilities;		
	268	Patients who have previously used nebulizer therapy within the last 12 month period.		

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SALBUTAMOL

318	2mg/mL Inh Sol-2.5mL Pk			1.1555
	01945203	Ventolin Nebules P.F.	GLA	1.8345
	02173360	Gen-Salbutamol	GEN	1.1555
	02208237	PMS-Salbutamol	PMS	1.1555
	02231678	Apo-Salvent Sterule	APX	1.1555
	02239366	Alti-Salbutamol Sulphate	ALT	1.1555
	Reason for Use Code	Clinical criteria		
		For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.		
	265	Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have a tracheostomy;		
	266	Individuals must have a known hypersensitivity to the preservative in the bulk solution, and be patients with cystic fibrosis in whom nebulizer therapy is indicated;		
	267	Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have severe mental or physical disabilities;		
	268	Patients who have previously used nebulizer therapy within the last 12 month period.		

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SALBUTAMOL

319	5mg/mL Inh Sol-10mL Pk			5.9031
	00860808	Salbutamol Respirator Solution	KNR	5.9031
	02048760	Asmavent	TCH	5.9031
	02069571	PMS-Salbutamol Respirator Solution	PMS	5.9031
	02154412	Rho-Salbutamol	RHP	5.9031
	02213486	Ventolin	GLW	9.3700
	02232987	Gen-Salbutamol	GEN	5.9031
	Reason for Use Code	Clinical criteria		
		For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.		
	256	Patients who have a tracheostomy;		
	257	Patients with cystic fibrosis in whom nebulizer therapy is indicated;		
	258	Patients with severe mental or physical disabilities;		
	259	Patients who have previously used nebulizer therapy within the last 12 month period.		
320	100mcg/Met Dose Inh-200 Dose Pk			4.6400
	00790419	Apo-Salvent (Not a Benefit)	APX	
	00851841	Salbutamol Inhaler (Not a Benefit)	KNR	
	00874086	Novo-Salmol (Not a Benefit)	NOP	
	02213478	Ventolin (Not a Benefit)	GLW	
	02232570	Airomir HFA	MMH	4.6500
	02244914	Ratio-Salbutamol HFA	RAI	4.6400
	02245669	+ Apo-Salvent CFC Free	APX	4.6400
321	0.25mg/5mL Inj Sol			1.0298
	00894257	Ventolin	GLA	1.0298

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SALBUTAMOL

322	0.4mg/mL O/L				.0680
	02212390	Ventolin	GLW		.0680
323	2mg Tab				.0649
	00620955	Novo-Salmol	NOP		.0649
	00637793	Salbutamol	EVM		.0649
	01961039	Ventolin (Not a Benefit)	GLA		
	02146843	Apo-Salvent	APX		.0649
	02165368	Nu-Salbutamol	NXP		.0649
324	4mg Tab				.1072
	00620963	Novo-Salmol	NOP		.1072
	00637807	Salbutamol	EVM		.1073
	01932691	Ventolin (Not a Benefit)	GLA		
	02146851	Apo-Salvent	APX		.1072
	02165376	Nu-Salbutamol	NXP		.1072

SALMETEROL XINAFOATE

325	25mcg/Met Dose Inh-120 Dose Pk				49.8000
	02211742	SereVent	GLW		49.8000
326	50mcg Pd Inh-60 Dose Pk				49.8000
	02231129	SereVent Diskus	GLW		49.8000
327	50mcg/Blister Diskhaler-60 Disk Pk				49.8000
	02214261	SereVent Diskhaler Disks	GLW		49.8000

Reason for
Use Code

Clinical criteria

132

For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.

NOTE: This drug is not for relief of acute symptoms.

+ = NEW LISTING # = BEING DISCONTINUED AS BENEFIT IN FUTURE DBP = DRUG BENEFIT PRICE
DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION
* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

12:00 AUTONOMIC AGENTS

12:12:00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

Note: Solutions for use in nebulizers are more expensive than metered dose inhalers (MDI) and turbuhalers, and for most patients, there is no significant benefit. The only indication for this mode of administration is for selected patient groups, such as those noted in the Limited Use clinical criteria for solutions for use in nebulizers, who are unable to use other formulations. Even children who are unable to coordinate actuation of a MDI and inhalation can usually use a spacer or turbuhaler. Special fittings are available for patients with severe arthritis who have difficulty using a standard MDI.

SALMETEROL XINAFOATE & FLUTICASONE PROPIONATE

328	25/125mcg/Metered Dose Inh-120 Dose Pk			85.8000
	02245126 + Advair 125	GSK		85.8000
329	25/250mcg/Metered Dose Inh-120 Dose Pk			121.8000
	02245127 + Advair 250	GSK		121.8000
330	50/100mcg Inh-60 Dose Pk			71.7000
	02240835 Advair Diskus	GSK		71.7000
331	50/250mcg Inh-60 Dose Pk			85.8000
	02240836 Advair Diskus	GLW		85.8000
332	50/500mcg Inh-60 Dose Pk			121.8000
	02240837 Advair Diskus	GLW		121.8000
	Reason for Use Code	Clinical criteria		
	330	For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.		

TERBUTALINE SULFATE

333	0.5mg/Dose Inh-200 Dose Pk			14.3000
	00786616 Bricanyl Turbuhaler	AST		14.3000

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

12:00 AUTONOMIC AGENTS

12:16:00 SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS

Note: Ergotamine is the drug of choice in the treatment of acute attacks of migraine. It may also alleviate or prevent acute attacks of cluster headache in some patients. The addition of caffeine or pentobarbital have not been proven to result in greater efficacy.

ERGOTAMINE & PENTOBARBITAL COMPOUND

334	Sup				2.1875
		00176214	Cafergot-PB	SAN	2.1875
335	Tab				.6240
		00176222	Cafergot-PB	NOV	.6240

ERGOTAMINE TARTRATE & CAFFEINE

336	1mg & 100mg Tab				.5385
		00176095	Cafergot	SAN	.5385

ERGOTAMINE TARTRATE

337	2mg SL Tab				.7330
		00328952	Ergomar	AVE	.7330

METHYSERGIDE BIMALEATE

338	2mg Tab				.6415
		00027499	Sansert	NOV	.6415

Note: Fibrosis (retroperitoneal and pleuropulmonary) occurs rarely with prolonged therapy. Daily dose should not exceed 8mg, and duration of therapy should not exceed six months in a single course of therapy. It should be reserved for migraine headache prophylaxis not responsive to other prophylactic agents (e.g., beta blockers).

PIZOTYLIN

339	0.5mg Tab				.3381
		00329320	Sandomigran	NOV	.3381
340	1mg Tab				.5770
		00511552	Sandomigran DS	NOV	.5770

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

12:00 AUTONOMIC AGENTS

12:20:00 SKELETAL MUSCLE RELAXANTS

Note: Muscle relaxants, other than baclofen and dantrolene sodium, are not indicated for spasticity due to cerebral palsy, multiple sclerosis, spinal cord injury, etc.

BACLOFEN

341	10mg Tab				.2911
	00455881	Lioresal	NOV		.4621
	02063735	PMS-Baclofen	PMS		.2911
	02088398	Gen-Baclofen	GEN		.2911
	02136090	Nu-Baclo	NXP		.2911
	02139332	Apo-Baclofen	APX		.2911
	02229936	# Novo-Baclofen	NOP		.2911
	02236507	Liotec	TCH		.2911
342	20mg Tab				.5667
	00636576	Lioresal DS	NOV		.8995
	02063743	PMS-Baclofen	PMS		.5667
	02088401	Gen-Baclofen	GEN		.5667
	02136104	Nu-Baclo	NXP		.5667
	02139391	Apo-Baclofen	APX		.5667
	02229937	# Novo-Baclofen	NOP		.5667
	02236508	Liotec	TCH		.5667

CYCLOBENZAPRINE HCL

343	10mg Tab				
	00782742	Flexeril (Not a Benefit)	FRS		
	02080052	Novo-Cycloprine (Not a Benefit)	NOP		
	02171848	Nu-Cyclobenzaprine (Not a Benefit)	NXP		
	02174618	Alti-Cyclobenzaprine (Not a Benefit)	ALT		
	02177145	Apo-Cyclobenzaprine (Not a Benefit)	APX		
	02212048	PMS-Cyclobenzaprine (Not a Benefit)	PMS		
	02231353	Gen-Cycloprine (Not a Benefit)	GEN		
	02236506	Flexitec (Not a Benefit)	TCH		

DANTROLENE SODIUM

344	25mg Cap				.3467
	01997602	Dantrium	PGP		.3467
345	100mg Cap				.7050
	01997653	Dantrium	PGP		.7050

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

12:00 AUTONOMIC AGENTS

12:20:00 SKELETAL MUSCLE RELAXANTS

Note: Muscle relaxants, other than baclofen and dantrolene sodium, are not indicated for spasticity due to cerebral palsy, multiple sclerosis, spinal cord injury, etc.

ORPHENADRINE CITRATE

346	60mg/2mL Inj Sol-2mL Pk		
	01966162	Norflex (Not a Benefit)	MMH
	02229731	Orphenadrine (Not a Benefit)	CYI

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

20:00 BLOOD FORMATION AND COAGULATION

20:04:00 ANTIANEMIA DRUGS

FERROUS FUMARATE

347	300mg Cap				.1899
	01923420	Palafer	SMJ		.1899
348	60mg/mL O/L				.0808
	01923439	Palafer	SMJ		.0808

FERROUS GLUCONATE

349	*300mg Tab				.0107
	00021458	Novo-Ferrogluc	NOP		.0107
	00031097	Ferrous Gluconate (Not a Benefit)	RPR		
	00041157	# Ferrous Gluconate	LEA		.0107
	00094714	Ferrous Gluconate	DCL		.0107
	00545031	Apo-Ferrous Gluconate	APX		.0107

FERROUS SUCCINATE

350	100mg Tab				.1443
	00677981	Cerevon	BWE		.1443

FERROUS SULFATE

351	75mg/mL O/L				.2044
	00762954	Fer-In-Sol	MJS		.2044

IRON SORBITOL

352	50mg/mL Inj Sol-2mL Pk				2.5000
	00001910	# Jectofer	AST		2.5000

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

20:00 BLOOD FORMATION AND COAGULATION

20:12:00 COAGULANTS AND ANTI-COAGULANTS

DALTEPARIN SODIUM

353	2500IU/0.2mL Inj Pref Syr			4.7500
	02132621 Fragmin	PHA	4.7500	
354	5000IU/0.2mL Inj Pref Syr		9.4500	
	02132648 Fragmin	PHA	9.4500	
355	10000IU/0.4mL Inj Pref Syr		19.0000	
	09853790 Fragmin	PMJ	19.0000	
356	12500IU/0.5mL Inj Pref Syr		23.7500	
	09853820 Fragmin	PMJ	23.7500	
357	15000IU/0.6mL Inj Pref Syr		28.5000	
	09853880 Fragmin	PMJ	28.5000	
358	18000IU/0.72mL Inj Pref Syr		34.2000	
	09853910 Fragmin	PMJ	34.2000	
359	10000IU/mL Inj Sol-1mL Pk		15.0000	
	02132664 Fragmin	PHA	15.0000	
360	2500IU/mL Inj Sol-4mL Pk		15.0000	
	02132656 Fragmin	PMJ	15.0000	
361	25000IU/mL Multidose 3.8 Pk		142.5000	
	02231171 Fragmin	PHA	142.5000	
	Reason for Use Code	Clinical criteria		
	186	For acute treatment of deep venous thrombosis (DVT), for a maximum of three weeks;		
	187	For DVT in pregnant or lactating females;		
	188	For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated;		
	189	For DVT in patients who have failed treatment with warfarin.		

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION
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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

20:00 BLOOD FORMATION AND COAGULATION

20:12:00 COAGULANTS AND ANTI-COAGULANTS

ENOXAPARIN SODIUM

362	100mg/mL Inj Sol-3mL Vial Pk 02236564	+ Lovenox	AVE	60.0000 60.0000
363	30mg/0.3mL Pref Syr-0.3mL Pk 02012472	+ Lovenox	AVE	6.0400 6.0400
364	40mg/0.4mL Pref Syr-0.4mL Pk 02236883	+ Lovenox	AVE	8.0000 8.0000
365	60mg/0.6mL Pref Syr-0.6mL Pk 09852468	+ Lovenox	AVE	12.0000 12.0000
366	80mg/0.8mL Pref Syr-0.8mL Pk 09852476	+ Lovenox	AVE	16.0000 16.0000
367	100mg/mL Pref Syr-1mL Pk 09852484	+ Lovenox	AVE	20.0000 20.0000
	Reason for Use Code	Clinical criteria		
	186	For acute treatment of deep venous thrombosis (DVT), for a maximum of three weeks;		
	187	For DVT in pregnant or lactating females;		
	188	For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated;		
	189	For DVT in patients who have failed treatment with warfarin.		
	323	For the acute treatment of pulmonary embolism, maximum of three weeks.		

HEPARIN CALCIUM

368	25000IU/mL Inj Sol-0.8mL Pk 00740527	Calcilean	OGN	6.6000 6.6000

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

20:00 BLOOD FORMATION AND COAGULATION

20:12:00 COAGULANTS AND ANTI-COAGULANTS

HEPARIN SODIUM

369	10000USP U/10mL Inj Sol-10mL Pk 00740519 Hepalean	OGN	2.7000 2.7000
370	25000USP U/mL Inj Sol-2mL Pk 00740535 Hepalean	OGN	11.4000 11.4000
371	50000USP U/5mL Inj Sol-5mL Pk 00740497 Hepalean	OGN	4.7900 4.7900

NADROPARIN CALCIUM

372	9500IU/mL Pref Syr-0.2mL Pk 02236913 Fraxiparine	SAO	8.9500 8.9500
373	9500IU/mL Pref Syr-0.3mL Pk 09853936 Fraxiparine	SAO	8.9500 8.9500
374	9500IU/mL Pref Syr-0.4mL Pk 09853944 Fraxiparine	SAO	8.9500 8.9500
375	9500IU/mL Pref Syr-0.6mL Pk 09853952 Fraxiparine	SAO	8.9500 8.9500
376	9500IU/mL Pref Syr-0.8mL Pk 09853979 Fraxiparine	SAO	8.9500 8.9500
377	9500IU/mL Pref Syr-1.0mL Pk 09853987 Fraxiparine	SAO	8.9500 8.9500
378	19000IU/mL Pref Syr-0.6mL Pk 02240114 Fraxiparine Forte	SAO	17.9000 17.9000
379	19000IU/mL Pref Syr-0.8mL Pk 09854100 Fraxiparine Forte	SAO	17.9000 17.9000
380	19000IU/mL Pref Syr-1.0mL Pk 09854118 Fraxiparine Forte	SAO	17.9000 17.9000

Reason for
Use Code

Clinical criteria

- 186 For acute treatment of deep venous thrombosis (DVT), for a *maximum of three weeks*;
- 187 For DVT in pregnant or lactating females;
- 188 For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated;
- 189 For DVT in patients who have failed treatment with warfarin.

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION
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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

20:00 BLOOD FORMATION AND COAGULATION

20:12:00 COAGULANTS AND ANTI-COAGULANTS

NICOUMALONE

381	1mg Tab				.1237
	00010383	Sintrom		NOV	.1237
382	4mg Tab				.3890
	00010391	Sintrom		NOV	.3890

TINZAPARIN SODIUM

383	10000IU/mL Inj-2mL Pk				32.0000
	02167840	Innohep		LEO	32.0000
384	20000IU/mL Inj-2mL Pk				64.0000
	02229515	Innohep		LEO	64.0000
385	3500IU/0.35mL Inj Pref Syr				5.6450
	02229755	Innohep		LEO	5.6450
386	4500IU/0.45mL Inj Pref Syr				7.2580
	09853898	Innohep		LEO	7.2580
387	10000IU/0.5mL Inj Pref Syr				16.0000
	02231478	Innohep		LEO	16.0000
388	14000IU/0.7mL Inj Pref Syr				22.4000
	09853901	Innohep		LEO	22.4000
389	18000IU/0.9mL Inj Pref Syr				28.8000
	09853928	Innohep		LEO	28.8000

Reason for Use Code	Clinical criteria
186	For acute treatment of deep venous thrombosis (DVT), for a <i>maximum of three weeks</i> ;
187	For DVT in pregnant or lactating females;
188	For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated;
189	For DVT in patients who have failed treatment with warfarin.
323	For the acute treatment of pulmonary embolism, <i>maximum of three weeks</i> .

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

20:00 BLOOD FORMATION AND COAGULATION

20:12:00 COAGULANTS AND ANTI-COAGULANTS

WARFARIN

Note: The use of International Normalized Ratio (INR) instead of Prothrombin Time results to control warfarin dosing is strongly recommended. Prothrombin Time results can vary three-fold depending on the reagent used; INR corrects for this and substantially improves safety and efficacy of warfarin therapy.

390	1mg Tab				.1782
	01918311	Coumadin	DUP		.2829
	02242680	Taro-Warfarin	TAR		.1980
	02242924	Apo-Warfarin	APX		.1980
	02244462	+ Gen-Warfarin	GEN		.1782
391	2mg Tab				.1885
	01918338	Coumadin	DUP		.2992
	02242681	Taro-Warfarin	TAR		.2094
	02242925	Apo-Warfarin	APX		.2094
	02244463	+ Gen-Warfarin	GEN		.1885
392	2.5mg Tab				.1509
	01918346	Coumadin	DUP		.2395
	02242682	Taro-Warfarin	TAR		.1677
	02242926	Apo-Warfarin	APX		.1676
	02244464	+ Gen-Warfarin	GEN		.1509
393	3mg Tab				.2337
	02240205	Coumadin	DUP		.3709
	02242683	Taro-Warfarin	TAR		.2596
	02245618	+ Apo-Warfarin	APX		.2337
394	4mg Tab				.2337
	02007959	Coumadin	DUP		.3709
	02242684	Taro-Warfarin	TAR		.2596
	02242927	Apo-Warfarin	APX		.2596
	02244465	+ Gen-Warfarin	GEN		.2337
395	5mg Tab				.1512
	01918354	Coumadin	DUP		.2400
	02242685	Taro-Warfarin	TAR		.1680
	02242928	Apo-Warfarin	APX		.1680
	02244466	+ Gen-Warfarin	GEN		.1512

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

20:00 BLOOD FORMATION AND COAGULATION

20:12:00 COAGULANTS AND ANTI-COAGULANTS

WARFARIN

Note: The use of International Normalized Ratio (INR) instead of Prothrombin Time results to control warfarin dosing is strongly recommended. Prothrombin Time results can vary three-fold depending on the reagent used; INR corrects for this and substantially improves safety and efficacy of warfarin therapy.

396	10mg Tab			.2713
	01918362	Coumadin	DUP	.4306
	02242687	Taro-Warfarin	TAR	.3014
	02242929	Apo-Warfarin	APX	.3014
	02244467	+ Gen-Warfarin	GEN	.2713
397	5mg Tab			.1766
	00010308	Warfilone	FRS	.1766

20:24:00 HEMORRHEOLOGIC AGENTS

PENTOXIFYLLINE

398	400mg SR Tab			.3837
	01968432	Albert-Pentoxifylline	ALT	.3837
	02221977	Trental	AVE	.6091
	02230090	Apo-Pentoxifylline	APX	.3837
	02230401	Nu-Pentoxifylline	NXP	.3837
	Reason for Use Code	Clinical criteria		
	76	For the treatment of patients with critical limb ischemia (with arterial ulcers, gangrene and/or rest pain) and documented arterial vascular disease.		
		NOTE: Limited Use form must specify if arterial ulcers, gangrene and/or rest pain are present.		

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

ACEBUTOLOL HCL

399	100mg Tab			.1630	.33
	01910140	Rhotral	RHP	.1630	.33
	01926543	Sectral	AVE	.2588	.52
	02036290	Monitan	WAY	.1630	.33
	02147602	Apo-Acebutolol	APX	.1630	.33
	02165546	Nu-Acebutolol	NXP	.1630	.33
	02204517	Novo-Acebutolol	NOP	.1630	.33
	02237721	Gen-Acebutolol	GEN	.1630	.33
	02237885	Gen-Acebutolol (Type S)	GEN	.1630	.33
400	200mg Tab			.2440	.49
	01910159	Rhotral	RHP	.2440	.49
	01926551	Sectral	AVE	.3873	.77
	02036436	Monitan	WAY	.2440	.49
	02147610	Apo-Acebutolol	APX	.2440	.49
	02165554	Nu-Acebutolol	NXP	.2440	.49
	02204525	Novo-Acebutolol	NOP	.2440	.49
	02237722	Gen-Acebutolol	GEN	.2440	.49
	02237886	Gen-Acebutolol (Type S)	GEN	.2440	.49
401	400mg Tab			.4848	.97
	01910167	Rhotral	RHP	.4848	.97
	01926578	Sectral	AVE	.7695	1.54
	02036444	Monitan	WAY	.4848	.97
	02147629	Apo-Acebutolol	APX	.4848	.97
	02165562	Nu-Acebutolol	NXP	.4848	.97
	02204533	Novo-Acebutolol	NOP	.4848	.97
	02237723	Gen-Acebutolol	GEN	.4848	.97
	02237887	Gen-Acebutolol (Type S)	GEN	.4848	.97

AMIODARONE HCL

402	200mg Tab			1.2971	
	02036282	Cordarone	WAY	2.0589	
	02239835	Novo-Amiodarone	NOP	1.2971	
	02240071	Alti-Amiodarone	ALT	1.2971	
	02240604	Gen-Amiodarone	GEN	1.2971	
	02242472	PMS-Amiodarone	PMS	1.2971	
	02243836	Rhoxal-Amiodarone	RHO	1.2971	

Note: The manufacturer recommends that treatment with amiodarone be initiated in hospital and continued in a monitored environment under the care of a cardiologist, or internist with equivalent experience in such care.

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

AMLODIPINE

403	5mg Tab			1.2800	1.28
	00878928	Norvasc	PFI	1.2800	1.28
404	10mg Tab			1.9000	1.90
	00878936	Norvasc	PFI	1.9000	1.90

ATENOLOL

405	50mg Tab			.3515	.35
	00773689	Apo-Atenol	APX	.3515	.35
	00886114	Nu-Atenol	NXP	.3515	.35
	01912062	Novo-Atenol	NOP	.3515	.35
	02039532	Tenormin	AZC	.5579	.56
	02146894	Gen-Atenolol	GEN	.3515	.35
	02171791	Tenolin	TCH	.3515	.35
	02220679	# Scheinpharm Atenolol	SCE	.3515	.35
	02231731	Rho-Atenolol	RHP	.3515	.35
	02237600	PMS-Atenolol	PMS	.3515	.35
406	100mg Tab			.5777	.58
	00773697	Apo-Atenol	APX	.5777	.58
	00886122	Nu-Atenol	NXP	.5777	.58
	01912054	Novo-Atenol	NOP	.5777	.58
	02039540	Tenormin	AZC	.9171	.92
	02147432	Gen-Atenolol	GEN	.5777	.58
	02171805	Tenolin	TCH	.5777	.58
	02220687	# Scheinpharm Atenolol	SCE	.5778	.58
	02231733	Rho-Atenolol	RHP	.5777	.58
	02237601	PMS-Atenolol	PMS	.5777	.58

BISOPROLOL FUMARATE

407	5mg Tab			.3500	
	02241148	Monacor	CRY	.3500	
408	10mg Tab			.5800	
	02241149	Monacor	CRY	.5800	

+ = NEW LISTING

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DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

CARVEDILOL

409	3.125mg Tab			1.2700	2.54
	02229650	Coreg	SMJ	1.2700	2.54
410	6.25mg Tab			1.2700	2.54
	02229651	Coreg	SMJ	1.2700	2.54
411	12.5mg Tab			1.2700	2.54
	02229652	Coreg	SMJ	1.2700	2.54
412	25mg Tab			1.2700	2.54
	02229653	Coreg	SMJ	1.2700	2.54
	Reason for Use Code	Clinical criteria			
		For patients with:			
	183	a) NYHA Class II or III Congestive Heart Failure (CHF); and b) Currently being treated with an angiotension converting enzyme (ACE) inhibitor, diuretics with or without digoxin, or previously treated, and failed these agents; and c) An ejection fraction ≤ 35%; and d) At least one episode of symptomatic CHF within a 12 month period while receiving optimal management.			

DIGOXIN

Note: Digoxin toxicity is common and serious: digoxin levels should be monitored in the elderly, after adding drugs that affect urea clearance including diuretics, particularly spironolactone; verapamil and quinidine also interact significantly with digoxin. Dose should be reduced in renal impairment and in elderly patients. Chronic therapy should be re-evaluated.

413	0.05mg/mL Inj Sol-1mL Pk			3.2650	
	00004456	Lanoxin	BWE	3.2650	
414	0.5mg/2mL Inj Sol-2mL Pk			3.2650	
	00004464	Lanoxin	BWE	3.2650	
415	0.05mg/mL O/L			.1552	
	02242320	Lanoxin	VRO	.1552	

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

DIGOXIN

Note: Digoxin toxicity is common and serious: digoxin levels should be monitored in the elderly, after adding drugs that affect urea clearance including diuretics, particularly spironolactone; verapamil and quinidine also interact significantly with digoxin. Dose should be reduced in renal impairment and in elderly patients. Chronic therapy should be re-evaluated.

416	0.0625mg Tab 02242321	Lanoxin	VRO	.0945 .0945
417	0.125mg Tab 02242322	Lanoxin	VRO	.0858 .0858
418	0.25mg Tab 02242323	Lanoxin	VRO	.0858 .0858

DILTIAZEM HCL

419	120mg ER Cap 02231150	Tiazac	BIO	.8085 .8085	.81 .81
420	180mg ER Cap 02231151	Tiazac	BIO	1.0732 1.0732	1.07 1.07
421	240mg ER Cap 02231152	Tiazac	BIO	1.4235 1.4235	1.42 1.42
422	300mg ER Cap 02231154	Tiazac	BIO	1.7794 1.7794	1.78 1.78
423	360mg ER Cap 02231155	Tiazac	BIO	2.1464 2.1464	2.15 2.15
424	120mg LA Cap 02097249	Cardizem CD	CRY	.8021 1.2731	.80 1.27
	02229781	Alti-Diltiazem CD	ALT	.8021	.80
	02230997	Apo-Diltiaz CD	APX	.8021	.80
	02242538	Novo-Diltazem CD	NOP	.8021	.80
	02243338	Rhoxal-Diltiazem CD	RHO	.8021	.80

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

DILTIAZEM HCL

425	180mg LA Cap			1.0646	1.06
	02097257	Cardizem CD	CRY	1.6899	1.69
	02229782	Alti-Diltiazem CD	ALT	1.0646	1.06
	02230998	Apo-Diltiaz CD	APX	1.0646	1.06
	02242539	Novo-Diltazem CD	NOP	1.0646	1.06
	02243339	Rhoxal-Diltiazem CD	RHO	1.0646	1.06
426	240mg LA Cap			1.4121	1.41
	02097265	Cardizem CD	CRY	2.2415	2.24
	02229783	Alti-Diltiazem CD	ALT	1.4121	1.41
	02230999	Apo-Diltiaz CD	APX	1.4121	1.41
	02242540	Novo-Diltazem CD	NOP	1.4121	1.41
	02243340	Rhoxal-Diltiazem CD	RHO	1.4121	1.41
427	300mg LA Cap			1.7652	1.77
	02097273	Cardizem CD	CRY	2.8019	2.80
	02229526	Apo-Diltiaz CD	APX	1.7652	1.77
	02229784	Alti-Diltiazem CD	ALT	1.7652	1.77
	02242541	Novo-Diltazem CD	NOP	1.7652	1.77
	02243341	Rhoxal-Diltiazem CD	RHO	1.7652	1.77
428	60mg LA Cap			.3635	.36
	02097214	Cardizem-SR (Not a Benefit)	CRY		
	02222957	Apo-Diltiaz SR	APX	.3635	.36
	02229406	Novo-Diltazem SR	NOP	.3635	.36
	02231743	Gen-Diltiazem SR	GEN	.3635	.36
429	90mg LA Cap			.5455	.55
	02097222	Cardizem-SR (Not a Benefit)	CRY		
	02222965	Apo-Diltiaz SR	APX	.5455	.55
	02229407	Novo-Diltazem SR	NOP	.5455	.55
	02231744	Gen-Diltiazem SR	GEN	.5455	.55
430	120mg LA Cap			.7270	.73
	02097230	Cardizem-SR (Not a Benefit)	CRY		
	02222973	Apo-Diltiaz SR	APX	.7270	.73
	02229408	Novo-Diltazem SR	NOP	.7270	.73
	02231745	Gen-Diltiazem SR	GEN	.7270	.73

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

DILTIAZEM HCL

431	30mg Tab				.2075
	00771376	Apo-Diltiaz	APX		.2075
	00862924	Novo-Diltazem	NOP		.2075
	00886068	Nu-Diltiaz	NXP		.2075
	00888524	Alti-Diltiazem	ALT		.2075
	02097370	Cardizem	CRY		.3732
	02146916	Gen-Diltiazem	GEN		.2075
432	60mg Tab				.3637
	00771384	Apo-Diltiaz	APX		.3637
	00862932	Novo-Diltazem	NOP		.3637
	00886076	Nu-Diltiaz	NXP		.3637
	00888532	Alti-Diltiazem	ALT		.3637
	02097389	Cardizem	CRY		.6547
	02146924	Gen-Diltiazem	GEN		.3637

DISOPYRAMIDE

433	100mg Cap				.2095
	00382876	Rythmodan	ROU		.2095
	02030799	Norpace	RBT		.2095
434	150mg Cap				.2960
	00439363	Rythmodan	ROU		.2960
	02030802	Norpace	RBT		.2960

FLECAINIDE ACETATE

435	50mg Tab				.4925
	01966197	Tambocor	MMH		.4925
436	100mg Tab				.9850
	01966200	Tambocor	MMH		.9850

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

METOPROLOL TARTRATE

437	100mg LA Tab				.2450	
	00658855	Lopresor SR	NOV	.2450		
438	200mg LA Tab				.4446	
	00534560	Lopresor SR	NOV	.4446		
439	50mg Tab				.1225	.25
	00397423	Lopresor	NOV	.1935		.39
	00402605	Betaloc	AZC	.2160		.43
	00618632	Apo-Metoprolol	APX	.1225		.25
	00648035	Novo-Metoprol	NOP	.1225		.25
	00749354	Apo-Metoprolol (Type L)	APX	.1225		.25
	00842648	Novo-Metoprol (Uncoated)	NOP	.1225		.25
	00865605	Nu-Metop	NXP	.1225		.25
	02145413	PMS-Metoprolol-B	PMS	.1225		.25
	02174545	Gen-Metoprolol (Type L)	GEN	.1225		.25
	02230448	Gen-Metoprolol (Type B)	GEN	.1225		.25
	02230803	PMS-Metoprolol-L	PMS	.1225		.25
440	100mg Tab				.2223	.44
	00397431	Lopresor	NOV	.3494		.70
	00402540	Betaloc	AZC	.3660		.73
	00618640	Apo-Metoprolol	APX	.2223		.44
	00648043	Novo-Metoprol	NOP	.2223		.44
	00751170	Apo-Metoprolol (Type L)	APX	.2223		.44
	00842656	Novo-Metoprol (Uncoated)	NOP	.2223		.44
	00865613	Nu-Metop	NXP	.2223		.44
	02145421	PMS-Metoprolol-B	PMS	.2223		.44
	02174553	Gen-Metoprolol (Type L)	GEN	.2223		.44
	02230449	Gen-Metoprolol (Type B)	GEN	.2223		.44
	02230804	PMS-Metoprolol-L	PMS	.2223		.44

MEXILETINE HCL

441	100mg Cap				.3488	
	00599956	Mexitil	BOE	.4983		
	02230359	Novo-Mexiletine	NOP	.3488		
	02231690	# Alti-Mexiletine	ALT	.3488		
442	200mg Cap				.4671	
	00599964	Mexitil	BOE	.6673		
	02230360	Novo-Mexiletine	NOP	.4671		
	02231692	# Alti-Mexiletine	ALT	.4671		

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

NADOLOL

443	40mg Tab				.2465	.25
	00607126	Corgard	BQU		.2465	.25
	00782505	Apo-Nadol	APX		.2465	.25
	00851663	Alti-Nadolol	ALT		.2465	.25
	02126753	Novo-Nadolol	NOP		.2465	.25
444	80mg Tab				.3515	.70
	00463256	Corgard	BQU		.3515	.70
	00782467	Apo-Nadol	APX		.3515	.70
	00851671	Alti-Nadolol	ALT		.3515	.70
	02126761	Novo-Nadolol	NOP		.3515	.70
445	160mg Tab				.6595	.66
	00523372	Corgard	BQU		.6595	.66
	00782475	Apo-Nadol	APX		.6595	.66
	00851698	Alti-Nadolol	ALT		.6595	.66

NIFEDIPINE

446	5mg Cap				.2440	
	00725110	Apo-Nifed	APX		.2440	
	02047462	Novo-Nifedin	NOP		.2440	
	02155869	Adalat (Not a Benefit)	BAH			
	02235897	PMS-Nifedipine	PMS		.2440	
447	10mg Cap				.1858	
	00755907	Apo-Nifed	APX		.1858	
	00756830	Novo-Nifedin	NOP		.1858	
	00865591	Nu-Nifed	NXP		.1858	
	01946307	Gen-Nifedipine	GEN		.1858	
	02155877	Adalat (Not a Benefit)	BAH			
	02235898	PMS-Nifedipine	PMS		.1858	

Note: Rapid absorption of liquid nifedipine from pulvules can cause severe hypotension and aggravation of myocardial or cerebral ischemia.

PROCAINAMIDE HCL

448	250mg Cap				.1763	
	00029076	Pronestyl	BQU		.1763	
	00713325	Apo-Procaïnamide	APX		.1763	

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

PROCAINAMIDE HCL

449	375mg Cap				.2301
	00296031	Pronestyl	BQU		.2301
	00713333	Apo-Procainamide	APX		.2301
450	500mg Cap				.3060
	00353523	Pronestyl	BQU		.3060
	00713341	Apo-Procainamide	APX		.3060
451	500mg LA Tab				.4720
	00639885	Pronestyl SR	BQU		.4720
452	250mg LA Tab				.1500
	00638692	Procan SR	PFI		.1500
453	500mg LA Tab				.3000
	00638676	Procan SR	PFI		.3000
454	750mg LA Tab				.4500
	00638684	Procan SR	PFI		.4500

PROPAFENONE HCL

455	150mg Tab				.4275
	00603708	Rythmol	KNO		.6790
	02243324	Apo-Propafenone	APX		.4750
	02243727	PMS-Propafenone	PMS		.4275
	02245372	+ Gen-Propafenone	GEN		.4275
456	300mg Tab				.7537
	00603716	Rythmol	KNO		1.1970
	02243325	Apo-Propafenone	APX		.8375
	02243728	PMS-Propafenone	PMS		.7537
	02245373	+ Gen-Propafenone	GEN		.7537

PROPRANOLOL

457	10mg Tab				.0192
	00402788	Apo-Propranolol	APX		.0192
	00496480	Novo-Pranol	NOP		.0192
	00582255	PMS-Propranolol	PMS		.0192
	02042177	Inderal (Not a Benefit)	WAY		

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

PROPRANOLOL

458	20mg Tab			.0346	
	00663719	Apo-Propranolol	APX	.0346	
	00740675	Novo-Pranol	NOP	.0346	
	02042193	Inderal (Not a Benefit)	WAY		
459	40mg Tab			.0348	.07
	00402753	Apo-Propranolol	APX	.0348	.07
	00496499	Novo-Pranol	NOP	.0348	.07
	00582263	PMS-Propranolol	PMS	.0348	.07
	02042207	Inderal-40 (Not a Benefit)	AYE		
460	80mg Tab			.0585	.12
	00402761	Apo-Propranolol	APX	.0585	.12
	00496502	Novo-Pranol	NOP	.0585	.12
	00582271	PMS-Propranolol	PMS	.0585	.12
	02042215	Inderal (Not a Benefit)	WAY		
461	120mg Tab			.1059	.21
	00504335	Apo-Propranolol	APX	.1059	.21
	00549657	Novo-Pranol	NOP	.1059	.21
	02042223	Inderal (Not a Benefit)	WAY		

QUINIDINE GLUCONATE

462	325mg Tab			.3985	
	00311731	Quinate	ROG	.3985	

Note: Quinidine can cause a significant increase in the blood level of digoxin leading to toxicity.

QUINIDINE SULFATE

463	200mg Tab			.0590	
	00004782	Quinidine (Not a Benefit)	BWE		
	00021733	# Novo-Quinidin	NOP	.0590	
	00026883	Quinidine	ROG	.0625	
	00441740	Apo-Quinidine Sulfate	APX	.0590	

Note: Quinidine can cause a significant increase in the blood level of digoxin leading to toxicity.

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

SOTALOL HCL

464	160mg Tab			.6492	
	00483923	Sotacor	BQU	.6492	
	02084236	Alti-Sotalol	ALT	.6492	
	02163772	Nu-Sotalol	NXP	.6492	
	02167794	Apo-Sotalol	APX	.6492	
	02170841	Linsotalol	LON	.6492	
	02229779	Gen-Sotalol	GEN	.6492	
	02231182	Novo-Sotalol	NOP	.6492	
	02234013	Rhoxal-Sotalol	RHO	.6492	
	02238327	PMS-Sotalol	PMS	.6492	
	02238415	Sotamol	TCH	.6492	

TIMOLOL MALEATE

465	5mg Tab			.1649	.33
	00353914	Blocadren (Not a Benefit)	FRS		
	00755842	Apo-Timol	APX	.1649	.33
	01947796	Novo-Timol	NOP	.1649	.33
	02044609	Nu-Timolol	NXP	.1649	.33
466	10mg Tab			.2572	.51
	00353922	Blocadren (Not a Benefit)	FRS		
	00755850	Apo-Timol	APX	.2572	.51
	01947818	Novo-Timol	NOP	.2572	.51
	02044617	Nu-Timolol	NXP	.2572	.51
467	20mg Tab			.5005	1.00
	00495611	Blocadren (Not a Benefit)	FRS		
	00755869	Apo-Timol	APX	.5005	1.00
	01947826	Novo-Timol	NOP	.5005	1.00
	02044625	Nu-Timolol	NXP	.5005	1.00

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

VERAPAMIL HCL

468	80mg Tab			.2735	.82
	00554316	Isoptin (Not a Benefit)	KNO		
	00782483	Apo-Verap	APX	.2735	.82
	00812331	Novo-Veramil	NOP	.2735	.82
	00867365	# Verapamil	KNR	.2735	.82
	00886033	Nu-Verap	NXP	.2735	.82
	02237921	Gen-Verapamil	GEN	.2735	.82
469	120mg Tab			.4250	1.28
	00554324	Isoptin (Not a Benefit)	KNO		
	00782491	Apo-Verap	APX	.4250	1.28
	00812358	Novo-Veramil	NOP	.4250	1.28
	00867373	# Verapamil	KNR	.4250	1.28
	00886041	Nu-Verap	NXP	.4250	1.28
	02237922	Gen-Verapamil	GEN	.4250	1.28

24:06:00 ANTILIPEMIC DRUGS

Note: Nicotinic acid is the most cost-effective therapy for hyperlipidemia and is tolerated in approximately 80% of patients with adequate warning about expected flushing which disappears after five days in most cases; regular ASA will substantially reduce flushing. Bile acid sequestrants are more costly than fibrates or HMG-CoA reductase inhibitors.

ATORVASTATIN CALCIUM

470	10mg Tab			1.6000	
	02230711	Lipitor	PFI	1.6000	
471	20mg Tab			2.0000	
	02230713	Lipitor	PFI	2.0000	
472	40mg Tab			2.1500	
	02230714	Lipitor	PFI	2.1500	
473	80mg Tab			2.1500	
	02243097	Lipitor	PFI	2.1500	

BEZAFIBRATE

474	400mg SR Tab			1.6000	
	02083523	Bezalip	HLR	1.6000	
475	200mg Tab			.6183	
	02084082	Bezalip	HLR	.8833	
	02240331	PMS-Bezafibrate	PMS	.6183	

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:06:00 ANTILIPEMIC DRUGS

Note: Nicotinic acid is the most cost-effective therapy for hyperlipidemia and is tolerated in approximately 80% of patients with adequate warning about expected flushing which disappears after five days in most cases; regular ASA will substantially reduce flushing. Bile acid sequestrants are more costly than fibrates or HMG-CoA reductase inhibitors.

CHOLESTYRAMINE RESIN

476	Oral Pd-42 Dose Pk			19.9200
	00634093	Questran	BQU	19.9200
	02139197	Novo-Cholamine Light	NOP	19.9200
	02141795	PMS-Cholestyramine (Sugar Free)	PMS	19.9200
	02207745	PMS-Cholestyramine	PMS	19.9200
477	Oral Pd-Pouch Pk			.6407
	00464880	Questran 9g Pk	BQU	.6407
	00890960	PMS-Cholestyramine Sugar Free 5g Pk	PMS	.6407
	02210320	PMS-Cholestyramine 9g Pk	PMS	.6407
	09853502	Novo-Cholamine Light 5.5g Pk	NOP	.6407

CLOFIBRATE

478	500mg Cap			
	00002038	Atromid-S (Not a Benefit)	AYE	
	00337382	Novo-Fibrate (Not a Benefit)	NOP	

COLESTIPOL HCL

Note: Combining psyllium with Colestid therapy improves the efficacy, and decreases costs, of antilipemic treatment.

479	Gran-5g Pk			.8183
	00642975	Colestid Regular	PMJ	.8183
480	Gran-60 Dose Pk			46.0000
	09853499	Colestid Orange	PMJ	46.0000
481	Gran-7.5g Pk			.8183
	02132699	Colestid Orange	PMJ	.8183

FENOFIBRATE

482	100mg Cap			.4325
	00885827	Lipidil (Not a Benefit)	JOU	
	02223600	Nu-Fenofibrate	NXP	.4325
	02225980	Apo-Fenofibrate	APX	.4325

+ = NEW LISTING

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DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:06:00 ANTILIPEMIC DRUGS

Note: Nicotinic acid is the most cost-effective therapy for hyperlipidemia and is tolerated in approximately 80% of patients with adequate warning about expected flushing which disappears after five days in most cases; regular ASA will substantially reduce flushing. Bile acid sequestrants are more costly than fibrates or HMG-CoA reductase inhibitors.

FENOFIBRATE

483	200mg Cap			1.0890
	02146959	Lipidil Micro	FOU	1.7300
	02231780	PMS-Fenofibrate Micro	PMS	1.0890
	02239864	Apo-Feno-Micro	APX	1.0890
	02240210	Gen-Fenofibrate Micro	GEN	1.0890
	02243552	Novo-Fenofibrate Micronized	NOP	1.0890
484	160mg Tab			1.2100
	02241602	Lipidil Supra	FOU	1.2100

FLUVASTATIN SODIUM

485	20mg Cap			.7500
	02061562	Lescol	NOV	.7500
486	40mg Cap			1.0500
	02061570	Lescol	NOV	1.0500

GEMFIBROZIL

487	300mg Cap			.2964
	00599026	Lopid	PFI	.4704
	00851922	Gemfibrozil	CIL	.2964
	01979574	Apo-Gemfibrozil	APX	.2964
	02185407	Gen-Gemfibrozil	GEN	.2964
	02239951	PMS-Gemfibrozil	PMS	.2964
	02241704	Novo-Gemfibrozil	NOP	.2964
	02242390	# Scheinpharm Gemfibrozil	SCE	.2964

LOVASTATIN

488	20mg Tab			1.0907
	00795860	Mevacor	MSD	1.7313
	02220172	Apo-Lovastatin	APX	1.0907
	02243127	Gen-Lovastatin	GEN	1.0907
	02245822	+ Ratio-Lovastatin	RAI	1.0907
	02246013	+ PMS-Lovastatin	PMS	1.0907

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:06:00 ANTILIPEMIC DRUGS

Note: Nicotinic acid is the most cost-effective therapy for hyperlipidemia and is tolerated in approximately 80% of patients with adequate warning about expected flushing which disappears after five days in most cases; regular ASA will substantially reduce flushing. Bile acid sequestrants are more costly than fibrates or HMG-CoA reductase inhibitors.

LOVASTATIN

489	40mg Tab				2.0118
	00795852	Mevacor	MSD		3.1935
	02220180	Apo-Lovastatin	APX		2.0118
	02243129	Gen-Lovastatin	GEN		2.0118
	02245823	+ Ratio-Lovastatin	RAI		2.0118
	02246014	+ PMS-Lovastatin	PMS		2.0118

PRAVASTATIN SODIUM

490	10mg Tab				.9530
	00893749	Pravachol	BQU		1.5133
	02237373	Lin-Pravastatin	LON		.9530
	02243506	Apo-Pravastatin	APX		.9530
	02244350	Nu-Pravastatin	NXP		.9530
491	20mg Tab				1.1243
	00893757	Pravachol	BQU		1.7850
	02237374	Lin-Pravastatin	LON		1.1246
	02243507	Apo-Pravastatin	APX		1.1243
	02244351	Nu-Pravastatin	NXP		1.1243
492	40mg Tab				1.3543
	02222051	Pravachol	BQU		2.1500
	02237375	Lin-Pravastatin	LON		1.3545
	02243508	Apo-Pravastatin	APX		1.3543
	02244352	Nu-Pravastatin	NXP		1.3543

SIMVASTATIN

493	5mg Tab				.9000
	00884324	Zocor	FRS		.9000
494	10mg Tab				1.7800
	00884332	Zocor	FRS		1.7800
495	20mg Tab				2.2000
	00884340	Zocor	FRS		2.2000
496	40mg Tab				2.2000
	00884359	Zocor	FRS		2.2000

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:06:00 ANTILIPEMIC DRUGS

Note: Nicotinic acid is the most cost-effective therapy for hyperlipidemia and is tolerated in approximately 80% of patients with adequate warning about expected flushing which disappears after five days in most cases; regular ASA will substantially reduce flushing. Bile acid sequestrants are more costly than fibrates or HMG-CoA reductase inhibitors.

SIMVASTATIN

497	80mg Tab				2.2000
	02240332	Zocor	FRS		2.2000

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

ATENOLOL & CHLORTHALIDONE

498	50 & 25mg Tab				.6204
	02049961	Tenoretic 50/25	AZC		.6204
499	100 & 25mg Tab				1.0168
	02049988	Tenoretic 100/25	AZC		1.0168

BENAZEPRIL

500	5mg Tab				.5750	.58
	00885835	Lotensin	CIB		.5750	.58
501	10mg Tab				.6800	.68
	00885843	Lotensin	NOV		.6800	.68
502	20mg Tab				.7800	.78
	00885851	Lotensin	NOV		.7800	.78

CANDESARTAN CILEXETIL

503	8mg Tab				1.0800	
	02239091	Atacand	AZC		1.0800	
504	16mg Tab				1.0800	
	02239092	Atacand	AZC		1.0800	
	Reason for Use Code	Clinical criteria				
	160	For the treatment of hypertension in patients who cannot tolerate diuretics and beta-blockers or in whom diuretics and beta-blockers are contraindicated or are not adequately effective; and For the treatment of hypertension in patients who have experienced adverse effects with ACE inhibitors, e.g. cough.				

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION
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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

CANDESARTAN CILEXETIL & HYDROCHLOROTHIAZIDE

505	16mg/12.5mg Tab			1.0800
	02244021	Atacand Plus	AZC	1.0800
	Reason for Use Code	Clinical criteria		
		For the treatment of hypertension in patients:		
	325	Who cannot tolerate beta-blockers or in whom beta-blockers and diuretics alone are not effective; and		
		Who have experienced adverse effects with ACE inhibitors, (e.g. cough); and		
		Who require the addition of a diuretic to achieve adequate hypertension control.		

CAPTOPRIL

506	12.5mg Tab			.2120	.64
	00695661	Capoten	BQU	.2120	.64
	00851639	Alti-Captopril	ALT	.2120	.64
	00893595	Apo-Capto	APX	.2120	.64
	01913824	Nu-Capto	NXP	.2120	.64
	01942964	Novo-Captopril	NOP	.2120	.64
	02163551	Gen-Captopril	GEN	.2120	.64
	02230203	PMS-Captopril	PMS	.2120	.64
	02237861	Capril	TCH	.2120	.64
	02242788	Captopril	ZYN	.2120	.64
507	25mg Tab			.3000	.90
	00546283	Capoten	BQU	.3000	.90
	00851833	Alti-Captopril	ALT	.3000	.90
	00893609	Apo-Capto	APX	.3000	.90
	01913832	Nu-Capto	NXP	.3000	.90
	01942972	Novo-Captopril	NOP	.3000	.90
	02163578	Gen-Captopril	GEN	.3000	.90
	02230204	PMS-Captopril	PMS	.3000	.90
	02237862	Capril	TCH	.3000	.90
	02242789	Captopril	ZYN	.3000	.90

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

CAPTOPRIL

508	50mg Tab				.5590	1.68
	00546291	Capoten	BQU		.5590	1.68
	00851647	Alti-Captopril	ALT		.5590	1.68
	00893617	Apo-Capto	APX		.5590	1.68
	01913840	Nu-Capto	NXP		.5590	1.68
	01942980	Novo-Captopril	NOP		.5590	1.68
	02163586	Gen-Captopril	GEN		.5590	1.68
	02230205	PMS-Captopril	PMS		.5590	1.68
	02237863	Capril	TCH		.5590	1.68
	02242790	Captopril	ZYN		.5590	1.68
509	100mg Tab				1.0395	
	00546305	Capoten	BQU		1.0395	
	00851655	Alti-Captopril	ALT		1.0395	
	00893625	Apo-Capto	APX		1.0395	
	01913859	Nu-Capto	NXP		1.0395	
	01942999	Novo-Captopril	NOP		1.0395	
	02163594	Gen-Captopril	GEN		1.0395	
	02230206	PMS-Captopril	PMS		1.0395	
	02237864	Capril	TCH		1.0395	
	02242791	Captopril	ZYN		1.0395	

CILAZAPRIL

510	1mg Tab				.5900	
	01911465	Inhibace	HLR		.5900	
511	2.5mg Tab				.6800	.68
	01911473	Inhibace	HLR		.6800	.68
512	5mg Tab				.7900	.79
	01911481	Inhibace	HLR		.7900	.79

CILAZAPRIL & HYDROCHLOROTHIAZIDE

513	5mg/12.5mg Tab				.7900	
	02181479	Inhibace Plus	HLR		.7900	

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

CLONIDINE HCL

Note: Significant rebound hypertension can occur after missing even one or two doses; this drug should be avoided in patients with cardiovascular fragility or suspected problems with compliance.

514	0.1mg Tab			.1765	.71
	00259527	Catapres	BOE	.2716	1.09
	00868949	Apo-Clonidine	APX	.1765	.71
	01913786	Nu-Clonidine	NXP	.1765	.71
	02046121	Novo-Clonidine	NOP	.1765	.71
515	0.2mg Tab			.3149	1.26
	00291889	Catapres	BOE	.4847	1.94
	00868957	Apo-Clonidine	APX	.3149	1.26
	01913220	Nu-Clonidine	NXP	.3149	1.26
	02046148	Novo-Clonidine	NOP	.3149	1.26

DOXAZOSIN MESYLATE

516	1mg Tab			.3465	.35
	01958100	Cardura-1	AZC	.5500	.55
	02240498	Gen-Doxazosin	GEN	.3465	.35
	02240588	Apo-Doxazosin	APX	.3465	.35
	02242728	Novo-Doxazosin	NOP	.3465	.35
	02243215	Alti-Doxazosin Mesylate	ALT	.3465	.35
	02244527	PMS-Doxazosin	PMS	.3465	.35
517	2mg Tab			.4158	.42
	01958097	Cardura-2	AZC	.6600	.66
	02240499	Gen-Doxazosin	GEN	.4158	.42
	02240589	Apo-Doxazosin	APX	.4158	.42
	02242729	Novo-Doxazosin	NOP	.4158	.42
	02243216	Alti-Doxazosin Mesylate	ALT	.4158	.42
	02244528	PMS-Doxazosin	PMS	.4158	.42
518	4mg Tab			.5405	.54
	01958119	Cardura-4	AZC	.8580	.86
	02240500	Gen-Doxazosin	GEN	.5405	.54
	02240590	Apo-Doxazosin	APX	.5405	.54
	02242730	Novo-Doxazosin	NOP	.5405	.54
	02243217	Alti-Doxazosin Mesylate	ALT	.5405	.54
	02244529	PMS-Doxazosin	PMS	.5405	.54

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

ENALAPRIL MALEATE

519	2.5mg Tab				.6753	.68
	00851795	Vasotec	FRS		.6753	.68
520	5mg Tab				.7988	.80
	00708879	Vasotec	FRS		.7988	.80
521	10mg Tab				.9600	.96
	00670901	Vasotec	FRS		.9600	.96
522	20mg Tab				1.1583	1.16
	00670928	Vasotec	FRS		1.1583	1.16

EPROSARTAN MESYLATE

523	300mg Tab				.5100	
	02240431	# Teveten	SPH		.5100	
524	400mg Tab				.6800	
	02240432	Teveten	SPH		.6800	
525	600mg Tab				1.0200	
	02243942	Teveten	SPH		1.0200	
	Reason for Use Code	Clinical criteria				
	160	For the treatment of hypertension in patients who cannot tolerate diuretics and beta blockers or in whom diuretics and beta-blockers are contraindicated or are not adequately effective; and For the treatment of hypertension in patients who have experienced adverse effects with ACE inhibitors, e.g. cough.				

FELODIPINE

Note: Grapefruit juice or erythromycin triple the blood levels of felodipine and markedly increase both efficacy and adverse effects. Other dihydropyridines are affected to differing degrees by grapefruit juice.

526	2.5mg ER Tab				.4939	
	02057778	Plendil	AZC		.4939	
527	5mg ER Tab				.6600	.66
	00851779	Plendil	AZC		.6600	.66
528	10mg ER Tab				.9900	.99
	00851787	Plendil	AZC		.9900	.99

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

FELODIPINE

Note: Grapefruit juice or erythromycin triple the blood levels of felodipine and markedly increase both efficacy and adverse effects. Other dihydropyridines are affected to differing degrees by grapefruit juice.

529	2.5mg SR Tab 02221985	Renedil	AVE	.4936 .4936	
530	5mg SR Tab 02221993	Renedil	AVE	.6600 .6600	.66 .66
531	10mg SR Tab 02222000	Renedil	AVE	.9893 .9893	.99 .99

FOSINOPRIL SODIUM

532	10mg Tab 01907107	Monopril	BQU	.7900 .7900	.79 .79
533	20mg Tab 01907115	Monopril	BQU	.9500 .9500	.95 .95

GUANETHIDINE MONOSULFATE

534	25mg Tab 00005517	Ismelin	CIB	.3902 .3902	

HYDRALAZINE HCL

535	20mg/mL Inj Sol-1mL Pk 00723754	Apresoline	CIB	4.0300 4.0300	
536	10mg Tab 00005525 00441619 01913204	Apresoline Apo-Hydralazine Nu-Hydral	NOV APX NXP	.0922 .1418 .0922 .0922	.37 .57 .37 .37
537	25mg Tab 00005533 00441627 00759473	Apresoline Apo-Hydralazine Novo-Hylazin	CIB APX NOP	.1644 .2436 .1644 .1644	.66 .97 .66 .66
538	50mg Tab 00005541 00441635 00759481	Apresoline Apo-Hydralazine Novo-Hylazin	NOV APX NOP	.2527 .3824 .2527 .2527	1.01 1.53 1.01 1.01

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

IRBESARTAN

539	75mg Tab			1.0800
	02237923	Avapro	SAO	1.0800
540	150mg Tab			1.0800
	02237924	Avapro	SAO	1.0800
541	300mg Tab			1.0800
	02237925	Avapro	SAO	1.0800
	Reason for Use Code	Clinical criteria		
	160	For the treatment of hypertension in patients who cannot tolerate diuretics and beta-blockers or in whom diuretics and beta-blockers are contraindicated or are not adequately effective; and		
		For the treatment of hypertension in patients who have experienced adverse effects with ACE inhibitors, e.g. cough.		

IRBESARTAN & HYDROCHLOROTHIAZIDE

542	150 & 12.5mg Tab			1.0800
	02241818	Avalide	SAS	1.0800
543	300 & 12.5mg Tab			1.0800
	02241819	Avalide	SAS	1.0800
	Reason for Use Code	Clinical criteria		
	325	For the treatment of hypertension in patients:		
		Who cannot tolerate beta-blockers or in whom beta-blockers and diuretics alone are not effective; and		
		Who have experienced adverse effects with ACE inhibitors, (e.g. cough); and		
		Who require the addition of a diuretic to achieve adequate hypertension control.		

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

LABETALOL HCL

544	100mg/20mL Inj Sol-20mL Pk			17.9960	
	02091518	Trandate	SHI	17.9960	
545	100mg Tab			.1647	
	02106272	Trandate	SHI	.2353	
	02243538	Apo-Labetalol	APX	.1647	
546	200mg Tab			.2913	
	02106280	Trandate	SHI	.4161	
	02243539	Apo-Labetalol	APX	.2913	

LISINOPRIL & HYDROCHLOROTHIAZIDE

547	10mg & 12.5mg Tab			.8092	
	02103729	Zestoretic	AZC	.8092	
548	10mg & 12.5mg Tab			.8092	
	02108194	Prinzide	MSD	.8092	
549	20mg & 12.5mg Tab			.9724	
	00884413	Prinzide	MSD	.9724	
550	20mg & 12.5mg Tab			.9724	
	02045737	Zestoretic	AZC	.9724	

LISINOPRIL

551	5mg Tab			.5050	.51
	00839388	Prinivil	MSD	.6735	.67
	09853685	Apo-Lisinopril	APX	.5050	.51
552	10mg Tab			.5664	.57
	00839396	Prinivil	MSD	.8092	.81
	09853960	Apo-Lisinopril	APX	.5664	.57
553	20mg Tab			.6806	.68
	00839418	Prinivil	MSD	.9724	.97
	09854010	Apo-Lisinopril	APX	.6806	.68
554	5mg Tab			.5050	.51
	02049333	Zestril	AZC	.6735	.67
	02217481	Apo-Lisinopril	APX	.5050	.51
555	10mg Tab			.5664	.57
	02049376	Zestril	AZC	.8092	.81
	02217503	Apo-Lisinopril	APX	.5664	.57

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

LISINOPRIL

556	20mg Tab				.6806	.68
	02049384	Zestril	ZEN		.9724	.97
	02217511	Apo-Lisinopril	APX		.6806	.68

LOSARTAN POTASSIUM

557	25mg Tab				1.1000	
	02182815	Cozaar	FRS		1.1000	
558	50mg Tab				1.1000	
	02182874	Cozaar	FRS		1.1000	
559	100mg Tab				1.1000	
	02182882	Cozaar	FRS		1.1000	
	Reason for Use Code	Clinical criteria				
	160	For the treatment of hypertension in patients who cannot tolerate diuretics and beta-blockers or in whom diuretics and beta-blockers are contraindicated or are not adequately effective; and For the treatment of hypertension in patients who have experienced adverse effects with ACE inhibitors, e.g. cough.				

LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE

560	50mg/12.5mg Tab				1.1000	
	02230047	Hyzaar	FRS		1.1000	
561	100mg/25mg Tab				1.1000	
	02241007	Hyzaar DS	FRS		1.1000	
	Reason for Use Code	Clinical criteria				
	325	For the treatment of hypertension in patients: Who cannot tolerate beta-blockers or in whom beta-blockers and diuretics alone are not effective; and Who have experienced adverse effects with ACE inhibitors, (e.g. cough); and Who require the addition of a diuretic to achieve adequate hypertension control.				

+ = NEW LISTING # = BEING DISCONTINUED AS BENEFIT IN FUTURE DBP = DRUG BENEFIT PRICE
DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION
* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

METHYLDOPA & HYDROCHLOROTHIAZIDE

562	250mg & 15mg Tab				.0678
	00140589	Aldoril-15 (Not a Benefit)	MSD		
	00363642	# Novo-Doparil-15	NOP		.0678
	00441708	Apo-Methazide-15	APX		.0678
563	250mg & 25mg Tab				.0701
	00140597	Aldoril-25 (Not a Benefit)	MSD		
	00363634	# Novo-Doparil-25	NOP		.0701
	00441716	Apo-Methazide-25	APX		.0701

METHYLDOPA

564	125mg Tab				.0340	.14
	00016551	Aldomet (Not a Benefit)	MSD			
	00337463	# Novo-Medopa	NOP		.0340	.14
	00360252	Apo-Methyldopa	APX		.0340	.14
565	250mg Tab				.0579	.23
	00016578	Aldomet	MSD		.1589	.64
	00337471	# Novo-Medopa	NOP		.0579	.23
	00360260	Apo-Methyldopa	APX		.0579	.23
	00717509	Nu-Medopa	NXP		.0579	.23
566	500mg Tab				.1150	.23
	00016586	Aldomet (Not a Benefit)	MSD			
	00337498	# Novo-Medopa	NOP		.1150	.23
	00426830	Apo-Methyldopa	APX		.1150	.23
	00717576	Nu-Medopa	NXP		.1150	.23

MINOXIDIL

567	2.5mg Tab				.3162	
	00514497	Loniten	UPJ		.3162	
568	10mg Tab				.6971	
	00514500	Loniten	UPJ		.6971	

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

NIFEDIPINE					
569	20mg ER Tab				.7500
	02237618	Adalat XL	BAH	.7500	
570	30mg ER Tab				.9300 .93
	02155907	Adalat XL	BAH	.9300	.93
571	60mg ER Tab				1.4590 1.46
	02155990	Adalat XL	BAH	1.4590	1.46
572	10mg LA Tab				.2245 .45
	02154390	# Schein Nifedipine PA	SCE	.2245	.45
	02155885	Adalat PA 10 (Not a Benefit)	BAH		
	02197448	Apo-Nifed PA	APX	.2245	.45
573	20mg LA Tab				.3900 .78
	02154404	# Schein Nifedipine PA	SCE	.3900	.78
	02155893	Adalat PA 20 (Not a Benefit)	BAH		
	02181525	Apo-Nifed PA	APX	.3900	.78

OXPRENOLOL HCL					
574	80mg LA Tab				.3917
	00534579	Slow-Trasicor	NOV	.3917	
575	160mg LA Tab				.7835
	00534587	Slow-Trasicor	NOV	.7835	
576	40mg Tab				.2584
	00402575	Trasicor	NOV	.2584	
577	80mg Tab				.3916
	00402583	Trasicor	NOV	.3916	

PERINDOPRIL ERBUMINE					
578	2mg Tab				.6000
	02123274	Coversyl	SEV	.6000	
579	4mg Tab				.7500
	02123282	Coversyl	SEV	.7500	

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

PINDOLOL & HYDROCHLOROTHIAZIDE

580	10mg & 25mg Tab			.6924	
	00568627	Viskazide 10/25	NOV	.6924	
581	10mg & 50mg Tab			.6924	
	00568635	Viskazide 10/50	NOV	.6924	

PINDOLOL

582	5mg Tab			.2283	.46
	00417270	Visken	NOV	.4045	.81
	00755877	Apo-Pindol	APX	.2283	.46
	00869007	Novo-Pindol	NOP	.2283	.46
	00886149	Nu-Pindol	NXP	.2283	.46
	02057808	Gen-Pindolol	GEN	.2283	.46
	02231536	PMS-Pindolol	PMS	.2283	.46
583	10mg Tab			.3965	.79
	00443174	Visken	NOV	.6980	1.40
	00755885	Apo-Pindol	APX	.3965	.79
	00869015	Novo-Pindol	NOP	.3965	.79
	00886009	Nu-Pindol	NXP	.3965	.79
	02057816	Gen-Pindolol	GEN	.3965	.79
	02231537	PMS-Pindolol	PMS	.3965	.79
584	15mg Tab			.5825	1.17
	00417289	Visken	NOV	1.0255	2.05
	00755893	Apo-Pindol	APX	.5825	1.17
	00869023	Novo-Pindol	NOP	.5825	1.17
	00886130	Nu-Pindol	NXP	.5825	1.17
	02057824	Gen-Pindolol	GEN	.5825	1.17
	02231539	PMS-Pindolol	PMS	.5825	1.17

PRazosin HCL

585	1mg Tab			.1551	.31
	00560952	Minipress	PFI	.2743	.55
	00882801	Apo-Prazo	APX	.1551	.31
	01913794	Nu-Prazo	NXP	.1551	.31
	01934198	Novo-Prazin	NOP	.1551	.31
	02139979	# Alti-Prazosin	ALT	.1551	.31

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

PRazosin HCL

586	2mg Tab				.2096	.42
	00560960	Minipress	PFI	.3725	.75	
	00882828	Apo-Prazo	APX	.2096	.42	
	01913808	Nu-Prazo	NXP	.2096	.42	
	01934201	Novo-Prazin	NOP	.2096	.42	
	02139987	Alti-Prazosin	ALT	.2096	.42	
587	5mg Tab				.3026	.61
	00560979	Minipress	PFI	.5121	1.02	
	00882836	Apo-Prazo	APX	.3026	.61	
	01913816	Nu-Prazo	NXP	.3026	.61	
	01934228	Novo-Prazin	NOP	.3026	.61	
	02139995	Alti-Prazosin	ALT	.3026	.61	

PROPRANOLOL & HYDROCHLOROTHIAZIDE

588	40mg & 25mg Tab				.4555	
	02042282	# Inderide 40	WAY	.4555		
589	80mg & 25mg Tab				.7054	
	02042290	# Inderide 80	WAY	.7054		

QUINAPRIL HCL

590	5mg Tab				.8216	.82
	01947664	Accupril	PFI	.8216	.82	
591	10mg Tab				.8216	.82
	01947672	Accupril	PFI	.8216	.82	
592	20mg Tab				.8216	.82
	01947680	Accupril	PFI	.8216	.82	
593	40mg Tab				.8216	.82
	01947699	Accupril	PFI	.8216	.82	

QUINAPRIL HCL & HYDROCHLOROTHIAZIDE

594	10mg & 12.5mg Tab				.8214	
	02237367	Accuretic	PFI	.8214		
595	20mg & 12.5mg Tab				.8214	
	02237368	Accuretic	PFI	.8214		

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

RAMIPRIL					
596	1.25mg Cap				.6500
	02221829	Altace	HMR		.6500
597	2.5mg Cap				.7500
	02221837	Altace	HMR		.7500
598	5mg Cap				.7500
	02221845	Altace	HMR		.7500
599	10mg Cap				.9500
	02221853	Altace	HMR		.9500

RESERPINE					
600	0.25mg Tab				.1123
	00005665	Serpasil	NOV		.1123

SODIUM NITROPRUSSIDE DIHYDRATE					
601	Inj Pd-50mg Pk				14.8700
	00336459	Nipride	HLR		14.8700

TELMISARTAN					
602	40mg Tab				1.0700
	02240769	Micardis	BOE		1.0700
603	80mg Tab				1.0700
	02240770	Micardis	BOE		1.0700
	Reason for Use Code	Clinical criteria			
	160	For the treatment of hypertension in patients who cannot tolerate diuretics and beta-blockers or in whom diuretics and beta-blockers are contraindicated or are not adequately effective; and For the treatment of hypertension in patients who have experienced adverse effects with ACE inhibitors, e.g. cough.			

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

TELMISARTAN & HYDROCHLOROTHIAZIDE

604	80mg/12.5mg Tab			1.0700
	02244344	Micardis Plus	BOE	1.0700
	Reason for Use Code	Clinical criteria		
		For the treatment of hypertension in patients:		
	325	Who cannot tolerate beta-blockers or in whom beta-blockers and diuretics alone are not effective; and		
		Who have experienced adverse effects with ACE inhibitors, (e.g. cough); and		
		Who require the addition of a diuretic to achieve adequate hypertension control.		

TERAZOSIN HCL

605	1mg Tab			.3490	.35
	00818658	Hytrin	ABB	.5540	.55
	02218941	Alti-Terazosin	ALT	.3490	.35
	02230805	Novo-Terazosin	NOP	.3490	.35
	02233047	Nu-Terazosin	NXP	.3490	.35
	02234502	Apo-Terazosin	APX	.3490	.35
	02243518	PMS-Terazosin	PMS	.3490	.35
606	2mg Tab			.4436	.44
	00818682	Hytrin	ABB	.7042	.70
	02218968	Alti-Terazosin	ALT	.4436	.44
	02230806	Novo-Terazosin	NOP	.4436	.44
	02233048	Nu-Terazosin	NXP	.4436	.44
	02234503	Apo-Terazosin	APX	.4436	.44
	02243519	PMS-Terazosin	PMS	.4436	.44
607	5mg Tab			.6025	.60
	00818666	Hytrin	ABB	.9564	.96
	02218976	Alti-Terazosin	ALT	.6025	.60
	02230807	Novo-Terazosin	NOP	.6025	.60
	02233049	Nu-Terazosin	NXP	.6025	.60
	02234504	Apo-Terazosin	APX	.6025	.60
	02243520	PMS-Terazosin	PMS	.6025	.60

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

TERAZOSIN HCL

608	10mg Tab				.8820	.88
	00818674	Hytrin	ABB	1.4000	1.40	
	02218984	Alti-Terazosin	ALT	.8820	.88	
	02230808	Novo-Terazosin	NOP	.8820	.88	
	02233050	Nu-Terazosin	NXP	.8820	.88	
	02234505	Apo-Terazosin	APX	.8820	.88	
	02243521	PMS-Terazosin	PMS	.8820	.88	
609	7x1mg, 7x2mg, 14x5mg Tab-Starter Pk				22.2000	
	02187876	Hytrin	ABB	22.2000		

TIMOLOL MALEATE & HYDROCHLOROTHIAZIDE

610	10mg & 25mg Tab				.4289	.43
	00509353	Timolide	FRS	.4289	.43	

TRANDOLAPRIL

611	1mg Cap				.6700	
	02231459	Mavik	KNO	.6700		
612	2mg Cap				.7700	
	02231460	Mavik	KNO	.7700		

VALSARTAN

613	80mg Cap				1.0500	1.05
	02236808	Diovan	NOV	1.0500	1.05	
614	160mg Cap				1.0500	1.05
	02236809	Diovan	NOV	1.0500	1.05	

Reason for Use Code	Clinical criteria
160	For the treatment of hypertension in patients who cannot tolerate diuretics and beta-blockers or in whom diuretics and beta-blockers are contraindicated or are not adequately effective; and For the treatment of hypertension in patients who have experienced adverse effects with ACE inhibitors, e.g. cough.

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS (FOR DIURETICS SEE 40:28)

VALSARTAN & HYDROCHLOROTHIAZIDE

615	80mg/12.5mg Tab			1.0500	
	02241900	Diovan-HCT	NOV	1.0500	
616	160mg/12.5mg Tab			1.0500	
	02241901	Diovan-HCT	NOV	1.0500	
	Reason for Use Code	Clinical criteria			
		For the treatment of hypertension in patients:			
	325	Who cannot tolerate beta-blockers or in whom beta-blockers and diuretics alone are not effective; and			
		Who have experienced adverse effects with ACE inhibitors, (e.g. cough); and			
		Who require the addition of a diuretic to achieve adequate hypertension control.			

VERAPAMIL HCL

617	180mg LA Tab			.7800	.78
	01934317	Isoptin SR	KNO	1.0409	1.04
	02210355	Gen-Verapamil SR	GEN	.7800	.78
618	240mg LA Tab			.8720	.87
	00742554	Isoptin SR	KNO	1.3879	1.39
	02210363	Gen-Verapamil SR	GEN	.8720	.87
	02211920	Novo-Veramil SR	NOP	.8720	.87
	02237791	PMS-Verapamil SR	PMS	.8720	.87
619	180mg SR Cap			.7800	.78
	02100487	# Verelan	WAY	.7800	.78
620	240mg SR Cap			.8720	.87
	02100495	# Verelan	WAY	.8720	.87
621	180mg SR Tab			.7800	.78
	02231676	Chronovera	PHA	.7800	.78
622	240mg SR Tab			.8720	.87
	02231677	Chronovera	PHA	.8720	.87

Note: Chronovera (verapamil HCL) is a dosage form designed to deliver peak verapamil levels in the morning. Accordingly, Chronovera should be administered once daily at bedtime.

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:12:00 VASODILATING DRUGS

Note: Pharmacologic tolerance (tachyphylaxis) may lead to loss of efficacy with chronic multiple (qid) daily dosing of nitrates. Continued relief of angina may require adjustment of dosage interval (e.g., tid).

DIPYRIDAMOLE & ACETYLSALICYLIC ACID

623	200mg/25mg Cap			.7750
	02242119	Aggrenox	BOE	.7750
	Reason for Use Code	Clinical criteria		
	349	For the secondary prevention of stroke.		

ISOSORBIDE DINITRATE

624	20mg LA Tab			
	00740721	Cedocard SR (Not a Benefit)	PMS	
	00786683	Coradur-SR (Not a Benefit)	GLA	
625	5mg SL Tab			.0334
	00670944	Apo-ISDN	APX	.0334
	02042606	# Isordil	WAY	.0371
626	10mg Tab			.0160
	00441686	Apo-ISDN	APX	.0160
	00458686	Novo-Sorbide	NOP	.0160
	02042622	# Isordil	WAY	.0160
627	30mg Tab			.0345
	00441694	Apo-ISDN	APX	.0345
	00458694	Novo-Sorbide	NOP	.0345
	02042614	# Isordil	WAY	.0345

NIMODIPINE

628	30mg SG Cap			5.4574
	02155923	Nimotop	BAH	5.4574
	Reason for Use Code	Clinical criteria		
	42	As adjunctive therapy to improve the neurologic outcome following subarachnoid haemorrhage during the acute management period (within 4 days of haemorrhage).		
	43	As prophylaxis of ischemia if surgery is delayed.		

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:12:00 VASODILATING DRUGS

Note: Pharmacologic tolerance (tachyphylaxis) may lead to loss of efficacy with chronic multiple (qid) daily dosing of nitrates. Continued relief of angina may require adjustment of dosage interval (e.g., tid).

NITROGLYCERIN

629	2% Oint				.1940
	01926454	Nitrol	RPP		.1940
630	0.4mg/Hr/13.3 Sq Cm Patch				.6400
	02163527	Minitran	MMH		.6400
631	0.4mg/Hr/14 Sq Cm Patch				.6400
	02230733	Trinipatch	SAO		.6400
632	0.4mg/Hr/20 Sq Cm Patch				.6400
	00852384	Transderm-Nitro	NOV		.6400
633	0.4mg/Hr/20 Sq Cm Patch				.6400
	01911902	Nitro-Dur	SCH		.6400
634	0.6mg/Hr/20 Sq Cm Patch				.6400
	02163535	Minitran	MMH		.6400
635	0.6mg/Hr/21 Sq Cm Patch				.6400
	02230734	Trinipatch	SAO		.6400
636	0.6mg/Hr/30 Sq Cm Patch				.6400
	01911929	Nitro-Dur	SCH		.6400
637	0.6mg/Hr/30 Sq Cm Patch				.6400
	02046156	Transderm-Nitro	NOV		.6400
638	0.3mg SL Tab				.0267
	00037613	Nitrostat	PDA		.0267
639	*0.6mg SL Tab				.0278
	00037621	Nitrostat	PDA		.0278
640	0.4mg/Metered Dose Spray-200 Dose Pk				8.4600
	01926721	Nitrolingual	AVE		12.0900
	02243588	+ Gen-Nitro SL	GEN		8.4600
641	0.4mg/Metered Dose Spray-200 Dose Pk				12.0900
	02231441	Nitrolingual Pump Spray	AVE		12.0900

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:04 ANALGESICS NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

Note: NSAIDs have a high rate of serious adverse effects in the elderly. When prescribing NSAIDs, the minimal effective dose for the shortest period of time should be used. In nonspecific pain and/or osteoarthritis, in the absence of joint inflammation (swelling), acetaminophen is a better first choice for analgesia. The most effective treatment to prevent NSAID-gastritis is misoprostol; although H-2 antagonists, such as ranitidine or cimetidine, are commonly used, they are not as effective. NSAIDs can significantly aggravate hypertension and congestive heart failure; ASA in doses below 1 gram per day is a better choice than other NSAID options if anti-inflammatory effects are required in patients with these conditions. Low dose ASA has additional benefits for anti-platelet indications that are not provided by other NSAIDs, and should be given in preference or in addition to other NSAIDs for patients with vascular indications.

ACETYLSALICYLIC ACID

642	*325mg Ent Tab				.0147
	00010332	Entrophen	FRS		.0234
	00216666	Novasen	NOP		.0147
	02046253	MSD Enteric Coated ASA	MSD		.0147
643	*650mg Ent Tab				.0242
	00010340	Entrophen	FRS		.0320
	00229296	Novasen	NOP		.0242
644	*325mg Tab				.0059
	00036145	ASA (Not a Benefit)	RPR		
	00040851	ASA	LEA		.0059
	00092754	ASA	DCL		.0059

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:04 ANALGESICS NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

Note: NSAIDs have a high rate of serious adverse effects in the elderly. When prescribing NSAIDs, the minimal effective dose for the shortest period of time should be used. In nonspecific pain and/or osteoarthritis, in the absence of joint inflammation (swelling), acetaminophen is a better first choice for analgesia. The most effective treatment to prevent NSAID-gastritis is misoprostol; although H-2 antagonists, such as ranitidine or cimetidine, are commonly used, they are not as effective. NSAIDs can significantly aggravate hypertension and congestive heart failure; ASA in doses below 1 gram per day is a better choice than other NSAID options if anti-inflammatory effects are required in patients with these conditions. Low dose ASA has additional benefits for anti-platelet indications that are not provided by other NSAIDs, and should be given in preference or in addition to other NSAIDs for patients with vascular indications.

CELECOXIB

645	100mg Cap 02239941	Celebrex	PHA	.6250 .6250
646	200mg Cap 02239942	Celebrex	PHA	1.2500 1.2500
	Reason for Use Code	Clinical criteria		
		<u>Osteoarthritis</u>		
	316	For patients who have failed an adequate trial of acetaminophen (e.g. acetaminophen 1g QID for several weeks) and have had: History of a documented, clinically significant ulcer or GI bleed; or Failure or intolerance to at least three listed NSAIDs.		
		NOTE: The maximum daily dose of celecoxib which will be reimbursed for the treatment of osteoarthritis is 200mg.		
		<u>Rheumatoid arthritis</u>		
	317	For patients who have had: History of a documented, clinically significant ulcer or GI bleed; or Failure or intolerance to at least three listed NSAIDs.		
		NOTE: The maximum daily dose of celecoxib which will be reimbursed for the treatment of rheumatoid arthritis is 400mg.		

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CHOLINE SALICYLATE & MAGNESIUM SALICYLATE

647	293mg & 362mg Tab				.1985
	00449636	# Trilisate	PFP		.1985

DICLOFENAC SODIUM & MISOPROSTOL

648	50mg & 200mcg Tab				.5540
	01917056	Arthrotec 50	PHA		.5540
649	75mg & 200mcg Tab				.7540
	02229837	Arthrotec 75	PHA		.7540

DICLOFENAC SODIUM

650	25mg Ent Tab				.1902
	00514004	Voltaren	GEI		.3125
	00808539	Novo-Difenac	NOP		.1902
	00839175	Apo-Diclo	APX		.1902
	00886017	Nu-Diclo	NXP		.1902
	02231502	PMS-Diclofenac	PMS		.1902
651	50mg Ent Tab				.3937
	00514012	Voltaren	NOV		.6249
	00808547	Novo-Difenac	NOP		.3937
	00839183	Apo-Diclo	APX		.3937
	00886025	Nu-Diclo	NXP		.3937
	02231503	PMS-Diclofenac	PMS		.3937

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DICLOFENAC SODIUM

652	75mg LA Tab				.5706
	00782459	Voltaren SR (Not a Benefit)	NOV		
	02158582	Novo-Difenac SR	NOP		.5706
	02162814	Apo-Diclo SR	APX		.5706
	02228203	Nu-Diclo-SR	NXP		.5706
	02231504	PMS-Diclofenac-SR	PMS		.5706
653	100mg LA Tab				.7874
	00590827	Voltaren SR (Not a Benefit)	NOV		
	02048698	Novo-Difenac SR	NOP		.7874
	02091194	Apo-Diclo SR	APX		.7874
	02228211	Nu-Diclo-SR	NXP		.7874
	02231505	PMS-Diclofenac-SR	PMS		.7874
654	50mg Sup				.6237
	00632724	Voltaren	NOV		.9900
	02174677	Novo-Difenac	NOP		.6237
	02231506	PMS-Diclofenac	PMS		.6237
	02237786	Diclotec	TCH		.6237
	02241224	Sab-Diclofenac	SIL		.6237
655	100mg Sup				.8397
	00632732	Voltaren	NOV		1.3330
	02174685	Novo-Difenac	NOP		.8397
	02231508	PMS-Diclofenac	PMS		.8397
	02237787	Diclotec	TCH		.8397
	02241225	Sab-Diclofenac	SIL		.8397

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DIFLUNISAL

656	250mg Tab			.4235
	00587699	Dolobid	FRS	.5648
	02039486	Apo-Diflunisal	APX	.4235
	02048493	Novo-Diflunisal	NOP	.4235
657	500mg Tab			.5180
	00576131	Dolobid (Not a Benefit)	FRS	
	02039494	Apo-Diflunisal	APX	.5180
	02048507	Novo-Diflunisal	NOP	.5180

FENOPROFEN

658	600mg Tab			.5187
	00345504	Nalfon	LIL	.5187

FLOCTAFENINE

659	200mg Tab			.2541
	02017628	Idarac	SAO	.3630
	02244680	Apo-Floctafenine	APX	.2541
660	400mg Tab			.4424
	02017636	Idarac	SAO	.6321
	02244681	Apo-Floctafenine	APX	.4424

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FLURBIPROFEN

661	50mg Tab				.3061
	02223066	Froben	KNO		.3061
662	100mg Tab				.4009
	02223074	Froben	KNO		.4009
663	50mg Tab				.2564
	00647942	Ansaid	UPJ		.4442
	00675202	# Flurbiprofen	KNR		.2564
	01912046	Apo-Flurbiprofen	APX		.2564
	02020661	Nu-Flurbiprofen	NXP		.2564
	02100509	Novo-Flurprofen	NOP		.2564
664	100mg Tab				.3508
	00600792	Ansaid	UPJ		.6078
	00675199	Flurbiprofen	KNR		.3508
	01912038	Apo-Flurbiprofen	APX		.3508
	02020688	Nu-Flurbiprofen	NXP		.3508
	02100517	Novo-Flurprofen	NOP		.3508

IBUPROFEN

665	200mg Tab				.0243
	00441643	Apo-Ibuprofen	APX		.0243
	00629324	Novo-Profen	NOP		.0243

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IBUPROFEN

666	300mg Tab			.0284
	00327794	Motrin (Not a Benefit)	UPJ	
	00441651	Apo-Ibuprofen	APX	.0284
	00629332	Novo-Profen	NOP	.0284
667	400mg Tab			.0372
	00364142	Motrin	UPJ	.1871
	00506052	Apo-Ibuprofen	APX	.0372
	00629340	Novo-Profen	NOP	.0372
668	600mg Tab			.0465
	00484911	Motrin (Not a Benefit)	UPJ	
	00585114	Apo-Ibuprofen	APX	.0465
	00629359	Novo-Profen	NOP	.0465

INDOMETHACIN

669	25mg Cap			.0871
	00016039	Indocid (Not a Benefit)	MSD	
	00337420	Novo-Methacin	NOP	.0871
	00611158	Apo-Indomethacin	APX	.0871
	00865850	Nu-Indo	NXP	.0871
	02143364	Indotec	TCH	.0871
	02204541	Rhodacine	RHP	.0871

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INDOMETHACIN

670	50mg Cap				.1511
	00016047	Indocid (Not a Benefit)	MSD		
	00337439	Novo-Methacin	NOP		.1511
	00611166	Apo-Indomethacin	APX		.1511
	00865869	Nu-Indo	NXP		.1511
	02143372	Indotec	TCH		.1511
	02204568	Rhodacine	RHP		.1511
671	50mg Sup				.6636
	00594466	Indocid	MSD		1.0533
	01934147	Indotec	TCH		.6636
	02146932	Rhodacine	RHO		.6636
	02176130	Novo-Methacin	NOP		.6636
	02231799	Sab-Indomethacin	SIL		.6636
672	100mg Sup				.8919
	00016233	Indocid	MSD		1.4157
	01934139	Indotec	TCH		.8919
	02146940	Rhodacine	RHO		.8919
	02176149	Novo-Methacin	NOP		.8919
	02231800	Sab-Indomethacin	SIL		.8919

KETOPROFEN

673	50mg Cap				.1662
	00761664	Rhodis	RHP		.1662
	00790427	Apo-Keto	APX		.1662
	01926403	Orudis (Not a Benefit)	RPP		
	02150808	PMS-Ketoprofen	PMS		.1662

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KETOPROFEN

674	50mg Ent Tab				.1662
	00761672	Rhodis-EC	RHP		.1662
	00790435	Apo-Keto-E	APX		.1662
	01926381	Orudis E-50 (Not a Benefit)	RPP		
	01981528	Novo-Keto-EC	NOP		.1662
	02150816	PMS-Ketoprofen E-50	PMS		.1662
675	100mg Ent Tab				.3078
	00761680	Rhodis-EC	RHP		.3078
	00842664	Apo-Keto-E	APX		.3078
	01926365	Orudis E-100 (Not a Benefit)	RPP		
	01981536	Novo-Keto-EC	NOP		.3078
	02150824	PMS-Ketoprofen E-100	PMS		.3078
676	200mg LA Tab				.6156
	01926373	Orudis SR-200 (Not a Benefit)	RPP		
	02031175	Rhodis SR	RHP		.6156
	02172577	Apo-Keto SR	APX		.6156
677	100mg Sup				.9930
	00761699	Rhodis	RHP		.9930
	01926411	Orudis	AVE		1.4697
	02015951	PMS-Ketoprofen	PMS		.9930
	02156083	Novo-Keto	NOP		.9930
	02165481	Orafen	TCH		.9930

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MEFENAMIC ACID

678	250mg Cap				.3308
	00155225	Ponstan	PFI		.5251
	02229452	Apo-Mefenamic	APX		.3308
	02229569	Nu-Mefenamic	NXP		.3308
	02231208	PMS-Mefenamic Acid	PMS		.3308

MELOXICAM

679	7.5mg Tab				.7800
	02242785	Mobicox	BOE		.7800
680	15mg Tab				.9000
	02242786	Mobicox	BOE		.9000

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NAPROXEN

681	25mg/mL O/L				.0573
	02162431	Naprosyn	HLR		.0573
682	500mg Sup				.7927
	00756814	Naxen	SYP		.8810
	02017237	PMS-Naproxen	PMS		.7927
	02162458	Naprosyn	HLR		.9550
	02229690	Rhodiaprox	RHP		.7927
	02230477	Naproxen	SIL		.7927
683	125mg Tab				.0543
	00299413	Naprosyn (Not a Benefit)	SYN		
	00522678	Apo-Naproxen	APX		.0543
	00565369	Novo-Naprox	NOP		.0543
	00865621	Nu-Naprox	NXP		.0543
684	250mg Tab				.1068
	00522651	Apo-Naproxen	APX		.1068
	00565350	Novo-Naprox	NOP		.1068
	00615315	Naxen	SYP		.1068
	00865648	Nu-Naprox	NXP		.1068
	02162474	Naprosyn	HLR		.3796
685	375mg Tab				.1458
	00600806	Apo-Naproxen	APX		.1458
	00615323	Naxen	SYP		.1458
	00627097	Novo-Naprox	NOP		.1458
	00865656	Nu-Naprox	NXP		.1458
	02162482	Naprosyn	HLR		.4996

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NAPROXEN

686	500mg Tab			.2110
	00589861	Novo-Naprox	NOP	.2110
	00592277	Apo-Naproxen	APX	.2110
	00615331	Naxen	SYP	.2110
	00865664	Nu-Naprox	NXP	.2110
	02162490	Naprosyn	HLR	.8977
687	750mg SR Tab			.7604
	02162466	Naprosyn SR (Not a Benefit)	HLR	
	02177072	Apo-Naproxen SR	APX	.7604
	02231327	Novo-Naprox	NOP	.7604

PHENYLBUTAZONE

688	100mg Tab			
	00021660	Novo-Butazone (Not a Benefit)	NOP	
	00312789	Apo-Phenylbutazone (Not a Benefit)	APX	

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:04 ANALGESICS NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

Note: NSAIDs have a high rate of serious adverse effects in the elderly. When prescribing NSAIDs, the minimal effective dose for the shortest period of time should be used. In nonspecific pain and/or osteoarthritis, in the absence of joint inflammation (swelling), acetaminophen is a better first choice for analgesia. The most effective treatment to prevent NSAID-gastritis is misoprostol; although H-2 antagonists, such as ranitidine or cimetidine, are commonly used, they are not as effective. NSAIDs can significantly aggravate hypertension and congestive heart failure; ASA in doses below 1 gram per day is a better choice than other NSAID options if anti-inflammatory effects are required in patients with these conditions. Low dose ASA has additional benefits for anti-platelet indications that are not provided by other NSAIDs, and should be given in preference or in addition to other NSAIDs for patients with vascular indications.

PIROXICAM

689	10mg Cap				.4147
	00525596	Feldene	PFI		.8852
	00642886	Apo-Piroxicam	APX		.4147
	00695718	Novo-Pirocam	NOP		.4147
	00836249	PMS-Piroxicam	PMS		.4147
	00865761	Nu-Pirox	NXP		.4147
	02139952	# Alti-Piroxicam	ALT		.4147
	02171813	Gen-Piroxicam	GEN		.4147
690	20mg Cap				.7158
	00525618	# Feldene	PFI		1.4843
	00642894	Apo-Piroxicam	APX		.7158
	00695696	Novo-Pirocam	NOP		.7158
	00836230	PMS-Piroxicam	PMS		.7158
	00865788	Nu-Pirox	NXP		.7158
	02139960	# Alti-Piroxicam	ALT		.7158
	02171821	Gen-Piroxicam	GEN		.7158
691	10mg Sup				.7410
	00632708	Feldene	PFI		1.0356
	02154420	PMS-Piroxicam	PMS		.7410

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PIROXICAM

692	20mg Sup			1.0878
	00632716	Feldene	PFI	1.7266
	02154463	PMS-Piroxicam	PMS	1.0878
	02238028	Fexicam	TCH	1.0878

ROFECOXIB

693	12.5mg Tab			1.2500
	02241107	Vioxx	FRS	1.2500
694	25mg Tab			1.2500
	02241108	Vioxx	FRS	1.2500
	Reason for Use Code	Clinical criteria		
		Osteoarthritis		
	318	For patients who have failed an adequate trial of acetaminophen (e.g. acetaminophen 1g QID for several weeks) and have had:		
		History of a documented, clinically significant ulcer or GI bleed; or		
		Failure or intolerance to at least three listed NSAIDS.		
		NOTE: The maximum daily dose of rofecoxib which will be reimbursed for the treatment of osteoarthritis is 25mg.		

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SULINDAC

695	150mg Tab				.3824
	00456888	Clinoril (Not a Benefit)	FRS		
	00745588	Novo-Sundac	NOP		.3824
	00778354	Apo-Sulin	APX		.3824
	02042576	Nu-Sulindac	NXP		.3824
696	200mg Tab				.4840
	00432369	Clinoril (Not a Benefit)	FRS		
	00745596	Novo-Sundac	NOP		.4840
	00778362	Apo-Sulin	APX		.4840
	02042584	Nu-Sulindac	NXP		.4840

TIAPROFENIC ACID

697	200mg Tab				.3437
	01924613	Albert-Tiafen	ALT		.3437
	01989782	Surgam (Not a Benefit)	HRU		
	02136112	Apo-Tiaprofenic	APX		.3437
	02179679	Novo-Tiaprofenic	NOP		.3437
	02230827	PMS-Tiaprofenic	PMS		.3437
698	300mg Tab				.4104
	01924621	Albert-Tiafen	ALT		.4104
	02136120	Apo-Tiaprofenic	APX		.4104
	02179687	Novo-Tiaprofenic	NOP		.4104
	02221950	Surgam	AVE		.6515
	02230828	PMS-Tiaprofenic	PMS		.4104

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TOLMETIN

699	400mg Cap				.4249
	00484938	# Tolectin DS	OMC		.5665
	02076233	# Novo-Tolmetin	NOP		.4249
700	600mg Tab				.8038
	00632740	# Tolectin	OMC		.8038

28:08:08 ANALGESICS OPIATE AGONISTS

Note: Narcotic analgesics can produce dependence and may be abused. Physical dependence, psychological dependence and tolerance may develop. Prescribers are cautioned about ordering these drugs for patients with a history of either emotional disturbances or drug abuse, including alcohol.

ACETAMINOPHEN & CODEINE PHOSPHATE

701	160mg & 8mg/5mL O/L				.0538
	00816027	PMS-Acetaminophen With Codeine	PMS		.0538
	02163942	Tylenol With Codeine	JNO		.0769
702	300mg & 30mg Tab				.0455
	00608882	Emtec-30	TCH		.0455
	00666130	Empracet-30	BWE		.0455

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ACETAMINOPHEN & CODEINE PHOSPHATE

703	300mg & 60mg Tab				.1384
	00621463	Ratio-Lenoltec No.4	RAI		.1384
	00666149	Empracet-60 (Not a Benefit)	BWE		
	02163918	Tylenol No.4	JNO		.1384

ACETAMINOPHEN COMPOUND WITH CODEINE

704	15mg Tab				.0288
	00293504	Atasol-15	HOR		.0310
	00653241	Ratio-Lenoltec No.2	RAI		.0288
	00687200	# Novo-Gesic C-15	NOP		.0288
	02163934	Tylenol No.2	JNO		.0288
705	30mg Tab				.0288
	00293512	Atasol-30	HOR		.0310
	00653276	Ratio-Lenoltec No.3	RAI		.0288
	00687219	# Novo-Gesic C-30	NOP		.0288
	02163926	Tylenol No.3	JNO		.0288

ACETYSALICYLIC ACID COMPOUND WITH CODEINE

706	15mg Tab				.0454
	00095508	AC & C	DCL		.0454
	00108103	282 (Not a Benefit)	FRS		
707	30mg Tab				.0657
	00095516	AC & C	DCL		.0657
	00219843	292	FRS		.1000

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CODEINE PHOSPHATE

708	5mg/mL O/L				.0196
	00093114	Codeine	DCL		.0196
	00779474	# Codeine	ROG		.0196
709	15mg Tab				.0542
	00093122	Codeine	DCL		.0542
	00593435	Codeine Phosphate	TCH		.0542
	00779458	Codeine	ROG		.0542
710	30mg Tab				.0773
	00093130	Codeine	DCL		.0773
	00593451	Codeine Phosphate	TCH		.0773
	00779466	Codeine	ROG		.0773
711	60mg Tab				.2032
	00093149	Codeine	DCL		.2032

CODEINE SULFATE TRIHYDRATE & MONOHYDRATE

712	50mg CR Tab				.2812
	02230302	Codeine Contin	PFP		.2812
713	100mg CR Tab				.5624
	02163748	Codeine Contin	PFP		.5624
714	150mg CR Tab				.8500
	02163780	Codeine Contin	PFP		.8500
715	200mg CR Tab				1.1250
	02163799	Codeine Contin	PFP		1.1250
	Reason for Use Code	Clinical criteria			
	201	For the treatment of chronic pain in patients who cannot tolerate, or have failed treatment with a listed long-acting opioid.			

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FENTANYL TRANSDERMAL SYSTEM

716	25mcg/hr Trans Patch			8.5000
	01937383	Duragesic 25	JNO	8.5000
717	50mcg/hr Trans Patch			16.0000
	01937391	Duragesic 50	JNO	16.0000
718	75mcg/hr Trans Patch			22.5000
	01937405	Duragesic 75	JNO	22.5000
719	100mcg/hr Trans Patch			28.0000
	01937413	Duragesic 100	JNO	28.0000
	Reason for Use Code	Clinical criteria		
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HYDROMORPHONE HCL

720	3mg CR Cap 02125323	Hydromorph Contin	PFP	.6000 .6000
721	6mg CR Cap 02125331	Hydromorph Contin	PFP	.9000 .9000
722	12mg CR Cap 02125366	Hydromorph Contin	PFP	1.5600 1.5600
723	18mg CR Cap 02243562	Hydromorph Contin	PFP	2.2500 2.2500
724	24mg CR Cap 02125382	Hydromorph Contin	PFP	2.8800 2.8800
725	30mg CR Cap 02125390	Hydromorph Contin	PFP	3.4500 3.4500
726	20mg/mL Inj 02145936 02146118	Hydromorphone HP-20 Dilaudid-HP-Plus	SIL KNO	3.6680 3.6680 3.6680
727	50mg/mL Inj-1mL Pk 02145863 02146126	Dilaudid-XP Hydromorphone HP-50	KNO SIL	9.7335 9.7335 9.7335
728	2mg/mL Inj Sol-1mL Pk 00627100 02145901	Dilaudid Hydromorphone	KNO SIL	.9450 .9500 .9450
729	10mg/mL Inj Sol-1mL Pk 00622133 02145928	Dilaudid-HP Hydromorphone HP-10	KNO SIL	2.3380 2.3380 2.3380

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HYDROMORPHONE HCL

730	1mg/mL Oral Sol				.0931
	00786535	Dilaudid	KNO		.0931
731	250mg Pd Vial Pk				67.5750
	02085895	Dilaudid Sterile Powder	KNO		67.5750
732	3mg Sup				2.6000
	00125105	Dilaudid	KNO		2.6000
733	1mg Tab				.0959
	00705438	Dilaudid	KNO		.0959
	00885444	PMS-Hydromorphone	PMS		.0959
734	2mg Tab				.1417
	00125083	Dilaudid	KNO		.1417
	00885436	PMS-Hydromorphone	PMS		.1417
735	4mg Tab				.2240
	00125121	Dilaudid	KNO		.2240
	00885401	PMS-Hydromorphone	PMS		.2240
736	8mg Tab				.3528
	00786543	Dilaudid	KNO		.3528
	00885428	PMS-Hydromorphone	PMS		.3528

MEPERIDINE HCL

737	50mg Tab				.1034
	02138018	Demerol	SAO		.1034
	Reason for Use Code	Clinical criteria			
	270	Limited to 2 weeks supply for acute pain.			

MORPHINE HCL

738	1mg/mL O/L				.0200
	00486582	M.O.S. (Not a Benefit)	ICN		
	00607762	Morphitec-1	TCH		.0200

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MORPHINE HCL

739	5mg/mL O/L				.0842
	00514217	M.O.S.	ICN		.0842
	00607770	Morphitec-5	TCH		.0842
740	10mg/mL O/L				.1838
	00632503	M.O.S.	ICN		.1838
	00690783	Morphitec-10	TCH		.1838
741	20mg/mL O/L				.5241
	00632481	M.O.S.	ICN		.5241
	00690791	Morphitec-20	TCH		.5241
742	50mg/mL O/L				1.2427
	00690236	M.O.S. Conc 50	ICN		1.2427
743	10mg Sup				1.7500
	00624268	# M.O.S.	ICN		1.7500
744	20mg Sup				2.0833
	00624276	# M.O.S.	ICN		2.0833
745	30mg Sup				2.2917
	00636681	# M.O.S.	ICN		2.2917
746	10mg Tab				.1700
	00690198	M.O.S.-10	ICN		.1700
747	20mg Tab				.3243
	00690201	M.O.S.-20	ICN		.3243
748	40mg Tab				.4214
	00690228	M.O.S.-40	ICN		.4214
749	60mg Tab				.5851
	00690244	M.O.S.-60	ICN		.5851

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MORPHINE SULFATE

750	10mg ER Cap 02019930	M-Eslon	AVE	.2900 .2900
751	15mg ER Cap 02177749	M-Eslon	AVE	.3550 .3550
752	30mg ER Cap 02019949	M-Eslon	AVE	.5970 .5970
753	60mg ER Cap 02019957	M-Eslon	AVE	1.0684 1.0684
754	100mg ER Cap 02019965	M-Eslon	AVE	1.9100 1.9100
755	200mg ER Cap 02177757	M-Eslon	AVE	3.8200 3.8200
756	15mg/mL Inj Sol Amp 00392561 00850330	Morphine Sulfate Morphine Sulfate Injection USP	SIL ABB	.3670 .3670 .4900
757	50mg/mL Inj Sol-1mL Pk 00617288	Morphine HP-50	SIL	3.1400 3.1400
758	1mg/mL O/L 00591467	Statex	PMS	.0200 .0200
759	5mg/mL O/L 00591475	Statex	PMS	.0803 .0803
760	20mg/mL Oral Drops 00621935	Statex	PMS	.3857 .3857
761	10mg SR Cap 02242163	+ Kadian	FAU	.3400 .3400

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MORPHINE SULFATE

762	20mg SR Cap 02184435	Kadian	FAU	.6800 .6800
763	50mg SR Cap 02184443	Kadian	FAU	1.2500 1.2500
764	100mg SR Cap 02184451	Kadian	FAU	2.1800 2.1800
765	15mg SR Tab 02015439 02244790 02245284	MS Contin Ratio-Morphine SR + PMS-Morphine Sulfate	PFP RAI PMS	.3751 .5954 .4168 .3751
766	30mg SR Tab 02014297 02244791 02245285	MS Contin Ratio-Morphine SR + PMS-Morphine Sulfate	PFP RAI PMS	.5664 .8990 .6293 .5664
767	60mg SR Tab 02014300 02244792 02245286	MS Contin Ratio-Morphine SR + PMS-Morphine Sulfate	PFP RAI PMS	.9984 1.5848 1.1094 .9984
768	100mg SR Tab 02014319	MS Contin	PFP	2.4164 2.4164
769	200mg SR Tab 02014327	MS Contin	PFP	4.4920 4.4920
770	10mg Sup 02014246	MS-IR	PFP	1.7900 1.7900
771	20mg Sup 02014262	MS-IR	PFP	2.1450 2.1450

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MORPHINE SULFATE

772	30mg Sup 02014173	MS-IR	PFP	2.3775 2.3775
773	30mg Sup 02146827	MS Contin	PFP	2.3810 2.3810
774	60mg Sup 02145944	MS Contin	PFP	3.0100 3.0100
775	100mg Sup 02145952	MS Contin	PFP	3.8500 3.8500
776	200mg Sup 02145960	MS Contin	PFP	5.9500 5.9500
777	20mg Tab 02014238	MS-IR	PFP	.3018 .3018
778	30mg Tab 02014254	MS-IR	PFP	.3876 .3876
779	5mg Tab 00594652	Statex	PMS	.1100 .1100
780	10mg Tab 00594644	Statex	PMS	.1700 .1700
781	25mg Tab 00594636	Statex	PMS	.2250 .2250
782	50mg Tab 00675962	Statex	PMS	.3450 .3450

+ = NEW LISTING

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DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:08 ANALGESICS OPIATE AGONISTS

Note: Narcotic analgesics can produce dependence and may be abused. Physical dependence, psychological dependence and tolerance may develop. Prescribers are cautioned about ordering these drugs for patients with a history of either emotional disturbances or drug abuse, including alcohol.

OXYCODONE HCL

783	10mg SR Tab			.8000
	02202441	Oxycontin	PFP	.8000
784	20mg SR Tab			1.2000
	02202468	Oxycontin	PFP	1.2000
785	40mg SR Tab			2.0800
	02202476	Oxycontin	PFP	2.0800
786	80mg SR Tab			3.8400
	02202484	Oxycontin	PFP	3.8400
	Reason for Use Code	Clinical criteria		
	201	For the treatment of chronic pain in patients who cannot tolerate, or have failed treatment with a listed long-acting opioid.		

OXYCODONE HCL & ACETAMINOPHEN

787	5mg & 325mg Tab			.0960
	00580201	Percocet (Not a Benefit)	DUP	
	00608165	Oxycocet	TCH	.0960
	01916548	Endocet	EDM	.0960

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

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28:08:08 ANALGESICS OPIATE AGONISTS

Note: Narcotic analgesics can produce dependence and may be abused. Physical dependence, psychological dependence and tolerance may develop. Prescribers are cautioned about ordering these drugs for patients with a history of either emotional disturbances or drug abuse, including alcohol.

OXYCODONE HCL & ACETYLSALICYLIC ACID

788	5mg & 325mg Tab				.1116
	00580236	Percodan (Not a Benefit)	DUP		
	00608157	Oxycodan	TCH		.1116
	01916483	Endodan	EDM		.1116

28:08:92 ANALGESICS MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

ACETAMINOPHEN

789	16mg/mL O/L				.0306
	01934805	Robigesic	WHB		.0306
790	80mg/mL O/L				.1197
	00631353	Atasol	HOR		.1840
	00642401	Temptra (Not a Benefit)	MJS		
	02027801	Pediatric	TCH		.1197
791	120mg Sup				.4168
	01919385	Abenol	SMJ		.4168
	02230434	ACET 120	PMS		.4168
792	325mg Sup				.5138
	01919393	Abenol	SMJ		.5483
	02230436	ACET 325	PMS		.5138
793	650mg Sup				.5906
	01919407	Abenol	SMJ		.6300
	02230437	ACET 650	PMS		.5906
794	*325mg Tab				.0114
	00293482	Atasol (Not a Benefit)	HOR		
	00389218	Novo-Gesic	NOP		.0114
	00544981	Apo-Acetaminophen	APX		.0114
	00589241	Acetaminophen	DPC		.0114
	01928260	Panadol	STH		.0344

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:92 ANALGESICS MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

ACETAMINOPHEN

795	*500mg Tab				.0149
	00013668	Atasol Forte (Not a Benefit)	HOR		
	00482323	Novo-Gesic Forte	NOP		.0149
	00545007	Apo-Acetaminophen	APX		.0149
	00589233	Acetaminophen Extra Strength	DPC		.0149
	01928244	Panadol Extra Strength	STH		.0477

28:12:00 ANTICONVULSANTS

CARBAMAZEPINE

796	100mg Chew Tab				.1223
	00369810	Tegretol Chew Tabs	NOV		.1223
797	200mg Chew Tab				.2413
	00665088	Tegretol Chew Tabs	NOV		.2413

798	200mg LA Tab				.1887
	00773611	Tegretol CR	GEI		.2996
	02231543	PMS-Carbamazepine CR	PMS		.1887
	02237907	Taro-Carbamazepine CR	TAR		.1887
	02241882	Gen-Carbamazepine CR	GEN		.1887
	02242908	Apo-Carbamazepine CR	APX		.1887

799	400mg LA Tab				.3774
	00755583	Tegretol CR	NOV		.5992
	02231544	PMS-Carbamazepine CR	PMS		.3774
	02237908	Taro-Carbamazepine CR	TAR		.3775
	02241883	Gen-Carbamazepine CR	GEN		.3774
	02242909	Apo-Carbamazepine CR	APX		.3774

Reason for
Use Code

Clinical criteria

67

For patients who have been tried on conventional carbamazepine with unsatisfactory results due to adverse effects or poor control of symptoms.

800	100mg/5mL Oral Susp				.0578
	02194333	Tegretol	NOV		.0578

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12:00 ANTICONVULSANTS

CARBAMAZEPINE

801	200mg Tab			.0795
	00010405	Tegretol (Not a Benefit)	NOV	
	00402699	Apo-Carbamazepine	APX	.0795
	00782718	Novo-Carbamaz	NOP	.0795
	02042568	Nu-Carbamazepine	NXP	.0795
	02052423	Taro-Carbamazepine	TAR	.0795

CLOBAZAM

802	10mg Tab			.2153
	02221799	Frisium	AVE	.3417
	02238334	Novo-Clobazam	NOP	.2392
	02238797	Alti-Clobazam	ALT	.2392
	02244474	PMS-Clobazam	PMS	.2153
	02244638	+ Apo-Clobazam	APX	.2153

Reason for Use Code Clinical criteria

23 As adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory.

NOTE: Because a large number of patients will become refractory to the anticonvulsant effects of the drug over a period of time, the effectiveness of this drug must be re-evaluated after a period of six months.

CLONAZEPAM

803	0.5mg Tab			.1166
	00382825	Rivotril	HLR	.1850
	02048701	PMS-Clonazepam	PMS	.1166
	02103656	Alti-Clonazepam	ALT	.1166
	02173344	Nu-Clonazepam	NXP	.1166
	02177889	Apo-Clonazepam	APX	.1166
	02207818	PMS-Clonazepam-R	PMS	.1166
	02230366	Clonapam	ICN	.1166
	02230950	Gen-Clonazepam	GEN	.1166
	02233960	Rhoxal-Clonazepam	RHO	.1166
	02239024	Novo-Clonazepam	NOP	.1166

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12:00 ANTICONVULSANTS

CLONAZEPAM

804	2mg Tab				.2010
	00382841	Rivotril	HLR		.3190
	02048736	PMS-Clonazepam	PMS		.2010
	02103737	Alti-Clonazepam	ALT		.2010
	02173352	Nu-Clonazepam	NXP		.2010
	02177897	Apo-Clonazepam	APX		.2010
	02230369	Clonapam	ICN		.2010
	02230951	Gen-Clonazepam	GEN		.2010
	02233985	Rhoxal-Clonazepam	RHO		.2010
	02239025	Novo-Clonazepam	NOP		.2010

DIVALPROEX SODIUM

805	125mg Ent Tab				.1377
	00596418	Epival	ABB		.2186
	02239517	Nu-Divalproex	NXP		.1377
	02239698	Apo-Divalproex	APX		.1377
	02239701	Novo-Divalproex	NOP		.1530
	02244138	PMS-Divalproex	PMS		.1377
806	250mg Ent Tab				.2475
	00596426	Epival	ABB		.3928
	02239518	Nu-Divalproex	NXP		.2475
	02239699	Apo-Divalproex	APX		.2475
	02239702	Novo-Divalproex	NOP		.2750
	02244139	PMS-Divalproex	PMS		.2475
807	500mg Ent Tab				.4952
	00596434	Epival	ABB		.7861
	02239519	Nu-Divalproex	NXP		.4952
	02239700	Apo-Divalproex	APX		.4952
	02239703	Novo-Divalproex	NOP		.5503
	02244140	PMS-Divalproex	PMS		.4952

ETHOSUXIMIDE

808	250mg Cap				.2812
	00022799	Zarontin	PFI		.2812
809	50mg/mL O/L				.0562
	00023485	Zarontin	PFI		.0562

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12:00 ANTICONVULSANTS

GABAPENTIN

810	100mg Cap				.2520
	02084260	Neurontin	PFI		.4000
	02243446	PMS-Gabapentin	PMS		.2520
	02244304	Apo-Gabapentin	APX		.2520
	02244513	Novo-Gabapentin	NOP		.2520
811	300mg Cap				.6130
	02084279	Neurontin	PFI		.9730
	02243447	PMS-Gabapentin	PMS		.6130
	02244305	Apo-Gabapentin	APX		.6130
	02244514	Novo-Gabapentin	NOP		.6130
812	400mg Cap				.7305
	02084287	Neurontin	PFI		1.1595
	02243448	PMS-Gabapentin	PMS		.7305
	02244306	Apo-Gabapentin	APX		.7305
	02244515	Novo-Gabapentin	NOP		.7305
	Reason for Use Code	Clinical criteria			
	136	As adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory.			
		NOTE: Because a large number of patients may become refractory to the anticonvulsant effects of the drug over a period of time, the effectiveness of this drug must be re-evaluated after a period of six months.			

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12:00 ANTICONVULSANTS

LAMOTRIGINE

813	25mg Tab				.2321
	02142082	Lamictal	GLA		.3315
	02245208	+ Apo-Lamotrigine	APX		.2321
814	100mg Tab				.9282
	02142104	Lamictal	GLA		1.3260
	02245209	+ Apo-Lamotrigine	APX		.9282
815	150mg Tab				1.3923
	02142112	Lamictal	GLA		1.9890
	02245210	+ Apo-Lamotrigine	APX		1.3923
	Reason for Use Code	Clinical criteria			
	136	As adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory.			
		NOTE: Because a large number of patients may become refractory to the anticonvulsant effects of the drug over a period of time, the effectiveness of this drug must be re-evaluated after a period of six months.			

METHSUXIMIDE

816	300mg Cap				.3110
	00022802	Celontin	PFI		.3110

PHENOBARBITAL

817	4mg/mL O/L				.0148
	00588180	Phenobarbital	DCL		.0148
818	15mg Tab				.0054
	00023795	Phenobarbital (Not a Benefit)	PDA		
	00093505	Phenobarbital	DCL		.0054
819	30mg Tab				.0058
	00023809	Phenobarbital (Not a Benefit)	PDA		
	00093521	Phenobarbital	DCL		.0058
820	60mg Tab				.0135
	00023817	Phenobarbital (Not a Benefit)	PDA		
	00093556	Phenobarbital	DCL		.0135
821	100mg Tab				.0193
	00093564	Phenobarbital	DCL		.0193

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12:00 ANTICONVULSANTS

PHENYTOIN (DIPHENYLHYDANTOIN) SODIUM

822	30mg Cap 00022772	Dilantin	PDA	.0497 .0497
823	100mg Cap 00022780	Dilantin	PDA	.0621 .0621

PHENYTOIN (DIPHENYLHYDANTOIN)

824	6mg/mL O/L 00023442	Dilantin	PDA	.0375 .0375
825	25mg/mL O/L 00023450	Dilantin	PDA	.0444 .0444
826	50mg Tab 00023698	Dilantin	PDA	.0682 .0682

PRIMIDONE

827	125mg Tab 00399310 02042363	Apo-Primidone Mysoline	APX WAY	.0378 .0378 .0582
828	250mg Tab 00396761 02042355	Apo-Primidone Mysoline	APX WAY	.0606 .0606 .0916

TOPIRAMATE

829	15mg Sprinkle Cap 02239907	Topamax Sprinkle	JNO	1.0000 1.0000
830	25mg Sprinkle Cap 02239908	Topamax Sprinkle	JNO	1.0500 1.0500

Reason for Use Code Clinical criteria

321 In children age 16 and under, as adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory.

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12:00 ANTICONVULSANTS

TOPIRAMATE

831	25mg Tab			1.0500
	02230893	Topamax	JNO	1.0500
832	100mg Tab			1.9900
	02230894	Topamax	JNO	1.9900
833	200mg Tab			3.1500
	02230896	Topamax	JNO	3.1500
	Reason for Use Code	Clinical criteria		
	223	As adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory.		
		NOTE: Because a large number of patients may become refractory to the anticonvulsant effects of the drug over a period of time, the effectiveness of this drug must be re-evaluated after a period of six months.		

VALPROATE SODIUM

834	50mg/mL O/L			.0577
	00443832	Depakene	ABB	.0916
	02140063	Alti-Valproic	ALT	.0577
	02236807	PMS-Valproic Acid	PMS	.0577
	02238042	Deproic	TCH	.0577
	02238370	Apo-Valproic	APX	.0577

VALPROIC ACID

835	250mg Cap			.2584
	00443840	Depakene	ABB	.4124
	02100630	Novo-Valproic	NOP	.2584
	02140047	Alti-Valproic	ALT	.2598
	02184648	Gen-Valproic	GEN	.2584
	02217414	# Deproic	TCH	.2584
	02230768	PMS-Valproic Acid	PMS	.2584
	02237830	Nu-Valproic	NXP	.2584
	02238048	Apo-Valproic	APX	.2584
	02239714	Rhoxal-Valproic	RHO	.2584

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12:00 ANTICONVULSANTS

VALPROIC ACID

836	500mg Ent Cap				.5197
	00507989	Depakene	ABB		.8249
	02140055	Alti-Valproic	ALT		.5197
	02229628	PMS-Valproic Acid	PMS		.5197
	02231489	Deproic Acid	TCH		.5197
	02239713	Rhoxal-Valproic	RHO		.5197

VIGABATRIN

837	500mg Tab				.8870
	02065819	Sabril	AVE		.8870
	Reason for Use Code	Clinical criteria			
	136	As adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory.			
		NOTE: Because a large number of patients may become refractory to the anticonvulsant effects of the drug over a period of time, the effectiveness of this drug must be re-evaluated after a period of six months.			

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

AMITRIPTYLINE

838	2mg/mL O/L				.0402
	00016306	Elavil	MSD		.0402
839	10mg Tab				.0059
	00016322	Elavil (Not a Benefit)	MSD		
	00037400	# Novo-Triptyn	NOP		.0059
	00335053	Apo-Amitriptyline	APX		.0059
840	25mg Tab				.0079
	00016330	Elavil (Not a Benefit)	MSD		
	00335061	Apo-Amitriptyline	APX		.0079

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

AMITRIPTYLINE

841	50mg Tab				.0169
	00016349	Elavil (Not a Benefit)	MSD		
	00037427	# Novo-Triptyn	NOP		.0169
	00335088	Apo-Amitriptyline	APX		.0169

AMOXAPINE

842	50mg Tab				.3088
	02169894	# Asendin	WAY		.3088
843	100mg Tab				.6327
	02169908	# Asendin	WAY		.6327

BUPROPION HCL

844	100mg Tab				.5333
	02237824	Wellbutrin SR	GLW		.5333
845	150mg Tab				.8000
	02237825	Wellbutrin SR	GLW		.8000
	Reason for Use Code	Clinical criteria			
	315	For the treatment of depression.			

CITALOPRAM HYDROBROMIDE

846	20mg Tab				1.2500
	02239607	Celexa	VLH		1.2500
847	40mg Tab				1.2500
	02239608	Celexa	VLH		1.2500

CLOMIPRAMINE HCL

848	10mg Tab				.1626
	00330566	Anafranil	NOV		.2581
	02040786	Apo-Clomipramine	APX		.1626
	02139340	Gen-Clomipramine	GEN		.1626
	02230256	Novo-Clopramine	NOP		.1626

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

CLOMIPRAMINE HCL

849	25mg Tab				.2215
	00324019	Anafranil	NOV		.3516
	02040778	Apo-Clomipramine	APX		.2215
	02130165	Novo-Clomipramine	NOP		.2215
	02139359	Gen-Clomipramine	GEN		.2215
850	50mg Tab				.4078
	00402591	Anafranil	NOV		.6474
	02040751	Apo-Clomipramine	APX		.4078
	02130173	Novo-Clomipramine	NOP		.4078
	02139367	Gen-Clomipramine	GEN		.4078

DESIPRAMINE

851	25mg Tab				.2544
	00010448	Pertofrane	GEI		.3769
	01946269	PMS-Desipramine	PMS		.2544
	01948784	Desipramine Hydrochloride	KNR		.2544
	02099128	Norpramin	HMR		.3458
	02211947	Nu-Desipramine	NXP		.2544
	02216256	Apo-Desipramine	APX		.2544
	02223325	Novo-Desipramine	NOP		.2544
852	50mg Tab				.4110
	01946277	PMS-Desipramine	PMS		.4110
	01948792	Desipramine Hydrochloride	KNR		.4110
	02099136	Norpramin	HMR		.6096
	02211955	Nu-Desipramine	NXP		.4110
	02216264	Apo-Desipramine	APX		.4110
	02223333	Novo-Desipramine	NOP		.4110
853	75mg Tab				.6334
	01946242	PMS-Desipramine	PMS		.6334
	01948806	Desipramine Hydrochloride	KNR		.6334
	02099144	Norpramin	HMR		.9392
	02211963	Nu-Desipramine	NXP		.6334
	02216272	Apo-Desipramine	APX		.6334
	02223368	Novo-Desipramine	NOP		.6334

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

DOXEPIN HCL

854	10mg Cap				.1185
	00024325	Sinequan	PFI		.2397
	00842745	# Triadapin	AVE		.1185
	02049996	Apo-Doxepin	APX		.1185
	02140071	Alti-Doxepin	ALT		.1185
855	25mg Cap				.1430
	00024333	Sinequan	PFI		.2940
	00842753	# Triadapin	AVE		.1458
	02050005	Apo-Doxepin	APX		.1430
	02140098	Alti-Doxepin	ALT		.1430
856	50mg Cap				.2228
	00024341	Sinequan	PFI		.5455
	00842761	# Triadapin	AVE		.2428
	02050013	Apo-Doxepin	APX		.2228
	02140101	Alti-Doxepin	ALT		.2228
857	75mg Cap				.4774
	00400750	Sinequan	PFI		.7833
	00842788	# Triadapin	AVE		.4775
	01913441	Novo-Doxepin	NOP		.4774
	02050021	Apo-Doxepin	APX		.4774
	02140128	Alti-Doxepin	ALT		.4774
858	100mg Cap				.6270
	00326925	Sinequan	PFI		1.0320
	00842796	# Triadapin	AVE		.6274
	01913468	Novo-Doxepin	NOP		.6270
	02050048	Apo-Doxepin	APX		.6270
859	150mg Cap				.9474
	00584274	Sinequan	PFI		1.4218
	01913476	Novo-Doxepin	NOP		.9474
	02050056	Apo-Doxepin	APX		.9474

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

FLUOXETINE HCL

Note: Because of the long half-life of the fluoxetine metabolite, steady-state concentrations occur only after 4-6 weeks. Use with caution in anorexic patients. Fluoxetine therapy should be discontinued for 5 weeks before starting irreversible monoamine oxidase inhibitors (MAOI). Similarly irreversible MAOI should be discontinued for 2 weeks before starting fluoxetine.

860	20mg Cap			1.0112
	00636622	Prozac	LIL	1.6050
	02177587	PMS-Fluoxetine	PMS	1.0112
	02192764	Nu-Fluoxetine	NXP	1.0112
	02216361	Apo-Fluoxetine	APX	1.0112
	02216590	Novo-Fluoxetine	NOP	1.0112
	02237814	Gen-Fluoxetine	GEN	1.0112
	02241374	Alti-Fluoxetine Hydrochloride	ALT	1.0112
	02242178	# Scheinpharm Fluoxetine	SCE	1.0112
	02243487	Rhoxal-Fluoxetine	RHO	1.0112

FLUVOXAMINE MALEATE

Note: Fluvoxamine therapy should be discontinued for 2 weeks before starting irreversible monoamine oxidase inhibitors (MAOI). Similarly irreversible MAOI should be discontinued for 2 weeks before starting fluvoxamine.

861	50mg Tab			.4952
	01919342	Luvox	SPH	.7860
	02218453	Alti-Fluvoxamine	ALT	.4952
	02231192	Nu-Fluvoxamine	NXP	.4952
	02231329	Apo-Fluvoxamine	APX	.4952
	02239953	Novo-Fluvoxamine	NOP	.4952
	02240682	PMS-Fluvoxamine	PMS	.4952
	02240849	# Gen-Fluvoxamine	GEN	.4952
862	100mg Tab			.8902
	01919369	Luvox	SPH	1.4130
	02218461	Alti-Fluvoxamine	ALT	.8902
	02231193	Nu-Fluvoxamine	NXP	.8902
	02231330	Apo-Fluvoxamine	APX	.8902
	02239954	Novo-Fluvoxamine	NOP	.8902
	02240683	PMS-Fluvoxamine	PMS	.8902
	02240850	# Gen-Fluvoxamine	GEN	.8902

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

IMIPRAMINE

863	10mg Tab				.0059
	00010464	Tofranil (Not a Benefit)	NOV		
	00021504	# Novo-Pramine	NOP		.0059
	00360201	Apo-Imipramine	APX		.0059
864	25mg Tab				.0107
	00010472	Tofranil	NOV		.2290
	00021512	# Novo-Pramine	NOP		.0107
	00312797	Apo-Imipramine	APX		.0107
865	50mg Tab				.0186
	00010480	Tofranil	NOV		.4257
	00021520	# Novo-Pramine	NOP		.0186
	00326852	Apo-Imipramine	APX		.0186

MAPROTILINE HCL

866	10mg Tab				.1515
	00641855	Ludiomil	NOV		.2022
	02158604	Novo-Maprotiline	NOP		.1515
867	25mg Tab				.2065
	00360481	# Ludiomil	CIB		.2757
	02158612	Novo-Maprotiline	NOP		.2065
868	50mg Tab				.3910
	00360503	Ludiomil	NOV		.5215
	02158620	Novo-Maprotiline	NOP		.3910
869	75mg Tab				.5340
	00360511	Ludiomil	NOV		.7123
	02158639	Novo-Maprotiline	NOP		.5340

MIRTAZAPINE

870	30mg Tab				1.2400
	02243910	Remeron	OGN		1.2400

MOCLOBEMIDE

871	100mg Tab				.2520
	00899348	Manerix (Not a Benefit)	HLR		
	02232148	Apo-Moclobemide	APX		.2520
	02239746	Novo-Moclobemide	NOP		.2520

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

MOCLOBEMIDE

872	150mg Tab				.3654
	00899356	Manerix	HLR		.5800
	02218410	Alti-Moclobemide	ALT		.3654
	02232150	Apo-Moclobemide	APX		.3654
	02239747	Novo-Moclobemide	NOP		.3654
	02243218	PMS-Moclobemide	PMS		.3654
873	300mg Tab				.7176
	02166747	Manerix	HLR		1.1390
	02218429	# Alti-Moclobemide	ALT		.7973
	02239748	Novo-Moclobemide	NOP		.7973
	02240456	Apo-Moclobemide	APX		.7176
	02243219	PMS-Moclobemide	PMS		.7176

NEFAZODONE HCL

874	100mg Tab				.5040
	02087375	Serzone-5HT2	BQU		.8000
	02237398	Lin-Nefazodone	LON		.5600
	02242823	Apo-Nefazodone	APX		.5600
	02245102	+ PMS-Nefazodone	PMS		.5040
875	150mg Tab				.5040
	02087383	Serzone-5HT2	BQU		.8000
	02237399	Lin-Nefazodone	LON		.5600
	02242824	Apo-Nefazodone	APX		.5600
	02245103	+ PMS-Nefazodone	PMS		.5040
876	200mg Tab				.5880
	02087391	Serzone-5HT2	BQU		.9333
	02237400	Lin-Nefazodone	LON		.6533
	02242825	Apo-Nefazodone	APX		.6533
	02245111	+ PMS-Nefazodone	PMS		.5880

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

NORTRIPTYLINE

877	10mg Cap				.1260
	00015229	Aventyl	LIL		.2000
	02177692	PMS-Nortriptyline	PMS		.1260
	02223139	Nu-Nortriptyline	NXP		.1260
	02223511	Apo-Nortriptyline	APX		.1260
	02230361	# Norventyl	ICN		.1260
	02231686	Gen-Nortriptyline	GEN		.1260
	02231781	Novo-Nortriptyline	NOP		.1260
	02240789	Alti-Nortriptyline Hydrochloride	ALT		.1260
878	25mg Cap				.2547
	00015237	Aventyl	LIL		.4043
	02177706	PMS-Nortriptyline	PMS		.2547
	02223147	Nu-Nortriptyline	NXP		.2547
	02223538	Apo-Nortriptyline	APX		.2547
	02230362	# Norventyl	ICN		.2547
	02231687	Gen-Nortriptyline	GEN		.2547
	02231782	Novo-Nortriptyline	NOP		.2547
	02240790	Alti-Nortriptyline Hydrochloride	ALT		.2547

PAROXETINE HCL

879	20mg Tab				1.5900
	01940481	Paxil	SMJ		1.5900
880	30mg Tab				1.6900
	01940473	Paxil	SMJ		1.6900

PHENELZINE SULFATE

881	15mg Tab				.2999
	00476552	Nardil	PFI		.2999

Note: Consult the scientific literature regarding cautions and contraindications prior to prescribing and/or dispensing irreversible monoamine oxidase inhibitors.

PROTRIPTYLINE

882	10mg Tab				.3473
	00322741	Triptil	MSD		.3473

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

SERTRALINE HCL

Note: Sertraline therapy should be discontinued for 2 weeks before starting irreversible monoamine oxidase inhibitors (MAOI). Similarly irreversible MAOI should be discontinued for 2 weeks before starting sertraline.

883	25mg Cap				.5040
	02132702	Zoloft	PFI		.8000
	02238280	Apo-Sertraline	APX		.5040

Note: Zoloft and Apo-Sertraline are interchangeable for all indications.

884	25mg Cap				.5040
	02240485	Novo-Sertraline	NOP		.5040
	02242519	Gen-Sertraline	GEN		.5040
	02244838	+ PMS-Sertraline	PMS		.5040
	02245159	+ Rhoxal-Sertraline	RHO		.5040
	09854126	Zoloft	PFI		.8000
	09854410	Apo-Sertraline	APX		.5040

Note: Novo-Sertraline, Gen-Sertraline, PMS-Sertraline, Rhoxal-Sertraline and Apo-Sertraline are interchangeable with Zoloft for the treatment of depression.

885	50mg Cap				1.0080
	01962817	Zoloft	PFI		1.6000
	02238281	Apo-Sertraline	APX		1.0080

Note: Zoloft and Apo-Sertraline are interchangeable for all indications.

886	50mg Cap				1.0080
	02240484	Novo-Sertraline	NOP		1.0080
	02242520	Gen-Sertraline	GEN		1.0080
	02244839	+ PMS-Sertraline	PMS		1.0080
	02245160	+ Rhoxal-Sertraline	RHO		1.0080
	09854134	Zoloft	PFI		1.6000
	09854428	Apo-Sertraline	APX		1.0080

Note: Novo-Sertraline, Gen-Sertraline, PMS-Sertraline, Rhoxal-Sertraline and Apo-Sertraline are interchangeable with Zoloft for the treatment of depression.

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

SERTRALINE HCL

Note: Sertraline therapy should be discontinued for 2 weeks before starting irreversible monoamine oxidase inhibitors (MAOI). Similarly irreversible MAOI should be discontinued for 2 weeks before starting sertraline.

887	100mg Cap			1.1025
	01962779	Zoloft	PFI	1.7500
	02238282	Apo-Sertraline	APX	1.1025

Note: Zoloft and Apo-Sertraline are interchangeable for all indications.

888	100mg Cap			1.1025
	02240481	Novo-Sertraline	NOP	1.1025
	02242521	Gen-Sertraline	GEN	1.1025
	02244840	+ PMS-Sertraline	PMS	1.1025
	02245161	+ Rhoxal-Sertraline	RHO	1.1025
	09854142	Zoloft	PFI	1.7500
	09854436	Apo-Sertraline	APX	1.1025

Note: Novo-Sertraline, Gen-Sertraline, PMS-Sertraline, Rhoxal-Sertraline and Apo-Sertraline are interchangeable with Zoloft for the treatment of depression.

TRANLYCYPROMINE SULFATE

889	10mg Tab			.3341
	01919598	Parnate	SMJ	.3341

Note: Consult the scientific literature regarding cautions and contraindications prior to prescribing and/or dispensing irreversible monoamine oxidase inhibitors.

TRAZODONE HYDROCHLORIDE

890	50mg Tab			.2214
	00579351	Desyrel	BQU	.2214
	01937227	PMS-Trazodone	PMS	.2214
	02053187	Alti-Trazodone	ALT	.2214
	02144263	Novo-Trazodone	NOP	.2214
	02147637	Apo-Trazodone	APX	.2214
	02230284	Trazorel	ICN	.2214
	02231683	Gen-Trazodone	GEN	.2214

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

TRAZODONE HYDROCHLORIDE

891	100mg Tab				.3956
	00579378	Desyrel	BQU		.3956
	01937235	PMS-Trazodone	PMS		.3956
	02053195	Alti-Trazodone	ALT		.3956
	02144271	Novo-Trazodone	NOP		.3956
	02147645	Apo-Trazodone	APX		.3956
	02230285	Trazorel	ICN		.3956
	02231684	Gen-Trazodone	GEN		.3956
892	150mg Tab				.5812
	00702277	Desyrel Dividose	BQU		.5812
	02053209	Alti-Trazodone	ALT		.5812
	02144298	Novo-Trazodone	NOP		.5812
	02147653	Apo-Trazodone D	APX		.5812

TRIMIPRAMINE

893	75mg Cap				.5197
	00761656	Rhotrimine	RHP		.5197
	01926349	Surmontil (Not a Benefit)	RPP		
	02070987	Apo-Trimip	APX		.5197
894	12.5mg Tab				.0820
	00740799	Apo-Trimip	APX		.0820
	00761605	Rhotrimine	RHP		.0820
	01926357	Surmontil (Not a Benefit)	RPP		
895	25mg Tab				.1040
	00740802	Apo-Trimip	APX		.1040
	00761613	Rhotrimine	RHP		.1040
	01926322	Surmontil (Not a Benefit)	RPP		
	01940430	Novo-Tripamine	NOP		.1040
	02020602	Nu-Trimipramine	NXP		.1040
896	50mg Tab				.1999
	00740810	Apo-Trimip	APX		.1999
	00761621	Rhotrimine	RHP		.1999
	01926330	Surmontil (Not a Benefit)	RPP		
	01940449	Novo-Tripamine	NOP		.1999
	02020610	Nu-Trimipramine	NXP		.1999

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

TRIMIPRAMINE

897	100mg Tab				.3418
	00740829	Apo-Trimip	APX		.3418
	00761648	Rhotrimine	RHP		.3418
	01926284	Surmontil (Not a Benefit)	RPP		
	01940457	Novo-Tripamine	NOP		.3418
	02020629	Nu-Trimipramine	NXP		.3418

VENLAFAXINE HCL

898	37.5mg ER Cap				.7800
	02237279	Effexor XR	WAY		.7800
899	75mg ER Cap				1.5600
	02237280	Effexor XR	WAY		1.5600
900	150mg ER Cap				1.6500
	02237282	Effexor XR	WAY		1.6500

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

ALPRAZOLAM

901	0.25mg Tab				.0760
	00548359	Xanax	UPJ		.1694
	00677485	Alprazolam	KNR		.0760
	00865397	Apo-Alpraz	APX		.0760
	01913239	Nu-Alpraz	NXP		.0760
	01913484	Novo-Alprazol	NOP		.0760
	02137534	Gen-Alprazolam	GEN		.0760
902	0.5mg Tab				.0920
	00548367	Xanax	UPJ		.2029
	00677477	Alprazolam	KNR		.0920
	00865400	Apo-Alpraz	APX		.0920
	01913247	Nu-Alpraz	NXP		.0920
	01913492	Novo-Alprazol	NOP		.0920
	02137542	Gen-Alprazolam	GEN		.0920

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

BROMAZEPAM

903	1.5mg Tab				.0693
	00682314	Lectopam	HLR		.1030
	02167808	# Alti-Bromazepam	ALT		.0693
	02171856	Nu-Bromazepam	NXP		.0693
	02177153	Apo-Bromazepam	APX		.0693
	02192705	Gen-Bromazepam	GEN		.0693
904	3mg Tab				.0882
	00518123	Lectopam	HLR		.1400
	02167816	# Alti-Bromazepam	ALT		.0882
	02171864	Nu-Bromazepam	NXP		.0882
	02177161	Apo-Bromazepam	APX		.0882
	02192713	Gen-Bromazepam	GEN		.0882
	02230584	Novo-Bromazepam	NOP		.0882
905	6mg Tab				.1288
	00518131	Lectopam	HLR		.2045
	02167824	Alti-Bromazepam	ALT		.1288
	02171872	Nu-Bromazepam	NXP		.1288
	02177188	Apo-Bromazepam	APX		.1288
	02192721	Gen-Bromazepam	GEN		.1288
	02230585	Novo-Bromazepam	NOP		.1288

CHLORDIAZEPOXIDE

906	5mg Cap				.0124
	00012629	Librium (Not a Benefit)	HLR		
	00020915	# Novo-Poxide	NOP		.0124
	00522724	Apo-Chlordiazepoxide	APX		.0124
907	10mg Cap				.0146
	00012637	Librium (Not a Benefit)	HLR		
	00020923	# Novo-Poxide	NOP		.0146
	00522988	Apo-Chlordiazepoxide	APX		.0146
908	25mg Cap				.0193
	00012645	Librium (Not a Benefit)	HLR		
	00020931	# Novo-Poxide	NOP		.0193
	00522996	Apo-Chlordiazepoxide	APX		.0193

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

CHLORPROMAZINE

909	50mg/2mL Inj Sol-2mL Pk 01929984	Largactil	AVE	.9700 .9700
910	5mg/mL O/L 01929968	Largactil	AVE	.0238 .0238
911	20mg/mL O/L 00580988 01929976	# Chlorpromanyl 20 Largactil	TCH AVE	.0346 .0346 .0346
912	40mg/mL O/L 01929992	Largactil	AVE	.2702 .2702
913	100mg Sup 01930001	Largactil	AVE	1.8050 1.8050
914	10mg Tab 00232157 01929909	Novo-Chlorpromazine Largactil (Not a Benefit)	NOP RPP	.0080 .0080
915	25mg Tab 00232823 01929917	Novo-Chlorpromazine Largactil (Not a Benefit)	NOP RPP	.0092 .0092
916	50mg Tab 00232807 01929925	Novo-Chlorpromazine Largactil (Not a Benefit)	NOP RPP	.0141 .0141
917	100mg Tab 00232831 01929933	Novo-Chlorpromazine Largactil (Not a Benefit)	NOP RPP	.0221 .0221

CLORAZEPATE DIPOTASSIUM

918	3.75mg Cap 00264938 00628190 00860689	Tranxene Novo-Clopate Apo-Clorazepate	ABB NOP APX	.0694 .1554 .0694 .0694
919	7.5mg Cap 00264946 00628204 00860700	Tranxene Novo-Clopate Apo-Clorazepate	ABB NOP APX	.1531 .1905 .1531 .1531

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

CLORAZEPATE DIPOTASSIUM

920	15mg Cap				.2617
	00264911	Tranxene	ABB		.3430
	00628212	Novo-Clopate	NOP		.2617
	00860697	Apo-Clorazepate	APX		.2617

DIAZEPAM

921	5mg/mL Rect Gel-2x5mg Pk				134.5000
	02238162	Diastat	ELA		134.5000
922	5mg/mL Rect Gel-2x10mg Pk				134.5000
	09853340	Diastat	ELA		134.5000
923	5mg/mL Rect Gel-2x15mg Pk				134.5000
	09853430	Diastat	ELA		134.5000
924	2mg Tab				.0055
	00013757	Vivol (Not a Benefit)	HOR		
	00272434	# Novo-Dipam	NOP		.0055
	00405329	Apo-Diazepam	APX		.0055
925	5mg Tab				.0061
	00013285	Valium (Not a Benefit)	HLR		
	00272442	# Novo-Dipam	NOP		.0061
	00362158	Apo-Diazepam	APX		.0061
926	10mg Tab				.0069
	00013293	Valium (Not a Benefit)	HLR		
	00272450	# Novo-Dipam	NOP		.0069
	00405337	Apo-Diazepam	APX		.0069

FLUPENTHIXOL DECANOATE

927	200mg/10mL Inj Sol-10mL Pk				67.4500
	02156032	Fluanxol Depot	VLH		67.4500
928	200mg/2mL Inj Sol-2mL Pk				67.4500
	02156040	Fluanxol Depot	VLH		67.4500

FLUPENTHIXOL DIHYDROCHLORIDE

929	0.5mg Tab				.2330
	02156008	Fluanxol	VLH		.2330
930	3mg Tab				.5033
	02156016	Fluanxol	VLH		.5033

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

FLUPHENAZINE DECANOATE

931	100mg/mL Inj Sol-1mL Pk				29.7800
	00755575	Modecate Concentrate	BQU		29.7800
932	125mg/5mL Inj Susp-5mL Pk				23.1600
	00349917	Modecate	BQU		23.1600
	02091275	PMS-Fluphenazine Decanoate	PMS		23.1600

FLUPHENAZINE ENANTHATE

933	125mg/5mL Inj Sol-5mL Pk				43.5500
	00029173	Moditen Enanthate	BQU		43.5500

FLUPHENAZINE HCL

934	0.5mg/mL O/L				.0310
	00245240	Moditen HCL	BQU		.0310
935	1mg Tab				.0899
	00405345	Apo-Fluphenazine	APX		.0899
936	2mg Tab				.1077
	00410632	Apo-Fluphenazine	APX		.1077
937	5mg Tab				.1618
	00029408	Moditen HCL (Not a Benefit)	BQU		
	00405361	Apo-Fluphenazine	APX		.1618

FLUSPIRILENE

938	10mg/mL Inj Susp-1mL Pk				17.8980
	00542903	IMAP Forte	OMC		17.8980
939	12mg/6mL Inj Susp-6mL Pk				22.5500
	00368393	IMAP	OMC		22.5500

HALOPERIDOL DECANOATE

940	100mg/mL Oily Inj Sol-1mL Pk				11.6648
	00599093	Haldol-LA (Not a Benefit)	OMC		
	02130300	Haloperidol LA	SIL		11.6648
941	50mg/mL Oily Inj Sol-5mL Pk				29.5190
	00599085	Haldol-LA (Not a Benefit)	OMC		
	02130297	Haloperidol LA	SIL		29.5190

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

HALOPERIDOL DECANOATE

942	100mg/mL Oily Inj Sol-5mL Pk				58.3240
	00980803	Haldol-LA (Not a Benefit)	OMC		
	09853758	Haloperidol LA	SIL		58.3240

HALOPERIDOL

943	5mg/mL Inj Sol-1mL Pk				2.4900
	00017574	Haldol (Not a Benefit)	OMC		
	00808652	Haloperidol	SIL		2.4900
944	2mg/mL O/L				.1073
	00017582	Haldol (Not a Benefit)	OMC		
	00552429	Peridol	TCH		.1073
	00587702	Apo-Haloperidol	APX		.1073
945	0.5mg Tab				.0360
	00017655	Haldol (Not a Benefit)	OMC		
	00363685	Novo-Peridol	NOP		.0360
	00396796	Apo-Haloperidol	APX		.0360
946	1mg Tab				.0614
	00017663	Haldol (Not a Benefit)	OMC		
	00363677	Novo-Peridol	NOP		.0614
	00396818	Apo-Haloperidol	APX		.0614
947	2mg Tab				.1050
	00017671	Haldol (Not a Benefit)	OMC		
	00363669	Novo-Peridol	NOP		.1050
	00396826	Apo-Haloperidol	APX		.1050
948	5mg Tab				.1487
	00017698	Haldol (Not a Benefit)	OMC		
	00363650	Novo-Peridol	NOP		.1487
	00396834	Apo-Haloperidol	APX		.1487
949	10mg Tab				.1330
	00381772	Haldol (Not a Benefit)	OMC		
	00463698	Apo-Haloperidol	APX		.1330
	00713449	Novo-Peridol	NOP		.1330
950	20mg Tab				.6304
	00499579	Haldol (Not a Benefit)	OMC		
	00768820	Novo-Peridol	NOP		.6304

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

HYDROXYZINE HCL

951	10mg Cap	00024376	Atarax (Not a Benefit)	PFI	
		00646059	Apo-Hydroxyzine (Not a Benefit)	APX	
		00738824	Novo-Hydroxyzin (Not a Benefit)	NOP	
		01927876	Multipax (Not a Benefit)	RPP	
952	25mg Cap	00024384	Atarax (Not a Benefit)	PFI	
		00646024	Apo-Hydroxyzine (Not a Benefit)	APX	
		00738832	Novo-Hydroxyzin (Not a Benefit)	NOP	
		01938835	Multipax (Not a Benefit)	RPP	
953	50mg Cap	00024392	Atarax (Not a Benefit)	PFI	
		00646016	Apo-Hydroxyzine (Not a Benefit)	APX	
		00738840	Novo-Hydroxyzin (Not a Benefit)	NOP	
		01927884	Multipax (Not a Benefit)	RPP	

LORAZEPAM

954	0.5mg Tab				.0359
		00655740	Apo-Lorazepam	APX	.0359
		00711101	Novo-Lorazem	NOP	.0467
		00728187	PMS-Lorazepam	PMS	.0359
		00865672	Nu-Loraz	NXP	.0359
		02041413	Ativan	WAY	.0467
955	1mg Tab				.0447
		00637742	Novo-Lorazem	NOP	.0476
		00655759	Apo-Lorazepam	APX	.0447
		00728195	PMS-Lorazepam	PMS	.0447
		00865680	Nu-Loraz	NXP	.0447
		02041421	Ativan	WAY	.0447
956	2mg Tab				.0699
		00637750	Novo-Lorazem	NOP	.0774
		00655767	Apo-Lorazepam	APX	.0699
		00728209	PMS-Lorazepam	PMS	.0699
		00865699	Nu-Loraz	NXP	.0699
		02041448	Ativan	WAY	.0699

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

MESORIDAZINE

957	25mg Tab				.3546
	00027456	Serentil		NOV	.3546
958	50mg Tab				.4906
	00027464	# Serentil		SAN	.4906

OLANZAPINE

959	5mg Rapid Dissolve Tab				3.3750
	02243086	Zyprexa Zydis		LIL	3.3750
960	10mg Rapid Dissolve Tab				6.6750
	02243087	Zyprexa Zydis		LIL	6.6750
961	2.5mg Tab				1.6875
	02229250	Zyprexa		LIL	1.6875
962	5mg Tab				3.3750
	02229269	Zyprexa		LIL	3.3750
963	7.5mg Tab				5.0625
	02229277	Zyprexa		LIL	5.0625
964	10mg Tab				6.7500
	02229285	Zyprexa		LIL	6.7500

OXAZEPAM

965	10mg Tab				.0100
	00402680	Apo-Oxazepam		APX	.0100
	00500852	# Novoxapam		NOP	.0100
	02043653	Serax (Not a Benefit)		WAY	
966	15mg Tab				.0105
	00402745	Apo-Oxazepam		APX	.0105
	00496529	# Novoxapam		NOP	.0105
	02043661	# Serax		WAY	.0400
967	30mg Tab				.0135
	00402737	Apo-Oxazepam		APX	.0135
	00496537	# Novoxapam		NOP	.0135
	02043688	# Serax		WAY	.0580

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

PERICYAZINE

968	5mg Cap				.1674
	01926780	Neuleptil		AVE	.1674
969	10mg Cap				.2394
	01926772	# Neuleptil		AVE	.2394
970	10mg/mL O/L				.2835
	01926756	Neuleptil		AVE	.2835

PERPHENAZINE

971	3.2mg/mL O/L				.2201
	00028169	Trilafon Conc.		SCH	.2201
972	2mg Tab				.0158
	00028290	Trilafon (Not a Benefit)		SCH	
	00335134	Apo-Perphenazine		APX	.0158
973	4mg Tab				.0168
	00028304	Trilafon (Not a Benefit)		SCH	
	00335126	Apo-Perphenazine		APX	.0168
974	8mg Tab				.0201
	00028312	Trilafon (Not a Benefit)		SCH	
	00335118	Apo-Perphenazine		APX	.0201
975	16mg Tab				.0291
	00028320	Trilafon (Not a Benefit)		SCH	
	00335096	Apo-Perphenazine		APX	.0291

PIMOZIDE

976	2mg Tab				.3256
	00313815	Orap		PMS	.3256
977	4mg Tab				.5908
	00313823	Orap		PMS	.5908

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

PIPOTIAZINE PALMITATE

978	25mg/mL Inj Sol-1mL Pk				12.1400
	01926667	Piportil L4	AVE		12.1400
979	50mg/mL Inj Sol-1mL Pk				20.5733
	00990507	Piportil L4	RPP		20.5733
980	100mg/2mL Inj Sol-2mL Pk				39.1000
	01926675	Piportil L4	AVE		39.1000

PROCHLORPERAZINE

981	10mg/2mL Inj Sol-2mL Pk				.9940
	00789747	Prochlorperazine Mesylate	SIL		.9940
	01927779	Stemetil	AVE		.9940
982	1mg/mL O/L				.0508
	01927787	Stemetil	AVE		.0508
983	10mg Sup				.8300
	01927795	Stemetil	AVE		.8300
984	5mg Tab				.1055
	00886440	Apo-Prochlorazine	APX		.1055
	01927752	Stemetil	AVE		.1055
	01964399	Nu-Prochlor	NXP		.1055
985	10mg Tab				.1290
	00886432	Apo-Prochlorazine	APX		.1290
	01927760	Stemetil	AVE		.1290
	01964402	Nu-Prochlor	NXP		.1290

QUETIAPINE

986	25mg Tab				.4800
	02236951	Seroquel	AZC		.4800
987	100mg Tab				1.2800
	02236952	Seroquel	AZC		1.2800
988	150mg Tab				1.9800
	02240862	Seroquel	AZC		1.9800
989	200mg Tab				2.5700
	02236953	Seroquel	AZC		2.5700
990	300mg Tab				3.7500
	02244107	Seroquel	AZC		3.7500

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28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

RISPERIDONE

991	1mg/mL O/L				1.1040
	02236950	Risperdal	JNO		1.1040
992	0.25mg Tab				.4150
	02240551	Risperdal	JNO		.4150
993	0.5mg Tab				.6950
	02240552	Risperdal	JNO		.6950
994	1mg Tab				.9600
	02025280	Risperdal	JNO		.9600
995	2mg Tab				1.9166
	02025299	Risperdal	JNO		1.9166
996	3mg Tab				2.8750
	02025302	Risperdal	JNO		2.8750
997	4mg Tab				3.8333
	02025310	Risperdal	JNO		3.8333

THIORIDAZINE

998	2mg/mL O/L				.0184
	00027375	Mellaril	NOV		.0343
	02229553	# Novo-Ridazine	NOP		.0184
999	30mg/mL O/L				.1044
	00027359	# Mellaril	SAN		.1491
	00775320	PMS-Thioridazine	PMS		.1044
1000	10mg Tab				.0143
	00037508	# Novo-Ridazine	NOP		.0143
	00360228	Apo-Thioridazine	APX		.0143
	00575119	# PMS-Thioridazine	PMS		.0143
1001	25mg Tab				.0268
	00037494	# Novo-Ridazine	NOP		.0268
	00360198	Apo-Thioridazine	APX		.0268
	00575127	# PMS-Thioridazine	PMS		.0268

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

THIORIDAZINE

1002	50mg Tab				.0486
	00037486	# Novo-Ridazine	NOP		.0486
	00360236	Apo-Thioridazine	APX		.0486
	00575135	# PMS-Thioridazine	PMS		.0486
1003	100mg Tab				.0974
	00037478	# Novo-Ridazine	NOP		.0974
	00360244	Apo-Thioridazine	APX		.0974
	00575143	# PMS-Thioridazine	PMS		.0974

THIOTHIXENE

1004	2mg Cap				.1856
	00024430	Navane	PFI		.1856
1005	5mg Cap				.3193
	00024449	Navane	PFI		.3193
1006	10mg Cap				.4111
	00024457	Navane	PFI		.4111

TRIFLUOPERAZINE

1007	1mg Tab				.0065
	00345539	Apo-Trifluoperazine	APX		.0065
	01918206	Stelazine (Not a Benefit)	SMJ		
1008	2mg Tab				.0072
	00021865	# Novo-Trifluzine	NOP		.0072
	00312754	Apo-Trifluoperazine	APX		.0072
	01918214	Stelazine (Not a Benefit)	SMJ		
1009	5mg Tab				.0103
	00021873	# Novo-Trifluzine	NOP		.0103
	00312746	Apo-Trifluoperazine	APX		.0103
	01918222	Stelazine (Not a Benefit)	SMJ		

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

TRIFLUOPERAZINE

1010	10mg Tab				.0171
	00021881	# Novo-Trifluzine	NOP		.0171
	00326836	Apo-Trifluoperazine	APX		.0171
	01918230	Stelazine (Not a Benefit)	SMJ		

28:16:12 PSYCHOTHERAPEUTIC AGENTS OTHER PSYCHOTROPICS

LITHIUM CARBONATE

1011	150mg Cap				.0532
	00461733	Carbolith	ICN		.0844
	02216132	PMS-Lithium Carbonate	PMS		.0532
	02242837	Apo-Lithium Carbonate	APX		.0532
1012	150mg Cap				.0826
	02013231	Lithane	PFI		.0826
1013	300mg Cap				.0558
	00236683	Carbolith	ICN		.0886
	02216140	PMS-Lithium Carbonate	PMS		.0558
	02242838	Apo-Lithium Carbonate	APX		.0558
1014	300mg Cap				.0943
	00406775	Lithane	PFI		.0943

LOXAPINE HCL

1015	25mg/mL O/L				.5232
	02170000	# Loxapac	WAY		.7475
	02239101	PMS-Loxapine	PMS		.5232

LOXAPINE SUCCINATE

1016	5mg Tab				.1500
	02170019	# Loxapac	WAY		.2143
	02230837	PMS-Loxapine	PMS		.1500
	02237534	Nu-Loxapine	NXP		.1500
	02237651	Apo-Loxapine	APX		.1500

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:12 PSYCHOTHERAPEUTIC AGENTS OTHER PSYCHOTROPICS

LOXAPINE SUCCINATE

1017	10mg Tab				.2498
	02170027	# Loxapac	WAY		.3568
	02230838	PMS-Loxapine	PMS		.2498
	02237535	Nu-Loxapine	NXP		.2498
	02237652	Apo-Loxapine	APX		.2498
1018	25mg Tab				.3872
	02170132	# Loxapac	WAY		.5531
	02230839	PMS-Loxapine	PMS		.3872
	02237536	Nu-Loxapine	NXP		.3872
	02237653	Apo-Loxapine	APX		.3872
1019	50mg Tab				.5162
	02170035	# Loxapac	WAY		.7375
	02230840	PMS-Loxapine	PMS		.5162
	02237537	Nu-Loxapine	NXP		.5162
	02237654	Apo-Loxapine	APX		.5162

28:20:00 C.N.S. STIMULANTS

Note: Stimulant medication should only be used when diagnostic criteria for narcolepsy or attention deficit disorder have been met and when stimulant medication has been demonstrated to produce clinical benefits. The use of conventional-release medication should almost always precede the use of extended-release preparations.

DEXAMPHETAMINE SULFATE

1020	5mg Tab				.2626
	01924516	Dexedrine	SMJ		.2626

METHYLPHENIDATE HCL

1021	20mg LA Tab				.4806
	00632775	Ritalin SR	NOV		.4806
1022	10mg Tab				.1590
	00005606	Ritalin	NOV		.2524
	00584991	PMS-Methylphenidate	PMS		.1590
	02230321	Riphenidate	TCH		.1590

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:24:00 SEDATIVES AND HYPNOTICS

Note: Sedatives and hypnotics are indicated for short-term therapy only.

AMOBARBITAL SODIUM

1023	60mg Cap				.0960
	00015148	Amytal Sodium	LIL		.0960
1024	200mg Cap				.2114
	00015156	Amytal Sodium	LIL		.2114

BUTABARBITAL SODIUM

1025	15mg Tab				.0790
	00581305	Butisol Sodium	HOR		.0790
1026	30mg Tab				.1052
	00581291	Butisol Sodium	HOR		.1052
1027	100mg Tab				.1893
	00581313	Butisol Sodium	HOR		.1893

FLURAZEPAM

1028	15mg Cap				.0368
	00012696	Dalmane	HLR		.1227
	00496545	# Novo-Flupam	NOP		.0368
	00521698	Apo-Flurazepam	APX		.0368
1029	30mg Cap				.0419
	00012718	Dalmane	HLR		.1436
	00496553	# Novo-Flupam	NOP		.0419
	00521701	Apo-Flurazepam	APX		.0419

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:24:00 SEDATIVES AND HYPNOTICS

Note: Sedatives and hypnotics are indicated for short-term therapy only.

METHOTRIMEPAZINE

1030	25mg/mL Inj Sol-1mL Pk				2.3710
	01927698	Nozinan	AVE		2.3710
1031	5mg/mL O/L				.0561
	01927728	Nozinan	AVE		.0561
1032	40mg/mL O/L				.4102
	01927701	Nozinan	AVE		.4102
1033	2mg Tab				.0505
	01927647	Nozinan	AVE		.0505
	02238403	Apo-Methoprazine	APX		.0505
1034	5mg Tab				.0528
	01927655	Nozinan	AVE		.0528
	01964909	Novo-Meprazine	NOP		.0528
	02232903	PMS-Methotrimprazine	PMS		.0528
	02238404	Apo-Methoprazine	APX		.0528
1035	25mg Tab				.1131
	01927663	Nozinan	AVE		.1131
	01964925	Novo-Meprazine	NOP		.1131
	02232904	PMS-Methotrimprazine	PMS		.1131
	02238405	Apo-Methoprazine	APX		.1131
1036	50mg Tab				.1541
	01927671	Nozinan	AVE		.1541
	01964933	Novo-Meprazine	NOP		.1541
	02232905	PMS-Methotrimprazine	PMS		.1541
	02238406	Apo-Methoprazine	APX		.1541

NITRAZEPAM

1037	5mg Tab				.0918
	00511528	Mogadon	HLR		.1360
	02229654	Nitrazadon	ICN		.0918
1038	10mg Tab				.1373
	00511536	Mogadon	HLR		.2035
	02229655	Nitrazadon	ICN		.1373

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:24:00 SEDATIVES AND HYPNOTICS

Note: Sedatives and hypnotics are indicated for short-term therapy only.

PENTOBARBITAL SODIUM

1039	100mg Cap 00000086	Nembutal	ABB	.2038 .2038

SECOBARBITAL SODIUM

1040	100mg Cap 00015288	Seconal	LIL	.1069 .1069

TEMAZEPAM

1041	15mg Cap			.1102
	00604453	Restoril	NOV	.1750
	02223570	Nu-Temazepam	NXP	.1102
	02225964	Apo-Temazepam	APX	.1102
	02229455	PMS-Temazepam	PMS	.1102
	02230095	Novo-Temazepam	NOP	.1102
	02231615	Gen-Temazepam	GEN	.1102
	02243023	Alti-Temazepam	ALT	.1102
1042	30mg Cap			.1326
	00604461	Restoril	NOV	.2105
	02223589	Nu-Temazepam	NXP	.1326
	02225972	Apo-Temazepam	APX	.1326
	02229456	PMS-Temazepam	PMS	.1326
	02230102	Novo-Temazepam	NOP	.1326
	02231616	Gen-Temazepam	GEN	.1326
	02243024	Alti-Temazepam	ALT	.1326

TRIAZOLAM

1043	0.125mg Tab			.0556
	00512559	Halcion	UPJ	.1575
	00614351	# Triazolam	KNR	.0556
	00808563	Apo-Triazo	APX	.0556
	01995227	Gen-Triazolam	GEN	.0556

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:24:00 SEDATIVES AND HYPNOTICS

Note: Sedatives and hypnotics are indicated for short-term therapy only.

TRIAZOLAM

1044	0.25mg Tab				.0700
	00443158	Halcion	UPJ		.1948
	00614378	# Triazolam	KNR		.0700
	00808571	Apo-Triazo	APX		.0700
	00872431	Novo-Triolam	NOP		.0700
	01913506	Gen-Triazolam	GEN		.0700

28:92:00 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE

1045	0.25mg Tab				.9900
	02237145	Mirapex	BOE		.9900
1046	1mg Tab				1.9800
	02237146	Mirapex	BOE		1.9800
1047	1.5mg Tab				1.9800
	02237147	Mirapex	BOE		1.9800

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

36:00 DIAGNOSTIC AGENTS

36:04:00 ADRENAL INSUFFICIENCY

COSYNTROPIN ZINC HYDROXIDE

1048	1mg/mL Inj Susp-1mL Pk				21.2800
	00253952	Synacthen Depot	CIB		21.2800

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:08:00 ALKALINIZING AGENTS

SODIUM BICARBONATE

1049	300mg Tab				.0188
	00093068	Sodium Bicarbonate	DCL		.0188
	00179884	Soda Mint	SDR		.0269
1050	600mg Tab				.0281
	00221619	Sodium Bicarbonate	DCL		.0281

40:12:00 REPLACEMENT AGENTS

CALCIUM CARBONATE

1051	Eq To 250mg Elemental Calcium Tab				
	00645958	Calcium-250 (Not a Benefit)	NOP		
	00682047	Apo-Cal 250 (Not a Benefit)	APX		
	02042983	Os-Cal 250 (Not a Benefit)	WAY		
1052	Eq To 500mg Elemental Calcium Tab				
	00645923	Calcium-500 (Not a Benefit)	NOP		
	00682039	Apo-Cal 500 (Not a Benefit)	APX		
	02042991	Os-Cal 500 (Not a Benefit)	WAY		

CALCIUM GLUCONATE

1053	Eq To 60mg Elemental Calcium Tab				
	00094773	Calcium Gluconate (Not a Benefit)	DCL		
	00179698	Calcium Gluconate (Not a Benefit)	SDR		
	00241717	Calcium Gluconate (Not a Benefit)	RPR		
	00441473	Calcium Gluconate (Not a Benefit)	NOP		

CALCIUM LACTATE

1054	Eq To 84mg Elemental Calcium Tab				
	00021253	Calcium Lactate (Not a Benefit)	NOP		
	00179671	Calcium Lactate (Not a Benefit)	SDR		

ELECTROLYTE & DEXTROSE

1055	O/L				.0052
	00630365	Pedialyte Regular	ABB		.0052
	00981095	Pedialyte Flavored	ABB		.0052

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:12:00 REPLACEMENT AGENTS

ELECTROLYTE & DEXTROSE

1056	Oral Pd-1 Sach Pk				.5970
	01931563	Gastrolyte	RPP		.5970

PEG-ELECTROLYTES

1057	Pd-4L Pk				12.0000
	00677442	Colyte	RCA		12.0000
	00777838	PegLyte	PMS		12.0000

POLYETHYLENE GLYCOL & ELECTROLYTES

1058	Pd-1 Kit				15.4000
	00741175	Klean-Prep	RIP		15.4000
1059	Sol-1L Pk				5.0141
	00777846	PegLyte	PMS		5.0141

POTASSIUM CHLORIDE

1060	12mEq Eff Tab				.0904
	00027596	# Potassium-Sandoz	SAN		.0904
1061	20mEq/10mL Inj Sol-10mL Pk				.2200
	00624756	Potassium Chloride (Plastic Vial)	AST		.2200
1062	*1.33mEq/mL O/L				.0128
	01918303	K-10	SMJ		.0140
	02063859	Kaochlor-10	PMJ		.0203
	02166372	Roychlor	WAB		.0139
	02238604	PMS-Potassium Chloride	PMS		.0128
1063	2.66mEq/mL O/L				.0267
	02064502	Kaochlor-20 Concentrate	PMJ		.0267
1064	20mEq/Pouch Oral Pd-3g Pk				.2916
	00481211	K-Lor	ABB		.2916
1065	25mEq/Pouch Oral Pd-7.8g Pk				.4783
	02089580	K-Lyte/Cl	SHI		.4783

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:12:00 REPLACEMENT AGENTS

POTASSIUM GLUCONATE

1066	*1.33mEq/mL O/L				.0180
	00026700	# Potassium-Rougier	ROG		.0200
	02063840	Kaon	PMJ		.0304
	02074087	PMS-Potassium Gluconate	PMS		.0180

SODIUM CHLORIDE

1067	0.9% Inj Sol-10mL Pk				.2200
	00624748	Sodium Chloride (Plastic Vial)	AST		.2200

40:18:00 POTASSIUM-REMOVING RESINS

POLYSTYRENE SODIUM SULFONATE

1068	1mEq/g Oral Pd-454g Pk				65.6200
	02026961	Kayexalate	SAO		65.6200

40:28:00 DIURETICS

Note: The Canadian Hypertension Society Consensus Conference recommends lower doses of diuretics for treatment of hypertension, particularly in the elderly, to avoid dose-related adverse effects. Hydrochlorothiazide, 25 to 50mg daily, or other diuretics in equivalent amounts are recommended.

AMILORIDE HCL & HYDROCHLOROTHIAZIDE

1069	5mg & 50mg Tab				.1917	.10
	00487813	Moduret (Not a Benefit)	MSD			
	00784400	Apo-Amilzide	APX		.1917	.10
	00886106	Nu-Amilzide	NXP		.1917	.10
	01937219	Novamilor	NOP		.1917	.10
	02174596	# Alti-Amiloride HCTZ	ALT		.1917	.10

AMILORIDE HCL

1070	5mg Tab				.2860	
	00487805	Midamor	MSD		.2860	

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:28:00 DIURETICS

Note: The Canadian Hypertension Society Consensus Conference recommends lower doses of diuretics for treatment of hypertension, particularly in the elderly, to avoid dose-related adverse effects. Hydrochlorothiazide, 25 to 50mg daily, or other diuretics in equivalent amounts are recommended.

CHLORTHALIDONE

1071	50mg Tab				.0192	.02
	00010413	Hygroton	GEI		.1307	.13
	00337447	# Novo-Thalidone	NOP		.0192	.02
	00360279	Apo-Chlorthalidone	APX		.0192	.02
1072	100mg Tab				.0397	
	00337455	# Novo-Thalidone	NOP		.0397	
	00360287	Apo-Chlorthalidone	APX		.0397	

ETHACRYNIC ACID

1073	50mg Tab				.3170	
	00016497	Edecrin	MSD		.3170	

FUROSEMIDE

1074	10mg/mL O/L				.2171	
	02224720	Lasix	AVE		.2171	
1075	20mg Tab				.0070	
	00337730	Novo-Semide	NOP		.0070	
	00396788	Apo-Furosemide	APX		.0070	
	02224690	Lasix	AVE		.0690	
1076	40mg Tab				.0075	
	00337749	Novo-Semide	NOP		.0075	
	00362166	Apo-Furosemide	APX		.0075	
	02224704	Lasix	AVE		.1052	

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:28:00 DIURETICS

Note: The Canadian Hypertension Society Consensus Conference recommends lower doses of diuretics for treatment of hypertension, particularly in the elderly, to avoid dose-related adverse effects. Hydrochlorothiazide, 25 to 50mg daily, or other diuretics in equivalent amounts are recommended.

FUROSEMIDE

1077	500mg Tab			2.3750	
	02224755	Lasix Special	AVE	2.3750	
	Reason for Use Code	Clinical criteria			
	33	For patients with severely impaired renal function refractory to conventional dosages of the drug.			

HYDROCHLOROTHIAZIDE & SPIRONOLACTONE

1078	25mg & 25mg Tab			.0859	.04
	00180408	Aldactazide-25	SEA	.0859	.04
	00613231	Novo-Spirozine-25	NOP	.0859	.04
1079	50mg & 50mg Tab			.2236	
	00594377	Aldactazide-50	SEA	.2236	
	00657182	Novo-Spirozine-50	NOP	.2236	

HYDROCHLOROTHIAZIDE & TRIAMTERENE

1080	25mg & 50mg Tab			.0477	.05
	00441775	Apo-Triazide	APX	.0477	.05
	00532657	Novo-Triamzide	NOP	.0477	.05
	00865532	Nu-Triazide	NXP	.0477	.05
	01919547	# Dyazide	SMJ	.0477	.05

HYDROCHLOROTHIAZIDE

1081	25mg Tab			.0060	.01
	00016500	HydroDIURIL (Not a Benefit)	MSD		
	00021474	Novo-Hydrazide	NOP	.0060	.01
	00326844	Apo-Hydro 25	APX	.0060	.01

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40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:28:00 DIURETICS

Note: The Canadian Hypertension Society Consensus Conference recommends lower doses of diuretics for treatment of hypertension, particularly in the elderly, to avoid dose-related adverse effects. Hydrochlorothiazide, 25 to 50mg daily, or other diuretics in equivalent amounts are recommended.

HYDROCHLOROTHIAZIDE

1082	50mg Tab				.0066
	00016519	HydroDIURIL (Not a Benefit)	MSD		
	00021482	Novo-Hydrazide	NOP		.0066
	00312800	Apo-Hydro 50	APX		.0066

INDAPAMIDE

1083	1.25mg Tab				.1877
	02179709	Lozide	SEV		.2979
	02227339	Indapamide Hemihydrate	PRO		.2085
	02239619	PMS-Indapamide	PMS		.1877
	02240067	Gen-Indapamide	GEN		.1877
1084	2.5mg Tab				.2977 .30
	00564966	Lozide	SEV		.4727 .47
	02049341	Indapamide	PRO		.2978 .30
	02153483	Gen-Indapamide	GEN		.2977 .30
	02223597	Nu-Indapamide	NXP		.2977 .30
	02223678	Apo-Indapamide	APX		.2977 .30
	02231184	Novo-Indapamide	NOP		.2977 .30
	02239620	PMS-Indapamide	PMS		.2977 .30

METOLAZONE

1085	2.5mg Tab				.1460
	00888400	Zaroxolyn	FIS		.1460
1086	5mg Tab				.1865
	00888419	Zaroxolyn	FIS		.1865

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40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:28:00 DIURETICS

Note: The Canadian Hypertension Society Consensus Conference recommends lower doses of diuretics for treatment of hypertension, particularly in the elderly, to avoid dose-related adverse effects. Hydrochlorothiazide, 25 to 50mg daily, or other diuretics in equivalent amounts are recommended.

MIDODRINE HCL

1087	2.5mg Tab				.4284
	01934392	Amatine	SHI		.4284
1088	5mg Tab				.7140
	01934406	Amatine	SHI		.7140
	Reason for Use Code	Clinical criteria			
	01	For the treatment of patients disabled by moderate to severe neurogenic orthostatic hypotension (i.e. drop in systolic BP ≤ 20mm Hg from supine to standing position), in whom conventional nonpharmacologic and pharmacologic (i.e. fludrocortisone) therapies have proven ineffective or are poorly tolerated.			

SPIRONOLACTONE

Note: Spironolactone can double digoxin blood levels within two weeks, and commonly causes mastalgia and gynaecomastia in men.

1089	25mg Tab				.0692
	00028606	Aldactone	SEA		.0692
	00613215	Novo-Spiroton	NOP		.0692
1090	100mg Tab				.2120
	00285455	Aldactone	SEA		.2120
	00613223	Novo-Spiroton	NOP		.2120

TRIAMTERENE

1091	50mg Tab				.1809
	01919563	Dyrenium	SMJ		.1809
1092	100mg Tab				.2340
	01919571	Dyrenium	SMJ		.2340

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40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:40:00 URICOSURIC DRUGS

PROBENECID

1093	500mg Tab				.1884
	00016616	Benemid	MSD		.2258
	00294926	Benuryl	ICN		.1884

SULFINPYRAZONE

1094	100mg Tab				.0396
	00010510	# Anturan	GEI		.2328
	00441759	Apo-Sulfinpyrazone	APX		.0396
	00475068	# Novo-Pyrazone	NOP		.0396
1095	200mg Tab				.0661
	00010529	# Anturan	GEI		.3155
	00441767	Apo-Sulfinpyrazone	APX		.0661
	00475076	# Novo-Pyrazone	NOP		.0661

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

48:00 COUGH PREPARATIONS

48:04:00 ANTITUSSIVES

DEXTROMETHORPHAN HBR

1096	*3mg/mL O/L				.0088
	01928783	Koffex	ROG		.0088

HYDROCODONE BITARTRATE

1097	1mg/mL O/L				.0358
	01916580	Hycodan	DUP		.0358
	02041677	# Robidone	WAY		.0430

48:08:00 EXPECTORANTS

GUAIFENESIN

1098	*20mg/mL O/L				
	00026468	Robitussin (Not a Benefit)	WHB		
	00026794	Guaifenesin (Not a Benefit)	ROG		
	00990930	Guaifenesin Sugar Free (Not a Benefit)	ROG		

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04:04 ANTI-INFECTIVES ANTIBIOTICS

BACITRACIN

1099	500U/g Oph Oint 3g Pk 00327476	Baciguent	UPJ	2.3500 2.3500

CHLORAMPHENICOL

1100	1% Oph Oint-3.5g Pk 00024066	Chloromycetin	PDA	3.5234 3.5234
1101	0.25% Oph Sol 01980556	Pentamycetin	SIL	.5100 .5100

FRAMYCETIN SULFATE & GRAMICIDIN & DEXAMETHASONE

1102	5mg & 50mcg & 0.5mg/mL Oph/Ot Sol 02224623	Sofracort	AVE	1.4000 1.4000
Note: The risk of ototoxicity with topical aminoglycoside may increase with prolonged therapy. Topical use of antibiotics increases the likelihood of development of bacterial resistance, especially with prolonged use, sometimes rendering the systemic use of this antibiotic class useless in these patients.				

FRAMYCETIN SULFATE

1103	0.5% Oph Oint-5g Pk 00026964	Soframycin	ROU	5.2000 5.2000
1104	0.5% Oph Sol 01987658	Soframycin	HRU	.9500 .9500

GENTAMICIN & BETAMETHASONE SODIUM PHOSPHATE

1105	3mg & 1mg/mL Oph/Ot Drops 00682217 02244999	Garasone + Sab-Pentasone	SCH SIL	1.1965 1.7093 1.1965
Note: The risk of ototoxicity with topical aminoglycoside may increase with prolonged therapy. Topical use of antibiotics increases the likelihood of development of bacterial resistance, especially with prolonged use, sometimes rendering the systemic use of this antibiotic class useless in these patients.				

+ = NEW LISTING
DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION
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DBP = DRUG BENEFIT PRICE

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04:04 ANTI-INFECTIVES ANTIBIOTICS

GENTAMICIN SULFATE

1106	0.3% Oph Oint-3.5g Pk			4.0000
	00028339	Garamycin	SCH	4.0000
1107	0.3% Oph Sol			.4060
	00436771	Alcomicin	ALC	.5300
	00512192	Garamycin	SCH	.4100
	00776521	PMS-Gentamicin	PMS	.4060
	02023822	Diogent	DKT	.4098
	02212927	Gentamicin Sulfate	RIV	.4284
	02219581	# Scheinpharm Gentamicin	SCE	.4060
1108	0.3% Ot Sol			1.0320
	00512184	Garamycin	SCH	1.0320
	02229441	Gentamicin Sulfate	SIL	1.0323

POLYMYXIN B SULFATE & BACITRACIN (ZINC)

1109	10000U & 500U/g Oph Oint 3.5g Pk			3.7700
	00299219	Polysporin	BWE	3.7700

POLYMYXIN B SULFATE & GRAMICIDIN

1110	10000U & 0.025mg/mL Oph/Ot Sol			.4400
	00035343	Polysporin	BWE	.4400

POLYMYXIN B SULFATE & NEOMYCIN SULFATE & BACITRACIN (ZINC)

1111	10000U & 5mg & 400U/g Oph Oint-3.5g Pk			7.5000
	00694398	Neosporin	BWE	7.5000

POLYMYXIN B SULFATE & NEOMYCIN SULFATE & GRAMICIDIN

1112	10000U & 2.5mg & 0.025mg/mL Oph/Ot Sol			.7350
	00694371	Neosporin	BWE	.7350

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04:04 ANTI-INFECTIVES ANTIBIOTICS

POLYMYXIN B SULFATE & NEOMYCIN SULFATE & HYDROCORTISONE

1113	10000U & 5mg & 10mg/mL Ot Sol			1.1450
	01912828	Cortisporin	BWE	1.1450

TOBRAMYCIN & DEXAMETHASONE

1114	0.3% & 0.1% Oph Oint			2.9142
	00778915	TobraDex	ALC	2.9142
1115	0.3% & 0.1% Oph Susp			1.9686
	00778907	TobraDex	ALC	1.9686

TOBRAMYCIN

1116	0.3% Oph Oint			2.3629
	00614254	Tobrex	ALC	2.3629
1117	0.3% Oph Sol			1.0480
	00513962	Tobrex	ALC	1.6666
	02238708	# Tomycine	CBV	1.0500
	02239148	Tobramycin	RIV	1.0499
	02239577	PMS-Tobramycin	PMS	1.0480
	02241755	Sab-Tobramycin	SIL	1.0480

52:04:08 ANTI-INFECTIVES SULFONAMIDES

SULFACETAMIDE (SODIUM)

1118	10% Oph Oint-3.5g Pk			3.3400
	00252522	Cetamide	ALC	3.3400
1119	10% Oph Sol			.0807
	00001287	Bleph-10 (Not a Benefit)	ALL	
	00028053	Sulamyd	SCH	.0807
1120	30% Oph Sol			.3347
	00028061	Sulamyd	SCH	.3347

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04:12 ANTI-INFECTIVES OTHER ANTI-INFECTIVES

OFLOXACIN

1121	0.3% Oph Sol				1.4160
	02143291	Ocuflox	ALL		1.4160
	Reason for Use Code	Clinical criteria			
	170	For the treatment of conjunctivitis caused by susceptible strain(s) of <u>Staphylococcus aureus</u> , <u>Staphylococcus epidermidis</u> , <u>Streptococcus pneumoniae</u> and <u>Hemophilus influenzae</u> which is/are resistant or unresponsive to listed alternative agents.			

TRIFLURIDINE

1122	1% Oph Sol				3.7066
	00687456	Viroptic	THE		3.7066
	Note: Administration of trifluridine for periods exceeding 21 days should be avoided because of potential ocular toxicity.				

52:08:00 ANTI-INFLAMMATORY AGENTS

Note: Topical corticosteroid can reactivate pre-existing viral keratitis. These agents should be used with caution in patients with a history of previous corneal ulceration. In some patients, prolonged use of these agents can result in significant problems such as increased intraocular pressure.

BECLOMETHASONE DIPROPIONATE

1123	50mcg Nas Sp-200 Dose Pk				12.2600
	00872318	Beclomethasone Dipropionate			
		Aqueous	KNR		12.2600
	02172712	Gen-Beclo AQ	GEN		12.2600
	02213702	Beconase Aqueous (Not a Benefit)	GLW		

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:08:00 ANTI-INFLAMMATORY AGENTS

Note: Topical corticosteroid can reactivate pre-existing viral keratitis. These agents should be used with caution in patients with a history of previous corneal ulceration. In some patients, prolonged use of these agents can result in significant problems such as increased intraocular pressure.

BUDESONIDE

1124	100mcg/Met Dose 02035324	Nas Aero-200 Dose Rhinocort Turbuhaler	AZC	22.0500 22.0500
1125	64mcg/Met Dose 02231923	Nas Sp-120 Dose Pk Rhinocort Aqua	AZC	9.9200 9.9200
1126	100mcg/Met Dose 01974432 02230648	Nas Sp-165 Dose Pk Rhinocort Aqua (Not a Benefit) Gen-Budesonide AQ	AST GEN	12.7400 12.7400

DEXAMETHASONE

1127	0.1% Oph Oint-3.5g Pk 00042579	Maxidex	ALC	8.3500 8.3500
1128	0.1% Oph Susp 00042560	Maxidex	ALC	1.5400 1.5400
1129	0.1% Oph/Ot Sol 00016217 00785261 02023865 02212978	Decadron (Not a Benefit) PMS-Dexamethasone Diodex Dexamethasone Sodium	MSD PMS DKT RIV	.6767 .6767 .8354 .6767

FLUMETHASONE PIVALATE & IODOCHLORHYDROXYQUIN

1130	0.02% & 1% Ot Sol 00074454	Locacorten-Vioform	NOV	1.2300 1.2300

FLUNISOLIDE

1131	0.025% Nas Sp-25mL Pk 00878790 02162687	Alti-Flunisolide Nasal Mist Rhinalar	ALT HLR	13.8600 13.8600 19.8000

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:08:00 ANTI-INFLAMMATORY AGENTS

Note: Topical corticosteroid can reactivate pre-existing viral keratitis. These agents should be used with caution in patients with a history of previous corneal ulceration. In some patients, prolonged use of these agents can result in significant problems such as increased intraocular pressure.

FLUOROMETHOLONE ACETATE

1132	0.1% Oph Susp 00756784	Flarex	ALC	1.7400 1.7400

FLUOROMETHOLONE

1133	0.1% Oph Susp 00247855	FML	ALL	2.0222 2.0222

KETOROLAC TROMETHAMINE

1134	0.5% Oph Sol 01968300	Acular	ALL	3.2000 3.2000

LODOXAMIDE TROMETHAMINE

1135	0.1% Oph Sol 00893560	Alomide	ALC	1.0250 1.0250

PREDNISOLONE ACETATE

1136	0.12% Oph Susp 00299405	Pred Mild	ALL	1.2940 1.2940

1137	1% Oph Susp 00301175	Pred Forte (Not a Benefit)	ALL	.5796
	00700401	Ophtho-Tate	KNR	.5800
	02023768	Diopred	DKT	.5796

PREDNISOLONE SODIUM PHOSPHATE

1138	0.125% Oph Sol 02133296	# Inflamase Mild	CBV	1.5428 1.5428

1139	1% Oph Sol 02133318	Inflamase Forte	CBV	1.4000 1.4000

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:16:00 LOCAL ANESTHETICS

BENZYDAMINE HCL

1140	0.15% Oral Rinse				.0290
	01966065	Tantum	MMH		.0661
	02226820	Sun-Benz	SUN		.0290
	02229777	PMS-Benzydamine	PMS		.0290
	02229799	Novo-Benzydamine	NOP		.0290
	02230170	Alti-Benzydamine	ALT		.0290
	02239044	Apo-Benzydamine	APX		.0290
	Reason for Use Code	Clinical criteria			
	240	For the symptomatic relief of treatment induced mucositis in cancer patients.			

LIDOCAINE HCL

1141	2% O/L				.0525
	00001686	Xylocaine Viscous	AST		.0525

52:20:00 MIOTICS

CARBACHOL

1142	1.5% Oph Sol				.6733
	00000655	Isopto Carbachol	ALC		.6733
1143	3% Oph Sol				.8100
	00000663	Isopto Carbachol	ALC		.8100

ECHOTHIOPHATE IODIDE

1144	0.06% Oph Sol				3.6200
	02238075	# Phospholine Iodide	WAY		3.6200
1145	0.125% Oph Sol				4.1620
	02217120	Phospholine Iodide	WAY		4.1620
1146	0.25% Oph Sol				4.7140
	02043343	# Phospholine Iodide	WAY		4.7140

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:20:00 MIOTICS

PILOCARPINE HCL & EPINEPHRINE BITARTRATE

1147	4% & 1% Oph Sol				1.2000
	02133202	# E-Pilo 4	CBV		1.2000

PILOCARPINE HCL

1148	4% Oph Gel				2.4980
	00575240	Pilopine HS	ALC		2.4980
1149	0.5% Oph Sol				.3067
	00000833	Isopto Carpine	ALC		.3067
1150	1% Oph Sol				.1740
	00000841	Isopto Carpine	ALC		.2766
	02023725	Diocarpine	DKT		.1743
	02134861	# Miocarpine	CBV		.1740
	02213036	Pilocarpine HCL	RIV		.1743
	02229393	# Pilocarpine Hydrochloride	TCH		.1740
	02229556	# Scheinpharm Pilocarpine	SCE		.1740
1151	2% Oph Sol				.1932
	00000868	Isopto Carpine	ALC		.3066
	02023741	Diocarpine	DKT		.1932
	02134888	# Miocarpine	CBV		.1932
	02213044	Pilocarpine HCL	RIV		.1932
	02229394	# Pilocarpine Hydrochloride	TCH		.1932
	02229555	# Scheinpharm Pilocarpine	SCE		.1933
1152	4% Oph Sol				.2205
	00000884	Isopto Carpine	ALC		.3500
	02023733	Diocarpine	DKT		.2205
	02134896	# Miocarpine	CBV		.2205
	02213052	Pilocarpine HCL	RIV		.2205
	02229395	# Pilocarpine Hydrochloride	TCH		.2205
	02229554	# Scheinpharm Pilocarpine	SCE		.2207

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:20:00 MIOTICS

PILOCARPINE HCL

1153	6% Oph Sol				.3373
	00000892	Isopto Carpine	ALC		.4580
	02133334	# Miocarpine	CBV		.3373

TIMOLOL MALEATE & PILOCARPINE HCL

1154	0.5% & 2% Oph Sol				3.1220
	01905082	Timpilo 2	MSD		3.1220
1155	0.5% & 4% Oph Sol				3.1220
	01905090	Timpilo 4	MSD		3.1220

52:24:00 MYDRIATICS

ATROPINE SULFATE

1156	1% Oph Oint-3.5g Pk				4.8000
	00252484	Atropine Sulfate	ALC		4.8000
1157	1% Oph Sol				.5100
	00035017	Isopto Atropine	ALC		.6280
	01948598	Atropine	CBV		.5700
	02134853	# Atropisol	CBV		.5100

DIPIVEFRIN HCL

1158	0.1% Oph Sol				.9960
	00529117	Propine	ALL		1.5810
	02032376	Ophtho-Dipivefrin	KNR		.9960
	02237868	PMS-Dipivefrin	PMS		.9960
	02242232	Apo-Dipivefrin	APX		.9960

EPINEPHRINE HCL

1159	1% Oph Sol				.8680
	00001104	Epifrin	ALL		.8680

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:32:00 VASOCONSTRICTORS

NAPHAZOLINE HCL

1160	0.1% Oph Sol				
	00001147	Albalon (Not a Benefit)	ALL		
	00390283	Naphcon Forte (Not a Benefit)	ALC		
	00750786	Opcon (Not a Benefit)	BSH		
	00759880	Vasocon (Not a Benefit)	IOB		

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

ACETAZOLAMIDE

1161	250mg Tab				.0267
	00488275	# Novo-Zolamide	NOP		.0267
	00545015	Apo-Acetazolamide	APX		.0267
	02238072	Diamox	WAY		.1302

BETAXOLOL HCL

1162	0.25% Oph Susp				2.2280
	01908448	Betoptic S	ALC		2.2280

BRIMONIDINE TARTRATE

1163	0.2% Oph Sol				3.3000
	02236876	Alphagan	ALL		3.3000
	Reason for Use Code	Clinical criteria			
	171	As first line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated;			
	172	As adjunctive therapy of elevated intraocular pressure in patients who cannot tolerate oral carbonic anhydrase therapy, or topical pilocarpine therapy, or topical beta-blocker therapy, or in whom these therapies have been ineffective.			

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

BRINZOLAMIDE

1164	1% Oph Susp				3.1400
	02238873	Azopt	ALC		3.1400
	Reason for Use Code	Clinical criteria			
	171	As first-line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated;			
	172	As adjunctive therapy of elevated intraocular pressure in patients who cannot tolerate oral carbonic anhydrase therapy, or topical pilocarpine therapy, or topical beta-blocker therapy, or in whom these therapies have been ineffective.			

DEXTRAN 70 & HYDROXYPROPYL METHYLCELLULOSE & POLYQUAD

1165	0.1%/0.3%/0.001% Oph-Sol				.3233
	00743445	Tears Naturale II	ALC		.3233
	Reason for Use Code	Clinical criteria			
	49	For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.			

DEXTRAN 70 & HYDROXYPROPYL METHYLCELLULOSE

1166	0.1%/0.3% Oph-Sol				.3233
	00390291	Tears Naturale	ALC		.3233
	Reason for Use Code	Clinical criteria			
	49	For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.			

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

DICLOFENAC SODIUM

1167	0.1% Oph Sol				3.1600
	01940414	Voltaren Ophtha	CBV		3.1600

DORZOLAMIDE HCL

1168	2% Oph Sol				3.3000
	02216205	Trusopt	FRS		3.3000
	Reason for Use Code	Clinical criteria			
	171	As first line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated.			
	172	As adjunctive therapy of elevated intraocular pressure in patients who cannot tolerate oral carbonic anhydrase therapy, or topical pilocarpine therapy, or topical beta-blocker therapy, or in whom these therapies have been ineffective.			

DORZOLAMIDE HCL & TIMOLOL MALEATE

1169	2% & 0.5% Oph Sol				5.0000
	02240113	Cosopt	FRS		5.0000
	Reason for Use Code	Clinical criteria			
		For the treatment of patients with elevated intraocular pressure in whom:			
	309	First-line agents were not tolerated or are contraindicated (i.e. oral carbonic anhydrase therapy or topical pilocarpine therapy).			
	310	First-line agents were ineffective (i.e. oral carbonic anhydrase therapy, topical pilocarpine therapy, or topical beta-blocker therapy alone).			

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

FLURBIPROFEN SODIUM

1170	0.03% Oph Sol				4.6140
	00766046	Ocufen		ALL	4.6140

IPRATROPIUM BROMIDE

1171	0.03% Nasal Spray				.6477
	02163705	Atrovent		BOE	.9280
	02239627	PMS-Ipratropium		PMS	.6477
	02240072	Alti-Ipratropium		ALT	.6477
	Reason for Use Code	Clinical criteria			
	03	For the treatment of non-allergic vasomotor rhinitis			

LATANOPROST

1172	0.005% Oph Sol-2.5mL Pk				26.0000
	02231493	Xalatan		PHA	26.0000
	Reason for Use Code	Clinical criteria			
	171	As first-line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated.			
	172	As adjunctive therapy of elevated intraocular pressure in patients who cannot tolerate oral carbonic anhydrase therapy, or topical pilocarpine therapy, or topical beta-blocker therapy, or in whom these therapies have been ineffective.			

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

LEVOBUNOLOL HCL & DIPIVIFREN HCL

1173	0.5% & 0.1% Oph Sol			2.9500
	02209071	Probeta	ALL	2.9500

LEVOBUNOLOL HCL

1174	0.25% Oph Sol			1.1760
	00751286	Betagan	ALL	1.8667
	02031159	Ophtho-Bunolol	KNR	1.1760
	02231714	Levobunolol Hydrochloride	RIV	1.1760
	02241575	+ Apo-Levobunolol	APX	1.1760
	02241715	+ Sab-Levobunolol	SIL	1.1760
1175	0.5% Oph Sol			1.5550
	00637661	Betagan	ALL	2.4690
	02031167	Ophtho-Bunolol	KNR	1.5555
	02231715	Levobunolol Hydrochloride	RIV	1.5555
	02237991	PMS-Levobunolol	PMS	1.5550
	02241574	+ Apo-Levobunolol	APX	1.5555
	02241716	+ Sab-Levobunolol	SIL	1.5555

METHAZOLAMIDE

1176	50mg Tab			.2729
	02238071	# Neptazane	WAY	.3899
	02245882	+ Apo-Methazolamide	APX	.2729

METHYLCELLULOSE

1177	*0.5% Oph-Sol			.3040
	00000809	Isopto Tears	ALC	.3040
1178	*1% Oph-Sol			.3767
	00000817	Isopto Tears	ALC	.3767
1179	*1% Oph-Sol			.3633
	00750808	Murocel	BSH	.3633
	Reason for Use Code	Clinical criteria		
	49	For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.		

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DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

PETROLATUM/MINERAL OIL

1180	55%/42.5% Oph Oint-3.5g Pk			4.9600
	00210889	Lacri-Lube	ALL	4.9600
1181	80%/20% Oph Oint-3.5g Pk			4.5800
	02125706	Duolube	BSH	4.5800
	Reason for Use Code	Clinical criteria		
	49	For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.		

POLYVINYL ALCOHOL & POLYVINYLPIRROLIDONE

1182	Oph-Sol			.3653
	00579408	Tears Plus	ALL	.3653
	Reason for Use Code	Clinical criteria		
	49	For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.		

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

POLYVINYL ALCOHOL

1183	1% Oph-Sol 02133253	Hypotears	CBV	.3540 .3540
1184	1.4% Oph-Sol 00045616	Liquifilm Tears	ALL	.4073 .4073
	Reason for Use Code	Clinical criteria		
	49	For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.		

SODIUM CHLORIDE

1185	5% Oph Oint - 3.5g Pk 00750816	Muro-128	BSH	4.5800 4.5800
1186	5% Oph Sol 00750824	Muro-128	BSH	.2971 .2971

SODIUM CROMOGLYCAT

1187	2% Nas Sol-26mL Pk 00605255 01950541 02231326 02231390	Rynacrom (Not a Benefit) PMS-Sodium Cromoglycate Gen-Cromoglycate Apo-Cromolyn	FIS PMS GEN APX	13.7600 13.7600 13.7600 13.7600
1188	2% Oph Sol 02009277 02230621	Cromolyn Opticrom	PMS ALL	.9500 .9500 .9500

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

TIMOLOL MALEATE

Note: Timolol maleate can potentiate bronchospasm in asthmatic patients and should not be used in patients with a history of asthma.

1189	0.25% Oph Gellan Sol			3.2600
	02171880	Timoptic-XE	MSD	3.2600
1190	0.5% Oph Gellan Sol			3.9000
	02171899	Timoptic-XE	MSD	3.9000
1191	0.25% Oph Sol			1.5500
	00451193	Timoptic	MSD	2.5560
	00755826	Apo-Timop	APX	1.5500
	00893773	Gen-Timolol	GEN	1.5500
	02048523	Novo-Timol	NOP	1.5500
	02083353	PMS-Timolol	PMS	1.5500
	02166712	Timolol Maleate	SIL	1.5500
1192	0.5% Oph Sol			1.8600
	00451207	Timoptic	MSD	3.0250
	00755834	Apo-Timop	APX	1.8600
	00893781	Gen-Timolol	GEN	1.8600
	02048515	# Novo-Timol	NOP	1.8600
	02083345	PMS-Timolol	PMS	1.8600
	02166720	Timolol Maleate	SIL	1.8600

TRAVOPROST

1193	0.004% Oph Sol-2.5mL Pk			26.5000
	02244896	Travatan	ALC	26.5000
	Reason for Use Code	Clinical criteria		
	171	As first-line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated.		
	172	As adjunctive therapy of elevated intraocular pressure in patients who cannot tolerate oral carbonic anhydrase therapy, or topical pilocarpine therapy, or topical beta-blocker therapy, or in whom these therapies have been ineffective.		

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME DIN	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:04:00 ANTACIDS AND ADSORBENTS

ALUMINUM HYDROXIDE & MAGNESIUM HYDROXIDE

1194	600mg & 300mg	Chew Tab dpp			
	00621544	Diovol EX (Not a Benefit)		HOR	
	02162350	Maalox TC (Not a Benefit)		NOV	
1195	*40mg & 40mg/mL	O/L dpp			
	00261173	Neutralca-S (Not a Benefit)		DES	
	02163136	Maalox (Not a Benefit)		NOV	
1196	120mg & 60mg/mL	O/L dpp			
	00491217	Diovol EX (Not a Benefit)		HOR	
	02162369	Maalox TC (Not a Benefit)		NOV	
1197	400mg & 400mg	Tab dpp			
	00483605	Gelusil Extra Strength (Not a Benefit)		PDA	
	02208253	Maalox (Not a Benefit)		NOV	

MAGNESIUM HYDROXIDE

1198	*80mg/mL	O/L			
	00036218	Milk Of Magnesia (Not a Benefit)		RPR	
	00093807	Milk Of Magnesia (Not a Benefit)		DCL	

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:08:00 ANTIDIARRHEA AGENTS

DIPHENOXYLATE HYDROCHLORIDE & ATROPINE SULFATE

1199	2.5mg & 0.025mg Tab			.4190
	00036323	Lomotil	SEA	.4190
	Reason for Use Code	Clinical criteria		
		For the treatment of diarrhea associated with:		
	110	An ileostomy or a colostomy;		
	111	Bowel resection, including short bowel syndrome;		
	112	Inflammatory Bowel Diseases, i.e. Crohn's Disease and Ulcerative Colitis;		
	113	Cancer, including chemotherapy or radiation therapy;		
	114	HIV/AIDS;		
	115	Acute diarrhea in patients in congregated housing, i.e. Long Term Care Facilities (LTCF), or for patients receiving Home Care;		
	224	Fecal incontinence.		

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:08:00 ANTIDIARRHEA AGENTS

LOPERAMIDE HCL

1200	2mg Caplet				.2466
	00860743	Imodium	JAN		.3806
	02132591	Novo-Loperamide	NOP		.2466
	02212005	Apo-Loperamide	APX		.2466
	02228343	Loperacap	ICN		.2466
	02228351	PMS-Loperamide	PMS		.2466
	02229552	Diarr-eze	PMS		.2466
	02233998	Rhoxal-Loperamide	RHO		.2466
	Reason for Use Code	Clinical criteria			
		For the treatment of diarrhea associated with:			
	110	An ileostomy or a colostomy;			
	111	Bowel resection, including short bowel syndrome;			
	112	Inflammatory Bowel Diseases, i.e. Crohn's Disease and Ulcerative Colitis;			
	113	Cancer, including chemotherapy or radiation therapy;			
	114	HIV/AIDS;			
	115	Acute diarrhea in patients in congregated housing, i.e. Long Term Care Facilities (LTCF), or for patients receiving Home Care;			
	224	Fecal incontinence.			

56:12:00 CATHARTICS

Note: Cathartics (laxatives) should only be used after failure of simpler measures. A high fibre diet, adequate hydration and a review of potentially constipating drugs is often effective in relieving constipation.

BISACODYL

1201	2mg/mL Enema				.3633
	00286265	Dulcolax	BOE		.3633
1202	*5mg Ent Tab				.0132
	00254142	Dulcolax	BOE		.1174
	00545023	Apo-Bisacodyl	APX		.0132

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:12:00 CATHARTICS

Note: Cathartics (laxatives) should only be used after failure of simpler measures. A high fibre diet, adequate hydration and a review of potentially constipating drugs is often effective in relieving constipation.

BISACODYL

1203	5mg Sup				.8973
	00003867	Dulcolax	BOE		.8973
1204	*10mg Sup				.2907
	00003875	Dulcolax	BOE		.6687
	00261327	# Bisacolax	ICN		.2907
	00404802	Bisacodyl	TCH		.2907

CASTOR OIL

1205	O/L				.0231
	00094080	Castor Oil	DCL		.0231
	00179140	Castor Oil	SDR		.0344

DOCUSATE CALCIUM (DIOCTYL CALCIUM SULFOSUCCINATE)

1206	240mg Cap				.1287
	00664553	PMS-Docusate Calcium	PMS		.1287
	01912747	# Albert-Docusate	ALT		.1287
	02224666	Surfak (Not a Benefit)	HMR		

DOCUSATE SODIUM (DIOCTYL SODIUM SULFOSUCCINATE)

1207	*100mg Cap				.0383
	00464767	Colace	BQU		.1306
	00716731	Docusate Sodium	TAR		.0383
	01932365	# Regulex	WHB		.0383
	01994344	Soflax	PMS		.0383
1208	4mg/mL O/L				.0232
	02006758	Soflax Syrup	PMS		.0232
	02086018	Colace	SHI		.0232
1209	10mg/mL O/L				.1772
	02090163	Colace	SHI		.1772

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:12:00 CATHARTICS

Note: Cathartics (laxatives) should only be used after failure of simpler measures. A high fibre diet, adequate hydration and a review of potentially constipating drugs is often effective in relieving constipation.

GLYCERIN

1210	*1.8g Sup				.0690
	00094056	# Glycerin	DCL		.0690
1211	*2.7g Sup				.0656
	00882518	# Glycerin	DCL		.0656

GRAIN & CITRUS FIBRE

1212	*Tab				.0342
	00595829	Novo-Fibre	NOP		.0342
	00779768	# Fibyrax	LED		.0490

LACTULOSE

1213	40% Jelly-Unidose Pk				.4534
	00739561	GEL-OSE	JOU		.4534
1214	667mg/mL O/L				.0147
	00703486	PMS-Lactulose	PMS		.0147

MINERAL OIL

1215	Enema				.0326
	00107875	Fleet	FRS		.0326
1216	O/L				.0057
	00093947	Mineral Oil	DCL		.0057

PSYLLIUM MUCILLOID

1217	Gran				.0238
	02162245	Prodiem Plain	NOV		.0238

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:12:00 CATHARTICS

Note: Cathartics (laxatives) should only be used after failure of simpler measures. A high fibre diet, adequate hydration and a review of potentially constipating drugs is often effective in relieving constipation.

PSYLLIUM MUCILLOID

1218	*Oral Pd				.0466
	00551546	# Novo-Mucilax	NOP		.0466
	00599875	Mucillium	PMS		.0466
	00678945	# Novo-Mucilax Sugar Free	NOP		.0466
	01912879	Metamucil Sugar Free (Not a Benefit)	PGI		
	02174812	Metamucil Fibre Therapy-Original Texture	PGI		.0829

SENNOSIDES A & B

1219	15mg/3g Gran				.0380
	00026042	Senokot	PFP		.0380
1220	30mg Sup				.5400
	00026107	Senokot	PFP		.5400
1221	1.7mg/mL Syrup				.0311
	00367729	Senokot	PFP		.0311
1222	*8.6mg Tab				.0595
	00026158	Senokot	PFP		.0595
	00604402	Glysennid	NOV		.0636
1223	*12mg Tab				.0745
	00027502	Glysennid	NOV		.0745

SODIUM BIPHOSPHATE & SODIUM PHOSPHATE

1224	160mg & 60mg/mL	Ped Rect Sol			.0440
	00108065	Fleet	FRS		.0440
1225	*160mg & 60mg/mL	Rect Sol			.0063
	00009911	Fleet	FRS		.0236
	00528463	ABCO Sodium Phosphate Enema	MMZ		.0063
	02096900	Enemol	DPC		.0149

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:12:00 CATHARTICS

Note: Cathartics (laxatives) should only be used after failure of simpler measures. A high fibre diet, adequate hydration and a review of potentially constipating drugs is often effective in relieving constipation.

SODIUM CITRATE & SODIUM LAURYL SULFOACETATE

1226	Micro Enema-5mL Pk				1.0731
	02063905	Microlax		PMJ	1.0731

STERCULIA GUM

1227	62% W/W Gran 1 Sach Pk				.1756
	00806196	Normacol		RIP	.1756

56:16:00 DIGESTANTS

APROTININ

1228	100000KIU/10mL Inj Sol-10mL Pk				27.8160
	00513954	# Trasylol		MIT	27.8160

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:16:00 DIGESTANTS

PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE

1229	8000 & 30000 & 30000 USP Units	Cap			.1775
	00263818	Cotazym	ORG		.1775
1230	4000 & 11000 & 11000 USP Units	Ent Microsph Cap			.1743
	02181215	Cotazym ECS 4	ORG		.1743
1231	8000 & 30000 & 30000 USP Units	Ent Microsph Cap			.3203
	00502790	Cotazym ECS 8	ORG		.3203
1232	20000 & 55000 & 55000 USP Units	Ent Microsph Cap			.8396
	00821373	Cotazym ECS 20	ORG		.8396
1233	5000 & 16600 & 18750 USP Units	Ent Minimicrosph Cap			.1670
	02239007	Creon 5	SPH		.1670
1234	10000 & 33200 & 37500 USP Units	Ent Minimicrosph Cap			.2670
	02200104	Creon 10	SPH		.2670
1235	20000 & 66400 & 75000 USP Units	Ent Minimicrosph Cap			.7923
	02239008	Creon 20	SPH		.7923
1236	25000 & 74000 & 62500 USP Units	Ent Minimicrosph Cap			.8340
	01985205	Creon 25	SPH		.8340
	Reason for Use Code	Clinical criteria			
	124	Replacement therapy for pancreatic insufficiency secondary to pancreatic surgery (resection);			
	125	Replacement therapy for pancreatic insufficiency due to chronic pancreatitis;			
	126	Replacement therapy for pancreatic insufficiency due to carcinoma of the pancreas;			
	225	Replacement therapy for pancreatic insufficiency due to cystic fibrosis.			

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:16:00 DIGESTANTS

PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE

1237	4000 & 12000 & 12000 USP Units	Ent Microsph Cap			.3440
	00789445	Pancrease MT4	JNO		.3440
1238	4000 & 20000 & 25000 USP Units	Ent Microsph Cap			.3612
	00591548	Pancrease	JNO		.3612
1239	16800 & 70000 & 70000 USP U/0.7g	Pd-114g Pk			38.0800
	02230020	Viokase	BFI		38.0800
1240	8000 & 30000 & 30000 USP Units	Tab			.1599
	02230019	Viokase	BFI		.1599
1241	16mg Tab				.3198
	02241933	Viokase 16	BFI		.3198
	Reason for Use Code	Clinical criteria			
	124	Replacement therapy for pancreatic insufficiency secondary to pancreatic surgery (resection);			
	125	Replacement therapy for pancreatic insufficiency due to chronic pancreatitis;			
	126	Replacement therapy for pancreatic insufficiency due to carcinoma of the pancreas.			

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:22:00 ANTIEMETICS AND ANTINAUSEANTS

DELTA-9-TETRAHYDROCANNABINOL

1242	2.5mg Cap			1.9100
	00611190	Marinol	UME	1.9100
1243	5mg Cap			3.8200
	00611204	Marinol	UME	3.8200
	Reason for Use Code	Clinical criteria		
	40	For the treatment of emesis associated with cancer chemotherapy in patients who are unresponsive to conventional antiemetic therapy: Initial dose -5mg/m.sq. given 1 to 3 hours before administration of chemotherapy; Repeat doses -5mg/m.sq. every 2 to 4 hours after chemotherapy as needed, usually for 1 to 2 days: no more than 4 to 6 doses should be given in a single day.		
	345	For the treatment of AIDS-related anorexia associated with weight loss and prescription is from a prescriber approved for the Facilitated Access mechanism (see Part VI of the Formulary/CDI binder).		

DIMENHYDRINATE

1244	*50mg Tab		
	00013803	Gravol Filmkote (Not a Benefit)	HOR
	00021423	Novo-Dimenate (Not a Benefit)	NOP
	00363766	Apo-Dimenhydrinate (Not a Benefit)	APX
	00398381	Dimenhydrinate (Not a Benefit)	DCL
	00586331	PMS-Dimenhydrinate (Not a Benefit)	PMS

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:22:00 ANTIEMETICS AND ANTINAUSEANTS

DOLASETRON MESYLATE

1245	50mg Tab				13.0000
	02231378	Anzemet	AVE		13.0000
1246	100mg Tab				26.0000
	02231379	Anzemet	AVE		26.0000
	Reason for Use Code	Clinical criteria			
	229	For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy.			
	230	For patients receiving intravenous chemotherapy who have not experienced adequate control with other available anti-emetics.			
	231	For patients receiving intravenous chemotherapy who experience intolerable side effects with other anti-emetics.			
	<u>NOTE:</u> The therapeutic value of Anzemet more than <u>24 hours</u> after the last dose of chemotherapy is unproven.				

DOXYLAMINE SUCCINATE AND PYRIDOXINE HCL

1247	10mg & 10mg SR Tab				.8099
	00609129	Diclectin	DUI		.8099

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:22:00 ANTIEMETICS AND ANTINAUSEANTS

GRANISETRON HCL

1248	1mg Tab			18.0000
	02185881	Kytril	HLR	18.0000
	Reason for Use Code	Clinical criteria		
	91	For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy.		
	92	For patients receiving intravenous chemotherapy or radiation therapy who have not experienced adequate control with other available anti-emetics.		
	93	For patients receiving intravenous chemotherapy or radiation therapy who experience intolerable side effects with other anti-emetics.		
	326	For the treatment of emesis in patients receiving radiation therapy which consists of single fraction treatment to the abdominal cavity, hemi-body irradiation and total body irradiation.		
		<u>NOTE:</u> The therapeutic value of Kytril more than 24 hours after the last dose of chemotherapy is unproven.		

MECLIZINE HCL

1249	25mg Tab				.2662
	00220442	Bonamine	PFI		.2662

NABILONE

1250	1mg Cap				6.2052
	00548375	Cesamet	ICN		6.2052

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:22:00 ANTIEMETICS AND ANTINAUSEANTS

ONDANSETRON HYDROCHLORIDE

1251	4mg/5mL O/L				1.8280
	02229639	Zofran	GLW		1.8280
1252	4mg Tab				11.9767
	02213567	Zofran	GLW		11.9767
1253	4mg Tab				11.9767
	02239372	Zofran ODT	GLW		11.9767
1254	8mg Tab				18.2803
	02213575	Zofran	GLW		18.2803
1255	8mg Tab				18.2800
	02239373	Zofran ODT	GLW		18.2800
	Reason for Use Code	Clinical criteria			
	215	For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy.			
	216	For patients receiving intravenous chemotherapy or radiation therapy who have not experienced adequate control with other available anti-emetics.			
	217	For patients receiving intravenous chemotherapy or radiation therapy who experience intolerable side effects with other anti-emetics.			
	218	For the treatment of emesis in patients receiving radiation therapy which consists of single fraction treatment to the abdominal cavity, hemi-body irradiation and total body irradiation.			
	NOTE: The therapeutic value of Zofran more than 24 hours after the last dose of chemotherapy is unproven.				

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

5-AMINOSALICYLIC ACID					
1256	250mg Del-Release Tab				.3076
	02099675 Pentasa		FEI		.3076
1257	500mg Del-Release Tab				.5569
	02099683 Pentasa		FEI		.5569
1258	1g/100mL Enema				3.7000
	02153521 Pentasa		FEI		3.7000
1259	2g/100mL Enema				4.0700
	02153548 Pentasa		FEI		4.0700
1260	4g/100mL Enema				4.4600
	02153556 Pentasa		FEI		4.4600
1261	500mg Ent Tab				.4840
	02112787 Salofalk		BFI		.4840
1262	500mg Ent Tab				.5310
	01914030 Mesasal		SMJ		.5310
1263	4g Rect Susp-Pk				5.9629
	02112809 Salofalk		BFI		5.9629
1264	1g Sup				1.6300
	02153564 Pentasa		FEI		1.6300
1265	500mg Sup				1.0893
	02112760 Salofalk		BFI		1.0893
1266	400mg Tab				.4950
	01997580 Asacol		PGP		.4950
BETAMETHASONE DISODIUM PHOSPHATE					
1267	5mg/100mL Enema-100mL Pk				7.9457
	02060884 Betnesol		SHI		7.9457

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

CIMETIDINE

Note: Cimetidine is less expensive than alternatives, and is effective and well tolerated in most patients. Adequate acid suppression can be achieved by giving cimetidine as opposed to using other longer acting H₂-antagonists. Long-term use of these drugs for prevention of recurrent peptic ulcers should be reviewed; specific cure of Helicobacter pylori infection with antibiotics is a more effective and less costly approach.

1268	60mg/mL O/L				.1606
	01916750	Tagamet	SMJ		.1606
1269	200mg Tab				.0737
	00546232	Peptol	HOR		.0737
	00582409	Novo-Cimetidine	NOP		.0737
	00584215	Apo-Cimetidine	APX		.0737
	00865796	Nu-Cimet	NXP		.0737
	01916793	Tagamet (Not a Benefit)	SMJ		
	02227436	Gen-Cimetidine	GEN		.0737
	02229717	PMS-Cimetidine	PMS		.0737
1270	300mg Tab				.0860
	00487872	Apo-Cimetidine	APX		.0860
	00546240	Peptol	HOR		.0860
	00582417	Novo-Cimetidine	NOP		.0860
	00865818	Nu-Cimet	NXP		.0860
	01916815	# Tagamet	SMJ		.3582
	02227444	Gen-Cimetidine	GEN		.0860
	02229718	PMS-Cimetidine	PMS		.0860
1271	400mg Tab				.1350
	00568449	Peptol	HOR		.1350
	00600059	Apo-Cimetidine	APX		.1350
	00603678	Novo-Cimetidine	NOP		.1350
	00865826	Nu-Cimet	NXP		.1350
	01916785	# Tagamet	SMJ		.5859
	02227452	Gen-Cimetidine	GEN		.1350
	02229719	PMS-Cimetidine	PMS		.1350

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

CIMETIDINE

Note: Cimetidine is less expensive than alternatives, and is effective and well tolerated in most patients. Adequate acid suppression can be achieved by giving cimetidine as opposed to using other longer acting H2-antagonists. Long-term use of these drugs for prevention of recurrent peptic ulcers should be reviewed; specific cure of Helicobacter pylori infection with antibiotics is a more effective and less costly approach.

1272	600mg Tab				.1720
	00584282	Peptol	HOR		.1720
	00600067	Apo-Cimetidine	APX		.1720
	00603686	Novo-Cimetidine	NOP		.1720
	00865834	Nu-Cimet	NXP		.1720
	01916777	# Tagamet	SMJ		.6809
	02227460	Gen-Cimetidine	GEN		.1720
	02229720	PMS-Cimetidine	PMS		.1720
1273	800mg Tab				.2530
	00618616	Peptol	HOR		.2530
	00663727	Novo-Cimetidine	NOP		.2530
	00749494	Apo-Cimetidine	APX		.2530
	01916769	Tagamet (Not a Benefit)	SMJ		
	02229721	PMS-Cimetidine	PMS		.2530

DOMPERIDONE MALEATE

1274	10mg Tab				.1496
	00855820	# Motilium	JAN		.2375
	01912070	Domperidone Maleate	KNR		.1496
	02103613	Apo-Domperidone	APX		.1496
	02157195	Novo-Domperidone	NOP		.1496
	02230473	Motilidone	TCH		.1496
	02231477	Nu-Domperidone	NXP		.1496
	02236466	PMS-Domperidone	PMS		.1496

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

FAMOTIDINE

Note: Cimetidine is less expensive than alternatives, and is effective and well tolerated in most patients. Adequate acid suppression can be achieved by giving cimetidine as opposed to using other longer acting H2-antagonists. Long-term use of these drugs for prevention of recurrent peptic ulcers should be reviewed; specific cure of Helicobacter pylori infection with antibiotics is a more effective and less costly approach.

1275	20mg Tab				.5896
	00710121	Pepcid	MSD		.9358
	01953842	Apo-Famotidine	APX		.5896
	02022133	Novo-Famotidine	NOP		.5896
	02024195	Nu-Famotidine	NXP		.5896
	02196018	Gen-Famotidine	GEN		.5896
	02237148	Ulcidine	ICN		.5896
	02240622	Rhoxal-Famotidine	RHO		.5896
	02242327	Alti-Famotidine	ALT		.5896
1276	40mg Tab				1.0612
	00710113	Pepcid	MSD		1.6845
	01953834	Apo-Famotidine	APX		1.0612
	02022141	Novo-Famotidine	NOP		1.0612
	02024209	Nu-Famotidine	NXP		1.0612
	02196026	Gen-Famotidine	GEN		1.0612
	02237149	Ulcidine	ICN		1.0612
	02240623	Rhoxal-Famotidine	RHO		1.0612
	02242328	Alti-Famotidine	ALT		1.0612

HYDROCORTISONE ACETATE

1277	10% Rect Aero-15g Pk				71.3500
	00579335	Cortifoam	RCA		71.3500

HYDROCORTISONE

1278	100mg/60mL Enema-60mL Pk				5.1429
	00230316	Hycort	ICN		5.1429
	02112736	Cortenema	BFI		6.0529

LACTULOSE

1279	666.7mg/mL O/L				.0145
	00854409	Acilac	TCH		.0145
	02091925	Cephulac (Not a Benefit)	MRR		

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

LANSOPRAZOLE

1280	15mg DR Cap			2.0000
	02165503	Prevacid	ABB	2.0000
1281	30mg DR Cap			2.0000
	02165511	Prevacid	ABB	2.0000
Reason for Use Code	Clinical criteria			
	Complicated GERD or Upper GI Malignancy-Procedurally Confirmed			
291	For the first-line treatment of procedurally confirmed complicated esophagitis (i.e. severe erosive esophagitis, Barrett's esophagitis, ulcerative esophagitis, esophagitis with bleeding or stricture) or upper GI malignancy. Maximum duration: unlimited			
	Severe GERD			
292	For the first-line treatment of severe GERD. Maximum duration: 6 months			
	Any one of the following may characterize severe GERD:			
	i Daily attacks of reflux pain;			
	ii Symptoms that wake the patient at night;			
	iii Severe symptoms.			
	Patients should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation with endoscopy or step-down therapy. Patients stepping down should be tried on at least a two-week trial of H ₂ -receptor antagonist therapy.			
	Network Note: Network will limit supply to 6 months.			
	Mild to Moderate GERD			
293	For the second-line treatment of mild to moderate GERD in patients who have not responded to at least a 4-week course of an H ₂ -receptor antagonist. Maximum duration: 6 months			
	For initial treatment, the treatment period with a proton pump inhibitor may extend for no longer than 6 months, after which the need for continued treatment should be reassessed. Reassessment could include a repeat of a course of an H ₂ -receptor antagonist, or a procedural assessment of the condition.			
	Network Note: Network will verify previous H ₂ -receptor antagonist use in past year.			
	GERD Recurrence			
294	For the treatment of recurrence, once GERD has been procedurally confirmed or the patient has undergone step-down therapy. Maximum duration: unlimited			
	H. pylori-Positive Peptic Ulcers:			
295	a) For the treatment of <i>H. pylori</i> -positive peptic ulcers where <i>H. pylori</i> is documented, by serology, breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Maximum duration: 7 days			

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

LANSOPRAZOLE (cont'd)

Reason for Use Code	Clinical criteria
296	b) For the <u>retreatment</u> of <i>H. pylori</i>-positive peptic ulcers where <i>H. pylori</i> recurrence or persistence is documented, by breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Maximum duration: 7 days (after a four-week period has elapsed since the end of the previous treatment) Retreatment decisions should be based upon positive symptoms and positive endoscopy or positive urea breath test. Retreatment should <u>not be based on a positive serology test</u>, as serology tests may remain positive indefinitely. An alternative antibiotic regimen is recommended when initial therapy fails due to concerns of antimicrobial resistance. Network Note: Network will limit supply to 7 days. Network will verify that retreatments are reimbursed only after a four-week period has elapsed since the end of the previous treatment.
297	Complicated Peptic Ulcers: For the treatment of peptic ulcers in patients that have procedurally confirmed ulcer complications (i.e. perforation, obstruction, large ulcers or GI bleed). Maximum duration: unlimited NSAID induced Ulcers:
298	a) For the treatment of NSAID induced ulcers where the NSAID must be continued. Maximum duration: unlimited while on NSAID therapy
299	b) For the prophylaxis of NSAID induced ulcers in patients who have ulcer complications (i.e. perforation or recurrent GI bleed) or are at high-risk for complications (i.e. cardiovascular disease, current or previous peptic ulcer disease, or coagulopathies). Maximum duration: unlimited
300	Other Criteria For the treatment of procedurally confirmed pathological hypersecretory conditions (e.g. Zollinger-Ellison syndrome).
301	For patients with a known allergy to or intolerance of H2-receptor antagonist.
302	For patients with gastroduodenal Crohn's disease.
303	For patients with short-gut syndrome.
304	For patients with scleroderma.
305	For patients with pancreatitis.
	Maximum duration: unlimited

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

LANSOPRAZOLE & CLARITHROMYCIN & AMOXICILLIN

1282	30mg & 500mg & 500mg Tab/Cap Pk			73.6000
	02238525	Hp-PAC	TAP	73.6000
	Reason for Use Code	Clinical criteria		
	306	a) For the treatment of <i>H. pylori</i> -positive peptic ulcers where <i>H. pylori</i> is documented, by serology, breath test or endoscopy, for a one-week course. Maximum duration: 7 days		
	307	b) For the <u>retreatment</u> of <i>H. pylori</i> -positive peptic ulcers where <i>H. pylori</i> recurrence or persistence is documented, by breath test or endoscopy, for a one-week course. Maximum duration: 7 days (after a four-week period has elapsed since the end of the previous treatment)		
		Retreatment decisions should be based upon positive symptoms and positive endoscopy or positive urea breath test. Retreatment should <u>not be based on a positive serology test</u> , as serology tests may remain positive indefinitely. An alternative antibiotic regimen is recommended when initial therapy fails due to concerns of antimicrobial resistance.		
		Network Note: Network will limit supply to 7 days. Network will verify that retreatments are reimbursed only after a four-week period has elapsed since the end of the previous treatment.		

METOCLOPRAMIDE HCL

1283	1mg/mL O/L			.0337
	02099160	Maxeran	HMR	.0337
1284	5mg Tab			.0556
	00842826	Apo-Metoclop	APX	.0556
	02099195	Maxeran (Not a Benefit)	HMR	
	02143275	Nu-Metoclopramide	NXP	.0556
	02230431	PMS-Metoclopramide	PMS	.0556
1285	10mg Tab			.0583
	00842834	Apo-Metoclop	APX	.0583
	02099209	Maxeran (Not a Benefit)	HMR	
	02143283	Nu-Metoclopramide	NXP	.0583
	02230432	PMS-Metoclopramide	PMS	.0583

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

MISOPROSTOL

1286	100mcg Tab				.1714
	00813966	Cytotec	SEA		.2720
	02240754	Novo-Misoprostol	NOP		.1714
	02244022	Apo-Misoprostol	APX		.1714
1287	200mcg Tab				.2853
	00632600	Cytotec	SEA		.4529
	02240755	Novo-Misoprostol	NOP		.2853
	02244023	Apo-Misoprostol	APX		.2853
	02244125	PMS-Misoprostol	PMS		.2853

NIZATIDINE

Note: Cimetidine is less expensive than alternatives, and is effective and well tolerated in most patients. Adequate acid suppression can be achieved by giving cimetidine as opposed to using other longer acting H2-antagonists. Long-term use of these drugs for prevention of recurrent peptic ulcers should be reviewed; specific cure of Helicobacter pylori infection with antibiotics is a more effective and less costly approach.

1288	150mg Cap				.5287
	00778338	Axid	LIL		.8392
	02177714	PMS-Nizatidine	PMS		.5287
	02220156	Apo-Nizatidine	APX		.5287
	02240457	Novo-Nizatidine	NOP		.5287
	02246046	+ Gen-Nizatidine	GEN		.5287
1289	300mg Cap				.9580
	00778346	Axid	LIL		1.5206
	02177722	PMS-Nizatidine	PMS		.9580
	02220164	Apo-Nizatidine	APX		.9580
	02240458	Novo-Nizatidine	NOP		.9580
	02246047	+ Gen-Nizatidine	GEN		.9580

OLSALAZINE SODIUM

1290	250mg Cap				.4770
	00875848	Dipentum	KAP		.4770

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

OMEPRAZOLE

1291	20mg DR Tab			2.2000
	02190915	Losec	AZC	2.2000
Reason for Use Code	Clinical criteria			
	Complicated GERD or Upper GI Malignancy-Procedurally Confirmed			
291	For the first-line treatment of procedurally confirmed complicated esophagitis (i.e. severe erosive esophagitis, Barrett's esophagitis, ulcerative esophagitis, esophagitis with bleeding or stricture) or upper GI malignancy. Maximum duration: unlimited			
	Severe GERD			
292	For the first-line treatment of severe GERD. Maximum duration: 6 months			
	Any one of the following may characterize severe GERD:			
	i Daily attacks of reflux pain;			
	ii Symptoms that wake the patient at night;			
	iii Severe symptoms.			
	Patients should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation with endoscopy or step-down therapy. Patients stepping down should be tried on at least a two-week trial of H ₂ -receptor antagonist therapy.			
	Network Note: Network will limit supply to 6 months.			
	Mild to Moderate GERD			
293	For the second-line treatment of mild to moderate GERD in patients who have not responded to at least a 4-week course of an H ₂ -receptor antagonist. Maximum duration: 6 months			
	For initial treatment, the treatment period with a proton pump inhibitor may extend for no longer than 6 months, after which the need for continued treatment should be reassessed. Reassessment could include a repeat of a course of an H ₂ -receptor antagonist, or a procedural assessment of the condition.			
	Network Note: Network will verify previous H ₂ -receptor antagonist use in past year.			
	GERD Recurrence			
294	For the treatment of recurrence, once GERD has been procedurally confirmed or the patient has undergone step-down therapy. Maximum duration: unlimited			
	H. pylori-Positive Peptic Ulcers:			
295	a) For the treatment of <i>H. pylori</i> -positive peptic ulcers where <i>H. pylori</i> is documented, by serology, breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Maximum duration: 7 days			

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

OMEPRAZOLE (cont'd)

Reason for Use Code	Clinical criteria
296	b) For the <u>retreatment</u> of <i>H. pylori</i>-positive peptic ulcers where <i>H. pylori</i> recurrence or persistence is documented, by breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Maximum duration: 7 days (after a four-week period has elapsed since the end of the previous treatment) Retreatment decisions should be based upon positive symptoms and positive endoscopy or positive urea breath test. Retreatment should <u>not be based on a positive serology test</u>, as serology tests may remain positive indefinitely. An alternative antibiotic regimen is recommended when initial therapy fails due to concerns of antimicrobial resistance. Network Note: Network will limit supply to 7 days. Network will verify that retreatments are reimbursed only after a four-week period has elapsed since the end of the previous treatment.
297	Complicated Peptic Ulcers: For the treatment of peptic ulcers in patients that have procedurally confirmed ulcer complications (i.e. perforation, obstruction, large ulcers or GI bleed). Maximum duration: unlimited NSAID induced Ulcers:
298	a) For the treatment of NSAID induced ulcers where the NSAID must be continued. Maximum duration: unlimited while on NSAID therapy
299	b) For the prophylaxis of NSAID induced ulcers in patients who have ulcer complications (i.e. perforation or recurrent GI bleed) or are at high-risk for complications (i.e. cardiovascular disease, current or previous peptic ulcer disease, or coagulopathies). Maximum duration: unlimited
300	Other Criteria For the treatment of procedurally confirmed pathological hypersecretory conditions (e.g. Zollinger-Ellison syndrome).
301	For patients with a known allergy to or intolerance of H2-receptor antagonist.
302	For patients with gastroduodenal Crohn's disease.
303	For patients with short-gut syndrome.
304	For patients with scleroderma.
305	For patients with pancreatitis.
	Maximum duration: unlimited

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

PANTOPRAZOLE SODIUM

1292	40mg Ent Tab			1.9000
	02229453	Pantoloc	SPH	1.9000
Reason for Use Code	Clinical criteria			
291	Complicated GERD or Upper GI Malignancy-Procedurally Confirmed For the first-line treatment of procedurally confirmed complicated esophagitis (i.e. severe erosive esophagitis, Barrett's esophagitis, ulcerative esophagitis, esophagitis with bleeding or stricture) or upper GI malignancy. Maximum duration: unlimited			
292	Severe GERD For the first-line treatment of severe GERD. Maximum duration: 6 months Any one of the following may characterize severe GERD: i Daily attacks of reflux pain; ii Symptoms that wake the patient at night; iii Severe symptoms. Patients should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation with endoscopy or step-down therapy. Patients stepping down should be tried on at least a two-week trial of H ₂ -receptor antagonist therapy. Network Note: Network will limit supply to 6 months.			
293	Mild to Moderate GERD For the second-line treatment of mild to moderate GERD in patients who have not responded to at least a 4-week course of an H ₂ -receptor antagonist. Maximum duration: 6 months For initial treatment, the treatment period with a proton pump inhibitor may extend for no longer than 6 months, after which the need for continued treatment should be reassessed. Reassessment could include a repeat of a course of an H ₂ -receptor antagonist, or a procedural assessment of the condition. Network Note: Network will verify previous H ₂ -receptor antagonist use in past year.			
294	GERD Recurrence For the treatment of recurrence, once GERD has been procedurally confirmed or the patient has undergone step-down therapy. Maximum duration: unlimited			
295	H. pylori-Positive Peptic Ulcers: a) For the treatment of <i>H. pylori</i> -positive peptic ulcers where <i>H. pylori</i> is documented, by serology, breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Maximum duration: 7 days			

Continued on next page...

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

PANTOPRAZOLE SODIUM (cont'd)

Reason for Use Code	Clinical criteria
296	b) For the <u>retreatment</u> of <i>H. pylori</i>-positive peptic ulcers where <i>H. pylori</i> recurrence or persistence is documented, by breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Maximum duration: 7 days (after a four-week period has elapsed since the end of the previous treatment) Retreatment decisions should be based upon positive symptoms and positive endoscopy or positive urea breath test. Retreatment should <u>not be based on a positive serology test</u>, as serology tests may remain positive indefinitely. An alternative antibiotic regimen is recommended when initial therapy fails due to concerns of antimicrobial resistance. Network Note: Network will limit supply to 7 days. Network will verify that retreatments are reimbursed only after a four-week period has elapsed since the end of the previous treatment.
297	Complicated Peptic Ulcers: For the treatment of peptic ulcers in patients that have procedurally confirmed ulcer complications (i.e. perforation, obstruction, large ulcers or GI bleed). Maximum duration: unlimited NSAID induced Ulcers:
298	a) For the treatment of NSAID induced ulcers where the NSAID must be continued. Maximum duration: unlimited while on NSAID therapy
299	b) For the prophylaxis of NSAID induced ulcers in patients who have ulcer complications (i.e. perforation or recurrent GI bleed) or are at high-risk for complications (i.e. cardiovascular disease, current or previous peptic ulcer disease, or coagulopathies). Maximum duration: unlimited
300	Other Criteria For the treatment of procedurally confirmed pathological hypersecretory conditions (e.g. Zollinger-Ellison syndrome).
301	For patients with a known allergy to or intolerance of H2-receptor antagonist.
302	For patients with gastroduodenal Crohn's disease.
303	For patients with short-gut syndrome.
304	For patients with scleroderma.
305	For patients with pancreatitis.
	Maximum duration: unlimited

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

RABEPRAZOLE SODIUM

1293	10mg Tab				.6500
	02243796	Pariet	JNO		.6500

RANITIDINE HCL

Note: Cimetidine is less expensive than alternatives, and is effective and well tolerated in most patients. Adequate acid suppression can be achieved by giving cimetidine as opposed to using other longer acting H2-antagonists. Long-term use of these drugs for prevention of recurrent peptic ulcers should be reviewed; specific cure of Helicobacter pylori infection with antibiotics is a more effective and less costly approach.

1294	50mg/2mL Inj Sol-2mL Pk			2.5620
	02212366	Zantac	GLW	2.5620
1295	15mg/mL Oral Sol			.1864
	02212374	Zantac	GLW	.1864
1296	150mg Tab			.4042
	00733059	Apo-Ranitidine	APX	.4042
	00828564	Novo-Ranidine	NOP	.4042
	00828823	Ranitidine	KNR	.4042
	00865737	Nu-Ranit	NXP	.4042
	02207761	Gen-Ranitidine	GEN	.4042
	02212331	Zantac	GLW	1.0953
	02241598	Scheinpharm Ranitidine	PMS	.4042
	02242453	PMS-Ranitidine	PMS	.4042
	02243229	Rhoxal-Ranitidine	RHO	.4042
1297	300mg Tab			.7787
	00733067	Apo-Ranitidine	APX	.7787
	00828556	Novo-Ranidine	NOP	.7787
	00828688	Ranitidine	KNR	.7787
	00865745	Nu-Ranit	NXP	.7787
	02207788	Gen-Ranitidine	GEN	.7787
	02212358	Zantac	GLW	2.0620
	02241599	Scheinpharm Ranitidine	PMS	.7787
	02242454	PMS-Ranitidine	PMS	.7787
	02243230	Rhoxal-Ranitidine	RHO	.7787

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

SUCRALFATE

1298	1g/5mL Oral Susp				.0934
	02103567	Sulcrate Suspension Plus	AVE		.0934
1299	1g Tab				.2942
	02045702	Novo-Sucralate	NOP		.2942
	02100622	Sulcrate	AVE		.4670
	02125250	Apo-Sucralfate	APX		.2942
	02134829	Nu-Sucralfate	NXP		.2942
	02238209	PMS-Sucralfate	PMS		.2942

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

60:00 GOLD COMPOUNDS

AURANOFIN					
1300	3mg Cap				1.2582
	01916823	Ridaura		PMS	1.2582
AUROTHIOGLUCOSE					
1301	50mg/mL Inj Sol-10mL Pk				107.1000
	00855774	Solganal		SCH	107.1000
SODIUM AUROTHIOMALATE					
1302	10mg/mL Inj Sol-1mL Pk				9.0133
	01927620	Myochrysine		AVE	9.0133
1303	25mg/mL Inj Sol-1mL Pk				10.9367
	01927612	Myochrysine		AVE	10.9367
1304	50mg/mL Inj Sol-1mL Pk				16.9867
	01927604	Myochrysine		AVE	16.9867

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

64:00 HEAVY METAL ANTAGONISTS

PENICILLAMINE					
1305	125mg Cap				.4898
	00497894	Cuprimine	MSD		.4898
1306	250mg Cap				.7343
	00016055	Cuprimine	MSD		.7343
1307	250mg Tab				.6302
	00511641	Depen	HOR		.6302

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

68:00 HORMONES AND SUBSTITUTES

68:04:00 CORTICOSTEROIDS

Note: The general direction of the therapy of asthma has been toward the use of anti-inflammatory agents, especially inhaled steroids, which are not associated with systemic side effects to the same degree as oral steroids. The proper technique of inhalation or use of a spacer is very important to the efficacy of these agents. Physicians and pharmacists should ensure that patients are appropriately instructed in the use of these devices.

BECLOMETHASONE DIPROPIONATE

1308	50mcg Aero Inh-200 Dose Pk			7.5000
	00374407	Vanceril	SCH	7.5000
	00872334	Beclomethasone Dipropionate	KNR	7.5000
1309	50mcg/Met Dose Aero Inh-200 Dose Pk			28.3500
	02242029	QVAR	MMH	28.3500
1310	100mcg/Met Dose Aero Inh-200 Dose Pk			56.7000
	02242030	QVAR	MMH	56.7000

BUDESONIDE

1311	0.125mg/mL Inh Susp			.2000
	02229099	Pulmicort Nebuamp	AZC	.2000
1312	0.25mg/mL Inh Susp			.4000
	01978918	Pulmicort Nebuamp	AZC	.4000
1313	0.5mg/mL Inh Susp			.8000
	01978926	Pulmicort Nebuamp	AZC	.8000
	Reason for Use Code	Clinical criteria		
		For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.		
	260	Children aged 6 years or less;		
	261	Patients who have a tracheostomy;		
	262	Patients with cystic fibrosis in whom nebulizer therapy is indicated;		
	263	Patients with severe mental or physical disabilities;		
	264	Patients who have previously used nebulizer therapy within the last 12 month period.		

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

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BUDESONIDE

1314	100mcg/Met Dose 00852074	Pd Inh-200 Dose Pk Pulmicort Turbuhaler	AZC	29.5500 29.5500
1315	200mcg/Met Dose 00851752	Pd Inh-200 Dose Pk Pulmicort Turbuhaler	AZC	59.1000 59.1000
1316	400mcg/Met Dose 00851760	Pd Inh-200 Dose Pk Pulmicort Turbuhaler	AZC	106.3500 106.3500

CORTISONE ACETATE

1317	5mg Tab 00016438	Cortone	MSD	.1124 .1124
1318	25mg Tab 00016446 00280437	# Cortone Cortisone-ICN (Not a Benefit)	MSD ICN	.4200 .4200

DEXAMETHASONE 21-PHOSPHATE

1319	4mg/mL Inj Sol 00213624 00664227 01977547	# Decadron Dexamethasone Sodium Dexamethasone Sodium	MSD SIL CYI	1.6900 3.6260 1.6900 1.6900

DEXAMETHASONE

1320	0.5mg Tab 00016462 01964976 02240684	Decadron PMS-Dexamethasone Alti-Dexamethasone	MSD PMS ALT	.1970 .3127 .1970 .1970

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

68:00 HORMONES AND SUBSTITUTES

68:04:00 CORTICOSTEROIDS

Note: The general direction of the therapy of asthma has been toward the use of anti-inflammatory agents, especially inhaled steroids, which are not associated with systemic side effects to the same degree as oral steroids. The proper technique of inhalation or use of a spacer is very important to the efficacy of these agents. Physicians and pharmacists should ensure that patients are appropriately instructed in the use of these devices.

DEXAMETHASONE

1321	4mg Tab				.7673
	00354309	Decadron	MSD		1.2184
	01964070	PMS-Dexamethasone	PMS		.7673
	02240687	Alti-Dexamethasone	ALT		.7673

FLUDROCORTISONE ACETATE

1322	0.1mg Tab				.2170
	02086026	Florinef	SHI		.2170

FLUTICASONE PROPIONATE

1323	250mcg/Blister	Pd Inh-60 Dose Pk			36.0000
	02237246	Flovent Diskus	GLW		36.0000
1324	500mcg/Blister	Pd Inh-60 Dose Pk			72.0000
	02237247	Flovent Diskus	GLW		72.0000
1325	50mcg/Metered Dose	Inh-120 Dose Pk			21.9000
	02213591	Flovent Inhalation Aerosol (MDI)	GSK		21.9000
1326	50mcg/Metered Dose	Inh-120 Dose Pk			21.9000
	02244291	Flovent HFA	GSK		21.9000
1327	125mcg/Metered Dose	Inh-120 Dose Pk			36.0000
	02213605	Flovent	GLW		36.0000
1328	125mcg/Metered Dose	Inh-120 Dose Pk			36.0000
	02244292	Flovent HFA	GSK		36.0000
1329	250mcg/Metered Dose	Inh-120 Dose Pk			72.0000
	02213613	Flovent	GLW		72.0000
1330	250mcg/Metered Dose	Inh-120 Dose Pk			72.0000
	02244293	Flovent HFA	GSK		72.0000

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

68:00 HORMONES AND SUBSTITUTES

68:04:00 CORTICOSTEROIDS

Note: The general direction of the therapy of asthma has been toward the use of anti-inflammatory agents, especially inhaled steroids, which are not associated with systemic side effects to the same degree as oral steroids. The proper technique of inhalation or use of a spacer is very important to the efficacy of these agents. Physicians and pharmacists should ensure that patients are appropriately instructed in the use of these devices.

HYDROCORTISONE

1331	20mg Tab				.2445
	00030929	Cortef		UPJ	.2445

METHYLPREDNISOLONE ACETATE

1332	40mg/mL Inj Susp-1mL Pk			4.6920
	00030759 Depo-Medrol		UPJ	4.6920
1333	80mg/mL Inj Susp-1mL Pk			9.0000
	00030767 Depo-Medrol		UPJ	9.0000
1334	100mg/5mL Inj Susp-5mL Pk			10.3000
	01934325 Depo-Medrol		UPJ	10.3000

METHYLPREDNISOLONE

1335	4mg Tab				.3252
	00030988	Medrol		UPJ	.3252

PREDNISOLONE SODIUM PHOSPHATE

1336	5mg/5mL O/L				.0958
	02230619	Pediapred Oral Liquid	AVE		.0958

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

68:00 HORMONES AND SUBSTITUTES

68:04:00 CORTICOSTEROIDS

Note: The general direction of the therapy of asthma has been toward the use of anti-inflammatory agents, especially inhaled steroids, which are not associated with systemic side effects to the same degree as oral steroids. The proper technique of inhalation or use of a spacer is very important to the efficacy of these agents. Physicians and pharmacists should ensure that patients are appropriately instructed in the use of these devices.

PREDNISONE

1337	1mg Tab				.1035
	00271373	Winpred	ICN		.1035
	00598194	Apo-Prednisone	APX		.1035
1338	5mg Tab				.0090
	00021695	Novo-Prednisone	NOP		.0090
	00210188	Deltasone (Not a Benefit)	UPJ		
	00312770	Apo-Prednisone	APX		.0090
1339	50mg Tab				.1005
	00232378	Novo-Prednisone	NOP		.1005
	00252417	Deltasone	UPJ		.1826
	00550957	Apo-Prednisone	APX		.1005

TRIAMCINOLONE ACETONIDE

1340	200mcg/Met Dose	Aero Inh-240 Dose Pk			16.0000
	01926314	Azmacort	AVE		16.0000
1341	40mg/mL Inj Susp-1mL Pk				6.8200
	00990876	Kenalog-40	WSQ		6.8200
1342	200mg/5mL Inj Susp-5mL Pk				23.8700
	01999869	Kenalog-40	WSQ		23.8700
1343	50mg/5mL Inj Susp-5mL Pk				14.6900
	01999761	Kenalog-10	WSQ		14.6900

TRIAMCINOLONE

1344	2mg Tab				.2802
	02194082	# Aristocort	STI		.2802
1345	4mg Tab				.4835
	02194090	Aristocort	STI		.4835

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

68:00 HORMONES AND SUBSTITUTES

68:08:00 ANDROGENS

DANAZOL

1346	50mg Cap				.7127
	02018144	Cyclomen	SAO		.7127
1347	100mg Cap				1.0575
	02018152	Cyclomen	SAO		1.0575
1348	200mg Cap				1.6899
	02018160	Cyclomen	SAO		1.6899

FLUOXYMESTERONE

1349	5mg Tab				.2030
	00030902	Halotestin	UPJ		.2030

METHYLTESTOSTERONE

1350	10mg Tab				.3713
	00005622	Metandren	NOV		.3713
1351	25mg Tab				.9334
	00005630	Metandren	NOV		.9334

NAFARELIN ACETATE

1352	2mg/mL Nas Sol-10mL Pk				280.0000
	02188783	Synarel	SEA		280.0000
Note: Nafarelin should not be used for more than 6 months due to the risk of osteoporosis.					

TESTOSTERONE CYPIONATE

1353	100mg/mL Oily Inj Sol-10mL Pk				23.2100
	00030783	Depo-Testosterone	UPJ		23.2100

TESTOSTERONE ENANTHATE

1354	1000mg/5mL Oily Inj Sol-5mL Pk				22.8500
	00029246	Delatestryl	BQU		22.8500

TESTOSTERONE UNDECANOATE

1355	40mg Cap				.9400
	00782327	Andriol	ORG		.9400

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME DIN	MANUFACTURER	DBP	DAILY COST

68:00 HORMONES AND SUBSTITUTES

68:16:00 ESTROGENS

CONJUGATED EQUINE ESTROGEN & MEDROXYPROGESTERONE ACETATE

1356	0.625mg/2.5mg Tab-28 Day Pk				7.0000
	02242878	Premplus	WAY		7.0000

CONJUGATED ESTROGENS

1357	0.3mg Tab				.1058
	02043394	Premarin	WAY		.1058
1358	0.625mg Tab				.0774
	00265470	C.E.S.	ICN		.0774
	02043408	Premarin	WAY		.1215
1359	1.25mg Tab				.1293
	00265489	C.E.S.	ICN		.1293
	02043424	Premarin	WAY		.2163
1360	0.625mg/g Vag Cr				.3445
	02043440	Premarin	WAY		.3445

ESTRADERM 50 & ESTRAGEST

1361	250/50 Transdermal Patch				20.6500
	02108186	Estracomb	NOV		20.6500
	Reason for Use Code	Clinical criteria			
	138	For patients in whom a combination of a less costly listed oral estrogen product and oral progestin is contraindicated.			
	139	For patients in whom a combination of a less costly listed oral estrogen product and oral progestin has been tried and caused an adverse effect.			

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

68:00 HORMONES AND SUBSTITUTES

68:16:00 ESTROGENS

ESTRADIOL 17-B

1362	25ug Patch				2.2800
	00756849	Estraderm	NOV		2.2800
1363	50ug Patch				2.4375
	00756857	Estraderm	NOV		2.4375
1364	100ug Patch				2.7500
	00756792	Estraderm	NOV		2.7500
1365	37.5mcg Patch				2.2800
	02243999	Estradot	NOV		2.2800
1366	50mcg Patch				2.4375
	02244000	Estradot	NOV		2.4375
1367	75mcg Patch				2.6163
	02244001	Estradot	NOV		2.6163
1368	100mcg Patch				2.7500
	02244002	Estradot	NOV		2.7500
1369	50mcg Patch				2.4375
	02237808	Oesclim	FOU		2.4375
1370	37.5mcg/day Patch				2.2800
	02204401	Vivelle	NOV		2.2800
1371	50mcg/day Patch				2.4375
	02204428	Vivelle	NOV		2.4375
1372	75mcg/day Patch				2.6163
	02204436	Vivelle	NOV		2.6163
1373	100mcg/day Patch				2.7500
	02204444	Vivelle	NOV		2.7500
1374	50mcg/day Transdermal Patch				4.8750
	02231509	Climara 50	BEX		4.8750
1375	100mcg/day Transdermal Patch				5.5000
	02231510	Climara 100	BEX		5.5000
	Reason for Use Code	Clinical criteria			
	17	For patients in whom an oral estrogen product is contraindicated.			
	18	For patients in whom an oral estrogen product has been tried and caused an adverse effect.			

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

68:00 HORMONES AND SUBSTITUTES

68:16:00 ESTROGENS

ESTRADIOL 17-B

1376	0.06% Metered Dose Pump-Pk			17.9500
	02238704	Estrogel	SCH	17.9500
	Reason for Use Code	Clinical criteria		
	308	For patients in whom an oral estrogen product is contraindicated.		
	288	For patients in whom an oral estrogen product has been tried and caused an adverse effect.		
	NETWORK NOTE: Network will limit supply to one pump per month.			

ESTRADIOL 17-B & NORETHINDRONE ACETATE+ESTRADIOL 17-B

1377	4.33mg plus 2.7mg/0.62mg Trans Patch-28 Day Pk			20.6500
	02243529	Estalis-Sequi 140/50	NOV	20.6500
1378	4.33mg plus 4.8mg/0.51mg Trans Patch-28 Day Pk			20.6500
	02243530	Estalis-Sequi 250/50	NOV	20.6500
	Reason for Use Code	Clinical criteria		
	138	For patients in whom a combination of a less costly listed oral estrogen product and oral progestin is contraindicated.		
	139	For patients in whom a combination of a less costly listed oral estrogen product and oral progestin has been tried and caused an adverse effect.		

ESTRADIOL

1379	2mg Vag Ring			60.0000
	02168898	Estring	PMJ	60.0000

ESTROPIPATE (CALCULATED AS SODIUM ESTRONE SULFATE 1.25MG)

1380	1.5mg Tab			.2804
	02089769	Ogen 1.25	UPJ	.2804

ESTROPIPATE (CALCULATED AS SODIUM ESTRONE SULFATE 2.5MG)

1381	3mg Tab			.4435
	02089777	Ogen 2.5	UPJ	.4435

+= NEW LISTING
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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

68:00 HORMONES AND SUBSTITUTES

68:16:00 ESTROGENS

ETHINYL ESTRADIOL

1382	0.05mg Tab				.1378
	00028223	Estinyl	SCH		.1378
1383	0.5mg Tab				.3000
	00028231	Estinyl	SCH		.3000

NORETHINDRONE ACETATE & ESTRADIOL 17-B

1384	2.7mg/0.62mg Patch				2.7250
	02241835	Estalis Transdermal Pad 140/50mcg	NOV		2.7250
1385	4.8mg/0.51mg Patch				2.7250
	02241837	Estalis Transdermal Pad 250/50mcg	NOV		2.7250

Reason for Use Code Clinical criteria

- 138 For patients in whom a combination of a less costly listed oral estrogen product and oral progestin is contraindicated.
- 139 For patients in whom a combination of a less costly listed oral estrogen product and oral progestin has been tried and caused an adverse effect.

STILBOESTROL

1386	0.5mg Tab				.2600
	02100304	Stilboestrol	SHI		.2600
1387	1mg Tab				.2317
	02091461	Stilboestrol	SHI		.2317

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

68:00 HORMONES AND SUBSTITUTES

68:20:02 ANTI-DIABETIC AGENTS ORAL ANTI-DIABETIC AGENTS

Note: An adequate trial of diet and exercise therapy alone is essential before any hypoglycaemic agent is prescribed in non-insulin dependent diabetes mellitus. When indicated (i.e., fasting plasma glucose remains > 10mmol/L), drug therapy should be considered as a supplement to continuing caloric restriction and exercise.

ACARBOSE

1388	50mg Tab				.2259
	02190885	Prandase	BAH		.2259
1389	100mg Tab				.3123
	02190893	Prandase	BAH		.3123
	Reason for Use Code	Clinical criteria			
		For the treatment of non-insulin-dependent diabetes mellitus (NIDDM):			
	175	In patients who cannot tolerate or have failed treatment with other oral hypoglycemic agents or in whom other oral hypoglycemic agents are contraindicated;			
	176	In patients who require combination therapy with more than one oral hypoglycemic agent to control their serum glucose concentrations.			

CHLORPROPAMIDE

1390	100mg Tab				.0455
	00024708	Diabinese	PFI		.0945
	00399302	Apo-Chlorpropamide	APX		.0455
1391	250mg Tab				.0418
	00021350	Novo-Propamide	NOP		.0418
	00024716	Diabinese (Not a Benefit)	PFI		
	00312711	Apo-Chlorpropamide	APX		.0418

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION
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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

68:00 HORMONES AND SUBSTITUTES

68:20:02 ANTI-DIABETIC AGENTS ORAL ANTI-DIABETIC AGENTS

Note: An adequate trial of diet and exercise therapy alone is essential before any hypoglycaemic agent is prescribed in non-insulin dependent diabetes mellitus. When indicated (i.e., fasting plasma glucose remains > 10mmol/L), drug therapy should be considered as a supplement to continuing caloric restriction and exercise.

GLYBURIDE

1392	2.5mg Tab			.0393
	00720933	Euglucon	BOM	.0450
	00808733	Gen-Glybe	GEN	.0393
	01900927	Albert-Glyburide	ALT	.0393
	01913654	Apo-Glyburide	APX	.0393
	01913670	Novo-Glyburide	NOP	.0393
	02020734	Nu-Glyburide	NXP	.0393
	02224550	Diabeta	AVE	.1055
	02236733	PMS-Glyburide	PMS	.0393
1393	5mg Tab			.0683
	00720941	Euglucon	BOM	.0725
	00808741	Gen-Glybe	GEN	.0683
	01900935	Albert-Glyburide	ALT	.0683
	01913662	Apo-Glyburide	APX	.0683
	01913689	Novo-Glyburide	NOP	.0683
	02020742	Nu-Glyburide	NXP	.0683
	02224569	Diabeta	AVE	.1890
	02236734	PMS-Glyburide	PMS	.0683

METFORMIN HCL

1394	500mg Tab			.1216
	02045710	Novo-Metformin	NOP	.1216
	02099233	Glucophage	AVE	.1930
	02148765	Gen-Metformin	GEN	.1216
	02162822	Nu-Metformin	NXP	.1216
	02167786	Apo-Metformin	APX	.1216
	02223562	PMS-Metformin	PMS	.1216
	02229516	Glycon	ICN	.1216
	02233999	Rhoxal-Metformin	RHO	.1216
	02242794	Metformin	ZYN	.1216
	02242974	Alti-Metformin Hydrochloride	ALT	.1216

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

68:00 HORMONES AND SUBSTITUTES

68:20:02 ANTI-DIABETIC AGENTS ORAL ANTI-DIABETIC AGENTS

Note: An adequate trial of diet and exercise therapy alone is essential before any hypoglycaemic agent is prescribed in non-insulin dependent diabetes mellitus. When indicated (i.e., fasting plasma glucose remains > 10mmol/L), drug therapy should be considered as a supplement to continuing caloric restriction and exercise.

TOLBUTAMIDE

1395	500mg Tab				.0233
	00012602	Orinase	HOE		.1146
	00013889	Mobenol (Not a Benefit)	HOR		
	00021849	# Novo-Butamide	NOP		.0233
	00312762	Apo-Tolbutamide	APX		.0233

68:20:10 ANTI-DIABETIC AGENTS INSULINS (RAPID ACTING)

INSULIN (ZINC CRYSTALLINE) HUMAN BIOSYNTHETIC (RDNA ORIGIN)

1396	1000U/10mL Inj Sol-10mL Pk				15.5100
	00586714	Humulin Regular	LIL		15.5100
1397	100U/mL Inj Sol-5X3mL Pk				32.1600
	09853766	Humulin R	LIL		32.1600

INSULIN (ZINC CRYSTALLINE) PORK

1398	1000U/10mL Inj Sol-10mL Pk				18.7900
	00513644	Iletin II Regular	LIL		18.7900

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

68:00 HORMONES AND SUBSTITUTES

68:20:10 ANTI-DIABETIC AGENTS INSULINS (RAPID ACTING)

INSULIN HUMAN BIOSYNTHETIC

1399	1000U/10mL Inj Sol-10mL Pk			16.0300
	02024233	Novolin ge Toronto	NOO	16.0300
1400	100U/mL Inj Sol-5X1.5 Pk			16.0300
	02024284	Novolin ge Toronto Penfill	NOO	16.0300
1401	100U/mL Inj Sol-5X3mL Pk			32.0600
	09853774	Novolin ge Toronto Penfill	NOO	32.0600

INSULIN LISPRO

1402	100U/mL Inj Sol-10mL Pk			23.0000
	02229704	Humalog	LIL	23.0000
1403	100U/mL Inj Sol-5x1.5 Pk			23.0000
	02229705	Humalog	LIL	23.0000
1404	100U/mL Inj Sol-5x3mL Pk			46.0000
	09853715	Humalog	LIL	46.0000

Reason for Use Code	Clinical criteria
226	For insulin requiring diabetics using multiple doses of regular insulin (greater or equal to 3 injections per day) and experiencing recurrent hypoglycemia or poor glycemic control;
227	For insulin requiring diabetics using an insulin pump.

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

68:00 HORMONES AND SUBSTITUTES

68:20:12 ANTI-DIABETIC AGENTS INSULINS (INTERMEDIATE ACTING)

INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC (RDNA ORIGIN)

1405	1000U/10mL Inj Susp-10mL Pk 00587737	Humulin NPH	LIL	15.5100 15.5100
1406	100U/mL Inj Susp-5X3mL Pk 09853804	Humulin N	LIL	32.1600 32.1600

INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC

1407	1000U/10mL Inj Susp-10mL Pk 02024225	Novolin ge NPH	NOO	16.0300 16.0300
1408	100U/mL Inj Susp-5X1.5 Pk 02024268	Novolin ge NPH Penfill	NOO	16.0300 16.0300
1409	100U/mL Inj Susp-5X3mL Pk 09853782	Novolin ge NPH Penfill	NOO	32.0600 32.0600

INSULIN (ISOPHANE) PORK

1410	1000U/10mL Inj Susp-10mL Pk 00514551	Iletin II NPH	LIL	18.7900 18.7900

INSULIN (LENTE) HUMAN BIOSYNTHETIC

1411	1000U/10mL Inj Susp-10mL Pk 02024241	Novolin ge Lente	NOO	16.0300 16.0300

INSULIN (LENTE) PORK

1412	1000U/10mL Inj Susp-10mL Pk 00514535	Iletin II Lente	LIL	18.7900 18.7900

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

68:00 HORMONES AND SUBSTITUTES

68:20:12 ANTI-DIABETIC AGENTS INSULINS (INTERMEDIATE ACTING)

INSULIN ZINC SUSPENSION MEDIUM HUMAN BIOSYNTHETIC (RDNA ORIGIN)

1413	1000U/10mL Inj Susp-10mL Pk				15.5100
	00646148	Humulin L Lente	LIL		15.5100

68:20:14 ANTI-DIABETIC AGENTS INSULINS (LONG ACTING)

INSULIN ZINC SUSPENSION PROLONGED, HUMAN BIOSYNTHETIC (RDNA ORIGIN)

1414	1000U/10mL Inj Susp-10mL Pk				15.5100
	00733075	Humulin-U Ultralente	LIL		15.5100

INSULIN ZINC SUSPENSION PROLONGED, HUMAN BIOSYNTHETIC

1415	1000U/10mL Inj Susp-10mL Pk				16.0300
	02024276	Novolin ge Ultralente	NOO		16.0300

68:20:16 ANTI-DIABETIC AGENTS INSULINS (PRE-MIXED)

INSULIN (10% NEUTRAL & 90% ISOPHANE) HUMAN BIOSYNTHETIC

1416	100U/mL Inj Susp-5X3mL Pk				32.0600
	02024292	Novolin ge 10/90 Penfill	NOO		32.0600

INSULIN (20% NEUTRAL & 80% ISOPHANE) HUMAN BIOSYNTHETIC

1417	100U/mL Inj Susp-5X3mL Pk				32.0600
	02024306	Novolin ge 20/80 Penfill	NOO		32.0600

INSULIN (30% NEUTRAL & 70% ISOPHANE) HUMAN BIOSYNTHETIC

1418	1000U/10mL Inj Susp-10mL Pk				16.0300
	02024217	Novolin ge 30/70	NOO		16.0300
1419	100U/mL Inj Susp-5X1.5 Pk				16.0300
	02025248	Novolin ge 30/70 Penfill	NOO		16.0300
1420	100U/mL Inj Susp-5X3mL Pk				32.0600
	09853812	Novolin ge 30/70 Penfill	NOO		32.0600

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

68:00 HORMONES AND SUBSTITUTES

68:20:16 ANTI-DIABETIC AGENTS INSULINS (PRE-MIXED)

INSULIN (40% NEUTRAL & 60% ISOPHANE) HUMAN BIOSYNTHETIC

1421	100U/mL Inj Susp-5X3mL Pk			32.0600
	02024314	Novolin ge 40/60 Penfill	NOO	32.0600

INSULIN (50% NEUTRAL & 50% ISOPHANE) HUMAN BIOSYNTHETIC

1422	100U/mL Inj Susp-5X3mL Pk			32.0600
	02024322	Novolin ge 50/50 Penfill	NOO	32.0600

INSULIN HUMAN BIOSYNTHETIC 20% & ISOPHANE 80%

1423	100U/mL Inj Susp-5X3mL Pk			32.1600
	09853847	Humulin 20/80 Cartridge	LIL	32.1600

INSULIN HUMAN BIOSYNTHETIC 30% & ISOPHANE 70%

1424	1000U/10mL Inj Susp-10mL Pk			15.5100
	00795879	Humulin 30/70	LIL	15.5100

1425	100U/mL Inj Susp-5X3mL Pk			32.1600
	09853855	Humulin 30/70	LIL	32.1600

INSULIN LISPRO & INSULIN LISPRO PROTAMINE

1426	25% & 75% Inj Susp-3mL Pk			9.2000
	02240294	Humalog Mix25	LIL	9.2000

Reason for Use Code	Clinical criteria
226	For insulin requiring diabetics using multiple doses of regular insulin (greater or equal to 3 injections per day) and experiencing recurrent hypoglycemia or poor glycemic control.

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

68:00 HORMONES AND SUBSTITUTES

68:24:00 PARATHYROID AGENTS

CALCITONIN SALMON					
1427	50IU/0.5mL Inj Sol-0.5mL Pk				3.9100
	01940376 Caltine 50		FEI		3.9100
1428	100IU/mL Inj Sol-1mL Pk				7.8200
	02007134 Caltine 100		FEI		7.8200
1429	400IU/2mL Inj Sol-2mL Pk				41.6700
	01926691 Calcimar		AVE		41.6700

68:28:00 PITUITARY AGENTS

DESMOPRESSIN ACETATE					
1430	0.1mg/mL Nas Sol-2.5mL Pk				47.2000
	00402516 DDAVP		FEI		47.2000
1431	1.5mg/mL Nas Sp-2.5mL Pk				386.0000
	02237860 Octostim		FEI		386.0000
1432	10mcg/Met Dose Nas Sp-2.5mL Pk				33.0400
	00836362 DDAVP		FEI		47.2000
	02242465 Apo-Desmopressin		APX		33.0400
1433	0.1mg Tab				1.3217
	00824305 DDAVP		FEI		1.3217
1434	0.2mg Tab				2.6434
	00824143 DDAVP		FEI		2.6434

68:32:00 PROGESTOGENS AND ORAL CONTRACEPTIVES

DESOGESTREL & ETHINYL ESTRADIOL					
1435	0.15mg & 0.03mg Tab-21 Pk				11.7300
	02042487 Marvelon 21		ORG		11.7300
1436	0.15mg & 0.03mg Tab-21 Pk				10.8500
	02042541 Ortho-Cept		JNO		10.8500
1437	0.15mg & 0.03mg Tab-28 Pk				11.7300
	02042479 Marvelon 28		ORG		11.7300
1438	0.15mg & 0.03mg Tab-28Pk				10.8500
	02042533 Ortho-Cept		JNO		10.8500

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

68:00 HORMONES AND SUBSTITUTES

68:32:00 PROGESTOGENS AND ORAL CONTRACEPTIVES

ETHINYL ESTRADIOL & ETHYNODIOL DIACETATE

1439	0.03mg & 2mg Tab-21 Pk				11.2985
	00469327	Demulen 30	SEA		11.2985
1440	0.03mg & 2mg Tab-28 Pk				12.0890
	00471526	Demulen 30	SEA		12.0890

ETHINYL ESTRADIOL & LEVONORGESTREL

1441	20mcg & 100mcg Tab-21 Pk				11.5000
	02236974	Alesse	WAY		11.5000
1442	20mcg & 100mcg Tab-28 Pk				11.5000
	02236975	Alesse	WAY		11.5000
1443	3 Phase Tab-21 Pk				11.3300
	02043726	Triphasil	WAY		11.3300
1444	0.03mg & 0.15mg Tab-21 Pk				11.2800
	02042320	Min-Ovral	WAY		11.2800
1445	3 Phase Tab-21 Pk				10.7800
	00707600	Triquilar 21	BEX		10.7800
1446	3 Phase Tab-28 Pk				11.3300
	02043734	Triphasil	WAY		11.3300
1447	0.03mg & 0.15mg Tab-28 Pk				11.2800
	02042339	Min-Ovral	WAY		11.2800
1448	3 Phase Tab-28 Pk				10.7800
	00707503	Triquilar 28	BEX		10.7800

ETHINYL ESTRADIOL & NORETHINDRONE ACETATE

1449	0.02mg & 1mg Tab-21 Pk				11.6814
	00315966	Minestrin 1/20	PFI		11.6814
1450	0.03mg & 1.5mg Tab-21 Pk				11.6820
	00297143	Loestrin 1.5/30	PFI		11.6820
1451	0.02mg & 1mg Tab-28 Pk				11.6814
	00343838	Minestrin 1/20	PFI		11.6814
1452	0.03mg & 1.5mg Tab-28 Pk				11.6820
	00353027	Loestrin 1.5/30	PFI		11.6820

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

68:00 HORMONES AND SUBSTITUTES

68:32:00 PROGESTOGENS AND ORAL CONTRACEPTIVES

ETHINYL ESTRADIOL & NORETHINDRONE

1453	0.035mg & 0.5mg Tab-21 Pk 00317047	Ortho 0.5/35	OMC	10.8500 10.8500
1454	0.035mg & 1mg Tab-21 Pk 00372846	Ortho 1/35	OMC	10.8500 10.8500
1455	3 Phase Tab-21 Pk 00602957	Ortho 7/7/7	OMC	10.8500 10.8500
1456	0.035mg & 0.5mg Tab-21 Pk 02187086	Brevicon	SEA	10.3600 10.3600
1457	0.035mg & 1mg Tab-21 Pk 02189054	Brevicon 1/35	SEA	10.3600 10.3600
1458	3 Phase Tab-21 Pk 02187108	Synphasic	SEA	10.2200 10.2200
1459	0.035mg & 0.5mg Tab-28 Pk 00340731	Ortho 0.5/35	OMC	10.8500 10.8500
1460	0.035mg & 1mg Tab-28 Pk 00372838	Ortho 1/35	OMC	10.8500 10.8500
1461	3 Phase Tab-28 Pk 00602965	Ortho 7/7/7	OMC	10.8500 10.8500
1462	0.035mg & 0.5mg Tab-28 Pk 02187094	Brevicon	SEA	10.3600 10.3600
1463	0.035mg & 1mg Tab-28 Pk 02189062	Brevicon 1/35	SEA	10.3600 10.3600
1464	3 Phase Tab-28 Pk 02187116	Synphasic	SEA	10.2200 10.2200

ETHINYL ESTRADIOL & NORGESTREL

1465	0.05mg & 0.25mg Tab-21 Pk 02043033	Ovral	WAY	11.6900 11.6900

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

68:00 HORMONES AND SUBSTITUTES

68:32:00 PROGESTOGENS AND ORAL CONTRACEPTIVES

ETHINYL ESTRADIOL & NORGESTREL

1466	0.05mg & 0.25mg Tab-28 Pk				11.6900
	02043041	Ovral	WAY		11.6900

LEVONORGESTREL

1467	52mg Insert				290.0000
	02243005	Mirena	BEX		290.0000
1468	36mg Subdermal Implant				450.0000
	02060590	Norplant System Kit	WAY		450.0000
1469	0.75mg Tab-2 Tabs Pk				15.9500
	02241674	Plan B	WCC		15.9500

MEDROXYPROGESTERONE ACETATE

1470	150mg/mL Inj				24.9500
	00585092	Depo-Provera	PHA		24.9500
1471	50mg/mL Inj Sol-5mL Pk				23.2600
	00030848	Depo-Provera	PHA		23.2600
1472	2.5mg Tab				.0794
	00708917	Provera	UPJ		.1260
	02148552	Alti-MPA	ALT		.0794
	02221284	Novo-Medrone	NOP		.0794
	02229838	Gen-Medroxy	GEN		.0794
	02244726	+ Apo-Medroxy	APX		.0794
1473	5mg Tab				.1569
	00030937	Provera	UPJ		.2492
	02148560	Alti-MPA	ALT		.1569
	02221292	Novo-Medrone	NOP		.1569
	02229839	Gen-Medroxy	GEN		.1569
	02244727	+ Apo-Medroxy	APX		.1569
1474	10mg Tab				.3169
	00729973	Provera	UPJ		.5031
	02148579	Alti-MPA	ALT		.3169
	02221306	Novo-Medrone	NOP		.3169
	02229840	Gen-Medroxy	GEN		.3169

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

68:00 HORMONES AND SUBSTITUTES

68:32:00 PROGESTOGENS AND ORAL CONTRACEPTIVES

MEDROXYPROGESTERONE ACETATE

1475	10mg Tab				.5031
	02010933	Provera-Pak	UPJ		.5031
1476	100mg Tab				1.2204
	00030945	Provera	UPJ		1.2204

MESTRANOL & NORETHINDRONE

1477	0.05mg & 1mg Tab-21 Pk				10.8500
	00022608	Ortho-Novum 1/50	OMC		10.8500

NORETHINDRONE

1478	0.35mg Tab-28 Pk				10.8500
	00037605	Micronor	OMC		10.8500

NORGESTIMATE & ETHINYL ESTRADIOL

1479	3 Phase Tab-21 Pk				10.8500
	02028700	Tri-Cyclen	JNO		10.8500
1480	0.25mg & 0.035mg Tab-21 Pk				10.8500
	01968440	Cyclen	OMC		10.8500
1481	3 Phase Tab-28 Pk				10.8500
	02029421	Tri-Cyclen	JNO		10.8500
1482	0.25mg & 0.035mg Tab-28 Pk				10.8500
	01992872	Cyclen	OMC		10.8500

68:36:00 THYROIDS

LEVOTHYROXINE (SODIUM)

1483	0.025mg Tab				.0515
	02172062	Synthroid	KNO		.0515
1484	0.05mg Tab				.0249
	02172070	Synthroid	KNO		.0385
	02213192	Eltroxin	GLW		.0249

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

68:00 HORMONES AND SUBSTITUTES

68:36:00 THYROIDS

LEVOTHYROXINE (SODIUM)

1485	0.075mg Tab 02172089	Synthroid	KNO	.0556 .0556
1486	0.088mg Tab 02172097	Synthroid	KNO	.0556 .0556
1487	0.1mg Tab 02172100 02213206	Synthroid Eltroxin	KNO GLW	.0305 .0512 .0305
1488	0.112mg Tab 02171228	Synthroid	KNO	.0587 .0587
1489	0.125mg Tab 02172119	Synthroid	KNO	.0597 .0597
1490	0.15mg Tab 02172127 02213214	Synthroid Eltroxin	KNO GLW	.0339 .0550 .0339
1491	0.175mg Tab 02172135	Synthroid	KNO	.0638 .0638
1492	0.2mg Tab 02172143 02213222	Synthroid Eltroxin	KNO GLW	.0359 .0587 .0359
1493	0.3mg Tab 02172151 02213230	Synthroid Eltroxin	KNO GLW	.0549 .0800 .0549

THYROID

1494	30mg Tab 00023949	Thyroid	PDA	.0354 .0354
1495	60mg Tab 00023957	Thyroid	PDA	.0440 .0440
1496	125mg Tab 00023965	Thyroid	PDA	.0561 .0561

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

68:00 HORMONES AND SUBSTITUTES

68:38:00 ANTI-THYROIDS

METHIMAZOLE

1497	5mg Tab				.1145
	00015741	Tapazole		LIL	.1145

PROPYLTHIOURACIL

1498	50mg Tab				.1145
	00010200	# Propyl-Thyracil		FRS	.1145
1499	100mg Tab				.1792
	00010219	# Propyl-Thyracil		FRS	.1792

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

76:00 OXYTOCICS

ERGONOVINE MALEATE

1500	0.2mg Tab				.2580
	00015709	Ergotrate	LIL		.2580

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04:04 ANTI-INFECTIVES ANTIBIOTICS

BACITRACIN

1501	500U/g Oint				.0994
	00031046	Baciguent		UPJ	.1540
	02060833	Bacitracin		SHI	.0994

ERYTHROMYCIN & ETHYL ALCOHOL

1502	2% & 44% Top Sol				.1398
	01902628	Sans-Acne		GAC	.1398

ERYTHROMYCIN

1503	1.5% Lot				.1535
	01910086	Staticin		WSQ	.1535

FUSIDIC ACID

1504	2% Cr				.5618
	00586668	Fucidin		LEO	.5618

MUPIROCIN

1505	2% Cr				.4933
	02239757	Bactroban		SMJ	.4933
1506	2% Oint				.4963
	01916947	Bactroban		SMJ	.4963

NEOMYCIN SULFATE

1507	0.5% Oint				.1792
	00031070	Myciguent		UPJ	.1792

SODIUM FUSIDATE

1508	2% Oint				.5618
	00586676	Fucidin		LEO	.5618

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04:08 ANTI-INFECTIVES FUNGICIDES

Note: Due to its efficacy and significantly lower cost, clotrimazole should be the first line of treatment for Tinea corporis and cruris. In Tinea pedis, topical terbinafine should be considered the first line of treatment due to its efficacy and lower rate of relapse.

CLOTRIMAZOLE

1509	10mg/g Cr				.0884
	00812382	Clotrimaderm	TAR		.0884
	02131676	Myclo-Derm	BOE		.1140
	02150867	Canesten	BAY		.0884
	02230447	# Scheinpharm Clotrimazole	SCE		.0884
1510	500mg & 1% Tab & Cr				10.4100
	02150948	Canesten 1-Combi Pak	BAY		10.4100
1511	10mg/mL Top Sol				.2690
	02131668	Myclo-Derm	BOE		.2690
	02150875	Canesten	BAY		.2690
1512	10mg/g Vag Cr-App				.1750
	00812366	Clotrimaderm Vaginal Cream	TAR		.1750
	02131641	Myclo-Gyne	BOE		.1812
	02150891	Canesten	BAY		.1812
1513	20mg/g Vag Cr-App				.3500
	00812374	Clotrimaderm Vaginal Cream	TAR		.3500
	02150905	Canesten 3	BAY		.3624
1514	100mg Vag Tab				1.5100
	02131633	Myclo-Gyne	BOE		1.5100
	02150832	Canesten	BAY		1.5100
1515	200mg Vag Tab				3.0200
	02130211	Canesten 3	MIT		3.0200
1516	500mg Vag Tab				9.0600
	02130203	Canesten 1	MIT		9.0600

ECONAZOLE NITRATE

1517	1% Cr				.4167
	02011948	Ecostatin	WSQ		.4167
1518	150mg Vag Sup				5.5933
	02010267	Ecostatin	WSQ		5.5933

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04:08 ANTI-INFECTIVES FUNGICIDES

Note: Due to its efficacy and significantly lower cost, clotrimazole should be the first line of treatment for Tinea corporis and cruris. In Tinea pedis, topical terbinafine should be considered the first line of treatment due to its efficacy and lower rate of relapse.

FLUCONAZOLE

1519	150mg Cap				10.2060
	02141442	Diffucan-150	PFI		14.5800
	02241895	Apo-Fluconazole-150	APX		10.2060
	Reason for Use Code	Clinical criteria			
	235	For the treatment of vaginal candidiasis. Dose: 150mg orally once daily for 1 day.			
		NOTE: Repeats within a 25 day period will not be reimbursed.			

KETOCONAZOLE

1520	2% Cr				.4530
	00703974	Nizoral	JAN		.4530

MICONAZOLE NITRATE

1521	2% Cr				.2970
	00497797	Monistat Derm	OMC		.2970
	02085852	Micatin	MCL		.2970
1522	2% Vag Cr-App 35g Pk				9.7800
	02084309	Monistat 7	MCL		9.7800
1523	400mg Vag Sup				3.2600
	02126605	Monistat 3	MCL		3.2600
1524	2% Cr-9g & 400mg Vag Sup-3 Pk				11.2200
	02126249	Monistat 3 Dual Pak	MCL		11.2200
1525	100mg Vag Sup-7 Pk				9.7800
	02084295	Monistat 7	MCL		9.7800

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04:08 ANTI-INFECTIVES FUNGICIDES

Note: Due to its efficacy and significantly lower cost, clotrimazole should be the first line of treatment for Tinea corporis and cruris. In Tinea pedis, topical terbinafine should be considered the first line of treatment due to its efficacy and lower rate of relapse.

NYSTATIN

1526	100000U/g Cr				.0700
	00029092	Mycostatin (Not a Benefit)	BQU		
	00288217	Nadostine	NDA		.1167
	00716871	Nyaderm	TAR		.0700
	02194236	Nilstat	TCH		.0700

Note: Nystatin is not effective in the treatment of Dermatophyte infections or Tinea versicolor.

1527	100000U/g Oint				.0903
	00029556	Mycostatin (Not a Benefit)	BQU		
	00288195	Nadostine	NDA		.1534
	00716898	Nyaderm	TAR		.0903
	02194228	Nilstat	TCH		.0903

Note: Nystatin is not effective in the treatment of Dermatophyte infections or Tinea versicolor.

1528	25000U/g Vag Cr				.0492
	00288209	Nadostine	NDA		.0506
	00295973	Mycostatin (Not a Benefit)	BQU		
	00716901	Nyaderm	TAR		.0492

1529	100000U/g Vag Cr				.2553
	02194163	Nilstat	TCH		.2553

1530	100000U Vag Tab				.1500
	00270091	Nadostine	NDA		.1553
	02194171	Nilstat	TCH		.1500

TERBINAFINE HCL

1531	1% Cr				.4500
	02031094	Lamisil	NOV		.4500

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04:08 ANTI-INFECTIVES FUNGICIDES

Note: Due to its efficacy and significantly lower cost, clotrimazole should be the first line of treatment for *Tinea corporis* and *cruris*. In *Tinea pedis*, topical terbinafine should be considered the first line of treatment due to its efficacy and lower rate of relapse.

TERCONAZOLE

1532	0.4% Cr				.3894
	00894729	Terazol 7	OMC		.3894
1533	80mg Vag Ovule				5.8407
	00894710	Terazol 3	OMC		5.8407

TIOCONAZOLE

1534	1% Cr				.4476
	00657395	Trosyd	PFI		.4476

84:04:12 ANTI-INFECTIVES PARASITICIDES

Note: All close contacts of patients with scabies should be treated regardless of symptoms to avoid reinfestation and unnecessary repeated treatments. The scabicide should be applied to all the skin from the neck down. Young children, the elderly and immunosuppressed patients may also require treatment of the head and scalp.

ESDEPALLETHRIN & PIPERONYL BUTOXIDE

1535	0.63% & 5.04% Aero Spray				.0800
	02229874	Scabene	MET		.0800

LINDANE (GAMMA BENZENE HEXACHLORIDE)

1536	1% Shampoo				
	00026220	Kwellada (Not a Benefit)	RCA		
	00703605	PMS-Lindane (Not a Benefit)	PMS		

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04:12 ANTI-INFECTIVES PARASITICIDES

Note: All close contacts of patients with scabies should be treated regardless of symptoms to avoid reinfestation and unnecessary repeated treatments. The scabicide should be applied to all the skin from the neck down. Young children, the elderly and immunosuppressed patients may also require treatment of the head and scalp.

PERMETHRIN

1537	5% Cr				.4600
	02219905	Nix Dermal Cream	GLW		.4600
	Reason for Use Code	Clinical criteria			
	311	For the treatment of patients who have failed on a less costly listed alternative.			

1538	1% Cr Rinse				.0955
	00771368	Nix	BWE		.0955

1539	1% Cr Rinse				.0780
	02231480	Kwellada-P	RCA		.0780

1540	5% Lot				.2484
	02231348	Kwellada-P	RCA		.2484

PIPERONYL BUTOXIDE & BIOALLETHRIN

1541	4.4% & 1.1% Shampoo				.0614
	00796492	Para Special Lice	MET		.0614

1542	2.64% & 0.66% Sp-90g Pk				7.6410
	00899992	Para Special Lice	MET		7.6410

PYRETHRINS PIPERONYL BUTOXIDE & PETROLEUM DISTILLATE

1543	0.3% & 3% & 1.2% Top Sol				.0723
	02125447	R & C Shampoo/Conditioner	RCA		.0723

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04:16 ANTI-INFECTIVES OTHER ANTI-INFECTIVES

METRONIDAZOLE & NYSTATIN

1544	500mg & 100000U/g	Vag Cr-App			.4058
	01926845	Flagystatin	AVE		.4058
1545	500mg & 100000U	Vag Sup			2.2318
	01926829	Flagystatin	AVE		2.2318
1546	500mg & 100000U	Vag Tab-App			2.2318
	01926837	# Flagystatin	RPP		2.2318

METRONIDAZOLE

1547	0.75% Cr				.4933
	02226839	MetroCream	GAC		.4933
1548	1% Cr				.4937
	02242919	Rosasol	STI		.4937
1549	1% Top Cr				.4937
	02156091	Noritate	DER		.4937
1550	0.75% Top Gel				.5810
	02092832	Metrogel	DPL		.5810
1551	10% Vag Cr-App				.2017
	01926861	Flagyl	AVE		.2017
1552	500mg Vag Tab-App				.4420
	01926888	Flagyl	RPP		.4420

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04:16 ANTI-INFECTIVES OTHER ANTI-INFECTIVES

POVIDONE - IODINE

1553	*10% Top Sol				
	00158348	Betadine (Not a Benefit)	PFP		
	00172944	Proviiodine (Not a Benefit)	ROG		
1554	10% Vag Gel				
	00026034	Betadine (Not a Benefit)	PFP		
	00026611	Proviiodine (Not a Benefit)	ROG		
1555	10% Vag Sol				
	00026093	Betadine (Not a Benefit)	PFP		
	00252824	Proviiodine (Not a Benefit)	ROG		

SILVER SULFADIAZINE

1556	1% Cr				.1320
	00323098	Flamazine	SNE		.1320
1557	1% Cr-50g Pk				10.9600
	09854037	Flamazine	SNE		10.9600

SULFANILAMIDE & AMINACRINE HCL & ALLANTOIN

1558	Vag Cr				.2528
	02103036	AVC	HMR		.2528

84:06:00 ANTI-INFLAMMATORY

AMCINONIDE

1559	0.1% Cr				.3910
	02192284	Cyclocort	STI		.3910
1560	0.1% Lot				.3246
	02192276	Cyclocort	STI		.3246
1561	0.1% Oint				.3910
	02192268	Cyclocort	STI		.3910

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06:00 ANTI-INFLAMMATORY

BECLOMETHASONE DIPROPIONATE

1562	0.025% Cr				.4038
	02089602	Propaderm	SHI		.4038
1563	0.025% Lot				.3650
	02089610	Propaderm	SHI		.3650
1564	0.025% Oint				.4038
	01927957	Propaderm	GLA		.4038

BETAMETHASONE BENZOATE

1565	0.025% Gel				.3857
	00335347	Beben	PDA		.3857

BETAMETHASONE DIPROPIONATE IN A BASE CONTAINING PROPYLENE GLYCOL

1566	0.05% Oint				.5186
	00629367	Diprolene	SCH		.5186
	00849669	Topilene Glycol Ointment	TCH		.5186

Note: No more than 50 grams per week of ultrapotent steroids for a maximum of 2 weeks is recommended.

BETAMETHASONE DIPROPIONATE IN PROPYLENE GLYCOL BASE

1567	0.05% Cr				.5186
	00688622	Diprolene Glycol	SCH		.5186
	00849650	Topilene Glycol Cream	TCH		.5186

Note: No more than 50 grams per week of ultrapotent steroids for a maximum of 2 weeks is recommended.

BETAMETHASONE DIPROPIONATE

1568	0.05% Cr				.2048
	00323071	Diprosone	SCH		.2048
	01925350	TARO-SONE	TAR		.2048

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06:00 ANTI-INFLAMMATORY

BETAMETHASONE DIPROPIONATE

1569	0.05% Lot				.1980
	00417246	Diprosone	SCH		.1980
	00809187	Topisone	TCH		.1980
	01944444	TARO-SONE	TAR		.1980
1570	0.05% Oint				.2152
	00344923	Diprosone	SCH		.2152
	00805009	Topisone	TCH		.2152
	01944436	TARO-SONE	TAR		.2152

BETAMETHASONE VALERATE

1571	0.05% Cr				.0153
	00011916	Betnovate-1/2 (Not a Benefit)	GLA		
	00027898	Celestoderm-V/2	SCH		.0153
	00535427	Ectosone Mild	TCH		.0153
	00716618	Betaderm	TAR		.0153
1572	0.1% Cr				.0228
	00011924	Betnovate (Not a Benefit)	GLA		
	00027901	Celestoderm-V	SCH		.0228
	00535435	Ectosone Regular	TCH		.0228
	00716626	Betaderm	TAR		.0228
1573	0.05% Lot				.1900
	00653209	Ectosone Mild	TCH		.1900
	02100185	Betnovate-1/2 (Not a Benefit)	RBT		
1574	0.1% Lot				.2500
	00750050	Ectosone Regular	TCH		.2500
	02100193	Betnovate	SHI		.2500
1575	0.05% Oint				.0153
	00012378	Betnovate-1/2 (Not a Benefit)	GLA		
	00028355	Celestoderm-V/2	SCH		.0153
	00716642	Betaderm	TAR		.0153

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06:00 ANTI-INFLAMMATORY

BETAMETHASONE VALERATE

1576	0.1% Oint				.0228
	00012386	Betnovate (Not a Benefit)	GLA		
	00028363	Celestoderm-V	SCH		.0228
	00716650	Betaderm	TAR		.0228
1577	0.1% Scalp Lot				.0853
	00027944	Valisone	SCH		.0853
	00653217	Ectosone	TCH		.0853
	00716634	Betaderm	TAR		.0853
	00726486	Betamethasone Valerate	PHR		.0867

CLOBETASOL PROPIONATE

Note: No more than 50 grams per week of ultrapotent steroids for a maximum of 2 weeks is recommended.

1578	0.05% Cr				.4067
	00878723	# Clobetasol Propionate	KNR		.4067
	01910272	Dermasone	TCH		.4067
	02024187	Gen-Clobetasol	GEN		.4067
	02093162	Novo-Clobetasol	NOP		.4067
	02213265	Dermovate	OPI		.6512
	02232191	PMS-Clobetasol	PMS		.4067
	02245523	+ Clobetasol Propionate	OPI		.4067
1579	0.05% Oint				.4067
	00881678	# Clobetasol Propionate	KNR		.4067
	01910280	Dermasone	TCH		.4067
	02026767	Gen-Clobetasol	GEN		.4067
	02126192	Novo-Clobetasol	NOP		.4067
	02213273	Dermovate	OPI		.6512
	02232193	PMS-Clobetasol	PMS		.4067
	02245524	+ Clobetasol Propionate	OPI		.4067
1580	0.05% Scalp Lot				.3565
	00878707	# Clobetasol Propionate	KNR		.3565
	01910299	Dermasone	TCH		.3565
	02213281	Dermovate	OPI		.5685
	02216213	Gen-Clobetasol	GEN		.3565
	02232195	PMS-Clobetasol	PMS		.3565
	02245522	+ Clobetasol Propionate	OPI		.3565

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06:00 ANTI-INFLAMMATORY

CLOBETASONE BUTYRATE

1581	0.05% Cr				.3817
	02214415	Eumovate	GLW		.3817
1582	0.05% Oint				.3817
	02214423	Eumovate	GLW		.3817

DESONIDE

1583	0.05% Cr				.2610
	02048639	Desocort	GAC		.2900
	02154862	Tridesilon	BAH		.3880
	02229315	PMS-Desonide	PMS		.2610
1584	0.05% Lot				.1450
	02115514	Desocort	GAC		.1450
1585	0.05% Oint				.2610
	02115522	Desocort	GAC		.2900
	02154870	Tridesilon	BAH		.3867
	02229323	PMS-Desonide	PMS		.2610

DIFLORASONE DIACETATE

1586	0.05% Cr				.3063
	00481807	Florone	UPJ		.3063
1587	0.05% Oint				.3063
	00481793	Florone	UPJ		.3063

DIFLUCORTOLONE VALERATE

1588	0.1% Cr				.3633
	00587826	Nerisone	STI		.3633
1589	0.1% Oily Cr				.3633
	00587818	Nerisone	STI		.3633
1590	0.1% Oint				.3633
	00587834	Nerisone	STI		.3633

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06:00 ANTI-INFLAMMATORY

FLUMETHASONE PIVALATE

1591	0.03% Cr				.6200
	00005134	# Locacorten	CIB		.6200

FLUOCINOLONE ACETONIDE

1592	0.01% Cr				.0428
	00030414	Synalar Mild	SYN		.2387
	00716782	Fluoderm	TAR		.0428
1593	0.025% Cr				.0533
	00030422	Synalar Regular	SYN		.4045
	00716790	Fluoderm	TAR		.0533
1594	0.01% Emol Cr				.2495
	00424927	Synamol Mild	SYN		.2495
1595	0.025% Emol Cr				.4110
	00424935	Synamol Regular	SYN		.4110
1596	0.01% Oint				.2495
	00030392	Synalar Mild	SYN		.2495
1597	0.01% Oint				.0476
	00716804	Fluoderm	TAR		.0476
1598	0.025% Oint				.4110
	02162512	Synalar Regular	MEC		.4110
1599	0.025% Oint				.0587
	00716812	Fluoderm	TAR		.0587
1600	0.01% Top Sol				.3903
	02162504	Synalar Solution	MEC		.3903

FLUOCINONIDE & PROCINONIDE & CIPROCINONIDE

1601	Emol Cr				.3256
	00781371	Trisyn	BAK		.3256

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06:00 ANTI-INFLAMMATORY FLUOCINONIDE

1602	0.05% Cr				.2617
	00716863	Lyderm	OPI		.2617
	02161923	Lidex	MEC		.4400
1603	0.05% Emol Cr				.2433
	00598933	Tiamol	OPI		.2433
	02163152	Lidemol	MEC		.4668
1604	0.05% Gel				.3418
	02161974	Topsyn	MEC		.4883
	02236997	Lyderm	OPI		.3418
1605	0.05% Oint				.3370
	02161966	Lidex	MEC		.4816
	02236996	Lyderm	OPI		.3370

HALCINONIDE

1606	0.025% Cr				.2430
	00404179	Halog Mild	WSQ		.2430
1607	0.1% Cr				.3898
	02011921	Halog	WSQ		.3898
1608	0.1% Oint				.3898
	02010283	Halog	WSQ		.3898
1609	0.1% Sol				.4013
	02010291	Halog	WSQ		.4013

HYDROCORTISONE & UREA

1610	1% & 10% Cr				.1533
	00364134	Calmurid-HC	GAC		.1533

HYDROCORTISONE ACETATE & UREA

1611	1% & 10% Cr				.1618
	00503134	Uremol-HC	TCD		.1618
1612	1% & 10% Lot				.0894
	00560022	Uremol-HC	TCD		.0894

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84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06:00 ANTI-INFLAMMATORY

HYDROCORTISONE ACETATE

1613	1% Cr				.0182
	00477699	Corticare (Not a Benefit)	ROG		
	00716839	Hyderm	TAR		.0182

HYDROCORTISONE VALERATE

1614	0.2% Cr				.1212
	01910124	Westcort	WSQ		.1212
	02242984	Hydroval	TAR		.1212
1615	0.2% Oint				.1212
	01910132	Westcort	WSQ		.1212
	02242985	Hydroval	TAR		.1212

HYDROCORTISONE

1616	0.5% Cr				.0150
	00228079	Hydrocortisone	SDR		.0170
	00513288	Cortate	SCH		.0189
	00551953	Hydrocortisone	DCL		.0150
1617	1% Cr				.0182
	00192597	Emo-Cort	TCD		.1582
	00228087	Hydrocortisone	SDR		.0204
	00502200	Cortate	SCH		.0182
	00551945	Hydrocortisone	DCL		.0182
1618	2.5% Cr				.1837
	00595799	Emo-Cort	TCD		.1837
1619	1% Lot				.1461
	00192600	Emo-Cort	TCD		.1461
1620	2.5% Lot				.1933
	00595802	Emo-Cort	TCD		.1933
1621	0.5% Oint				.0166
	00093637	Hydrocortisone	DCL		.0166
	00513261	Cortate	SCH		.0189
	00716685	Cortoderm	TAR		.0166
1622	1% Oint				.0195
	00093645	Hydrocortisone	DCL		.0195
	00502197	Cortate	SCH		.0195
	00716693	Cortoderm	TAR		.0195

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06:00 ANTI-INFLAMMATORY

METHYLPREDNISOLONE

1623	0.25% Cr				.2040
	00031062	Medrol	UPJ		.2040

MOMETASONE FUROATE

1624	0.1% Cr				.5542
	00851744	Elocom	SCH		.5542
1625	0.1% Lot				.3979
	00871095	Elocom	SCH		.3979
1626	0.1% Oint				.5542
	00851736	Elocom	SCH		.5542

TRIAMCINOLONE ACETONIDE 0.1% IN ORABASE

1627	Oral Top Oint				.9110
	01964054	Oracort	TAR		.9110
	01999788	Kenalog-Orabase	WSQ		1.2147

TRIAMCINOLONE ACETONIDE

1628	0.025% Cr				.0353
	00716952	Triaderm	TAR		.0353
	02194074	Aristocort D	STI		.0353
1629	0.1% Cr				.0533
	00029114	Kenalog (Not a Benefit)	WSQ		
	00716960	Triaderm	TAR		.0533
	02194058	Aristocort R	STI		.0844
1630	0.1% Oint				.0826
	01999796	Kenalog	WSQ		.3003
	02194031	Aristocort R	STI		.0826

84:24:00 EMOLLIENTS, DEMULCENTS AND PROTECTANTS

ZINC OXIDE

1631	*15% Oint				
	00093661	Zinc Oxide (Not a Benefit)	DCL		
	00178969	Zinc Oxide (Not a Benefit)	SDR		

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:28:00 KERATOLYTIC AGENTS

ANTHRALIN

1632	0.1% Cr				.2246
	00537594	Anthranol	MEI		.2246
1633	0.2% Cr				.2368
	00537608	Anthranol	MEI		.2368
1634	0.4% Cr				.2476
	00537616	Anthranol	MEI		.2476
1635	1% Oint				.3058
	00566756	Anthraforte 1	MEI		.3058
1636	2% Oint				.3226
	00566748	Anthraforte 2	MEI		.3226
1637	3% Oint				.3370
	00617164	Anthraforte 3	STI		.3370

BENZOYL PEROXIDE IN ACETONE-CONTAINING GEL

1638	5% Gel				.1158
	00406821	AcetOxyl	STI		.1158
1639	10% Gel				.1375
	00406848	AcetOxyl	STI		.1375

BENZOYL PEROXIDE IN ALCOHOL-CONTAINING GEL

1640	5% Gel				.1058
	00263702	Panoxyl	STI		.1137
	02162113	5-Benzagel	NOV		.1058
1641	10% Gel				.1375
	00263699	Panoxyl	STI		.1375
	01937863	10-Benzagel	RPR		.1392
1642	15% Gel				.1663
	00403571	Panoxyl	STI		.1663

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:28:00 KERATOLYTIC AGENTS

BENZOYL PEROXIDE IN ALCOHOL-CONTAINING GEL

1643	20% Gel				.1792
	00373036	Panoxyl	STI		.1792

BENZOYL PEROXIDE IN WATER-BASED GEL

1644	5% Gel				.0783
	01908863	Desquam-X5	WSQ		.0783
	01925180	Benzac W5	GAC		.0987
	02214849	Panoxyl Aquagel	STI		.1137
1645	10% Gel				.0983
	01908871	Desquam-X10	WSQ		.0983
	01925997	Benzac W10	GAC		.1237
	02223856	Panoxyl Aquagel	STI		.1375
1646	20% Gel				.1792
	02223864	Panoxyl Aquagel	STI		.1792

BENZOYL PEROXIDE

1647	5% Lot				.1216
	00236063	Benoxyl	STI		.1410
	00374326	Oxyderm	ICN		.1216
1648	10% Lot				.1469
	00370568	Benoxyl	STI		.1714
	00432938	Oxyderm	ICN		.1469
1649	20% Lot				.1898
	00187585	Benoxyl	STI		.2004
	00374318	Oxyderm	ICN		.1898

SALICYLIC ACID

1650	6% Gel				.0984
	01909134	Keralyt	WSQ		.0984

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:28:00 KERATOLYTIC AGENTS

TRETINOIN & ERYTHROMYCIN

1651	0.025% & 4% Top Gel				.5200
	01905112	Stievamycin Gel	STI		.5200

TRETINOIN

1652	0.01% Cr				.2840
	00657204	Stieva-A	STI		.2840
1653	0.025% Cr				.2840
	00578576	Stieva-A	STI		.2840
1654	0.05% Cr				.2840
	00518182	Stieva-A	STI		.2840
	01926519	Vitamin A Acid	RPP		.2840
1655	0.01% Gel				.2840
	00587958	Stieva-A	STI		.2840
	01926462	Vitamin A Acid	RPP		.2840
1656	0.025% Gel				.2840
	00587966	Stieva-A	STI		.2840
1657	0.05% Gel				.2840
	01926489	Vitamin A Acid	RPP		.2840
1658	0.025% Sol				.1780
	00578568	Stieva-A	STI		.1780
1659	0.05% Top Sol				.1780
	00518174	Stieva-A	STI		.1780
	Reason for Use Code	Clinical criteria			
	269	For the treatment of acne vulgaris.			

84:32:00 KERATOPLASTIC AGENTS

COAL TAR EXTRACT

1660	2% Gel				.0729
	01909185	Estar	WSQ		.0729

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:36:00 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS

ACITRETIN

Note: This drug should be used with extreme caution in females of childbearing potential due to its teratogenicity. Effective contraception must be practised for at least 2 years following discontinuation.

1661	10mg Cap 02070847	Soriatane	HLR	1.5467 1.5467
1662	25mg Cap 02070863	Soriatane	HLR	2.7167 2.7167

CALCIPOTRIOL

1663	50mcg/g Cr 02150956	Dovonex	LEO	.6923 .6923
1664	50mcg/g Oint 01976133	Dovonex	LEO	.6923 .6923
	Reason for Use Code	Clinical criteria		
	191	For the treatment of psoriasis in patients who have failed topical corticosteroids alone, or are intolerant to topical corticosteroids.		

COLLAGENASE

1665	250U/g Oint 02063670	Santyl	KNO	2.1900 2.1900

FLUOROURACIL

1666	5% Cr 00330582	Efudex	HLR	.4240 .4240

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:36:00 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS

ISOTRETINOIN

Note: Isotretinoin is indicated for the treatment of severe nodular and/or inflammatory acne, acne conglobata and recalcitrant acne that are unresponsive to conventional therapy including systemic antibiotics. Females of childbearing potential should have a negative pregnancy test within 2 weeks prior to starting treatment. Isotretinoin should be started the second or third day of the next normal menstrual period. Effective contraception should be used for at least 1 month prior to starting isotretinoin, during treatment and for at least 1 month following discontinuation of treatment.

1667	10mg Cap				1.4766
	00582344	Accutane		HLR	1.4766
1668	40mg Cap				3.0133
	00582352	Accutane		HLR	3.0133

METHOXSALEN

1669	10mg Cap				.5436
	01946374	Oxsoralen		ICN	.5436
1670	10mg SG Cap				.4755
	00646237	UltraMOP		CDX	.4755

ZINC SULFATE

1671	*0.5% Oint				.0782
	00621447	Anuzinc		SIL	.0782
	01945939	Anusol		PDA	.0966
1672	*10mg Sup				.1700
	00621439	Anuzinc		SIL	.1700

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

86:00 SPASMOLYTICS

AMINOPHYLLINE

1673	225mg SR Tab 02014270	Phyllocontin	PFP	.1970 .1970
1674	350mg SR Tab 02014289	Phyllocontin-350	PFP	.2510 .2510

OXTRIPHYLLINE

1675	400mg LA Tab 00503436	Choledyl SA	PDA	.2260 .2260
1676	600mg LA Tab 00536709	# Choledyl SA	PDA	.2683 .2683
1677	10mg/mL O/L 00405310 00476390 00792934	# Roudiphylline Choledyl PMS-Oxtriphylline	ROG PDA PMS	.0110 .0112 .0311 .0110
1678	20mg/mL O/L 00476366 00792942	Choledyl PMS-Oxtriphylline	PDA PMS	.0229 .0334 .0229
1679	100mg Tab 00441724	Apo-Oxtriphylline	APX	.0213 .0213
1680	200mg Tab 00441732 00476412	Apo-Oxtriphylline Choledyl	APX PDA	.0242 .0242 .0422
1681	300mg Tab 00511692	Apo-Oxtriphylline	APX	.0318 .0318

THEOPHYLLINE ANHYDROUS

1682	50mg LA Cap 00551422	Somophyllin-12	FIS	.1707 .1707

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

86:00 SPASMOLYTICS

THEOPHYLLINE ANHYDROUS

1683	100mg LA Tab				.1910
	00460982	Theo-Dur	AZC		.1910
1684	200mg LA Tab				.1379
	01966243	Theolair-SR	MMH		.1379
1685	200mg LA Tab				.2124
	00460990	Theo-Dur	AZC		.2124
1686	250mg LA Tab				.2063
	01966251	Theolair-SR	MMH		.2063
1687	300mg LA Tab				.1610
	01966278	Theolair-SR	MMH		.1610
1688	300mg LA Tab				.1400
	00461008	Theo-Dur	AZC		.2572
	02230087	Novo-Theophyl SR	NOP		.1400
1689	500mg LA Tab				.3648
	01966286	Theolair-SR	MMH		.3648
1690	5.3mg/mL O/L				.0047
	00307548	Theophylline	ROG		.0055
	00532223	Theophylline (Not a Benefit)	TCH		
	00575151	PMS-Theophylline	PMS		.0047
	01966219	Theolair Alcohol Free Oral Liquid	MMH		.0191
1691	50mg SR Cap				.1683
	01926616	Slo-Bid	AVE		.1683
1692	100mg SR Cap				.1887
	01926586	Slo-Bid	AVE		.1887
1693	200mg SR Cap				.2188
	01926594	Slo-Bid	AVE		.2188
1694	300mg SR Cap				.2626
	01926608	Slo-Bid	AVE		.2626
1695	400mg SR Tab				.4570
	02014165	Uniphyl	PFP		.4570
1696	600mg SR Tab				.5534
	02014181	Uniphyl	PFP		.5534
1697	125mg Tab				.2162
	01966235	Theolair	MMH		.2162
1698	250mg Tab				.3272
	01966227	Theolair	MMH		.3272

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DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

88:00 VITAMINS

88:04:00 VITAMIN A

Note: Doses exceeding 25,000 IU daily should not be prescribed unless the deficiency is severe. The safety of doses exceeding 6,000 IU daily during pregnancy and lactation has not been established.

VITAMIN A

1699	25000IU Cap				.0450
	00021067	Vitamin A	NOP		.0450
	01937952	Aquasol A (Not a Benefit)	RPR		
1700	50000IU Cap				.0740
	00021075	Vitamin A	NOP		.0740
	01937960	Aquasol A (Not a Benefit)	RPR		

88:08:00 VITAMIN B

CYANOCOBALAMIN

1701	*1mg/mL Inj Sol-10mL Pk				3.1000
	00029165	Rubramin	BQU		8.7500
	00521515	+ Vitamin B12-1000mcg/mL	SIL		3.1000
	01987003	Cyanocobalamin	CYI		3.1000
	02052717	Cyanocobalamin	TAR		3.1000
	02229972	# Scheinpharm B12	SCE		3.1000

FOLIC ACID

1702	5mg Tab				.0060
	00014966	Folvite (Not a Benefit)	LED		
	00021466	# Novo-Folacid	NOP		.0060
	00426849	Apo-Folic	APX		.0060
	00498777	# Folic Acid	LEA		.0060

LEUCOVORIN CALCIUM

1703	5mg Tab				5.4400
	02170493	Leucovorin Calcium	WAY		5.4400

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

88:00 VITAMINS

88:08:00 VITAMIN B

NICOTINIC ACID

Note: Nicotinic acid is the most cost-effective therapy for hyperlipidemia and is tolerated in approximately 80% of patients with adequate warning about expected flushing which disappears after 5 days in most cases, and is significantly reduced with regular use of ASA.

1704	50mg Tab dpp	00268593	Niacin-ICN (Not a Benefit)	ICN	
		00274496	Novo-Niacin (Not a Benefit)	NOP	
1705	100mg Tab dpp	00268585	Niacin-ICN	ICN	.0295
					.0295

PYRIDOXINE HCL

1706	25mg Tab dpp	00232475	Vitamin B6	LEA	.0188
		00268607	Vitamin B6-ICN	ICN	.0188
		00416185	Vitamin B6 (Not a Benefit)	RPR	

THIAMINE HCL

1707	50mg Tab dpp	00268631	Vitamin B1-ICN (Not a Benefit)	ICN	
		00610267	Vitamin B1 (Not a Benefit)	LEA	

88:12:00 VITAMIN C

ASCORBIC ACID

1708	*100mg Tab	00021970	Novo-C (Not a Benefit)	NOP	
		00466646	Apo-C (Not a Benefit)	APX	
1709	*250mg Tab	00021237	Novo-C (Not a Benefit)	NOP	
		00036161	Vitamin C (Not a Benefit)	RPR	
		00094641	Ascorbic Acid (Not a Benefit)	DCL	
		00466638	Apo-C (Not a Benefit)	APX	

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

88:00 VITAMINS

88:12:00 VITAMIN C

ASCORBIC ACID

1710	*500mg Tab				
	00021997	Novo-C (Not a Benefit)	NOP		
	00036188	Vitamin C (Not a Benefit)	RPR		
	00094668	Ascorbic Acid (Not a Benefit)	DCL		
	00466611	Apo-C (Not a Benefit)	APX		
1711	1000mg Tab				
	00256862	Vitamin C (Not a Benefit)	RPR		
	00466603	Apo-C (Not a Benefit)	APX		
	00535907	Novo-C (Not a Benefit)	NOP		

88:16:00 VITAMIN D

ALFACALCIDOL

1712	0.25mcg Cap dpp				.4090
	00474517	One-Alpha	LEO		.4090
1713	1mcg Cap dpp				1.2243
	00474525	One-Alpha	LEO		1.2243

CALCITRIOL

1714	0.25mcg Cap dpp				.8790
	00481823	Rocaltrol	HLR		.8790
1715	0.5mcg Cap dpp				1.3980
	00481815	Rocaltrol	HLR		1.3980

DIHYDROTACHYSTEROL

1716	0.125mg Cap				.8590
	02017601	Hytakerol	SAO		.8590

ERGOCALCIFEROL

1717	8288IU/mL O/L				.3872
	02017598	Drisdol	SAO		.3872

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

88:00 VITAMINS

88:16:00 VITAMIN D

VITAMIN D					
1718	50000IU Cap				.2006
	00009830	Ostoforte	FRS		.2006

88:28:00 MULTIVITAMINS

HEXAVITAMINS USP					
1719	*Tab				
	00269034	Hexavitamins (Not a Benefit)	NOP		
	00701130	Apo-Hexa (Not a Benefit)	APX		

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

ALENDRONATE SODIUM

1720	10mg Tab			1.7550
	02201011	Fosamax	FRS	1.7550
1721	70mg Tab			8.8500
	02245329	+ Fosamax	FRS	8.8500
	Reason for Use Code	Clinical criteria		
		For the treatment of osteoporosis in postmenopausal women who have:		
	327	Failed to respond to etidronate: Continued loss of bone mineral density (loss of more than 3%) after two years of cyclical etidronate therapy; or		
	328	Experienced a new osteoporosis related fracture after one year of cyclical etidronate therapy; or		
	329	Experienced intractable side effects with etidronate or documented allergy, which precludes continuation with therapy.		

ALFUZOSIN HCL

1722	10mg Prolong-Rel Tab			.9500
	02245565	+ Xatral	SAS	.9500
	Reason for Use Code	Clinical criteria		
	351	For the management of benign prostatic hyperplasia where six weeks of treatment with other formulary alpha blockers (e.g., doxazosin, terazosin) have been ineffective.		
	352	For the management of benign prostatic hyperplasia where other formulary alpha blockers have produced intolerable side effects.		

ALLOPURINOL

Note: Reduce dose of mercaptopurine or azathioprine if used concomitantly. Adjust dose of allopurinol in patients with renal impairment. Allopurinol should not be used to treat patients with hyperuricemia when decreased uricosuria is the cause.

1723	100mg Tab			.0169
	00004588	Zyloprim (Not a Benefit)	BWE	
	00364282	Novo-Purol	NOP	.0169
	00402818	Apo-Allopurinol	APX	.0169
	00415731	Purinol	HOR	.0169

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

ALLOPURINOL

Note: Reduce dose of mercaptopurine or azathioprine if used concomitantly. Adjust dose of allopurinol in patients with renal impairment. Allopurinol should not be used to treat patients with hyperuricemia when decreased uricosuria is the cause.

1724	200mg Tab				.0334
	00415758	Purinol	HOR		.0334
	00479799	Apo-Allopurinol	APX		.0334
	00506370	Zyloprim (Not a Benefit)	BWE		
	00565342	Novo-Purol	NOP		.0334
1725	300mg Tab				.0411
	00294322	Zyloprim (Not a Benefit)	BWE		
	00363693	Novo-Purol	NOP		.0411
	00402796	Apo-Allopurinol	APX		.0411
	00415766	Purinol	HOR		.0411

AMANTADINE HCL

Note: Amantadine increases central and peripheral effects of anticholinergic drugs.

1726	100mg Cap				.5179
	01914006	Symmetrel (Not a Benefit)	DUP		
	01990403	PMS-Amantadine HCL	PMS		.5179
	02034468	Endantadine	DUP		.5179
	02139200	Gen-Amantadine	GEN		.5179
1727	10mg/mL O/L				.0810
	01913999	Symmetrel	DUP		.0810
	02022826	PMS-Amantadine	PMS		.0810

AZATHIOPRINE

1728	50mg Tab				.5418
	00004596	Imuran	BWE		.8600
	02231491	Gen-Azathioprine	GEN		.5418
	02236799	Alti-Azathioprine	ALT		.5418
	02236819	Novo-Azathioprine	NOP		.5418
	02242907	Apo-Azathioprine	APX		.5418

Note: Decrease dose of azathioprine to 25 -33% of initial dose if allopurinol used concomitantly.

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

BOTULINUM TOXIN TYPE A

1729	100u/Vial Pd Inj-100uVial Pk			325.0000
	01981501	Botox	ALL	325.0000
	Reason for Use Code	Clinical criteria		
	10	For the treatment of strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorders in patients 12 years of age or older.		
	130	To reduce the subjective symptoms and objective signs of cervical dystonia (spasmodic torticollis) in adults.		

BROMOCRIPTINE

1730	5mg Cap			.9711
	00568643	Parlodel	NOV	1.5415
	02230454	Apo-Bromocriptine	APX	.9711
	02236949	PMS-Bromocriptine	PMS	.9711
1731	2.5mg Tab			.5453
	00371033	Parlodel	SAN	.8655
	02087324	Apo-Bromocriptine	APX	.5453
	02231702	PMS-Bromocriptine	PMS	.5453

CLODRONATE DISODIUM TETRAHYDRATE

1732	400mg Cap			1.7500
	01984845	Bonefos	AVE	1.7500
	Reason for Use Code	Clinical criteria		
	280	For the control and prophylaxis of hypercalcemia of malignancy.		
	358	For the treatment of bony metastases in patients with breast cancer.		
	359	For the prevention and treatment of osteolytic lesions in patients with multiple myeloma.		

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92:00 UNCLASSIFIED THERAPEUTIC AGENTS

CLODRONATE DISODIUM

1733	400mg Cap				1.7523
	01927078	Ostac	HLR		1.7523
	Reason for Use Code	Clinical criteria			
	280	For the control and prophylaxis of hypercalcemia of malignancy.			
	358	For the treatment of bony metastases in patients with breast cancer.			
	359	For the prevention and treatment of osteolytic lesions in patients with multiple myeloma.			

COLCHICINE

1734	0.6mg Tab				.0730
	00000396	Colchicine	ABB		.2663
	00287873	Colchicine	ROG		.0730
1735	1mg Tab				.2084
	00206032	Colchicine	ROG		.2084

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92:00 UNCLASSIFIED THERAPEUTIC AGENTS

CYCLOSPORINE

1736	10mg Cap				.6112
	02237671	Neoral	NOV		.6112
1737	25mg Cap				1.4217
	02150689	Neoral	NOV		1.4217
1738	50mg Cap				2.7717
	02150662	Neoral	NOV		2.7717
1739	100mg Cap				3.8813
	02150670	Neoral	NOV		5.5450
	02242821	+ Rhoxal-Cyclosporine	RHO		3.8813
1740	100mg/mL O/L				4.9290
	02150697	Neoral	NOV		4.9290
	Reason for Use Code	Clinical criteria			
	177	For the treatment of psoriasis in patients who have failed, or are intolerant to, other systemic therapies, including methotrexate, acitretin or PUVA;			
	178	For the treatment of rheumatoid arthritis in patients who have failed, or are intolerant to, other systemic therapies, including Disease-Modifying Antirheumatic Drugs (DMARDs).			

DISULFIRAM

1741	250mg Tab				.3119
	02041375	# Antabuse	WAY		.3119

ETIDRONATE DISODIUM/CALCIUM CARBONATE

1742	400mg/500mg Tab-90 Tablets Kit				36.7000
	02176017	Didrocal	PGP		36.7000

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

ETIDRONATE DISODIUM

1743	200mg Tab				1.3108
	01997629	Didronel	PGP		1.3108
	Reason for Use Code	Clinical criteria			
	236	For the treatment of Paget's disease;			
	237	For the management of hypercalcemia of malignancy.			

FLUNARIZINE HCL

1744	5mg Cap				.5308
	00846341	Sibelium	PMS		.5308
	02246082	+ Apo-Flunarizine	APX		.5308
	Reason for Use Code	Clinical criteria			
	60	For patients with migraine headaches who have not responded to propranolol.			
	61	For patients who have tried propranolol and experienced significant adverse effects.			
	62	For patients in whom propranolol is contraindicated.			
	CAUTIONS: Contraindicated in patients with clinical depression and in patients with extrapyramidal disorders.				

GLUCAGON

1745	Inj Pd-1mg Pk				24.3800
	00015377	Glucagon	LIL		24.3800

GLUCAGON RDNA ORIGIN

1746	1mg/Vial Inj Pd-Vial Pk				82.1900
	02243297	+ Glucagon	LIL		82.1900

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92:00 UNCLASSIFIED THERAPEUTIC AGENTS

LACTASE ENZYME

1747	Liq-15.5mL Pk 97904163	Lactaid	MCL	11.7100 11.7100
1748	Liq-6.5mL Pk 97903981	Lactaid	MCL	6.0200 6.0200
1749	Tab 01936859	Lactaid	MCL	.1271 .1271
	Reason for Use Code	Clinical criteria		
	31	For the management of lactose intolerance which has been confirmed by history or by lactose tolerance test.		

LEFLUNOMIDE

1750	10mg Tab 02241888	Arava	AVE	9.5900 9.5900
1751	20mg Tab 02241889	Arava	AVE	9.5900 9.5900
	Reason for Use Code	Clinical criteria		
	331	For the treatment of rheumatoid arthritis in patients who have failed, or are intolerant to, one or more of the listed Disease-Modifying Anti-Rheumatic Drugs (DMARDS).		

LEVODOPA & BENSERAZIDE

1752	50mg & 12.5mg Cap 00522597	Prolopa 50-12.5	HLR	.2549 .2549
1753	100mg & 25mg Cap 00386464	Prolopa 100-25	HLR	.4200 .4200
1754	200mg & 50mg Cap 00386472	Prolopa 200-50	HLR	.7050 .7050

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92:00 UNCLASSIFIED THERAPEUTIC AGENTS

LEVODOPA & CARBIDOPA

1755	100mg & 10mg	Tab			.2365
	00355658	Sinemet	MSD		.3754
	02126176	Endo Levodopa/Carbid	DUP		.2530
	02182831	Nu-Levocarb	NXP		.2530
	02195933	Apo-Levocarb	APX		.2530
	02244494	+ Novo-Levocarbidopa	NOP		.2365
1756	100mg & 25mg	Tab			.3532
	00513997	Sinemet	MSD		.5606
	02126168	Endo Levodopa/Carbid	DUP		.3785
	02182823	Nu-Levocarb	NXP		.3785
	02195941	Apo-Levocarb	APX		.3785
	02244495	+ Novo-Levocarbidopa	NOP		.3532
1757	250mg & 25mg	Tab			.3943
	00328219	Sinemet	MSD		.6258
	02126184	Endo Levodopa/Carbid	DUP		.4225
	02182858	Nu-Levocarb	NXP		.3943
	02195968	Apo-Levocarb	APX		.3943
	02244496	Novo-Levocarbidopa	NOP		.3943

1758	100mg & 25mg	Tab			.5723
	02028786	Sinemet CR	DUP		.5723
1759	200mg & 50mg	Tab			1.0550
	00870935	Sinemet CR	DUP		1.0550
	Reason for Use Code	Clinical criteria			
	64	For patients with Parkinson's disease who have been treated with conventional therapy (Prolopa or conventional Sinemet), and experienced adverse effects related to drug level fluctuations, such as ON/OFF or wearing off phenomena.			
	65	For patients presently requiring anti-parkinsonian drug administration (levodopa/carbidopa) more than three times daily.			

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92:00 UNCLASSIFIED THERAPEUTIC AGENTS

MYCOPHENOLATE MOFETIL

1760	250mg SG Cap			2.0620
	02192748	CellCept	HLR	2.0620
1761	500mg Tab			4.1240
	02237484	CellCept	HLR	4.1240
	Reason for Use Code	Clinical criteria		
	190	For the prophylaxis of organ rejection in patients receiving allogeneic renal transplants.		
	322	For the prophylaxis of organ rejection in patients receiving allogeneic cardiac transplants.		

NEDOCROMIL SODIUM

1762	2mg/Met Dose Inh			25.7700
	02230543	Tilade	AVE	25.7700
	Reason for Use Code	Clinical criteria		
	72	As second line therapy for asthmatics who are intolerant of sodium cromoglycate.		

PERGOLIDE MESYLATE

1763	0.05mg Tab			.2480
	02123320	Permax	BJH	.2480
1764	0.25mg Tab			.9110
	02123339	Permax	BJH	.9110
1765	1mg Tab			3.1050
	02123347	Permax	BJH	3.1050

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

PHENAZOPYRIDINE HCL

Note: There is no evidence that continuing treatment with phenazopyridine beyond the first 48 hours in urinary tract infections is beneficial.

1766	100mg Tab			.1180
	00271489	Phenazo	ICN	.1180
	00476714	Pyridium	PDA	.1180
1767	200mg Tab			.1636
	00454583	Phenazo	ICN	.1636
	00476722	Pyridium	PDA	.1636

RALOXIFENE HCL

1768	60mg Tab			1.5600
	02239028	Evista	LIL	1.5600
	Reason for Use Code	Clinical criteria		
		For the treatment of osteoporosis in postmenopausal women who have:		
	327	Failed to respond to etidronate: Continued loss of bone mineral density (loss of more than 3%) after two years of cyclical etidronate therapy; or		
	328	Experienced a new osteoporosis related fracture after one year of cyclical etidronate therapy; or		
	329	Experienced intractable side effects with etidronate or documented allergy, which precludes continuation with therapy.		

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

RISEDRONATE SODIUM

1769	5mg Tab				1.6600
	02242518	Actonel	PGP		1.6600
	Reason for Use Code	Clinical criteria			
		For the treatment of osteoporosis in postmenopausal women who have:			
	327	Failed to respond to etidronate: Continued loss of bone mineral density (loss of more than 3%) after two years of cyclical etidronate therapy; or			
	328	Experienced a new osteoporosis related fracture after one year of cyclical etidronate therapy; or			
	329	Experienced intractable side effects with etidronate or documented allergy, which precludes continuation with therapy.			
1770	30mg Tab				10.7500
	02239146	Actonel	PGP		10.7500
	Reason for Use Code	Clinical criteria			
	319	For the treatment of Paget's disease.			

ROPINIROLE

1771	0.25mg Tab				.2500
	02232565	ReQuip	SMJ		.2500
1772	1mg Tab				1.0000
	02232567	ReQuip	SMJ		1.0000
1773	2mg Tab				1.1000
	02232568	ReQuip	SMJ		1.1000
1774	5mg Tab				3.1000
	02232569	ReQuip	SMJ		3.1000

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

SELEGILINE HCL

1775	5mg Tab				1.2650
	02068087	Novo-Selegiline	NOP		1.2650
	02123312	Eldepryl	BJH		2.0085
	02230641	Apo-Selegiline	APX		1.2650
	02230717	Nu-Selegiline	NXP		1.2654
	02231036	Gen-Selegiline	GEN		1.2650
	02238102	PMS-Selegiline	PMS		1.2650

SODIUM CROMOGLYCAT

1776	1% Inh Sol-2mL Pk				.4846
	00534609	# Intal	AVE		.4846
	02046113	PMS-Sodium Cromoglycate	PMS		.4846
	02219468	Gen-Cromoglycate	GEN		.4846
	02231431	Apo-Cromolyn	APX		.4846
	02231671	Nu-Cromolyn	NXP		.4846
1777	Inh-112 Dose Pk				25.1100
	00990981	Intal	FIS		25.1100
1778	Inh-200 Dose Pk				39.5000
	00555649	Intal	AVE		39.5000
1779	20mg/Cart Pd Inh				.4614
	00261238	Intal Spincaps	AVE		.4614

SODIUM FLUORIDE

1780	20mg Tab				.3245
	02099225	Fluotic	AVE		.3245
	Reason for Use Code	Clinical criteria			
	20	For the treatment of otosclerosis.			
	21	For the treatment of otospongiosis.			

+ = NEW LISTING # = BEING DISCONTINUED AS BENEFIT IN FUTURE DBP = DRUG BENEFIT PRICE
DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION
* = SUPPLIED BY GOVERNMENT PHARMACY TO RESIDENTS OF LONG-TERM CARE FACILITIES

ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

STERILE WATER FOR INJECTION

1781	Inj Sol-10mL Pk 00624721	Sterile Water (Plastic Vial)	AST	.2200

TACROLIMUS

1782	5mg/mL Amp 02176009	Prograf	FUJ	124.5000
1783	1mg Cap 02175991	Prograf	FUJ	2.4500
1784	5mg Cap 02175983	Prograf	FUJ	12.2500
	Reason for Use Code	Clinical criteria		
	173	For solid organ transplant and bone marrow transplant.		

TAMSULOSIN HCL

1785	0.4mg Cap 02238123	Flomax	BOE	.9500
	Reason for Use Code	Clinical criteria		
	351	For the management of benign prostatic hyperplasia where six weeks of treatment with other formulary alpha blockers (e.g., doxazosin, terazosin) have been ineffective.		
	352	For the management of benign prostatic hyperplasia where other formulary alpha blockers have produced intolerable side effects.		

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DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

TICLOPIDINE HCL

1786	250mg Tab				.6885
	02162776	Ticlid	HLR		1.0929
	02194422	# Alt-Ticlopidine	ALT		.6885
	02237560	Nu-Ticlopidine	NXP		.6885
	02237701	Apo-Ticlopidine	APX		.6885
	02239744	Gen-Ticlopidine	GEN		.6885
	02243327	PMS-Ticlopidine	PMS		.6885
	02243587	Rhoxal-Ticlopidine	RHO		.6885
	Reason for Use Code	Clinical criteria			
		Ticlopidine is restricted to patients with transient cerebral ischemia. Ticlopidine may be somewhat more effective than ASA in preventing fatal and non-fatal strokes. However, it is associated with neutropenia in 0.8-2.4% of patients, a serious side-effect which may be fatal. Patients on ticlopidine require blood tests every two weeks for the first three months of therapy. There have been more than 60 cases of ticlopidine associated thrombotic thrombocytopenic purpura (TTP) with 33% mortality rate. As well, there are other side-effects such as diarrhea that occurs in 12.5% of patients. Ticlopidine should be used only after careful consideration. The appropriate use of ticlopidine in the management of patients with cerebral ischemic events (TIA or stroke) is based on the following: (a) Determining that the symptoms are due to focal cerebral ischemia, and differentiating the symptoms of dizziness due to vestibular dysfunction, lightheadedness, or syncope from antihypertensive drugs or cardiac dysfunction, and from symptoms due to migraine, epilepsy, hypoglycemia, or other causes, such as tumor. (b) If investigation demonstrates that the events are caused by emboli from the heart, the patient should be treated with anticoagulants, such as warfarin. (c) If the events are due to artery-to-artery emboli from the carotid bifurcation with a severe stenosis, the patient should probably be treated with ASA and offered carotid endarterectomy if medically suitable (70% to 99% stenosis). (d) ASA should be the first line of defense for patients with TIA and threatened stroke, and after an initial stroke of any severity. (e) The only drugs other than ASA that are available as platelet inhibitors and which have been shown to be of value for such patients are ticlopidine and clopidogrel. (f) Before abandoning ASA in favour of ticlopidine, efforts should be made to improve the tolerability of ASA by reducing the dose, taking it with food, and using enteric coated ASA. Ticlopidine will be reimbursed for patients: 219 Who are known to be, or become, intolerant of ASA; 220 Where ASA is contraindicated; 221 Who continue to have TIA or stroke symptoms while being treated with ASA.			

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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION
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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

TOLTERODINE L-TARTRATE

1787	1mg Tab				.8750
	02239064	Detrol	PHA		.8750
1788	2mg Tab				.8750
	02239065	Detrol	PHA		.8750
	Reason for Use Code	Clinical criteria			
	290	For patients with urinary frequency, urgency, or urge incontinence who have failed to respond to behavioural techniques and oxybutynin has been shown to be either ineffective or resulted in unacceptable side effects.			

URSODIOL

1789	250mg Tab				1.2336
	02238984	Urso	BFI		1.2336
	Reason for Use Code	Clinical criteria			
	273	For the treatment of primary biliary cirrhosis.			

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DBP = DRUG BENEFIT PRICE

DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

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PART IV

**ALPHABETICAL INDEX OF DRUG PRODUCTS
LISTED IN PART III OF THE FORMULARY/
COMPARATIVE DRUG INDEX**

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
3TC 10mg/mL O/L	02192691	GLW	27
3TC 150mg Tab	02192683	GLW	27
5-AMINOSALICYLIC ACID			220
5-Benzagel 5% Gel	02162113	NOV	281
10-Benzagel 10% Gel	01937863	RPR	281
282 15mg Tab (Not a Benefit)	00108103	FRS	129
292 30mg Tab	00219843	FRS	129
ABACAVIR & LAMIVUDINE & ZIDOVUDINE			22
ABACAVIR SULFATE			22
ABCO Sodium Phosphate Enema 160mg & 60mg/mL Rect Sol	00528463	MMZ	212
Abenol 120mg Sup	01919385	SMJ	139
Abenol 325mg Sup	01919393	SMJ	139
Abenol 650mg Sup	01919407	SMJ	139
AC & C 15mg Tab	00095508	DCL	129
AC & C 30mg Tab	00095516	DCL	129
ACARBOSE			249
Accupril 5mg Tab	01947664	PFI	106
Accupril 10mg Tab	01947672	PFI	106
Accupril 20mg Tab	01947680	PFI	106
Accupril 40mg Tab	01947699	PFI	106
Accuretic 10mg & 12.5mg Tab	02237367	PFI	106
Accuretic 20mg & 12.5mg Tab	02237368	PFI	106
Accutane 10mg Cap	00582344	HLR	285
Accutane 40mg Cap	00582352	HLR	285
ACEBUTOLOL HCL			79
ACET 120 120mg Sup	02230434	PMS	139
ACET 325 325mg Sup	02230436	PMS	139
ACET 650 650mg Sup	02230437	PMS	139
ACETAMINOPHEN			139
Acetaminophen 325mg Tab	00589241	DPC	139
ACETAMINOPHEN & CODEINE PHOSPHATE			128
ACETAMINOPHEN COMPOUND WITH CODEINE			129
Acetaminophen Extra Strength 500mg Tab	00589233	DPC	140
ACETAZOLAMIDE			198
AcetOxyl 5% Gel	00406821	STI	281
AcetOxyl 10% Gel	00406848	STI	281
ACETYLSALICYLIC ACID			113
ACETYLSALICYLIC ACID COMPOUND WITH CODEINE			129
Acilac 666.7mg/mL O/L	00854409	TCH	223
ACITRETIN			284
Actonel 5mg Tab	02242518	PGP	303
Actonel 30mg Tab	02239146	PGP	303
Acular 0.5% Oph Sol	01968300	ALL	194
ACYCLOVIR			23

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Adalat 5mg Cap (Not a Benefit)	02155869	BAH	86
Adalat 10mg Cap (Not a Benefit)	02155877	BAH	86
Adalat PA 10 10mg LA Tab (Not a Benefit)	02155885	BAH	104
Adalat PA 20 20mg LA Tab (Not a Benefit)	02155893	BAH	104
Adalat XL 20mg ER Tab	02237618	BAH	104
Adalat XL 30mg ER Tab	02155907	BAH	104
Adalat XL 60mg ER Tab	02155990	BAH	104
Adrenalin 30mg/30mL Inj Sol-30mL Pk	00155357	PDA	57
Advair 125 25/125mcg/Metered Dose Inh-120 Dose Pk	02245126	GSK	67
Advair 250 25/250mcg/Metered Dose Inh-120 Dose Pk	02245127	GSK	67
Advair Diskus 50/100mcg Inh-60 Dose Pk	02240835	GSK	67
Advair Diskus 50/250mcg Inh-60 Dose Pk	02240836	GLW	67
Advair Diskus 50/500mcg Inh-60 Dose Pk	02240837	GLW	67
Agenerase 50mg Cap	02243541	GLW	25
Agenerase 150mg Cap	02243542	GLW	25
Agenerase 15mg/mL O/L	02243543	GLW	25
Aggrenox 200mg/25mg Cap	02242119	BOE	111
Airomir HFA 100mcg/Met Dose Inh-200 Dose Pk	02232570	MMH	65
Albalon 0.1% Oph Sol (Not a Benefit)	00001147	ALL	198
Albert-Docusate 240mg Cap	01912747	ALT	210
Albert-Glyburide 2.5mg Tab	01900927	ALT	250
Albert-Glyburide 5mg Tab	01900935	ALT	250
Albert-Oxybutynin 5mg Tab	02220067	ALT	55
Albert-Pentoxifylline 400mg SR Tab	01968432	ALT	77
Albert-Tiafen 200mg Tab	01924613	ALT	127
Albert-Tiafen 300mg Tab	01924621	ALT	127
Alcomicin 0.3% Oph Sol	00436771	ALC	190
Aldactazide-25 25mg & 25mg Tab	00180408	SEA	183
Aldactazide-50 50mg & 50mg Tab	00594377	SEA	183
Aldactone 25mg Tab	00028606	SEA	185
Aldactone 100mg Tab	00285455	SEA	185
Aldomet 125mg Tab (Not a Benefit)	00016551	MSD	103
Aldomet 250mg Tab	00016578	MSD	103
Aldomet 500mg Tab (Not a Benefit)	00016586	MSD	103
Aldoril-15 250mg & 15mg Tab (Not a Benefit)	00140589	MSD	103
Aldoril-25 250mg & 25mg Tab (Not a Benefit)	00140597	MSD	103
ALENDRONATE SODIUM			293
Alesse 20mcg & 100mcg Tab-21 Pk	02236974	WAY	257
Alesse 20mcg & 100mcg Tab-28 Pk	02236975	WAY	257
ALFACALCIDOL			291
ALFUZOSIN HCL			293
Alkeran 2mg Tab	00004715	BWE	45
Allerdryl 25mg Cap (Not a Benefit)	00370517	ICN	1
Allerdryl 50mg Cap (Not a Benefit)	00271411	ICN	1

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
ALLOPURINOL			293
Alomide 0.1% Oph Sol	00893560	ALC	194
Alphagan 0.2% Oph Sol	02236876	ALL	198
ALPRAZOLAM			158
Alprazolam 0.25mg Tab	00677485	KNR	158
Alprazolam 0.5mg Tab	00677477	KNR	158
Altace 1.25mg Cap	02221829	HMR	107
Altace 2.5mg Cap	02221837	HMR	107
Altace 5mg Cap	02221845	HMR	107
Altace 10mg Cap	02221853	HMR	107
Alti-Acyclovir 800mg Tab	02229709	ALT	24
Alti-Amloride HCTZ 5mg & 50mg Tab	02174596	ALT	181
Alti-Amiodarone 200mg Tab	02240071	ALT	79
Alti-Amoxi Clav 250mg & 125mg Tab	02243770	ALT	10
Alti-Amoxi Clav 500mg & 125mg Tab	02243771	ALT	10
Alti-Azathioprine 50mg Tab	02236799	ALT	294
Alti-Benzydamine 0.15% Oral Rinse	02230170	ALT	195
Alti-Bromazepam 1.5mg Tab	02167808	ALT	159
Alti-Bromazepam 3mg Tab	02167816	ALT	159
Alti-Bromazepam 6mg Tab	02167824	ALT	159
Alti-Captopril 12.5mg Tab	00851639	ALT	95
Alti-Captopril 25mg Tab	00851833	ALT	95
Alti-Captopril 50mg Tab	00851647	ALT	96
Alti-Captopril 100mg Tab	00851655	ALT	96
Alti-Cefuroxime 250mg Tab	02242656	ALT	17
Alti-Cefuroxime 500mg Tab	02242657	ALT	17
Alti-Clobazam 10mg Tab	02238797	ALT	141
Alti-Clonazepam 0.5mg Tab	02103656	ALT	141
Alti-Clonazepam 2mg Tab	02103737	ALT	142
Alti-CPA 50mg Tab	02229449	ALT	41
Alti-Cyclobenzaprine 10mg Tab (Not a Benefit)	02174618	ALT	69
Alti-Dexamethasone 0.5mg Tab	02240684	ALT	240
Alti-Dexamethasone 4mg Tab	02240687	ALT	241
Alti-Diltiazem 30mg Tab	00888524	ALT	84
Alti-Diltiazem 60mg Tab	00888532	ALT	84
Alti-Diltiazem CD 120mg LA Cap	02229781	ALT	82
Alti-Diltiazem CD 180mg LA Cap	02229782	ALT	83
Alti-Diltiazem CD 240mg LA Cap	02229783	ALT	83
Alti-Diltiazem CD 300mg LA Cap	02229784	ALT	83
Alti-Doxazosin Mesylate 1mg Tab	02243215	ALT	97
Alti-Doxazosin Mesylate 2mg Tab	02243216	ALT	97
Alti-Doxazosin Mesylate 4mg Tab	02243217	ALT	97
Alti-Doxepin 10mg Cap	02140071	ALT	150
Alti-Doxepin 25mg Cap	02140098	ALT	150

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Alti-Doxepin 50mg Cap	02140101	ALT	150
Alti-Doxepin 75mg Cap	02140128	ALT	150
Alti-Famotidine 20mg Tab	02242327	ALT	223
Alti-Famotidine 40mg Tab	02242328	ALT	223
Alti-Flunisolide Nasal Mist 0.025% Nas Sp-25mL Pk	00878790	ALT	193
Alti-Fluoxetine Hydrochloride 20mg Cap	02241374	ALT	151
Alti-Fluvoxamine 50mg Tab	02218453	ALT	151
Alti-Fluvoxamine 100mg Tab	02218461	ALT	151
Alti-Ipratropium 0.03% Nasal Spray	02240072	ALT	201
Alti-Ipratropium UDV 125mcg/mL Inh Sol-2mL UDV Pk	02097176	ALT	54
Alti-Ipratropium UDV 250mcg/mL Inh Sol-2mL UDV Pk	02097168	ALT	54
Alti-Metformin Hydrochloride 500mg Tab	02242974	ALT	250
Alti-Mexiletine 100mg Cap	02231690	ALT	85
Alti-Mexiletine 200mg Cap	02231692	ALT	85
Alti-Moclobemide 150mg Tab	02218410	ALT	153
Alti-Moclobemide 300mg Tab	02218429	ALT	153
Alti-MPA 2.5mg Tab	02148552	ALT	259
Alti-MPA 5mg Tab	02148560	ALT	259
Alti-MPA 10mg Tab	02148579	ALT	259
Alti-Nadolol 40mg Tab	00851663	ALT	86
Alti-Nadolol 80mg Tab	00851671	ALT	86
Alti-Nadolol 160mg Tab	00851698	ALT	86
Alti-Nortriptyline Hydrochloride 10mg Cap	02240789	ALT	154
Alti-Nortriptyline Hydrochloride 25mg Cap	02240790	ALT	154
Alti-Orciprenaline 2mg/mL O/L	02152568	ALT	61
Alti-Piroxicam 10mg Cap	02139952	ALT	125
Alti-Piroxicam 20mg Cap	02139960	ALT	125
Alti-Prazosin 1mg Tab	02139979	ALT	105
Alti-Prazosin 2mg Tab	02139987	ALT	106
Alti-Prazosin 5mg Tab	02139995	ALT	106
Alti-Salbutamol Sulphate 2mg/mL Inh Sol-2.5mL Pk	02239366	ALT	64
Alti-Sotalol 160mg Tab	02084236	ALT	89
Alti-Temazepam 15mg Cap	02243023	ALT	174
Alti-Temazepam 30mg Cap	02243024	ALT	174
Alti-Terazosin 1mg Tab	02218941	ALT	108
Alti-Terazosin 2mg Tab	02218968	ALT	108
Alti-Terazosin 5mg Tab	02218976	ALT	108
Alti-Terazosin 10mg Tab	02218984	ALT	109
Alti-Ticlopidine 250mg Tab	02194422	ALT	306
Alti-Trazodone 50mg Tab	02053187	ALT	156
Alti-Trazodone 100mg Tab	02053195	ALT	157
Alti-Trazodone 150mg Tab	02053209	ALT	157
Alti-Valproic 250mg Cap	02140047	ALT	146
Alti-Valproic 500mg Ent Cap	02140055	ALT	147

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Alti-Valproic 50mg/mL O/L	02140063	ALT	146
ALTRETAMINE			39
ALUMINUM HYDROXIDE & MAGNESIUM HYDROXIDE			207
Alupent Inh Pd-300 Dose Pk	00254134	BOE	61
Alupent 5% Inh Sol-10mL Pk	00003859	BOE	61
Alupent 2mg/mL O/L	00249920	BOE	61
Alupent 20mg Tab	00003891	BOE	61
AMANTADINE HCL			294
Amatine 2.5mg Tab	01934392	SHI	185
Amatine 5mg Tab	01934406	SHI	185
AMCINONIDE			272
AMETHOPTERIN			39
AMETHOPTERIN (SODIUM)			39
AMILORIDE HCL			181
AMILORIDE HCL & HYDROCHLOROTHIAZIDE			181
AMINOPHYLLINE			287
AMINOSALICYLATE SODIUM			20
AMIODARONE HCL			79
AMITRIPTYLINE			147
AMLODIPINE			80
AMOBARBITAL SODIUM			172
AMOXAPINE			148
AMOXICILLIN			10
AMOXICILLIN & CLAVULANIC ACID			9
Amoxil 250mg Cap	02041294	WAY	10
Amoxil 500mg Cap	02041308	WAY	10
Amoxil 25mg/mL O/L	02041316	WAY	11
Amoxil 50mg/mL O/L	02042592	WAY	11
AMPHOTERICIN B			3
AMPICILLIN			11
AMPRENAVIR			25
Amytal Sodium 60mg Cap	00015148	LIL	172
Amytal Sodium 200mg Cap	00015156	LIL	172
Anafranil 10mg Tab	00330566	NOV	148
Anafranil 25mg Tab	00324019	NOV	149
Anafranil 50mg Tab	00402591	NOV	149
Anandron 50mg Tab	02221861	AVE	46
Anandron 100mg Tab	02221888	AVE	46
ANASTROZOLE			39
Ancef 500mg Inj Pd-Vial Pk	01919636	SMJ	16
Andriol 40mg Cap	00782327	ORG	244
Androcur 50mg Tab	00704431	BEX	41
Ansaid 50mg Tab	00647942	UPJ	118
Ansaid 100mg Tab	00600792	UPJ	118

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Antabuse 250mg Tab	02041375	WAY	297
Anthraforte 1 1% Oint	00566756	MEI	281
Anthraforte 2 2% Oint	00566748	MEI	281
Anthraforte 3 3% Oint	00617164	STI	281
ANTHRALIN			281
Anthranol 0.1% Cr	00537594	MEI	281
Anthranol 0.2% Cr	00537608	MEI	281
Anthranol 0.4% Cr	00537616	MEI	281
Anturan 100mg Tab	00010510	GEI	186
Anturan 200mg Tab	00010529	GEI	186
Anusol 0.5% Oint	01945939	PDA	285
Anuzinc 0.5% Oint	00621447	SIL	285
Anuzinc 10mg Sup	00621439	SIL	285
Anzemet 50mg Tab	02231378	AVE	217
Anzemet 100mg Tab	02231379	AVE	217
Apo-Acebutolol 100mg Tab	02147602	APX	79
Apo-Acebutolol 200mg Tab	02147610	APX	79
Apo-Acebutolol 400mg Tab	02147629	APX	79
Apo-Acetaminophen 325mg Tab	00544981	APX	139
Apo-Acetaminophen 500mg Tab	00545007	APX	140
Apo-Acetazolamide 250mg Tab	00545015	APX	198
Apo-Acyclovir 800mg Tab	02207656	APX	24
Apo-Allopurinol 100mg Tab	00402818	APX	293
Apo-Allopurinol 200mg Tab	00479799	APX	294
Apo-Allopurinol 300mg Tab	00402796	APX	294
Apo-Alpraz 0.25mg Tab	00865397	APX	158
Apo-Alpraz 0.5mg Tab	00865400	APX	158
Apo-Amilzide 5mg & 50mg Tab	00784400	APX	181
Apo-Amitriptyline 10mg Tab	00335053	APX	147
Apo-Amitriptyline 25mg Tab	00335061	APX	147
Apo-Amitriptyline 50mg Tab	00335088	APX	148
Apo-Amoxi 250mg Cap	00628115	APX	10
Apo-Amoxi 500mg Cap	00628123	APX	10
Apo-Amoxi 25mg/mL O/L	00628131	APX	11
Apo-Amoxi 50mg/mL O/L	00628158	APX	11
Apo-Amoxi Clav 25mg & 6.25mg/mL O/L	02243986	APX	9
Apo-Amoxi Clav 50mg & 12.5mg/mL O/L	02243987	APX	9
Apo-Amoxi Clav 250mg & 125mg Tab	02243350	APX	10
Apo-Amoxi Clav 500mg & 125mg Tab	02243351	APX	10
Apo-Ampi 250mg Cap	00603279	APX	11
Apo-Ampi 500mg Cap	00603295	APX	11
Apo-Ampi 25mg/mL O/L	00603260	APX	12
Apo-Ampi 50mg/mL O/L	00603287	APX	12
Apo-Atenol 50mg Tab	00773689	APX	80

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Atenol 100mg Tab	00773697	APX	80
Apo-Azathioprine 50mg Tab	02242907	APX	294
Apo-Baclofen 10mg Tab	02139332	APX	69
Apo-Baclofen 20mg Tab	02139391	APX	69
Apo-Benzotropine 2mg Tab	00426857	APX	51
Apo-Benzylamine 0.15% Oral Rinse	02239044	APX	195
Apo-Bisacodyl 5mg Ent Tab	00545023	APX	209
Apo-Bromazepam 1.5mg Tab	02177153	APX	159
Apo-Bromazepam 3mg Tab	02177161	APX	159
Apo-Bromazepam 6mg Tab	02177188	APX	159
Apo-Bromocriptine 5mg Cap	02230454	APX	295
Apo-Bromocriptine 2.5mg Tab	02087324	APX	295
Apo-C 100mg Tab (Not a Benefit)	00466646	APX	290
Apo-C 250mg Tab (Not a Benefit)	00466638	APX	290
Apo-C 500mg Tab (Not a Benefit)	00466611	APX	291
Apo-C 1000mg Tab (Not a Benefit)	00466603	APX	291
Apo-Cal 250 Eq To 250mg Elemental Calcium Tab (Not a Benefit)	00682047	APX	179
Apo-Cal 500 Eq To 500mg Elemental Calcium Tab (Not a Benefit)	00682039	APX	179
Apo-Capto 12.5mg Tab	00893595	APX	95
Apo-Capto 25mg Tab	00893609	APX	95
Apo-Capto 50mg Tab	00893617	APX	96
Apo-Capto 100mg Tab	00893625	APX	96
Apo-Carbamazepine 200mg Tab	00402699	APX	141
Apo-Carbamazepine CR 200mg LA Tab	02242908	APX	140
Apo-Carbamazepine CR 400mg LA Tab	02242909	APX	140
Apo-Cefaclor 250mg Cap	02230263	APX	15
Apo-Cefaclor 500mg Cap	02230264	APX	15
Apo-Cefaclor 25mg/mL Oral Susp	02237500	APX	15
Apo-Cefaclor 50mg/mL Oral Susp	02237501	APX	16
Apo-Cefaclor 375mg/5mL Oral Susp	02237502	APX	16
Apo-Cefadroxil 500mg Cap	02240774	APX	16
Apo-Cefuroxime 250mg Tab	02244393	APX	17
Apo-Cefuroxime 500mg Tab	02244394	APX	17
Apo-Cephalex 250mg Tab	00768723	APX	18
Apo-Cephalex 500mg Tab	00768715	APX	18
Apo-Chlordiazepoxide 5mg Cap	00522724	APX	159
Apo-Chlordiazepoxide 10mg Cap	00522988	APX	159
Apo-Chlordiazepoxide 25mg Cap	00522996	APX	159
Apo-Chlorpropamide 100mg Tab	00399302	APX	249
Apo-Chlorpropamide 250mg Tab	00312711	APX	249
Apo-Chlorthalidone 50mg Tab	00360279	APX	182
Apo-Chlorthalidone 100mg Tab	00360287	APX	182
Apo-Cimetidine 200mg Tab	00584215	APX	221
Apo-Cimetidine 300mg Tab	00487872	APX	221

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Cimetidine 400mg Tab	00600059	APX	221
Apo-Cimetidine 600mg Tab	00600067	APX	222
Apo-Cimetidine 800mg Tab	00749494	APX	222
Apo-Clindamycin 150mg Cap	02245232	APX	18
Apo-Clindamycin 300mg Cap	02245233	APX	18
Apo-Clobazam 10mg Tab	02244638	APX	141
Apo-Clomipramine 10mg Tab	02040786	APX	148
Apo-Clomipramine 25mg Tab	02040778	APX	149
Apo-Clomipramine 50mg Tab	02040751	APX	149
Apo-Clonazepam 0.5mg Tab	02177889	APX	141
Apo-Clonazepam 2mg Tab	02177897	APX	142
Apo-Clonidine 0.1mg Tab	00868949	APX	97
Apo-Clonidine 0.2mg Tab	00868957	APX	97
Apo-Clorazepate 3.75mg Cap	00860689	APX	160
Apo-Clorazepate 7.5mg Cap	00860700	APX	160
Apo-Clorazepate 15mg Cap	00860697	APX	161
Apo-Cloxi 250mg Cap	00618292	APX	12
Apo-Cloxi 500mg Cap	00618284	APX	12
Apo-Cloxi 25mg/mL O/L	00644633	APX	13
Apo-Cromolyn 1% Inh Sol-2mL Pk	02231431	APX	304
Apo-Cromolyn 2% Nas Sol-26mL Pk	02231390	APX	204
Apo-Cyclobenzaprine 10mg Tab (Not a Benefit)	02177145	APX	69
Apo-Desipramine 25mg Tab	02216256	APX	149
Apo-Desipramine 50mg Tab	02216264	APX	149
Apo-Desipramine 75mg Tab	02216272	APX	149
Apo-Desmopressin 10mcg/Met Dose Nas Sp-2.5mL Pk	02242465	APX	256
Apo-Diazepam 2mg Tab	00405329	APX	161
Apo-Diazepam 5mg Tab	00362158	APX	161
Apo-Diazepam 10mg Tab	00405337	APX	161
Apo-Diclo 25mg Ent Tab	00839175	APX	115
Apo-Diclo 50mg Ent Tab	00839183	APX	115
Apo-Diclo SR 75mg LA Tab	02162814	APX	116
Apo-Diclo SR 100mg LA Tab	02091194	APX	116
Apo-Diflunisal 250mg Tab	02039486	APX	117
Apo-Diflunisal 500mg Tab	02039494	APX	117
Apo-Diltiaz 30mg Tab	00771376	APX	84
Apo-Diltiaz 60mg Tab	00771384	APX	84
Apo-Diltiaz CD 120mg LA Cap	02230997	APX	82
Apo-Diltiaz CD 180mg LA Cap	02230998	APX	83
Apo-Diltiaz CD 240mg LA Cap	02230999	APX	83
Apo-Diltiaz CD 300mg LA Cap	02229526	APX	83
Apo-Diltiaz SR 60mg LA Cap	02222957	APX	83
Apo-Diltiaz SR 90mg LA Cap	02222965	APX	83
Apo-Diltiaz SR 120mg LA Cap	02222973	APX	83

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Dimenhydrinate 50mg Tab (Not a Benefit)	00363766	APX	216
Apo-Dipivefrin 0.1% Oph Sol	02242232	APX	197
Apo-Divalproex 125mg Ent Tab	02239698	APX	142
Apo-Divalproex 250mg Ent Tab	02239699	APX	142
Apo-Divalproex 500mg Ent Tab	02239700	APX	142
Apo-Domperidone 10mg Tab	02103613	APX	222
Apo-Doxazosin 1mg Tab	02240588	APX	97
Apo-Doxazosin 2mg Tab	02240589	APX	97
Apo-Doxazosin 4mg Tab	02240590	APX	97
Apo-Doxepin 10mg Cap	02049996	APX	150
Apo-Doxepin 25mg Cap	02050005	APX	150
Apo-Doxepin 50mg Cap	02050013	APX	150
Apo-Doxepin 75mg Cap	02050021	APX	150
Apo-Doxepin 100mg Cap	02050048	APX	150
Apo-Doxepin 150mg Cap	02050056	APX	150
Apo-Erythro 250mg Tab	00682020	APX	7
Apo-Erythro E-C 250mg Ent Pel Cap	00726672	APX	7
Apo-Erythro-ES 600mg Tab	00637416	APX	8
Apo-Erythro-S 250mg Tab	00545678	APX	9
Apo-Erythro-S 500mg Tab	00688568	APX	9
Apo-Famotidine 20mg Tab	01953842	APX	223
Apo-Famotidine 40mg Tab	01953834	APX	223
Apo-Feno-Micro 200mg Cap	02239864	APX	92
Apo-Fenofibrate 100mg Cap	02225980	APX	91
Apo-Ferrous Gluconate 300mg Tab	00545031	APX	71
Apo-Flavoxate 200mg Tab	02244842	APX	52
Apo-Floctafenine 200mg Tab	02244680	APX	117
Apo-Floctafenine 400mg Tab	02244681	APX	117
Apo-Fluconazole 50mg Tab	02237370	APX	5
Apo-Fluconazole 100mg Tab	02237371	APX	5
Apo-Fluconazole-150 150mg Cap	02241895	APX	267
Apo-Flunarizine 5mg Cap	02246082	APX	298
Apo-Fluoxetine 20mg Cap	02216361	APX	151
Apo-Fluphenazine 1mg Tab	00405345	APX	162
Apo-Fluphenazine 2mg Tab	00410632	APX	162
Apo-Fluphenazine 5mg Tab	00405361	APX	162
Apo-Flurazepam 15mg Cap	00521698	APX	172
Apo-Flurazepam 30mg Cap	00521701	APX	172
Apo-Flurbiprofen 50mg Tab	01912046	APX	118
Apo-Flurbiprofen 100mg Tab	01912038	APX	118
Apo-Flutamide 250mg Tab	02238560	APX	42
Apo-Fluvoxamine 50mg Tab	02231329	APX	151
Apo-Fluvoxamine 100mg Tab	02231330	APX	151
Apo-Folic 5mg Tab	00426849	APX	289

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Apo-Furosemide 20mg Tab	00396788	APX	182
Apo-Furosemide 40mg Tab	00362166	APX	182
Apo-Gabapentin 100mg Cap	02244304	APX	143
Apo-Gabapentin 300mg Cap	02244305	APX	143
Apo-Gabapentin 400mg Cap	02244306	APX	143
Apo-Gemfibrozil 300mg Cap	01979574	APX	92
Apo-Glyburide 2.5mg Tab	01913654	APX	250
Apo-Glyburide 5mg Tab	01913662	APX	250
Apo-Haloperidol 2mg/mL O/L	00587702	APX	163
Apo-Haloperidol 0.5mg Tab	00396796	APX	163
Apo-Haloperidol 1mg Tab	00396818	APX	163
Apo-Haloperidol 2mg Tab	00396826	APX	163
Apo-Haloperidol 5mg Tab	00396834	APX	163
Apo-Haloperidol 10mg Tab	00463698	APX	163
Apo-Hexa Tab (Not a Benefit)	00701130	APX	292
Apo-Hydralazine 10mg Tab	00441619	APX	99
Apo-Hydralazine 25mg Tab	00441627	APX	99
Apo-Hydralazine 50mg Tab	00441635	APX	99
Apo-Hydro 25 25mg Tab	00326844	APX	183
Apo-Hydro 50 50mg Tab	00312800	APX	184
Apo-Hydroxyzine 10mg Cap (Not a Benefit)	00646059	APX	164
Apo-Hydroxyzine 25mg Cap (Not a Benefit)	00646024	APX	164
Apo-Hydroxyzine 50mg Cap (Not a Benefit)	00646016	APX	164
Apo-Ibuprofen 200mg Tab	00441643	APX	118
Apo-Ibuprofen 300mg Tab	00441651	APX	119
Apo-Ibuprofen 400mg Tab	00506052	APX	119
Apo-Ibuprofen 600mg Tab	00585114	APX	119
Apo-Imipramine 10mg Tab	00360201	APX	152
Apo-Imipramine 25mg Tab	00312797	APX	152
Apo-Imipramine 50mg Tab	00326852	APX	152
Apo-Indapamide 2.5mg Tab	02223678	APX	184
Apo-Indomethacin 25mg Cap	00611158	APX	119
Apo-Indomethacin 50mg Cap	00611166	APX	120
Apo-Ipravent 125mcg/mL Inh Sol-2mL UDV Pk	02243827	APX	54
Apo-Ipravent Inhalation Solution 250mcg/mL Inh Sol-20mL Pk	02126222	APX	53
Apo-Ipravent Sterule 250mcg/mL Inh Sol-2mL UDV Pk	02231494	APX	54
Apo-ISDN 5mg SL Tab	00670944	APX	111
Apo-ISDN 10mg Tab	00441686	APX	111
Apo-ISDN 30mg Tab	00441694	APX	111
Apo-Keto 50mg Cap	00790427	APX	120
Apo-Keto SR 200mg LA Tab	02172577	APX	121
Apo-Keto-E 50mg Ent Tab	00790435	APX	121
Apo-Keto-E 100mg Ent Tab	00842664	APX	121
Apo-Ketoconazole 200mg Tab	02237235	APX	6

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Apo-Labetalol 100mg Tab	02243538	APX	101
Apo-Labetalol 200mg Tab	02243539	APX	101
Apo-Lamotrigine 25mg Tab	02245208	APX	144
Apo-Lamotrigine 100mg Tab	02245209	APX	144
Apo-Lamotrigine 150mg Tab	02245210	APX	144
Apo-Levobunolol 0.25% Oph Sol	02241575	APX	202
Apo-Levobunolol 0.5% Oph Sol	02241574	APX	202
Apo-Levocarb 100mg & 10mg Tab	02195933	APX	300
Apo-Levocarb 100mg & 25mg Tab	02195941	APX	300
Apo-Levocarb 250mg & 25mg Tab	02195968	APX	300
Apo-Lisinopril 5mg Tab	02217481	APX	101
Apo-Lisinopril 5mg Tab	09853685	APX	101
Apo-Lisinopril 10mg Tab	02217503	APX	101
Apo-Lisinopril 10mg Tab	09853960	APX	101
Apo-Lisinopril 20mg Tab	02217511	APX	102
Apo-Lisinopril 20mg Tab	09854010	APX	101
Apo-Lithium Carbonate 150mg Cap	02242837	APX	170
Apo-Lithium Carbonate 300mg Cap	02242838	APX	170
Apo-Loperamide 2mg Caplet	02212005	APX	209
Apo-Lorazepam 0.5mg Tab	00655740	APX	164
Apo-Lorazepam 1mg Tab	00655759	APX	164
Apo-Lorazepam 2mg Tab	00655767	APX	164
Apo-Lovastatin 20mg Tab	02220172	APX	92
Apo-Lovastatin 40mg Tab	02220180	APX	93
Apo-Loxapine 5mg Tab	02237651	APX	170
Apo-Loxapine 10mg Tab	02237652	APX	171
Apo-Loxapine 25mg Tab	02237653	APX	171
Apo-Loxapine 50mg Tab	02237654	APX	171
Apo-Medroxy 2.5mg Tab	02244726	APX	259
Apo-Medroxy 5mg Tab	02244727	APX	259
Apo-Mefenamic 250mg Cap	02229452	APX	122
Apo-Megestrol 40mg Tab	02195917	APX	45
Apo-Megestrol 160mg Tab	02195925	APX	45
Apo-Metformin 500mg Tab	02167786	APX	250
Apo-Methazide-15 250mg & 15mg Tab	00441708	APX	103
Apo-Methazide-25 250mg & 25mg Tab	00441716	APX	103
Apo-Methazolamide 50mg Tab	02245882	APX	202
Apo-Methoprazine 2mg Tab	02238403	APX	173
Apo-Methoprazine 5mg Tab	02238404	APX	173
Apo-Methoprazine 25mg Tab	02238405	APX	173
Apo-Methoprazine 50mg Tab	02238406	APX	173
Apo-Methyldopa 125mg Tab	00360252	APX	103
Apo-Methyldopa 250mg Tab	00360260	APX	103
Apo-Methyldopa 500mg Tab	00426830	APX	103

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Metoclopr 5mg Tab	00842826	APX	226
Apo-Metoclopr 10mg Tab	00842834	APX	226
Apo-Metoprolol 50mg Tab	00618632	APX	85
Apo-Metoprolol 100mg Tab	00618640	APX	85
Apo-Metoprolol (Type L) 50mg Tab	00749354	APX	85
Apo-Metoprolol (Type L) 100mg Tab	00751170	APX	85
Apo-Metronidazole 250mg Tab	00545066	APX	31
Apo-Misoprostol 100mcg Tab	02244022	APX	227
Apo-Misoprostol 200mcg Tab	02244023	APX	227
Apo-Moclobemide 100mg Tab	02232148	APX	152
Apo-Moclobemide 150mg Tab	02232150	APX	153
Apo-Moclobemide 300mg Tab	02240456	APX	153
Apo-Nadolol 40mg Tab	00782505	APX	86
Apo-Nadolol 80mg Tab	00782467	APX	86
Apo-Nadolol 160mg Tab	00782475	APX	86
Apo-Naproxen 125mg Tab	00522678	APX	123
Apo-Naproxen 250mg Tab	00522651	APX	123
Apo-Naproxen 375mg Tab	00600806	APX	123
Apo-Naproxen 500mg Tab	00592277	APX	124
Apo-Naproxen SR 750mg SR Tab	02177072	APX	124
Apo-Nefazodone 100mg Tab	02242823	APX	153
Apo-Nefazodone 150mg Tab	02242824	APX	153
Apo-Nefazodone 200mg Tab	02242825	APX	153
Apo-Nifed 5mg Cap	00725110	APX	86
Apo-Nifed 10mg Cap	00755907	APX	86
Apo-Nifed PA 10mg LA Tab	02197448	APX	104
Apo-Nifed PA 20mg LA Tab	02181525	APX	104
Apo-Nitrofurantoin 50mg Tab	00319511	APX	32
Apo-Nitrofurantoin 100mg Tab	00312738	APX	32
Apo-Nizatidine 150mg Cap	02220156	APX	227
Apo-Nizatidine 300mg Cap	02220164	APX	227
Apo-Norflox 400mg Tab	02229524	APX	36
Apo-Nortriptyline 10mg Cap	02223511	APX	154
Apo-Nortriptyline 25mg Cap	02223538	APX	154
Apo-Oflox 200mg Tab	02231529	APX	37
Apo-Oflox 300mg Tab	02231531	APX	37
Apo-Oflox 400mg Tab	02231532	APX	37
Apo-Orciprenaline 2mg/mL O/L	02236783	APX	61
Apo-Oxazepam 10mg Tab	00402680	APX	165
Apo-Oxazepam 15mg Tab	00402745	APX	165
Apo-Oxazepam 30mg Tab	00402737	APX	165
Apo-Oxtriphylline 100mg Tab	00441724	APX	287
Apo-Oxtriphylline 200mg Tab	00441732	APX	287
Apo-Oxtriphylline 300mg Tab	00511692	APX	287

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Apo-Oxybutynin 1mg/mL O/L	02231089	APX	55
Apo-Oxybutynin 5mg Tab	02163543	APX	55
Apo-Pen V-K 25mg/mL O/L	00642223	APX	14
Apo-Pen V-K 60mg/mL O/L	00642231	APX	14
Apo-Pen V-K 300mg Tab	00642215	APX	14
Apo-Pentoxifylline 400mg SR Tab	02230090	APX	77
Apo-Perphenazine 2mg Tab	00335134	APX	166
Apo-Perphenazine 4mg Tab	00335126	APX	166
Apo-Perphenazine 8mg Tab	00335118	APX	166
Apo-Perphenazine 16mg Tab	00335096	APX	166
Apo-Phenylbutazone 100mg Tab (Not a Benefit)	00312789	APX	124
Apo-Pindol 5mg Tab	00755877	APX	105
Apo-Pindol 10mg Tab	00755885	APX	105
Apo-Pindol 15mg Tab	00755893	APX	105
Apo-Piroxicam 10mg Cap	00642886	APX	125
Apo-Piroxicam 20mg Cap	00642894	APX	125
Apo-Pravastatin 10mg Tab	02243506	APX	93
Apo-Pravastatin 20mg Tab	02243507	APX	93
Apo-Pravastatin 40mg Tab	02243508	APX	93
Apo-Prazo 1mg Tab	00882801	APX	105
Apo-Prazo 2mg Tab	00882828	APX	106
Apo-Prazo 5mg Tab	00882836	APX	106
Apo-Prednisone 1mg Tab	00598194	APX	243
Apo-Prednisone 5mg Tab	00312770	APX	243
Apo-Prednisone 50mg Tab	00550957	APX	243
Apo-Primidone 125mg Tab	00399310	APX	145
Apo-Primidone 250mg Tab	00396761	APX	145
Apo-Procaïnamide 250mg Cap	00713325	APX	86
Apo-Procaïnamide 375mg Cap	00713333	APX	87
Apo-Procaïnamide 500mg Cap	00713341	APX	87
Apo-Prochlorazine 5mg Tab	00886440	APX	167
Apo-Prochlorazine 10mg Tab	00886432	APX	167
Apo-Propafenone 150mg Tab	02243324	APX	87
Apo-Propafenone 300mg Tab	02243325	APX	87
Apo-Propranolol 10mg Tab	00402788	APX	87
Apo-Propranolol 20mg Tab	00663719	APX	88
Apo-Propranolol 40mg Tab	00402753	APX	88
Apo-Propranolol 80mg Tab	00402761	APX	88
Apo-Propranolol 120mg Tab	00504335	APX	88
Apo-Quinidine Sulfate 200mg Tab	00441740	APX	88
Apo-Ranitidine 150mg Tab	00733059	APX	232
Apo-Ranitidine 300mg Tab	00733067	APX	232
Apo-Salvent 100mcg/Met Dose Inh-200 Dose Pk (Not a Benefit)	00790419	APX	65
Apo-Salvent 2mg Tab	02146843	APX	66

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Salvent 4mg Tab	02146851	APX	66
Apo-Salvent CFC Free 100mcg/Met Dose Inh-200 Dose Pk	02245669	APX	65
Apo-Salvent Sterule 1mg/mL Inh Sol-2.5mL Pk	02231488	APX	63
Apo-Salvent Sterule 2mg/mL Inh Sol-2.5mL Pk	02231678	APX	64
Apo-Selegiline 5mg Tab	02230641	APX	304
Apo-Sertraline 25mg Cap	02238280	APX	155
Apo-Sertraline 25mg Cap	09854410	APX	155
Apo-Sertraline 50mg Cap	02238281	APX	155
Apo-Sertraline 50mg Cap	09854428	APX	155
Apo-Sertraline 100mg Cap	02238282	APX	156
Apo-Sertraline 100mg Cap	09854436	APX	156
Apo-Sotalol 160mg Tab	02167794	APX	89
Apo-Sucralfate 1g Tab	02125250	APX	233
Apo-Sulfatrim 40mg & 8mg/mL O/L	00846465	APX	38
Apo-Sulfatrim 400mg & 80mg Tab	00445274	APX	38
Apo-Sulfatrim-DS 800mg & 160mg Tab	00445282	APX	38
Apo-Sulfinpyrazone 100mg Tab	00441759	APX	186
Apo-Sulfinpyrazone 200mg Tab	00441767	APX	186
Apo-Sulin 150mg Tab	00778354	APX	127
Apo-Sulin 200mg Tab	00778362	APX	127
Apo-Tamox 10mg Tab	00812404	APX	46
Apo-Tamox 20mg Tab	00812390	APX	46
Apo-Temazepam 15mg Cap	02225964	APX	174
Apo-Temazepam 30mg Cap	02225972	APX	174
Apo-Terazosin 1mg Tab	02234502	APX	108
Apo-Terazosin 2mg Tab	02234503	APX	108
Apo-Terazosin 5mg Tab	02234504	APX	108
Apo-Terazosin 10mg Tab	02234505	APX	109
Apo-Tetra 250mg Cap	00580929	APX	15
Apo-Thioridazine 10mg Tab	00360228	APX	168
Apo-Thioridazine 25mg Tab	00360198	APX	168
Apo-Thioridazine 50mg Tab	00360236	APX	169
Apo-Thioridazine 100mg Tab	00360244	APX	169
Apo-Tiaprofenic 200mg Tab	02136112	APX	127
Apo-Tiaprofenic 300mg Tab	02136120	APX	127
Apo-Ticlopidine 250mg Tab	02237701	APX	306
Apo-Timol 5mg Tab	00755842	APX	89
Apo-Timol 10mg Tab	00755850	APX	89
Apo-Timol 20mg Tab	00755869	APX	89
Apo-Timop 0.25% Oph Sol	00755826	APX	205
Apo-Timop 0.5% Oph Sol	00755834	APX	205
Apo-Tolbutamide 500mg Tab	00312762	APX	251
Apo-Trazodone 50mg Tab	02147637	APX	156
Apo-Trazodone 100mg Tab	02147645	APX	157

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Apo-Trazodone D 150mg Tab	02147653	APX	157
Apo-Triazide 25mg & 50mg Tab	00441775	APX	183
Apo-Triazo 0.125mg Tab	00808563	APX	174
Apo-Triazo 0.25mg Tab	00808571	APX	175
Apo-Trifluoperazine 1mg Tab	00345539	APX	169
Apo-Trifluoperazine 2mg Tab	00312754	APX	169
Apo-Trifluoperazine 5mg Tab	00312746	APX	169
Apo-Trifluoperazine 10mg Tab	00326836	APX	170
Apo-Trihex 2mg Tab	00545058	APX	56
Apo-Trihex 5mg Tab	00545074	APX	56
Apo-Trimethoprim 100mg Tab	02243116	APX	38
Apo-Trimethoprim 200mg Tab	02243117	APX	38
Apo-Trimip 75mg Cap	02070987	APX	157
Apo-Trimip 12.5mg Tab	00740799	APX	157
Apo-Trimip 25mg Tab	00740802	APX	157
Apo-Trimip 50mg Tab	00740810	APX	157
Apo-Trimip 100mg Tab	00740829	APX	158
Apo-Valproic 250mg Cap	02238048	APX	146
Apo-Valproic 50mg/mL O/L	02238370	APX	146
Apo-Verap 80mg Tab	00782483	APX	90
Apo-Verap 120mg Tab	00782491	APX	90
Apo-Warfarin 1mg Tab	02242924	APX	76
Apo-Warfarin 2mg Tab	02242925	APX	76
Apo-Warfarin 2.5mg Tab	02242926	APX	76
Apo-Warfarin 3mg Tab	02245618	APX	76
Apo-Warfarin 4mg Tab	02242927	APX	76
Apo-Warfarin 5mg Tab	02242928	APX	76
Apo-Warfarin 10mg Tab	02242929	APX	77
Apresoline 20mg/mL Inj Sol-1mL Pk	00723754	CIB	99
Apresoline 10mg Tab	00005525	NOV	99
Apresoline 25mg Tab	00005533	CIB	99
Apresoline 50mg Tab	00005541	NOV	99
APROTININ			213
Aquasol A 25000IU Cap (Not a Benefit)	01937952	RPR	289
Aquasol A 50000IU Cap (Not a Benefit)	01937960	RPR	289
Aralen 250mg Tab	02017539	SAO	30
Arava 10mg Tab	02241888	AVE	299
Arava 20mg Tab	02241889	AVE	299
Aricept 5mg Tab	02232043	PFI	49
Aricept 10mg Tab	02232044	PFI	49
Arimidex 1mg Tab	02224135	AZC	39
Aristocort 2mg Tab	02194082	STI	243
Aristocort 4mg Tab	02194090	STI	243
Aristocort D 0.025% Cr	02194074	STI	280

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Aristocort R 0.1% Cr	02194058	STI	280
Aristocort R 0.1% Oint	02194031	STI	280
Aromasin 25mg Tab	02242705	PHA	42
Artane 0.4mg/mL O/L (Not a Benefit)	00014656	LED	55
Artane 2mg Tab (Not a Benefit)	00015040	LED	56
Artane 5mg Tab (Not a Benefit)	00015059	LED	56
Arthrotec 50 50mg & 200mcg Tab	01917056	PHA	115
Arthrotec 75 75mg & 200mcg Tab	02229837	PHA	115
ASA 325mg Tab	00040851	LEA	113
ASA 325mg Tab	00092754	DCL	113
ASA 325mg Tab (Not a Benefit)	00036145	RPR	113
Asacol 400mg Tab	01997580	PGP	220
ASCORBIC ACID			290
Ascorbic Acid 250mg Tab (Not a Benefit)	00094641	DCL	290
Ascorbic Acid 500mg Tab (Not a Benefit)	00094668	DCL	291
Asendin 50mg Tab	02169894	WAY	148
Asendin 100mg Tab	02169908	WAY	148
Asmavent 1mg/mL Inh Sol-2.5mL Pk	02231430	TCH	63
Asmavent 5mg/mL Inh Sol-10mL Pk	02048760	TCH	65
Atacand 8mg Tab	02239091	AZC	94
Atacand 16mg Tab	02239092	AZC	94
Atacand Plus 16mg/12.5mg Tab	02244021	AZC	95
Atarax 10mg Cap (Not a Benefit)	00024376	PFI	164
Atarax 25mg Cap (Not a Benefit)	00024384	PFI	164
Atarax 50mg Cap (Not a Benefit)	00024392	PFI	164
Atasol 80mg/mL O/L	00631353	HOR	139
Atasol 325mg Tab (Not a Benefit)	00293482	HOR	139
Atasol Forte 500mg Tab (Not a Benefit)	00013668	HOR	140
Atasol-15 15mg Tab	00293504	HOR	129
Atasol-30 30mg Tab	00293512	HOR	129
ATENOLOL			80
ATENOLOL & CHLORTHALIDONE			94
Ativan 0.5mg Tab	02041413	WAY	164
Ativan 1mg Tab	02041421	WAY	164
Ativan 2mg Tab	02041448	WAY	164
ATORVASTATIN CALCIUM			90
Atromid-S 500mg Cap (Not a Benefit)	00002038	AYE	91
Atropine 1% Oph Sol	01948598	CBV	197
ATROPINE SULFATE			197
Atropine Sulfate 1% Oph Oint-3.5g Pk	00252484	ALC	197
Atropisol 1% Oph Sol	02134853	CBV	197
Atrovent 250mcg/mL Inh Sol-20mL Pk	00731439	BOE	53
Atrovent Inh-200 Dose Pk	00576158	BOE	54
Atrovent 0.03% Nasal Spray	02163705	BOE	201

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Atrovent UDV 125mcg/mL Inh Sol-2mL UDV Pk	02026759	BOE	54
Atrovent UDV 250mcg/mL Inh Sol-2mL UDV Pk	01950681	BOE	54
AURANOFIN			235
AUROTHIOGLUCOSE			235
Avalide 150 & 12.5mg Tab	02241818	SAS	100
Avalide 300 & 12.5mg Tab	02241819	SAS	100
Avapro 75mg Tab	02237923	SAO	100
Avapro 150mg Tab	02237924	SAO	100
Avapro 300mg Tab	02237925	SAO	100
AVC Vag Cr	02103036	HMR	272
Avelox 400mg Tab	02242965	BAH	36
Aventyl 10mg Cap	00015229	LIL	154
Aventyl 25mg Cap	00015237	LIL	154
Avirax 800mg Tab	02078651	FAB	24
Avlosulfon 100mg Tab	02041510	WAY	31
Axid 150mg Cap	00778338	LIL	227
Axid 300mg Cap	00778346	LIL	227
AZATHIOPRINE			294
AZITHROMYCIN			7
Azmecort 200mcg/Met Dose Aero Inh-240 Dose Pk	01926314	AVE	243
Azopt 1% Oph Susp	02238873	ALC	199
BACAMPICILLIN HCL			12
Baciguent 500U/g Oint	00031046	UPJ	265
Baciguent 500U/g Oph Oint 3g Pk	00327476	UPJ	189
BACITRACIN			189, 265
Bacitracin 500U/g Oint	02060833	SHI	265
BACLOFEN			69
Bactrim 400mg & 80mg Tab	00272469	HLR	38
Bactrim Sugar Free 40mg & 8mg/mL O/L	00272485	HLR	38
Bactrim-DS 800mg & 160mg Tab	00371823	HLR	38
Bactroban 2% Cr	02239757	SMJ	265
Bactroban 2% Oint	01916947	SMJ	265
Beben 0.025% Gel	00335347	PDA	273
BECLOMETHASONE DIPROPIONATE			192, 239, 273
Beclomethasone Dipropionate 50mcg Aero Inh-200 Dose Pk	00872334	KNR	239
Beclomethasone Dipropionate Aqueous 50mcg Nas Sp-200 Dose Pk	00872318	KNR	192
Beconase Aqueous 50mcg Nas Sp-200 Dose Pk (Not a Benefit)	02213702	GLW	192
Benadryl 25mg Cap (Not a Benefit)	00022756	PDA	1
Benadryl 50mg Cap (Not a Benefit)	00022764	PDA	1
BENZAEPRIIL			94
Benemid 500mg Tab	00016616	MSD	186
Benoxyl 5% Lot	00236063	STI	282
Benoxyl 10% Lot	00370568	STI	282
Benoxyl 20% Lot	00187585	STI	282

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Benuryl 500mg Tab	00294926	ICN	186
Benzac W5 5% Gel	01925180	GAC	282
Benzac W10 10% Gel	01925997	GAC	282
BENZOYL PEROXIDE			282
BENZOYL PEROXIDE IN ACETONE-CONTAINING GEL			281
BENZOYL PEROXIDE IN ALCOHOL-CONTAINING GEL			281
BENZOYL PEROXIDE IN WATER-BASED GEL			282
BENTROPINE MESYLATE			51
Benztropine Omega 2mg/2mL Inj Sol-2mL Pk	02238903	OMG	51
BENZYDAMINE HCL			195
Berotec Inh Pd-200 Dose Pk	02006383	BOE	58
Berotec 0.1% Inh Sol-20mL Pk	00541389	BOE	58
Berotec 2.5mg Tab	00454796	BOE	58
Betaderm 0.05% Cr	00716618	TAR	274
Betaderm 0.1% Cr	00716626	TAR	274
Betaderm 0.05% Oint	00716642	TAR	274
Betaderm 0.1% Oint	00716650	TAR	275
Betaderm 0.1% Scalp Lot	00716634	TAR	275
Betadine 10% Top Sol (Not a Benefit)	00158348	PFP	272
Betadine 10% Vag Gel (Not a Benefit)	00026034	PFP	272
Betadine 10% Vag Sol (Not a Benefit)	00026093	PFP	272
Betagan 0.25% Oph Sol	00751286	ALL	202
Betagan 0.5% Oph Sol	00637661	ALL	202
Betaloc 50mg Tab	00402605	AZC	85
Betaloc 100mg Tab	00402540	AZC	85
BETAMETHASONE BENZOATE			273
BETAMETHASONE DIPROPIONATE			273
BETAMETHASONE DIPROPIONATE IN A BASE CONTAINING PROPYLENE GLYCOL			273
BETAMETHASONE DIPROPIONATE IN PROPYLENE GLYCOL BASE			273
BETAMETHASONE DISODIUM PHOSPHATE			220
BETAMETHASONE VALERATE			274
Betamethasone Valerate 0.1% Scalp Lot	00726486	PHR	275
BETAXOLOL HCL			198
BETHANECHOL CHLORIDE			49
Betnesol 5mg/100mL Enema-100mL Pk	02060884	SHI	220
Betnovate 0.1% Cr (Not a Benefit)	00011924	GLA	274
Betnovate 0.1% Lot	02100193	SHI	274
Betnovate 0.1% Oint (Not a Benefit)	00012386	GLA	275
Betnovate-1/2 0.05% Cr (Not a Benefit)	00011916	GLA	274
Betnovate-1/2 0.05% Lot (Not a Benefit)	02100185	RBT	274
Betnovate-1/2 0.05% Oint (Not a Benefit)	00012378	GLA	274
Betoptic S 0.25% Oph Susp	01908448	ALC	198
BEZAFIBRATE			90
Bezalip 400mg SR Tab	02083523	HLR	90

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Bezalip 200mg Tab	02084082	HLR	90
Biaxin 125mg/5mL Ped Gran	02146908	ABB	7
Biaxin 250mg/5mL Susp	02244641	ABB	7
Biaxin 250mg Tab	01984853	ABB	7
Biaxin XL 500mg ER Tab	02244756	ABB	7
BICALUTAMIDE			39
Bicillin 1200 L-A 1200000IU/2mL Inj Sol-2mL Pk	02041596	WAY	13
BISACODYL			209
Bisacodyl 10mg Sup	00404802	TCH	210
Bisacolax 10mg Sup	00261327	ICN	210
BISOPROLOL FUMARATE			80
Bleph-10 10% Oph Sol (Not a Benefit)	00001287	ALL	191
Blocadren 5mg Tab (Not a Benefit)	00353914	FRS	89
Blocadren 10mg Tab (Not a Benefit)	00353922	FRS	89
Blocadren 20mg Tab (Not a Benefit)	00495611	FRS	89
Bonamine 25mg Tab	00220442	PFI	218
Bonefos 400mg Cap	01984845	AVE	295
Botox 100u/Vial Pd Inj-100uVial Pk	01981501	ALL	295
BOTULINUM TOXIN TYPE A			295
Brevicon 0.035mg & 0.5mg Tab-21 Pk	02187086	SEA	258
Brevicon 0.035mg & 0.5mg Tab-28 Pk	02187094	SEA	258
Brevicon 1/35 0.035mg & 1mg Tab-21 Pk	02189054	SEA	258
Brevicon 1/35 0.035mg & 1mg Tab-28 Pk	02189062	SEA	258
Bricanyl Turbuhaler 0.5mg/Dose Inh-200 Dose Pk	00786616	AST	67
BRIMONIDINE TARTRATE			198
BRINZOLAMIDE			199
BROMAZEPAM			159
BROMOCRIPTINE			295
Bronkaid Mistometer Aero Sol-15mL Pk	02017555	SAO	57
BUDESONIDE			193, 239
BUDESONIDE & FORMOTEROL FUMARATE DIHYDRATE			56
BUPROPION HCL			148
BUSERELIN ACETATE			40
BUSULFAN			40
BUTABARBITAL SODIUM			172
Butisol Sodium 15mg Tab	00581305	HOR	172
Butisol Sodium 30mg Tab	00581291	HOR	172
Butisol Sodium 100mg Tab	00581313	HOR	172
C.E.S. 0.625mg Tab	00265470	ICN	245
C.E.S. 1.25mg Tab	00265489	ICN	245
Cafergot 1mg & 100mg Tab	00176095	SAN	68
Cafergot-PB Sup	00176214	SAN	68
Cafergot-PB Tab	00176222	NOV	68
Calcilean 25000IU/mL Inj Sol-0.8mL Pk	00740527	OGN	73

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Calcimar 400IU/2mL Inj Sol-2mL Pk	01926691	AVE	256
CALCIPOTRIOL			284
CALCITONIN SALMON			256
CALCITRIOL			291
CALCIUM CARBONATE			179
CALCIUM GLUCONATE			179
Calcium Gluconate Eq To 60mg Elemental Calcium Tab (Not a Benefit)	00094773	DCL	179
Calcium Gluconate Eq To 60mg Elemental Calcium Tab (Not a Benefit)	00179698	SDR	179
Calcium Gluconate Eq To 60mg Elemental Calcium Tab (Not a Benefit)	00241717	RPR	179
Calcium Gluconate Eq To 60mg Elemental Calcium Tab (Not a Benefit)	00441473	NOP	179
CALCIUM LACTATE			179
Calcium Lactate Eq To 84mg Elemental Calcium Tab (Not a Benefit)	00021253	NOP	179
Calcium Lactate Eq To 84mg Elemental Calcium Tab (Not a Benefit)	00179671	SDR	179
Calcium-250 Eq To 250mg Elemental Calcium Tab (Not a Benefit)	00645958	NOP	179
Calcium-500 Eq To 500mg Elemental Calcium Tab (Not a Benefit)	00645923	NOP	179
Calmurid-HC 1% & 10% Cr	00364134	GAC	278
Caltine 50 50IU/0.5mL Inj Sol-0.5mL Pk	01940376	FEI	256
Caltine 100 100IU/mL Inj Sol-1mL Pk	02007134	FEI	256
CANDESARTAN CILEXETIL			94
CANDESARTAN CILEXETIL & HYDROCHLOROTHIAZIDE			95
Canesten 10mg/g Cr	02150867	BAY	266
Canesten 10mg/mL Top Sol	02150875	BAY	266
Canesten 10mg/g Vag Cr-App	02150891	BAY	266
Canesten 100mg Vag Tab	02150832	BAY	266
Canesten 1 500mg Vag Tab	02130203	MIT	266
Canesten 1-Combi Pak 500mg & 1% Tab & Cr	02150948	BAY	266
Canesten 3 20mg/g Vag Cr-App	02150905	BAY	266
Canesten 3 200mg Vag Tab	02130211	MIT	266
CAPECITABINE			40
Capoten 12.5mg Tab	00695661	BQU	95
Capoten 25mg Tab	00546283	BQU	95
Capoten 50mg Tab	00546291	BQU	96
Capoten 100mg Tab	00546305	BQU	96
CAPTOPRIL			95
Captopril 12.5mg Tab	02242788	ZYN	95
Captopril 25mg Tab	02242789	ZYN	95
Captopril 50mg Tab	02242790	ZYN	96
Captopril 100mg Tab	02242791	ZYN	96
Capril 12.5mg Tab	02237861	TCH	95

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Capril 25mg Tab	02237862	TCH	95
Capril 50mg Tab	02237863	TCH	96
Capril 100mg Tab	02237864	TCH	96
CARBACHOL			49, 195
Carbachol 2mg Tab	00885568	GLA	49
CARBAMAZEPINE			140
Carbolith 150mg Cap	00461733	ICN	170
Carbolith 300mg Cap	00236683	ICN	170
Cardizem 30mg Tab	02097370	CRY	84
Cardizem 60mg Tab	02097389	CRY	84
Cardizem CD 120mg LA Cap	02097249	CRY	82
Cardizem CD 180mg LA Cap	02097257	CRY	83
Cardizem CD 240mg LA Cap	02097265	CRY	83
Cardizem CD 300mg LA Cap	02097273	CRY	83
Cardizem-SR 60mg LA Cap (Not a Benefit)	02097214	CRY	83
Cardizem-SR 90mg LA Cap (Not a Benefit)	02097222	CRY	83
Cardizem-SR 120mg LA Cap (Not a Benefit)	02097230	CRY	83
Cardura-1 1mg Tab	01958100	AZC	97
Cardura-2 2mg Tab	01958097	AZC	97
Cardura-4 4mg Tab	01958119	AZC	97
CARVEDILOL			81
Casodex 50mg Tab	02184478	AZC	39
CASTOR OIL			210
Castor Oil O/L	00094080	DCL	210
Castor Oil O/L	00179140	SDR	210
Catapres 0.1mg Tab	00259527	BOE	97
Catapres 0.2mg Tab	00291889	BOE	97
Ceclor 250mg Cap	00465186	LIL	15
Ceclor 500mg Cap	00465194	LIL	15
Ceclor 25mg/mL Oral Susp	00465208	LIL	15
Ceclor 50mg/mL Oral Susp	00465216	LIL	16
Ceclor 375mg/5mL Oral Susp	00832804	LIL	16
Cedocard SR 20mg LA Tab (Not a Benefit)	00740721	PMS	111
CeeNU 10mg Cap	00360430	BQU	45
CeeNU 40mg Cap	00360422	BQU	45
CeeNU 100mg Cap	00360414	BQU	45
CEFACLOR			15
CEFADROXIL			16
CEFAZOLIN SODIUM			16
CEFIXIME			16
CEFPROZIL			16
Ceftin 250mg Sachet	02212293	GLW	17
Ceftin 125mg/5mL Susp	02212307	GLW	17
Ceftin 250mg Tab	02212277	GLW	17

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Ceftin 500mg Tab	02212285	GLW	17
CEFTRIAZONE DISODIUM			17
CEFUROXIME AXETIL			17
Cefzil 125mg/5mL Oral Susp	02163675	BQU	16
Cefzil 250mg/5mL Oral Susp	02163683	BQU	16
Cefzil 250mg Tab	02163659	BQU	17
Cefzil 500mg Tab	02163667	BQU	17
Celebrex 100mg Cap	02239941	PHA	114
Celebrex 200mg Cap	02239942	PHA	114
CELECOXIB			114
Celestoderm-V 0.1% Cr	00027901	SCH	274
Celestoderm-V 0.1% Oint	00028363	SCH	275
Celestoderm-V/2 0.05% Cr	00027898	SCH	274
Celestoderm-V/2 0.05% Oint	00028355	SCH	274
Celexa 20mg Tab	02239607	VLH	148
Celexa 40mg Tab	02239608	VLH	148
CellCept 250mg SG Cap	02192748	HLR	301
CellCept 500mg Tab	02237484	HLR	301
Celontin 300mg Cap	00022802	PFI	144
CEPHALEXIN MONOHYDRATE			17
Cephulac 666.7mg/mL O/L (Not a Benefit)	02091925	MRR	223
Cerevon 100mg Tab	00677981	BWE	71
Cerubidine Inj Pd-20mg Pk	01926683	AVE	42
Cesamet 1mg Cap	00548375	ICN	218
Cetamide 10% Oph Oint-3.5g Pk	00252522	ALC	191
CHLORAMBUCIL			40
CHLORAMPHENICOL			189
CHLORDIAZEPOXIDE			159
Chloromycetin 1% Oph Oint-3.5g Pk	00024066	PDA	189
CHLOROQUINE PHOSPHATE			30
Chlorpromanyl 20 20mg/mL O/L	00580988	TCH	160
CHLORPROMAZINE			160
CHLORPROPAMIDE			249
CHLORTHALIDONE			182
Choledyl 10mg/mL O/L	00476390	PDA	287
Choledyl 20mg/mL O/L	00476366	PDA	287
Choledyl 200mg Tab	00476412	PDA	287
Choledyl SA 400mg LA Tab	00503436	PDA	287
Choledyl SA 600mg LA Tab	00536709	PDA	287
CHOLESTYRAMINE RESIN			91
CHOLINE SALICYLATE & MAGNESIUM SALICYLATE			115
Chronovera 180mg SR Tab	02231676	PHA	110
Chronovera 240mg SR Tab	02231677	PHA	110
CILAZAPRIL			96

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CILAZAPRIL & HYDROCHLOROTHIAZIDE			96
CIMETIDINE			221
Cipro 10g/100mL Oral Susp	02237514	BAH	33
Cipro 250mg Tab	02155958	BAH	33
Cipro 500mg Tab	02155966	BAH	33
Cipro 750mg Tab	02155974	BAH	33
CIPROFLOXACIN			33
CITALOPRAM HYDROBROMIDE			148
CLADRIBINE			40
CLARITHROMYCIN			7
Clavulin 25mg & 6.25mg/mL O/L	01916882	SMJ	9
Clavulin 50mg & 12.5mg/mL O/L	01916874	SMJ	9
Clavulin 250mg & 125mg Tab	01916866	SMJ	10
Clavulin 500mg & 125mg Tab	01916858	SMJ	10
Clavulin (BID) 200mg & 28.5mg/5mL Susp	02238831	SMJ	9
Clavulin (BID) 400mg & 57mg/5mL Susp	02238830	SMJ	10
Clavulin (BID) 875mg & 125mg Tab	02238829	SMJ	10
Climara 50 50mcg/day Transdermal Patch	02231509	BEX	246
Climara 100 100mcg/day Transdermal Patch	02231510	BEX	246
CLINDAMYCIN HCL			18
CLINDAMYCIN PALMITATE			18
CLINDAMYCIN PHOSPHATE			19
Clindamycin Phosphate Injection USP 300mg/2mL Inj Sol-2mL Pk	02230540	SIL	19
Clinoril 150mg Tab (Not a Benefit)	00456888	FRS	127
Clinoril 200mg Tab (Not a Benefit)	00432369	FRS	127
CLOBAZAM			141
CLOBETASOL PROPIONATE			275
Clobetasol Propionate 0.05% Cr	00878723	KNR	275
Clobetasol Propionate 0.05% Cr	02245523	OPI	275
Clobetasol Propionate 0.05% Oint	00881678	KNR	275
Clobetasol Propionate 0.05% Oint	02245524	OPI	275
Clobetasol Propionate 0.05% Scalp Lot	00878707	KNR	275
Clobetasol Propionate 0.05% Scalp Lot	02245522	OPI	275
CLOBETASONE BUTYRATE			276
CLODRONATE DISODIUM			296
CLODRONATE DISODIUM TETRAHYDRATE			295
CLOFIBRATE			91
CLOMIPRAMINE HCL			148
Clonapam 0.5mg Tab	02230366	ICN	141
Clonapam 2mg Tab	02230369	ICN	142
CLONAZEPAM			141
CLONIDINE HCL			97
CLORAZEPATE DIPOTASSIUM			160
Clotrimaderm 10mg/g Cr	00812382	TAR	266

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Clotrimaderm Vaginal Cream 10mg/g Vag Cr-App	00812366	TAR	266
Clotrimaderm Vaginal Cream 20mg/g Vag Cr-App	00812374	TAR	266
CLOTRIMAZOLE			266
CLOXACILLIN			12
COAL TAR EXTRACT			283
Codeine 5mg/mL O/L	00093114	DCL	130
Codeine 5mg/mL O/L	00779474	ROG	130
Codeine 15mg Tab	00093122	DCL	130
Codeine 15mg Tab	00779458	ROG	130
Codeine 30mg Tab	00093130	DCL	130
Codeine 30mg Tab	00779466	ROG	130
Codeine 60mg Tab	00093149	DCL	130
Codeine Contin 50mg CR Tab	02230302	PFP	130
Codeine Contin 100mg CR Tab	02163748	PFP	130
Codeine Contin 150mg CR Tab	02163780	PFP	130
Codeine Contin 200mg CR Tab	02163799	PFP	130
CODEINE PHOSPHATE			130
Codeine Phosphate 15mg Tab	00593435	TCH	130
Codeine Phosphate 30mg Tab	00593451	TCH	130
CODEINE SULFATE TRIHYDRATE & MONOHYDRATE			130
Cogentin 2mg/2mL Inj Sol-2mL Pk	00016128	MSD	51
Cogentin 2mg Tab	00016357	MSD	51
Colace 100mg Cap	00464767	BQU	210
Colace 4mg/mL O/L	02086018	SHI	210
Colace 10mg/mL O/L	02090163	SHI	210
COLCHICINE			296
Colchicine 0.6mg Tab	00000396	ABB	296
Colchicine 0.6mg Tab	00287873	ROG	296
Colchicine 1mg Tab	00206032	ROG	296
Colestid Orange Gran-7.5g Pk	02132699	PMJ	91
Colestid Orange Gran-60 Dose Pk	09853499	PMJ	91
Colestid Regular Gran-5g Pk	00642975	PMJ	91
COLESTIPOL HCL			91
COLLAGENASE			284
Colyte Pd-4L Pk	00677442	RCA	180
Combivent 20mcg/100mcg/md Aero Inh	02163721	BOE	52
Combivent UDV 500mcg/2.5mg/2.5mL Inh Sol-2.5mL Pk	02231675	BOE	52
Combivir 150mg & 300mg Tab	02239213	GLW	27
CONJUGATED EQUINE ESTROGEN & MEDROXYPROGESTERONE ACETATE			245
CONJUGATED ESTROGENS			245
Coptin 9mg/mL & 41mg/mL Oral Susp	00745618	BFI	38
Coptin 90mg & 410mg Tab	00656933	BFI	38
Coradur-SR 20mg LA Tab (Not a Benefit)	00786683	GLA	111
Cordarone 200mg Tab	02036282	WAY	79

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Coreg 3.125mg Tab	02229650	SMJ	81
Coreg 6.25mg Tab	02229651	SMJ	81
Coreg 12.5mg Tab	02229652	SMJ	81
Coreg 25mg Tab	02229653	SMJ	81
Corgard 40mg Tab	00607126	BQU	86
Corgard 80mg Tab	00463256	BQU	86
Corgard 160mg Tab	00523372	BQU	86
Cortate 0.5% Cr	00513288	SCH	279
Cortate 1% Cr	00502200	SCH	279
Cortate 0.5% Oint	00513261	SCH	279
Cortate 1% Oint	00502197	SCH	279
Cortef 20mg Tab	00030929	UPJ	242
Cortenema 100mg/60mL Enema-60mL Pk	02112736	BFI	223
Corticreme 1% Cr (Not a Benefit)	00477699	ROG	279
Cortifoam 10% Rect Aero-15g Pk	00579335	RCA	223
CORTISONE ACETATE			240
Cortisone-ICN 25mg Tab (Not a Benefit)	00280437	ICN	240
Cortisporin 10000U & 5mg & 10mg/mL Ot Sol	01912828	BWE	191
Cortoderm 0.5% Oint	00716685	TAR	279
Cortoderm 1% Oint	00716693	TAR	279
Cortone 5mg Tab	00016438	MSD	240
Cortone 25mg Tab	00016446	MSD	240
Cosopt 2% & 0.5% Oph Sol	02240113	FRS	200
COSYNTROPIN ZINC HYDROXIDE			177
Cotazym 8000 & 30000 & 30000 USP Units Cap	00263818	ORG	214
Cotazym ECS 4 4000 & 11000 & 11000 USP Units Ent Microsph Cap	02181215	ORG	214
Cotazym ECS 8 8000 & 30000 & 30000 USP Units Ent Microsph Cap	00502790	ORG	214
Cotazym ECS 20 20000 & 55000 & 55000 USP Units Ent Microsph Cap	00821373	ORG	214
Coumadin 1mg Tab	01918311	DUP	76
Coumadin 2mg Tab	01918338	DUP	76
Coumadin 2.5mg Tab	01918346	DUP	76
Coumadin 3mg Tab	02240205	DUP	76
Coumadin 4mg Tab	02007959	DUP	76
Coumadin 5mg Tab	01918354	DUP	76
Coumadin 10mg Tab	01918362	DUP	77
Coversyl 2mg Tab	02123274	SEV	104
Coversyl 4mg Tab	02123282	SEV	104
Cozaar 25mg Tab	02182815	FRS	102
Cozaar 50mg Tab	02182874	FRS	102
Cozaar 100mg Tab	02182882	FRS	102
Creon 5 5000 & 16600 & 18750 USP Units Ent Minimicrosph Cap	02239007	SPH	214

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Creon 10 10000 & 33200 & 37500 USP Units Ent Minimicrosph Cap	02200104	SPH	214
Creon 20 20000 & 66400 & 75000 USP Units Ent Minimicrosph Cap	02239008	SPH	214
Creon 25 25000 & 74000 & 62500 USP Units Ent Minimicrosph Cap	01985205	SPH	214
Crixivan 200mg Cap	02229161	FRS	26
Crixivan 400mg Cap	02229196	FRS	26
Cromolyn 2% Oph Sol	02009277	PMS	204
Cuprimine 125mg Cap	00497894	MSD	237
Cuprimine 250mg Cap	00016055	MSD	237
CYANOCOBALAMIN			289
Cyanocobalamin 1mg/mL Inj Sol-10mL Pk	01987003	CYI	289
Cyanocobalamin 1mg/mL Inj Sol-10mL Pk	02052717	TAR	289
Cyclen 0.25mg & 0.035mg Tab-21 Pk	01968440	OMC	260
Cyclen 0.25mg & 0.035mg Tab-28 Pk	01992872	OMC	260
CYCLOBENZAPRINE HCL			69
Cyclocort 0.1% Cr	02192284	STI	272
Cyclocort 0.1% Lot	02192276	STI	272
Cyclocort 0.1% Oint	02192268	STI	272
Cyclomen 50mg Cap	02018144	SAO	244
Cyclomen 100mg Cap	02018152	SAO	244
Cyclomen 200mg Cap	02018160	SAO	244
CYCLOPHOSPHAMIDE			41
CYCLOSPORINE			297
CYPROTERONE ACETATE			41
CYTARABINE			41
Cytosar 100mg Inj Pd-Vial Pk	00386715	UPJ	41
Cytosar 500mg Inj Pd-Vial Pk	00194727	UPJ	41
Cytosar 1g Inj Pd-Vial Pk	00646296	UPJ	41
Cytosar 2g Inj Pd-Vial Pk	00646318	UPJ	41
Cytotec 100mcg Tab	00813966	SEA	227
Cytotec 200mcg Tab	00632600	SEA	227
Cytovene 500mg/Vial Pd Inj-10mL Pk	00865516	SYN	26
Cytosan 25mg Tab	00344877	BQU	41
Cytosan 50mg Tab	00344885	BQU	41
DACARBAZINE			41
Dagenan 500mg Tab	01944827	AVE	30
Dalacin C 150mg Cap	00030570	UPJ	18
Dalacin C 300mg Cap	02182866	UPJ	18
Dalacin C 300mg/2mL Inj Sol-2mL Pk	00260436	UPJ	19
Dalacin C 15mg/mL O/L	00225851	UPJ	18
Dalmane 15mg Cap	00012696	HLR	172
Dalmane 30mg Cap	00012718	HLR	172
DALTEPARIN SODIUM			72

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
DANAZOL			244
Dantrium 25mg Cap	01997602	PGP	69
Dantrium 100mg Cap	01997653	PGP	69
DANTROLENE SODIUM			69
DAPSONE			31
DAUNORUBICIN			42
DDAVP 0.1mg/mL Nas Sol-2.5mL Pk	00402516	FEI	256
DDAVP 10mcg/Met Dose Nas Sp-2.5mL Pk	00836362	FEI	256
DDAVP 0.1mg Tab	00824305	FEI	256
DDAVP 0.2mg Tab	00824143	FEI	256
Decadron 4mg/mL Inj Sol	00213624	MSD	240
Decadron 0.1% Oph/Ot Sol (Not a Benefit)	00016217	MSD	193
Decadron 0.5mg Tab	00016462	MSD	240
Decadron 4mg Tab	00354309	MSD	241
Delatestryl 1000mg/5mL Oily Inj Sol-5mL Pk	00029246	BQU	244
DELAVIRDINE MESYLATE			25
DELTA-9-TETRAHYDROCANNABINOL			216
Deltasone 5mg Tab (Not a Benefit)	00210188	UPJ	243
Deltasone 50mg Tab	00252417	UPJ	243
Demerol 50mg Tab	02138018	SAO	133
Demulen 30 0.03mg & 2mg Tab-21 Pk	00469327	SEA	257
Demulen 30 0.03mg & 2mg Tab-28 Pk	00471526	SEA	257
Depakene 250mg Cap	00443840	ABB	146
Depakene 500mg Ent Cap	00507989	ABB	147
Depakene 50mg/mL O/L	00443832	ABB	146
Depen 250mg Tab	00511641	HOR	237
Depo-Medrol 40mg/mL Inj Susp-1mL Pk	00030759	UPJ	242
Depo-Medrol 80mg/mL Inj Susp-1mL Pk	00030767	UPJ	242
Depo-Medrol 100mg/5mL Inj Susp-5mL Pk	01934325	UPJ	242
Depo-Provera 150mg/mL Inj	00585092	PHA	259
Depo-Provera 50mg/mL Inj Sol-5mL Pk	00030848	PHA	259
Depo-Testosterone 100mg/mL Oily Inj Sol-10mL Pk	00030783	UPJ	244
Deproic 250mg Cap	02217414	TCH	146
Deproic 50mg/mL O/L	02238042	TCH	146
Deproic Acid 500mg Ent Cap	02231489	TCH	147
Dermasone 0.05% Cr	01910272	TCH	275
Dermasone 0.05% Oint	01910280	TCH	275
Dermasone 0.05% Scalp Lot	01910299	TCH	275
Dermovate 0.05% Cr	02213265	OPI	275
Dermovate 0.05% Oint	02213273	OPI	275
Dermovate 0.05% Scalp Lot	02213281	OPI	275
DESIPRAMINE			149
Desipramine Hydrochloride 25mg Tab	01948784	KNR	149
Desipramine Hydrochloride 50mg Tab	01948792	KNR	149

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Desipramine Hydrochloride 75mg Tab	01948806	KNR	149
DESMOPRESSIN ACETATE			256
Desocort 0.05% Cr	02048639	GAC	276
Desocort 0.05% Lot	02115514	GAC	276
Desocort 0.05% Oint	02115522	GAC	276
DESOGESTREL & ETHINYL ESTRADIOL			256
DESONIDE			276
Desquam-X5 5% Gel	01908863	WSQ	282
Desquam-X10 10% Gel	01908871	WSQ	282
Desyrel 50mg Tab	00579351	BQU	156
Desyrel 100mg Tab	00579378	BQU	157
Desyrel Dividose 150mg Tab	00702277	BQU	157
Detrol 1mg Tab	02239064	PHA	307
Detrol 2mg Tab	02239065	PHA	307
DEXAMETHASONE			193, 240
DEXAMETHASONE 21-PHOSPHATE			240
Dexamethasone Sodium 4mg/mL Inj Sol	00664227	SIL	240
Dexamethasone Sodium 4mg/mL Inj Sol	01977547	CYI	240
Dexamethasone Sodium 0.1% Oph/Ot Sol	02212978	RIV	193
DEXAMPHETAMINE SULFATE			171
Dexedrine 5mg Tab	01924516	SMJ	171
DEXTRAN 70 & HYDROXYPROPYL METHYLCELLULOSE			199
DEXTRAN 70 & HYDROXYPROPYL METHYLCELLULOSE & POLYQUAD			199
DEXTROMETHORPHAN HBR			187
Diabeta 2.5mg Tab	02224550	AVE	250
Diabeta 5mg Tab	02224569	AVE	250
Diabinese 100mg Tab	00024708	PFI	249
Diabinese 250mg Tab (Not a Benefit)	00024716	PFI	249
Diamox 250mg Tab	02238072	WAY	198
Diarr-eze 2mg Caplet	02229552	PMS	209
Diastat 5mg/mL Rect Gel-2x5mg Pk	02238162	ELA	161
Diastat 5mg/mL Rect Gel-2x10mg Pk	09853340	ELA	161
Diastat 5mg/mL Rect Gel-2x15mg Pk	09853430	ELA	161
DIAZEPAM			161
Diclectin 10mg & 10mg SR Tab	00609129	DUI	217
DICLOFENAC SODIUM			115, 200
DICLOFENAC SODIUM & MISOPROSTOL			115
Diclotec 50mg Sup	02237786	TCH	116
Diclotec 100mg Sup	02237787	TCH	116
Didrocal 400mg/500mg Tab-90 Tablets Kit	02176017	PGP	297
Didronel 200mg Tab	01997629	PGP	298
DIFLORASONE DIACETATE			276
Diflucan 50mg Tab	00891800	PFI	5
Diflucan 100mg Tab	00891819	PFI	5

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Diflucan P.O.S. 10mg/mL O/L	02024152	PFI	4
Diflucan-150 150mg Cap	02141442	PFI	267
DIFLUCORTOLONE VALERATE			276
DIFLUNISAL			117
DIGOXIN			81
DIHYDROTACHYSTEROL			291
Dilantin 30mg Cap	00022772	PDA	145
Dilantin 100mg Cap	00022780	PDA	145
Dilantin 6mg/mL O/L	00023442	PDA	145
Dilantin 25mg/mL O/L	00023450	PDA	145
Dilantin 50mg Tab	00023698	PDA	145
Dilaudid 2mg/mL Inj Sol-1mL Pk	00627100	KNO	132
Dilaudid 1mg/mL Oral Sol	00786535	KNO	133
Dilaudid 3mg Sup	00125105	KNO	133
Dilaudid 1mg Tab	00705438	KNO	133
Dilaudid 2mg Tab	00125083	KNO	133
Dilaudid 4mg Tab	00125121	KNO	133
Dilaudid 8mg Tab	00786543	KNO	133
Dilaudid Sterile Powder 250mg Pd Vial Pk	02085895	KNO	133
Dilaudid-HP 10mg/mL Inj Sol-1mL Pk	00622133	KNO	132
Dilaudid-HP-Plus 20mg/mL Inj	02146118	KNO	132
Dilaudid-XP 50mg/mL Inj-1mL Pk	02145863	KNO	132
DILTIAZEM HCL			82
DIMENHYDRINATE			216
Dimenhydrinate 50mg Tab (Not a Benefit)	00398381	DCL	216
Diocarpine 1% Oph Sol	02023725	DKT	196
Diocarpine 2% Oph Sol	02023741	DKT	196
Diocarpine 4% Oph Sol	02023733	DKT	196
Diodex 0.1% Oph/Ot Sol	02023865	DKT	193
Diodoquin 650mg Tab	01997750	GLE	34
Diogent 0.3% Oph Sol	02023822	DKT	190
Diopred 1% Oph Susp	02023768	DKT	194
Diovan 80mg Cap	02236808	NOV	109
Diovan 160mg Cap	02236809	NOV	109
Diovan-HCT 80mg/12.5mg Tab	02241900	NOV	110
Diovan-HCT 160mg/12.5mg Tab	02241901	NOV	110
Diovol EX 600mg & 300mg Chew Tab dpp (Not a Benefit)	00621544	HOR	207
Diovol EX 120mg & 60mg/mL O/L dpp (Not a Benefit)	00491217	HOR	207
Dipentum 250mg Cap	00875848	KAP	227
DIPHENHYDRAMINE HCL			1
DIPHENOXYLATE HYDROCHLORIDE & ATROPINE SULFATE			208
DIPIVEFRIN HCL			197
Diprolene 0.05% Oint	00629367	SCH	273
Diprolene Glycol 0.05% Cr	00688622	SCH	273

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Diprosone 0.05% Cr	00323071	SCH	273
Diprosone 0.05% Lot	00417246	SCH	274
Diprosone 0.05% Oint	00344923	SCH	274
DIPYRIDAMOLE & ACETYLSALICYLIC ACID			111
DISOPYRAMIDE			84
DISULFIRAM			297
Ditropan 1mg/mL O/L	01924753	PGP	55
Ditropan 5mg Tab	01924761	PGP	55
DIVALPROEX SODIUM			142
DOCUSATE CALCIUM (DIOCTYL CALCIUM SULFOSUCCINATE)			210
Docusate Sodium 100mg Cap	00716731	TAR	210
DOCUSATE SODIUM (DIOCTYL SODIUM SULFOSUCCINATE)			210
DOLASETRON MESYLATE			217
Dolobid 250mg Tab	00587699	FRS	117
Dolobid 500mg Tab (Not a Benefit)	00576131	FRS	117
DOMPERIDONE MALEATE			222
Domperidone Maleate 10mg Tab	01912070	KNR	222
DONEPEZIL HCL			49
DORZOLAMIDE HCL			200
DORZOLAMIDE HCL & TIMOLOL MALEATE			200
Dovonex 50mcg/g Cr	02150956	LEO	284
Dovonex 50mcg/g Oint	01976133	LEO	284
DOXAZOSIN MESYLATE			97
DOXEPIN HCL			150
DOXYLAMINE SUCCINATE AND PYRIDOXINE HCL			217
Drisdol 8288IU/mL O/L	02017598	SAO	291
DTIC Inj Pd-200mg Pk	02154854	BAH	41
Dulcolax 2mg/mL Enema	00286265	BOE	209
Dulcolax 5mg Ent Tab	00254142	BOE	209
Dulcolax 5mg Sup	00003867	BOE	210
Dulcolax 10mg Sup	00003875	BOE	210
Duolube 80%/20% Oph Oint-3.5g Pk	02125706	BSH	203
Duragesic 25 25mcg/hr Trans Patch	01937383	JNO	131
Duragesic 50 50mcg/hr Trans Patch	01937391	JNO	131
Duragesic 75 75mcg/hr Trans Patch	01937405	JNO	131
Duragesic 100 100mcg/hr Trans Patch	01937413	JNO	131
Duricef 500mg Cap	00507245	BQU	16
Duvoid 10mg Tab	01947958	SHI	49
Duvoid 25mg Tab	01947931	SHI	49
Duvoid 50mg Tab	01947923	SHI	49
Dyazide 25mg & 50mg Tab	01919547	SMJ	183
Dyrenium 50mg Tab	01919563	SMJ	185
Dyrenium 100mg Tab	01919571	SMJ	185
E-Pilo 4 4% & 1% Oph Sol	02133202	CBV	196

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ECHOTHIOPHATE IODIDE			195
ECONAZOLE NITRATE			266
Ecostatin 1% Cr	02011948	WSQ	266
Ecostatin 150mg Vag Sup	02010267	WSQ	266
Ectosone 0.1% Scalp Lot	00653217	TCH	275
Ectosone Mild 0.05% Cr	00535427	TCH	274
Ectosone Mild 0.05% Lot	00653209	TCH	274
Ectosone Regular 0.1% Cr	00535435	TCH	274
Ectosone Regular 0.1% Lot	00750050	TCH	274
Edecrin 50mg Tab	00016497	MSD	182
EES-200 40mg/mL O/L	00000299	ABB	8
EES-400 80mg/mL O/L	00453617	ABB	8
EES-600 600mg Tab	00583782	ABB	8
EFAVIRENZ			25
Effexor XR 37.5mg ER Cap	02237279	WAY	158
Effexor XR 75mg ER Cap	02237280	WAY	158
Effexor XR 150mg ER Cap	02237282	WAY	158
Efudex 5% Cr	00330582	HLR	284
Elavil 2mg/mL O/L	00016306	MSD	147
Elavil 10mg Tab (Not a Benefit)	00016322	MSD	147
Elavil 25mg Tab (Not a Benefit)	00016330	MSD	147
Elavil 50mg Tab (Not a Benefit)	00016349	MSD	148
Eldepryl 5mg Tab	02123312	BJH	304
ELECTROLYTE & DEXTROSE			179
Elocom 0.1% Cr	00851744	SCH	280
Elocom 0.1% Lot	00871095	SCH	280
Elocom 0.1% Oint	00851736	SCH	280
Eltroxin 0.05mg Tab	02213192	GLW	260
Eltroxin 0.1mg Tab	02213206	GLW	261
Eltroxin 0.15mg Tab	02213214	GLW	261
Eltroxin 0.2mg Tab	02213222	GLW	261
Eltroxin 0.3mg Tab	02213230	GLW	261
Emcyt 140mg Cap	00780278	KAP	42
Emo-Cort 1% Cr	00192597	TCD	279
Emo-Cort 2.5% Cr	00595799	TCD	279
Emo-Cort 1% Lot	00192600	TCD	279
Emo-Cort 2.5% Lot	00595802	TCD	279
Empracet-30 300mg & 30mg Tab	00666130	BWE	128
Empracet-60 300mg & 60mg Tab (Not a Benefit)	00666149	BWE	129
Emtec-30 300mg & 30mg Tab	00608882	TCH	128
ENALAPRIL MALEATE			98
Endantadine 100mg Cap	02034468	DUP	294
Endo Levodopa/Carbid 100mg & 10mg Tab	02126176	DUP	300
Endo Levodopa/Carbid 100mg & 25mg Tab	02126168	DUP	300

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Endo Levodopa/Carbid 250mg & 25mg Tab	02126184	DUP	300
Endocet 5mg & 325mg Tab	01916548	EDM	138
Endodan 5mg & 325mg Tab	01916483	EDM	139
Enemol 160mg & 60mg/mL Rect Sol	02096900	DPC	212
ENOXAPARIN SODIUM			73
Entacyl Gran 2g Pk	02100215	SHI	3
Entrophen 325mg Ent Tab	00010332	FRS	113
Entrophen 650mg Ent Tab	00010340	FRS	113
Epifrin 1% Oph Sol	00001104	ALL	197
EPINEPHRINE			57
EPINEPHRINE HCL			57, 197
EPINEPHRINE HCL (RACEMIC)			57
Epival 125mg Ent Tab	00596418	ABB	142
Epival 250mg Ent Tab	00596426	ABB	142
Epival 500mg Ent Tab	00596434	ABB	142
EPROSARTAN MESYLATE			98
Ergamisol 50mg Tab	00846368	JAN	45
ERGOCALCIFEROL			291
Ergomar 2mg SL Tab	00328952	AVE	68
ERGONOVINE MALEATE			263
ERGOTAMINE & PENTOBARBITAL COMPOUND			68
ERGOTAMINE TARTRATE			68
ERGOTAMINE TARTRATE & CAFFEINE			68
Ergotrate 0.2mg Tab	00015709	LIL	263
ERYC 250mg Ent Pel Cap	00607142	PDA	7
Erythrocin 250mg Tab	00000434	ABB	9
Erythrocin 500mg Tab	00266515	ABB	9
Erythromid 250mg Tab (Not a Benefit)	00244635	ABB	7
ERYTHROMYCIN			265
ERYTHROMYCIN & ETHYL ALCOHOL			265
ERYTHROMYCIN BASE			7
ERYTHROMYCIN ESTOLATE			8
ERYTHROMYCIN ETHYLSUCCINATE			8
ERYTHROMYCIN ETHYLSUCCINATE & SULFISOXAZOLE ACETYL			8
ERYTHROMYCIN STEARATE			9
ESDEPALLETHRIN & PIPERONYL BUTOXIDE			269
Estalis Transdermal Pad 140/50mcg 2.7mg/0.62mg Patch	02241835	NOV	248
Estalis Transdermal Pad 250/50mcg 4.8mg/0.51mg Patch	02241837	NOV	248
Estalis-Sequi 140/50 4.33mg plus 2.7mg/0.62mg Trans Patch-28 Day Pk	02243529	NOV	247
Estalis-Sequi 250/50 4.33mg plus 4.8mg/0.51mg Trans Patch-28 Day Pk	02243530	NOV	247
Estar 2% Gel	01909185	WSQ	283
Estinyl 0.05mg Tab	00028223	SCH	248
Estinyl 0.5mg Tab	00028231	SCH	248

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Estracomb 250/50 Transdermal Patch	02108186	NOV	245
Estraderm 25ug Patch	00756849	NOV	246
Estraderm 50ug Patch	00756857	NOV	246
Estraderm 100ug Patch	00756792	NOV	246
ESTRADERM 50 & ESTRAGEST			245
ESTRADIOL			247
ESTRADIOL 17-B			246
ESTRADIOL 17-B & NORETHINDRONE ACETATE+ESTRADIOL 17-B			247
Estradot 37.5mcg Patch	02243999	NOV	246
Estradot 50mcg Patch	02244000	NOV	246
Estradot 75mcg Patch	02244001	NOV	246
Estradot 100mcg Patch	02244002	NOV	246
ESTRAMUSTINE PHOSPHATE DISODIUM			42
Estring 2mg Vag Ring	02168898	PMJ	247
Estrogeel 0.06% Metered Dose Pump-Pk	02238704	SCH	247
ESTROPIPATE (CALCULATED AS SODIUM ESTRONE SULFATE 1.25MG)			247
ESTROPIPATE (CALCULATED AS SODIUM ESTRONE SULFATE 2.5MG)			247
ETHACRYNIC ACID			182
ETHAMBUTOL HCL			21
ETHINYL ESTRADIOL			248
ETHINYL ESTRADIOL & ETHYNODIOL DIACETATE			257
ETHINYL ESTRADIOL & LEVONORGESTREL			257
ETHINYL ESTRADIOL & NORETHINDRONE			258
ETHINYL ESTRADIOL & NORETHINDRONE ACETATE			257
ETHINYL ESTRADIOL & NORGESTREL			258
ETHOPROPAZINE HCL			52
ETHOSUXIMIDE			142
Etibi 100mg Tab	00247960	ICN	21
Etibi 400mg Tab	00247979	ICN	21
ETIDRONATE DISODIUM			298
ETIDRONATE DISODIUM/CALCIUM CARBONATE			297
ETOPOSIDE			42
Euflex 250mg Tab	00637726	SCH	42
Euglucon 2.5mg Tab	00720933	BOM	250
Euglucon 5mg Tab	00720941	BOM	250
Eumovate 0.05% Cr	02214415	GLW	276
Eumovate 0.05% Oint	02214423	GLW	276
Evista 60mg Tab	02239028	LIL	302
Exelon 1.5mg Cap	02242115	NOV	51
Exelon 3mg Cap	02242116	NOV	51
Exelon 4.5mg Cap	02242117	NOV	51
Exelon 6mg Cap	02242118	NOV	51
EXEMESTANE			42
FAMCICLOVIR			26

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FAMOTIDINE			223
Famvir 500mg Tab	02177102	NOV	26
Feldene 10mg Cap	00525596	PFI	125
Feldene 20mg Cap	00525618	PFI	125
Feldene 10mg Sup	00632708	PFI	125
Feldene 20mg Sup	00632716	PFI	126
FELODIPINE			98
Femara 2.5mg Tab	02231384	NOV	44
FENOFIBRATE			91
FENOPROFEN			117
FENOTEROL HBR			58
FENTANYL TRANSDERMAL SYSTEM			131
Fer-In-Sol 75mg/mL O/L	00762954	MJS	71
FERROUS FUMARATE			71
FERROUS GLUCONATE			71
Ferrous Gluconate 300mg Tab	00041157	LEA	71
Ferrous Gluconate 300mg Tab	00094714	DCL	71
Ferrous Gluconate 300mg Tab (Not a Benefit)	00031097	RPR	71
FERROUS SUCCINATE			71
FERROUS SULFATE			71
Fexicam 20mg Sup	02238028	TCH	126
Fibyrax Tab	00779768	LED	211
Flagyl 500mg Cap	01926853	AVE	31
Flagyl 250mg Tab (Not a Benefit)	01926896	RPP	31
Flagyl 10% Vag Cr-App	01926861	AVE	271
Flagyl 500mg Vag Tab-App	01926888	RPP	271
Flagystatin 500mg & 100000U/g Vag Cr-Ap	01926845	AVE	271
Flagystatin 500mg & 100000U Vag Sup	01926829	AVE	271
Flagystatin 500mg & 100000U Vag Tab-App	01926837	RPP	271
Flamazine 1% Cr	00323098	SNE	272
Flamazine 1% Cr-50g Pk	09854037	SNE	272
Flarex 0.1% Oph Susp	00756784	ALC	194
FLAVOXATE HCL			52
FLECAINIDE ACETATE			84
Fleet Enema	00107875	FRS	211
Fleet 160mg & 60mg/mL Ped Rect Sol	00108065	FRS	212
Fleet 160mg & 60mg/mL Rect Sol	00009911	FRS	212
Flexeril 10mg Tab (Not a Benefit)	00782742	FRS	69
Flexitec 10mg Tab (Not a Benefit)	02236506	TCH	69
FLOCTAFENINE			117
Flomax 0.4mg Cap	02238123	BOE	305
Florinef 0.1mg Tab	02086026	SHI	241
Florone 0.05% Cr	00481807	UPJ	276
Florone 0.05% Oint	00481793	UPJ	276

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Flovent 125mcg/Metered Dose Inh-120 Dose Pk	02213605	GLW	241
Flovent 250mcg/Metered Dose Inh-120 Dose Pk	02213613	GLW	241
Flovent Diskus 250mcg/Blister Pd Inh-60 Dose Pk	02237246	GLW	241
Flovent Diskus 500mcg/Blister Pd Inh-60 Dose Pk	02237247	GLW	241
Flovent HFA 50mcg/Metered Dose Inh-120 Dose Pk	02244291	GSK	241
Flovent HFA 125mcg/Metered Dose Inh-120 Dose Pk	02244292	GSK	241
Flovent HFA 250mcg/Metered Dose Inh-120 Dose Pk	02244293	GSK	241
Flovent Inhalation Aerosol (MDI) 50mcg/Metered Dose Inh-120 Dose Pk	02213591	GSK	241
Floxin 200mg Tab (Not a Benefit)	01968424	JNO	37
Floxin 300mg Tab	01968416	JNO	37
Floxin 400mg Tab	01968408	JNO	37
Fluanxol 0.5mg Tab	02156008	VLH	161
Fluanxol 3mg Tab	02156016	VLH	161
Fluanxol Depot 200mg/2mL Inj Sol-2mL Pk	02156040	VLH	161
Fluanxol Depot 200mg/10mL Inj Sol-10mL Pk	02156032	VLH	161
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Fluoderm 0.01% Cr	00716782	TAR	277
Fluoderm 0.025% Cr	00716790	TAR	277
Fluoderm 0.01% Oint	00716804	TAR	277
Fluoderm 0.025% Oint	00716812	TAR	277
FLUOROMETHOLONE			194
FLUOROMETHOLONE ACETATE			194
FLUOROURACIL			42, 284
Fluorouracil 500mg/10mL Inj Sol-10mL Pk	00012882	HLR	42
Fluotic 20mg Tab	02099225	AVE	304
FLUOXETINE HCL			151
FLUOXYMESTERONE			244
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Flurbiprofen 50mg Tab	00675202	KNR	118
Flurbiprofen 100mg Tab	00675199	KNR	118

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FLUVOXAMINE MALEATE			151
FML 0.1% Oph Susp	00247855	ALL	194
FOLIC ACID			289
Folic Acid 5mg Tab	00498777	LEA	289
Folvite 5mg Tab (Not a Benefit)	00014966	LED	289
Foradil 12mcg/Cap Inh Pd-Device Pk	02230898	NOV	59
FORMOTEROL FUMARATE			59
FORMOTEROL FUMARATE DIHYDRATE			59
Fortovase 200mg Cap	02239083	HLR	29
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Fosamax 70mg Tab	02245329	FRS	293
FOSINOPRIL SODIUM			99
Fragmin 2500IU/0.2mL Inj Pref Syr	02132621	PHA	72
Fragmin 5000IU/0.2mL Inj Pref Syr	02132648	PHA	72
Fragmin 10000IU/0.4mL Inj Pref Syr	09853790	PMJ	72
Fragmin 12500IU/0.5mL Inj Pref Syr	09853820	PMJ	72
Fragmin 15000IU/0.6mL Inj Pref Syr	09853880	PMJ	72
Fragmin 18000IU/0.72mL Inj Pref Syr	09853910	PMJ	72
Fragmin 10000IU/mL Inj Sol-1mL Pk	02132664	PHA	72
Fragmin 2500IU/mL Inj Sol-4mL Pk	02132656	PMJ	72
Fragmin 25000IU/mL Multidose 3.8 Pk	02231171	PHA	72
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Fraxiparine 9500IU/mL Pref Syr-0.2mL Pk	02236913	SAO	74
Fraxiparine 9500IU/mL Pref Syr-0.3mL Pk	09853936	SAO	74
Fraxiparine 9500IU/mL Pref Syr-0.4mL Pk	09853944	SAO	74
Fraxiparine 9500IU/mL Pref Syr-0.6mL Pk	09853952	SAO	74
Fraxiparine 9500IU/mL Pref Syr-0.8mL Pk	09853979	SAO	74
Fraxiparine 9500IU/mL Pref Syr-1.0mL Pk	09853987	SAO	74
Fraxiparine Forte 19000IU/mL Pref Syr-0.6mL Pk	02240114	SAO	74
Fraxiparine Forte 19000IU/mL Pref Syr-0.8mL Pk	09854100	SAO	74
Fraxiparine Forte 19000IU/mL Pref Syr-1.0mL Pk	09854118	SAO	74
Frisium 10mg Tab	02221799	AVE	141
Froben 50mg Tab	02223066	KNO	118
Froben 100mg Tab	02223074	KNO	118
Fucidin 2% Cr	00586668	LEO	265
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Fucidin Leo 250mg Tab	01934252	LEO	20
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GALANTAMINE HYDROBROMIDE			50
GANCICLOVIR SODIUM			26
Garamycin 80mg/2mL Inj Sol-2mL Pk	00223824	SCH	19
Garamycin 0.3% Oph Oint-3.5g Pk	00028339	SCH	190
Garamycin 0.3% Oph Sol	00512192	SCH	190
Garamycin 0.3% Ot Sol	00512184	SCH	190
Garasone 3mg & 1mg/mL Oph/Ot Drops	00682217	SCH	189
Gastrolyte Oral Pd-1 Sach Pk	01931563	RPP	180
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GEL-OSE 40% Jelly-Unidose Pk	00739561	JOU	211
Gelusil Extra Strength 400mg & 400mg Tab dpp (Not a Benefit)	00483605	PDA	207
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Gemfibrozil 300mg Cap	00851922	CIL	92
Gen-Acebutolol 100mg Tab	02237721	GEN	79
Gen-Acebutolol 200mg Tab	02237722	GEN	79
Gen-Acebutolol 400mg Tab	02237723	GEN	79
Gen-Acebutolol (Type S) 100mg Tab	02237885	GEN	79
Gen-Acebutolol (Type S) 200mg Tab	02237886	GEN	79
Gen-Acebutolol (Type S) 400mg Tab	02237887	GEN	79
Gen-Acyclovir 800mg Tab	02242464	GEN	24
Gen-Alprazolam 0.25mg Tab	02137534	GEN	158
Gen-Alprazolam 0.5mg Tab	02137542	GEN	158
Gen-Amantadine 100mg Cap	02139200	GEN	294
Gen-Amiodarone 200mg Tab	02240604	GEN	79
Gen-Amoxicillin 250mg Cap	02238171	GEN	10
Gen-Amoxicillin 500mg Cap	02238172	GEN	10
Gen-Atenolol 50mg Tab	02146894	GEN	80
Gen-Atenolol 100mg Tab	02147432	GEN	80
Gen-Azathioprine 50mg Tab	02231491	GEN	294
Gen-Baclofen 10mg Tab	02088398	GEN	69
Gen-Baclofen 20mg Tab	02088401	GEN	69
Gen-Beclo AQ 50mcg Nas Sp-200 Dose Pk	02172712	GEN	192
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Gen-Bromazepam 6mg Tab	02192721	GEN	159
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Gen-Captopril 12.5mg Tab	02163551	GEN	95

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Gen-Captopril 50mg Tab	02163586	GEN	96
Gen-Captopril 100mg Tab	02163594	GEN	96
Gen-Carbamazepine CR 200mg LA Tab	02241882	GEN	140
Gen-Carbamazepine CR 400mg LA Tab	02241883	GEN	140
Gen-Cimetidine 200mg Tab	02227436	GEN	221
Gen-Cimetidine 300mg Tab	02227444	GEN	221
Gen-Cimetidine 400mg Tab	02227452	GEN	221
Gen-Cimetidine 600mg Tab	02227460	GEN	222
Gen-Clobetasol 0.05% Cr	02024187	GEN	275
Gen-Clobetasol 0.05% Oint	02026767	GEN	275
Gen-Clobetasol 0.05% Scalp Lot	02216213	GEN	275
Gen-Clomipramine 10mg Tab	02139340	GEN	148
Gen-Clomipramine 25mg Tab	02139359	GEN	149
Gen-Clomipramine 50mg Tab	02139367	GEN	149
Gen-Clonazepam 0.5mg Tab	02230950	GEN	141
Gen-Clonazepam 2mg Tab	02230951	GEN	142
Gen-Cromoglycate 1% Inh Sol-2mL Pk	02219468	GEN	304
Gen-Cromoglycate 2% Nas Sol-26mL Pk	02231326	GEN	204
Gen-Cycloprine 10mg Tab (Not a Benefit)	02231353	GEN	69
Gen-Cyproterone 50mg Tab	02229723	GEN	41
Gen-Diltiazem 30mg Tab	02146916	GEN	84
Gen-Diltiazem 60mg Tab	02146924	GEN	84
Gen-Diltiazem SR 60mg LA Cap	02231743	GEN	83
Gen-Diltiazem SR 90mg LA Cap	02231744	GEN	83
Gen-Diltiazem SR 120mg LA Cap	02231745	GEN	83
Gen-Doxazosin 1mg Tab	02240498	GEN	97
Gen-Doxazosin 2mg Tab	02240499	GEN	97
Gen-Doxazosin 4mg Tab	02240500	GEN	97
Gen-Famotidine 20mg Tab	02196018	GEN	223
Gen-Famotidine 40mg Tab	02196026	GEN	223
Gen-Fenofibrate Micro 200mg Cap	02240210	GEN	92
Gen-Fluoxetine 20mg Cap	02237814	GEN	151
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Gen-Fluvoxamine 100mg Tab	02240850	GEN	151
Gen-Gemfibrozil 300mg Cap	02185407	GEN	92
Gen-Glybe 2.5mg Tab	00808733	GEN	250
Gen-Glybe 5mg Tab	00808741	GEN	250
Gen-Hydroxyurea 500mg Cap	02242920	GEN	43
Gen-Indapamide 1.25mg Tab	02240067	GEN	184
Gen-Indapamide 2.5mg Tab	02153483	GEN	184
Gen-Ipratropium 250mcg/mL Inh Sol-2mL UDV Pk	02216221	GEN	54
Gen-Ipratropium 250mcg/mL Inh Sol-20mL Pk	02239131	GEN	53
Gen-Lovastatin 20mg Tab	02243127	GEN	92

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Gen-Medroxy 2.5mg Tab	02229838	GEN	259
Gen-Medroxy 5mg Tab	02229839	GEN	259
Gen-Medroxy 10mg Tab	02229840	GEN	259
Gen-Metformin 500mg Tab	02148765	GEN	250
Gen-Metoprolol (Type B) 50mg Tab	02230448	GEN	85
Gen-Metoprolol (Type B) 100mg Tab	02230449	GEN	85
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Gen-Nifedipine 10mg Cap	01946307	GEN	86
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Gen-Nizatidine 150mg Cap	02246046	GEN	227
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Gen-Nortriptyline 10mg Cap	02231686	GEN	154
Gen-Nortriptyline 25mg Cap	02231687	GEN	154
Gen-Oxybutynin 5mg Tab	02230800	GEN	55
Gen-Pindolol 5mg Tab	02057808	GEN	105
Gen-Pindolol 10mg Tab	02057816	GEN	105
Gen-Pindolol 15mg Tab	02057824	GEN	105
Gen-Piroxicam 10mg Cap	02171813	GEN	125
Gen-Piroxicam 20mg Cap	02171821	GEN	125
Gen-Propafenone 150mg Tab	02245372	GEN	87
Gen-Propafenone 300mg Tab	02245373	GEN	87
Gen-Ranitidine 150mg Tab	02207761	GEN	232
Gen-Ranitidine 300mg Tab	02207788	GEN	232
Gen-Salbutamol 2mg/mL Inh Sol-2.5mL Pk	02173360	GEN	64
Gen-Salbutamol 5mg/mL Inh Sol-10mL Pk	02232987	GEN	65
Gen-Salbutamol Sterinebs P.F. 1mg/mL Inh Sol-2.5mL Pk	01926934	GEN	63
Gen-Selegiline 5mg Tab	02231036	GEN	304
Gen-Sertraline 25mg Cap	02242519	GEN	155
Gen-Sertraline 50mg Cap	02242520	GEN	155
Gen-Sertraline 100mg Cap	02242521	GEN	156
Gen-Sotalol 160mg Tab	02229779	GEN	89
Gen-Tamoxifen 10mg Tab	02088428	GEN	46
Gen-Tamoxifen 20mg Tab	02089858	GEN	46
Gen-Temazepam 15mg Cap	02231615	GEN	174
Gen-Temazepam 30mg Cap	02231616	GEN	174
Gen-Ticlopidine 250mg Tab	02239744	GEN	306
Gen-Timolol 0.25% Oph Sol	00893773	GEN	205
Gen-Timolol 0.5% Oph Sol	00893781	GEN	205
Gen-Trazodone 50mg Tab	02231683	GEN	156
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Gen-Valproic 250mg Cap	02184648	GEN	146
Gen-Verapamil 80mg Tab	02237921	GEN	90
Gen-Verapamil 120mg Tab	02237922	GEN	90
Gen-Verapamil SR 180mg LA Tab	02210355	GEN	110
Gen-Verapamil SR 240mg LA Tab	02210363	GEN	110
Gen-Warfarin 1mg Tab	02244462	GEN	76
Gen-Warfarin 2mg Tab	02244463	GEN	76
Gen-Warfarin 2.5mg Tab	02244464	GEN	76
Gen-Warfarin 4mg Tab	02244465	GEN	76
Gen-Warfarin 5mg Tab	02244466	GEN	76
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GENTAMICIN & BETAMETHASONE SODIUM PHOSPHATE			189
GENTAMICIN SULFATE			19, 190
Gentamicin Sulfate 0.3% Oph Sol	02212927	RIV	190
Gentamicin Sulfate 0.3% Ot Sol	02229441	SIL	190
GLUCAGON			298
Glucagon Inj Pd-1mg Pk	00015377	LIL	298
Glucagon 1mg/Vial Inj Pd-Vial Pk	02243297	LIL	298
GLUCAGON RDNA ORIGIN			298
Glucophage 500mg Tab	02099233	AVE	250
GLYBURIDE			250
GLYCERIN			211
Glycerin 1.8g Sup	00094056	DCL	211
Glycerin 2.7g Sup	00882518	DCL	211
Glycon 500mg Tab	02229516	ICN	250
Glysennid 8.6mg Tab	00604402	NOV	212
Glysennid 12mg Tab	00027502	NOV	212
GOSERELIN ACETATE			42
GRAIN & CITRUS FIBRE			211
GRANISETRON HCL			218
Gravol Filmkote 50mg Tab (Not a Benefit)	00013803	HOR	216
GRISEOFULVIN			5
Grisovin FP 125mg Tab	00012246	GLA	5
Grisovin FP 500mg Tab	00012262	GLA	5
GUAIFENESIN			187
Guaifenesin 20mg/mL O/L (Not a Benefit)	00026794	ROG	187
Guaifenesin Sugar Free 20mg/mL O/L (Not a Benefit)	00990930	ROG	187
GUANETHIDINE MONOSULFATE			99
HALCINONIDE			278
Halcion 0.125mg Tab	00512559	UPJ	174
Halcion 0.25mg Tab	00443158	UPJ	175
Haldol 5mg/mL Inj Sol-1mL Pk (Not a Benefit)	00017574	OMC	163
Haldol 2mg/mL O/L (Not a Benefit)	00017582	OMC	163
Haldol 0.5mg Tab (Not a Benefit)	00017655	OMC	163

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Haldol 2mg Tab (Not a Benefit)	00017671	OMC	163
Haldol 5mg Tab (Not a Benefit)	00017698	OMC	163
Haldol 10mg Tab (Not a Benefit)	00381772	OMC	163
Haldol 20mg Tab (Not a Benefit)	00499579	OMC	163
Haldol-LA 100mg/mL Oily Inj Sol-1mL Pk (Not a Benefit)	00599093	OMC	162
Haldol-LA 50mg/mL Oily Inj Sol-5mL Pk (Not a Benefit)	00599085	OMC	162
Haldol-LA 100mg/mL Oily Inj Sol-5mL Pk (Not a Benefit)	00980803	OMC	163
Halog 0.1% Cr	02011921	WSQ	278
Halog 0.1% Oint	02010283	WSQ	278
Halog 0.1% Sol	02010291	WSQ	278
Halog Mild 0.025% Cr	00404179	WSQ	278
HALOPERIDOL			163
Haloperidol 5mg/mL Inj Sol-1mL Pk	00808652	SIL	163
HALOPERIDOL DECANOATE			162
Haloperidol LA 100mg/mL Oily Inj Sol-1mL Pk	02130300	SIL	162
Haloperidol LA 50mg/mL Oily Inj Sol-5mL Pk	02130297	SIL	162
Haloperidol LA 100mg/mL Oily Inj Sol-5mL Pk	09853758	SIL	163
Halotestin 5mg Tab	00030902	UPJ	244
Hepalean 25000USP U/mL Inj Sol-2mL Pk	00740535	OGN	74
Hepalean 50000USP U/5mL Inj Sol-5mL Pk	00740497	OGN	74
Hepalean 10000USP U/10mL Inj Sol-10mL Pk	00740519	OGN	74
HEPARIN CALCIUM			73
HEPARIN SODIUM			74
Hexalen 50mg Cap	02126230	LIL	39
Hexavitamins Tab (Not a Benefit)	00269034	NOP	292
HEXAVITAMINS USP			292
Hp-PAC 30mg & 500mg & 500mg Tab/Cap Pk	02238525	TAP	226
Humalog 100U/mL Inj Sol-5x1.5 Pk	02229705	LIL	252
Humalog 100U/mL Inj Sol-5x3mL Pk	09853715	LIL	252
Humalog 100U/mL Inj Sol-10mL Pk	02229704	LIL	252
Humalog Mix25 25% & 75% Inj Susp-3mL Pk	02240294	LIL	255
Humulin 20/80 Cartridge 100U/mL Inj Susp-5X3mL Pk	09853847	LIL	255
Humulin 30/70 100U/mL Inj Susp-5X3mL Pk	09853855	LIL	255
Humulin 30/70 1000U/10mL Inj Susp-10mL Pk	00795879	LIL	255
Humulin L Lente 1000U/10mL Inj Susp-10mL Pk	00646148	LIL	254
Humulin N 100U/mL Inj Susp-5X3mL Pk	09853804	LIL	253
Humulin NPH 1000U/10mL Inj Susp-10mL Pk	00587737	LIL	253
Humulin R 100U/mL Inj Sol-5X3mL Pk	09853766	LIL	251
Humulin Regular 1000U/10mL Inj Sol-10mL Pk	00586714	LIL	251
Humulin-U Ultralente 1000U/10mL Inj Susp-10mL Pk	00733075	LIL	254
Hycodan 1mg/mL O/L	01916580	DUP	187
Hycort 100mg/60mL Enema-60mL Pk	00230316	ICN	223
Hyderm 1% Cr	00716839	TAR	279

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Hydrea 500mg Cap	00465283	BQU	43
HYDROCHLOROTHIAZIDE			183
HYDROCHLOROTHIAZIDE & SPIRONOLACTONE			183
HYDROCHLOROTHIAZIDE & TRIAMTERENE			183
HYDROCODONE BITARTRATE			187
HYDROCORTISONE			223, 242, 279
Hydrocortisone 0.5% Cr	00228079	SDR	279
Hydrocortisone 0.5% Cr	00551953	DCL	279
Hydrocortisone 1% Cr	00228087	SDR	279
Hydrocortisone 1% Cr	00551945	DCL	279
Hydrocortisone 0.5% Oint	00093637	DCL	279
Hydrocortisone 1% Oint	00093645	DCL	279
HYDROCORTISONE & UREA			278
HYDROCORTISONE ACETATE			223, 279
HYDROCORTISONE ACETATE & UREA			278
HYDROCORTISONE VALERATE			279
HydroDIURIL 25mg Tab (Not a Benefit)	00016500	MSD	183
HydroDIURIL 50mg Tab (Not a Benefit)	00016519	MSD	184
Hydromorph Contin 3mg CR Cap	02125323	PFP	132
Hydromorph Contin 6mg CR Cap	02125331	PFP	132
Hydromorph Contin 12mg CR Cap	02125366	PFP	132
Hydromorph Contin 18mg CR Cap	02243562	PFP	132
Hydromorph Contin 24mg CR Cap	02125382	PFP	132
Hydromorph Contin 30mg CR Cap	02125390	PFP	132
Hydromorphone 2mg/mL Inj Sol-1mL Pk	02145901	SIL	132
HYDROMORPHONE HCL			132
Hydromorphone HP-10 10mg/mL Inj Sol-1mL Pk	02145928	SIL	132
Hydromorphone HP-20 20mg/mL Inj	02145936	SIL	132
Hydromorphone HP-50 50mg/mL Inj-1mL Pk	02146126	SIL	132
Hydroval 0.2% Cr	02242984	TAR	279
Hydroval 0.2% Oint	02242985	TAR	279
HYDROXYCHLOROQUINE SULFATE			30
HYDROXYUREA			43
HYDROXYZINE HCL			164
Hygroton 50mg Tab	00010413	GEI	182
Hypotears 1% Oph-Sol	02133253	CBV	204
Hytakerol 0.125mg Cap	02017601	SAO	291
Hytrin 1mg Tab	00818658	ABB	108
Hytrin 2mg Tab	00818682	ABB	108
Hytrin 5mg Tab	00818666	ABB	108
Hytrin 10mg Tab	00818674	ABB	109
Hytrin 7x1mg, 7x2mg, 14x5mg Tab-Starter Pk	02187876	ABB	109
Hyzaar 50mg/12.5mg Tab	02230047	FRS	102

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Hyzaar DS 100mg/25mg Tab	02241007	FRS	102
IBUPROFEN			118
Idarac 200mg Tab	02017628	SAO	117
Idarac 400mg Tab	02017636	SAO	117
Iletin II Lente 1000U/10mL Inj Susp-10mL Pk	00514535	LIL	253
Iletin II NPH 1000U/10mL Inj Susp-10mL Pk	00514551	LIL	253
Iletin II Regular 1000U/10mL Inj Sol-10mL Pk	00513644	LIL	251
Ilosone 250mg Cap (Not a Benefit)	00015202	LIL	8
Ilosone 25mg/mL O/L (Not a Benefit)	00015474	LIL	8
Ilosone 50mg/mL O/L (Not a Benefit)	00210641	LIL	8
IMAP 12mg/6mL Inj Susp-6mL Pk	00368393	OMC	162
IMAP Forte 10mg/mL Inj Susp-1mL Pk	00542903	OMC	162
IMIPRAMINE			152
Imodium 2mg Caplet	00860743	JAN	209
Imuran 50mg Tab	00004596	BWE	294
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Indapamide 2.5mg Tab	02049341	PRO	184
Indapamide Hemihydrate 1.25mg Tab	02227339	PRO	184
Inderal 10mg Tab (Not a Benefit)	02042177	WAY	87
Inderal 20mg Tab (Not a Benefit)	02042193	WAY	88
Inderal 80mg Tab (Not a Benefit)	02042215	WAY	88
Inderal 120mg Tab (Not a Benefit)	02042223	WAY	88
Inderal-40 40mg Tab (Not a Benefit)	02042207	AYE	88
Inderide 40 40mg & 25mg Tab	02042282	WAY	106
Inderide 80 80mg & 25mg Tab	02042290	WAY	106
INDINAVIR			26
Indocid 25mg Cap (Not a Benefit)	00016039	MSD	119
Indocid 50mg Cap (Not a Benefit)	00016047	MSD	120
Indocid 50mg Sup	00594466	MSD	120
Indocid 100mg Sup	00016233	MSD	120
INDOMETHACIN			119
Indotec 25mg Cap	02143364	TCH	119
Indotec 50mg Cap	02143372	TCH	120
Indotec 50mg Sup	01934147	TCH	120
Indotec 100mg Sup	01934139	TCH	120
Inflamase Forte 1% Oph Sol	02133318	CBV	194
Inflamase Mild 0.125% Oph Sol	02133296	CBV	194
Inhibace 1mg Tab	01911465	HLR	96
Inhibace 2.5mg Tab	01911473	HLR	96
Inhibace 5mg Tab	01911481	HLR	96
Inhibace Plus 5mg/12.5mg Tab	02181479	HLR	96
Innohep 3500IU/0.35mL Inj Pref Syr	02229755	LEO	75
Innohep 4500IU/0.45mL Inj Pref Syr	09853898	LEO	75
Innohep 10000IU/0.5mL Inj Pref Syr	02231478	LEO	75

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Innohep 14000IU/0.7mL Inj Pref Syr	09853901	LEO	75
Innohep 18000IU/0.9mL Inj Pref Syr	09853928	LEO	75
Innohep 10000IU/mL Inj-2mL Pk	02167840	LEO	75
Innohep 20000IU/mL Inj-2mL Pk	02229515	LEO	75
INSULIN (10% NEUTRAL & 90% ISOPHANE) HUMAN BIOSYNTHETIC			254
INSULIN (20% NEUTRAL & 80% ISOPHANE) HUMAN BIOSYNTHETIC			254
INSULIN (30% NEUTRAL & 70% ISOPHANE) HUMAN BIOSYNTHETIC			254
INSULIN (40% NEUTRAL & 60% ISOPHANE) HUMAN BIOSYNTHETIC			255
INSULIN (50% NEUTRAL & 50% ISOPHANE) HUMAN BIOSYNTHETIC			255
INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC			253
INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC (RDNA ORIGIN)			253
INSULIN (ISOPHANE) PORK			253
INSULIN (LENTE) HUMAN BIOSYNTHETIC			253
INSULIN (LENTE) PORK			253
INSULIN (ZINC CRYSTALLINE) HUMAN BIOSYNTHETIC (RDNA ORIGIN)			251
INSULIN (ZINC CRYSTALLINE) PORK			251
INSULIN HUMAN BIOSYNTHETIC			252
INSULIN HUMAN BIOSYNTHETIC 20% & ISOPHANE 80%			255
INSULIN HUMAN BIOSYNTHETIC 30% & ISOPHANE 70%			255
INSULIN LISPRO			252
INSULIN LISPRO & INSULIN LISPRO PROTAMINE			255
INSULIN ZINC SUSPENSION MEDIUM HUMAN BIOSYNTHETIC (RDNA ORIGIN)			254
INSULIN ZINC SUSPENSION PROLONGED, HUMAN BIOSYNTHETIC			254
INSULIN ZINC SUSPENSION PROLONGED, HUMAN BIOSYNTHETIC (RDNA ORIGIN)			254
Intal 1% Inh Sol-2mL Pk	00534609	AVE	304
Intal Inh-112 Dose Pk	00990981	FIS	304
Intal Inh-200 Dose Pk	00555649	AVE	304
Intal Spincaps 20mg/Cart Pd Inh	00261238	AVE	304
INTERFERON ALFA-2A			43
INTERFERON ALFA-2B			43
INTERFERON ALFA-N1 (INS)			44
Intron A 15mu/mL 18mu MD Pen Kit	02240693	SCH	43
Intron A 25mu/mL 30mu MD Pen Kit	02240694	SCH	43
Intron A 50mu/mL 60mu MD Pen Kit	02240695	SCH	43
Invirase 200mg Cap	02216965	HLR	29
IDOQUINOL			34
Ipratropium 250mcg/mL Inh Sol-20mL Pk	02097141	KNR	53
IPRATROPIUM BROMIDE			53, 201
IPRATROPIUM BROMIDE/SALBUTAMOL			52
IRBESARTAN			100
IRBESARTAN & HYDROCHLOROTHIAZIDE			100
IRON SORBITOL			71
Ismelin 25mg Tab	00005517	CIB	99
ISONIAZID			21

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
ISOPROTERENOL HCL			60
Isoptin 80mg Tab (Not a Benefit)	00554316	KNO	90
Isoptin 120mg Tab (Not a Benefit)	00554324	KNO	90
Isoptin SR 180mg LA Tab	01934317	KNO	110
Isoptin SR 240mg LA Tab	00742554	KNO	110
Isopto Atropine 1% Oph Sol	00035017	ALC	197
Isopto Carbachol 1.5% Oph Sol	00000655	ALC	195
Isopto Carbachol 3% Oph Sol	00000663	ALC	195
Isopto Carpine 0.5% Oph Sol	00000833	ALC	196
Isopto Carpine 1% Oph Sol	00000841	ALC	196
Isopto Carpine 2% Oph Sol	00000868	ALC	196
Isopto Carpine 4% Oph Sol	00000884	ALC	196
Isopto Carpine 6% Oph Sol	00000892	ALC	197
Isopto Tears 0.5% Oph-Sol	00000809	ALC	202
Isopto Tears 1% Oph-Sol	00000817	ALC	202
Isordil 5mg SL Tab	02042606	WAY	111
Isordil 10mg Tab	02042622	WAY	111
Isordil 30mg Tab	02042614	WAY	111
ISOSORBIDE DINITRATE			111
Isotamine 300mg Tab	00272655	ICN	21
ISOTRETINOIN			285
Isuprel 0.5% Inh Sol-10mL Pk	02017652	SAO	60
Jectofer 50mg/mL Inj Sol-2mL Pk	00001910	AST	71
K-10 1.33mEq/mL O/L	01918303	SMJ	180
K-Lor 20mEq/Pouch Oral Pd-3g Pk	00481211	ABB	180
K-Lyte/Cl 25mEq/Pouch Oral Pd-7.8g Pk	02089580	SHI	180
Kadian 10mg SR Cap	02242163	FAU	135
Kadian 20mg SR Cap	02184435	FAU	136
Kadian 50mg SR Cap	02184443	FAU	136
Kadian 100mg SR Cap	02184451	FAU	136
Kaletra 133.3mg/33.3mg Cap	02243643	ABB	27
Kaletra 80mg/mL & 20mg/mL O/L	02243644	ABB	27
Kaochlor-10 1.33mEq/mL O/L	02063859	PMJ	180
Kaochlor-20 Concentrate 2.66mEq/mL O/L	02064502	PMJ	180
Kaon 1.33mEq/mL O/L	02063840	PMJ	181
Kayexalate 1mEq/g Oral Pd-454g Pk	02026961	SAO	181
Keflex 25mg/mL O/L	00015547	LIL	18
Keflex 50mg/mL O/L	00035645	LIL	18
Keflex 250mg Tab	00403628	LIL	18
Keflex 500mg Tab	00244392	LIL	18
Kefzol 500mg Inj Pd-Vial Pk	00322288	LIL	16
Kefzol 1000mg Inj Pd-Vial Pk	00322296	LIL	16
Kemadrin 0.5mg/mL O/L	00004405	BWE	55
Kemadrin 5mg Tab	00004758	BWE	55

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Kenalog 0.1% Cr (Not a Benefit)	00029114	WSQ	280
Kenalog 0.1% Oint	01999796	WSQ	280
Kenalog-10 50mg/5mL Inj Susp-5mL Pk	01999761	WSQ	243
Kenalog-40 40mg/mL Inj Susp-1mL Pk	00990876	WSQ	243
Kenalog-40 200mg/5mL Inj Susp-5mL Pk	01999869	WSQ	243
Kenalog-Orabase Oral Top Oint	01999788	WSQ	280
Keralyt 6% Gel	01909134	WSQ	282
KETOCONAZOLE			6, 267
KETOPROFEN			120
KETOROLAC TROMETHAMINE			194
Kidrolase Inj Pd-10000IU Pk	01926438	AVE	44
Klean-Prep Pd-1 Kit	00741175	RIP	180
Koffex 3mg/mL O/L	01928783	ROG	187
Kwellada 1% Shampoo (Not a Benefit)	00026220	RCA	269
Kwellada-P 1% Cr Rinse	02231480	RCA	270
Kwellada-P 5% Lot	02231348	RCA	270
Kytril 1mg Tab	02185881	HLR	218
L-ASPARAGINASE			44
LABETALOL HCL			101
Lacri-Lube 55%/42.5% Oph Oint-3.5g Pk	00210889	ALL	203
Lactaid Liq-6.5mL Pk	97903981	MCL	299
Lactaid Liq-15.5mL Pk	97904163	MCL	299
Lactaid Tab	01936859	MCL	299
LACTASE ENZYME			299
LACTULOSE			211, 223
Lamictal 25mg Tab	02142082	GLA	144
Lamictal 100mg Tab	02142104	GLA	144
Lamictal 150mg Tab	02142112	GLA	144
Lamisil 1% Cr	02031094	NOV	268
LAMIVUDINE			27
LAMIVUDINE & ZIDOVUDINE			27
LAMOTRIGINE			144
Lanoxin 0.05mg/mL Inj Sol-1mL Pk	00004456	BWE	81
Lanoxin 0.5mg/2mL Inj Sol-2mL Pk	00004464	BWE	81
Lanoxin 0.05mg/mL O/L	02242320	VRO	81
Lanoxin 0.0625mg Tab	02242321	VRO	82
Lanoxin 0.125mg Tab	02242322	VRO	82
Lanoxin 0.25mg Tab	02242323	VRO	82
LANSOPRAZOLE			224
LANSOPRAZOLE & CLARITHROMYCIN & AMOXICILLIN			226
Lanvis 40mg Tab	00282081	BWE	47
Largactil 50mg/2mL Inj Sol-2mL Pk	01929984	AVE	160
Largactil 5mg/mL O/L	01929968	AVE	160
Largactil 20mg/mL O/L	01929976	AVE	160

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Largactil 40mg/mL O/L	01929992	AVE	160
Largactil 100mg Sup	01930001	AVE	160
Largactil 10mg Tab (Not a Benefit)	01929909	RPP	160
Largactil 25mg Tab (Not a Benefit)	01929917	RPP	160
Largactil 50mg Tab (Not a Benefit)	01929925	RPP	160
Largactil 100mg Tab (Not a Benefit)	01929933	RPP	160
Lasix 10mg/mL O/L	02224720	AVE	182
Lasix 20mg Tab	02224690	AVE	182
Lasix 40mg Tab	02224704	AVE	182
Lasix Special 500mg Tab	02224755	AVE	183
LATANOPROST			201
Lectopam 1.5mg Tab	00682314	HLR	159
Lectopam 3mg Tab	00518123	HLR	159
Lectopam 6mg Tab	00518131	HLR	159
LEFLUNOMIDE			299
Lescol 20mg Cap	02061562	NOV	92
Lescol 40mg Cap	02061570	NOV	92
LETROZOLE			44
LEUCOVORIN CALCIUM			289
Leucovorin Calcium 5mg Tab	02170493	WAY	289
Leukeran 2mg Tab	00004626	BWE	40
LEUPROLIDE ACETATE			44
Leustatin 1mg/mL Inj	02022117	OMC	40
LEVAMISOLE HCL			45
Levaquin 250mg Tab	02236841	JNO	35
Levaquin 500mg Tab	02236842	JNO	35
LEVOBUNOLOL HCL			202
LEVOBUNOLOL HCL & DIPIVIFREN HCL			202
Levobunolol Hydrochloride 0.25% Oph Sol	02231714	RIV	202
Levobunolol Hydrochloride 0.5% Oph Sol	02231715	RIV	202
LEVODOPA & BENSERAZIDE			299
LEVODOPA & CARBIDOPA			300
LEVOFLOXACIN			35
LEVONORGESTREL			259
LEVOTHYROXINE (SODIUM)			260
Librium 5mg Cap (Not a Benefit)	00012629	HLR	159
Librium 10mg Cap (Not a Benefit)	00012637	HLR	159
Librium 25mg Cap (Not a Benefit)	00012645	HLR	159
Lidemol 0.05% Emol Cr	02163152	MEC	278
Lidex 0.05% Cr	02161923	MEC	278
Lidex 0.05% Oint	02161966	MEC	278
LIDOCAINE HCL			195
Lin-Amox 250mg Cap	02181487	LON	10
Lin-Amox 500mg Cap	02181495	LON	10

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Lin-Amox 25mg/mL O/L	02181509	LON	11
Lin-Amox 50mg/mL O/L	02181517	LON	11
Lin-Megestrol 40mg Tab	02176092	LON	45
Lin-Megestrol 160mg Tab	02176106	LON	45
Lin-Nefazodone 100mg Tab	02237398	LON	153
Lin-Nefazodone 150mg Tab	02237399	LON	153
Lin-Nefazodone 200mg Tab	02237400	LON	153
Lin-Pravastatin 10mg Tab	02237373	LON	93
Lin-Pravastatin 20mg Tab	02237374	LON	93
Lin-Pravastatin 40mg Tab	02237375	LON	93
LINDANE (GAMMA BENZENE HEXACHLORIDE)			269
LINEZOLID			35
Linsotalol 160mg Tab	02170841	LON	89
Lioresal 10mg Tab	00455881	NOV	69
Lioresal DS 20mg Tab	00636576	NOV	69
Liotec 10mg Tab	02236507	TCH	69
Liotec 20mg Tab	02236508	TCH	69
Lipidil 100mg Cap (Not a Benefit)	00885827	JOU	91
Lipidil Micro 200mg Cap	02146959	FOU	92
Lipidil Supra 160mg Tab	02241602	FOU	92
Lipitor 10mg Tab	02230711	PFI	90
Lipitor 20mg Tab	02230713	PFI	90
Lipitor 40mg Tab	02230714	PFI	90
Lipitor 80mg Tab	02243097	PFI	90
Liquifilm Tears 1.4% Oph-Sol	00045616	ALL	204
LISINOPRIL			101
LISINOPRIL & HYDROCHLOROTHIAZIDE			101
Lithane 150mg Cap	02013231	PFI	170
Lithane 300mg Cap	00406775	PFI	170
LITHIUM CARBONATE			170
Locacorten 0.03% Cr	00005134	CIB	277
Locacorten-Vioform 0.02% & 1% Ot Sol	00074454	NOV	193
LODOXAMIDE TROMETHAMINE			194
Loestrin 1.5/30 0.03mg & 1.5mg Tab-21 Pk	00297143	PFI	257
Loestrin 1.5/30 0.03mg & 1.5mg Tab-28 Pk	00353027	PFI	257
Lomotil 2.5mg & 0.025mg Tab	00036323	SEA	208
LOMUSTINE (CCNU)			45
Loniten 2.5mg Tab	00514497	UPJ	103
Loniten 10mg Tab	00514500	UPJ	103
Loperacap 2mg Caplet	02228343	ICN	209
LOPERAMIDE HCL			209
Lopid 300mg Cap	00599026	PFI	92
LOPINA VIR & RITONAVIR			27
Lopresor 50mg Tab	00397423	NOV	85

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Lopresor 100mg Tab	00397431	NOV	85
Lopresor SR 100mg LA Tab	00658855	NOV	85
Lopresor SR 200mg LA Tab	00534560	NOV	85
LORAZEPAM			164
LOSARTAN POTASSIUM			102
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE			102
Losec 20mg DR Tab	02190915	AZC	228
Lotensin 5mg Tab	00885835	CIB	94
Lotensin 10mg Tab	00885843	NOV	94
Lotensin 20mg Tab	00885851	NOV	94
LOVASTATIN			92
Lovenox 100mg/mL Inj Sol-3mL Vial Pk	02236564	AVE	73
Lovenox 30mg/0.3mL Pref Syr-0.3mL Pk	02012472	AVE	73
Lovenox 40mg/0.4mL Pref Syr-0.4mL Pk	02236883	AVE	73
Lovenox 60mg/0.6mL Pref Syr-0.6mL Pk	09852468	AVE	73
Lovenox 80mg/0.8mL Pref Syr-0.8mL Pk	09852476	AVE	73
Lovenox 100mg/mL Pref Syr-1mL Pk	09852484	AVE	73
Loxapac 25mg/mL O/L	02170000	WAY	170
Loxapac 5mg Tab	02170019	WAY	170
Loxapac 10mg Tab	02170027	WAY	171
Loxapac 25mg Tab	02170132	WAY	171
Loxapac 50mg Tab	02170035	WAY	171
LOXAPINE HCL			170
LOXAPINE SUCCINATE			170
Lozide 1.25mg Tab	02179709	SEV	184
Lozide 2.5mg Tab	00564966	SEV	184
Ludiomil 10mg Tab	00641855	NOV	152
Ludiomil 25mg Tab	00360481	CIB	152
Ludiomil 50mg Tab	00360503	NOV	152
Ludiomil 75mg Tab	00360511	NOV	152
Lupron Depot PDS 3.75mg Inj-Kit	00884502	ABB	44
Lupron Depot PDS 7.5mg Inj-Kit	00836273	ABB	44
Lupron Depot PDS 11.25mg Inj-Kit	02239834	TAP	44
Lupron Depot PDS 22.5mg Inj-Kit	02230248	ABB	44
Lupron Depot PDS 30mg Inj-Kit	02239833	TAP	44
Luvox 50mg Tab	01919342	SPH	151
Luvox 100mg Tab	01919369	SPH	151
Lyderm 0.05% Cr	00716863	OPI	278
Lyderm 0.05% Gel	02236997	OPI	278
Lyderm 0.05% Oint	02236996	OPI	278
M-Eslon 10mg ER Cap	02019930	AVE	135
M-Eslon 15mg ER Cap	02177749	AVE	135
M-Eslon 30mg ER Cap	02019949	AVE	135
M-Eslon 60mg ER Cap	02019957	AVE	135

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M-Eslon 100mg ER Cap	02019965	AVE	135
M-Eslon 200mg ER Cap	02177757	AVE	135
M.O.S. 1mg/mL O/L (Not a Benefit)	00486582	ICN	133
M.O.S. 5mg/mL O/L	00514217	ICN	134
M.O.S. 10mg/mL O/L	00632503	ICN	134
M.O.S. 20mg/mL O/L	00632481	ICN	134
M.O.S. 10mg Sup	00624268	ICN	134
M.O.S. 20mg Sup	00624276	ICN	134
M.O.S. 30mg Sup	00636681	ICN	134
M.O.S. Conc 50 50mg/mL O/L	00690236	ICN	134
M.O.S.-10 10mg Tab	00690198	ICN	134
M.O.S.-20 20mg Tab	00690201	ICN	134
M.O.S.-40 40mg Tab	00690228	ICN	134
M.O.S.-60 60mg Tab	00690244	ICN	134
Maalox 40mg & 40mg/mL O/L dpp (Not a Benefit)	02163136	NOV	207
Maalox 400mg & 400mg Tab dpp (Not a Benefit)	02208253	NOV	207
Maalox TC 600mg & 300mg Chew Tab dpp (Not a Benefit)	02162350	NOV	207
Maalox TC 120mg & 60mg/mL O/L dpp (Not a Benefit)	02162369	NOV	207
MacroBID 100mg Cap	02063662	ALZ	32
Macrodantin 50mg Cap	01997637	ALZ	32
Macrodantin 100mg Cap (Not a Benefit)	01997645	ALZ	32
MAGNESIUM HYDROXIDE			207
Manerix 100mg Tab (Not a Benefit)	00899348	HLR	152
Manerix 150mg Tab	00899356	HLR	153
Manerix 300mg Tab	02166747	HLR	153
MAPROTILINE HCL			152
Marinol 2.5mg Cap	00611190	UME	216
Marinol 5mg Cap	00611204	UME	216
Marvelon 21 0.15mg & 0.03mg Tab-21 Pk	02042487	ORG	256
Marvelon 28 0.15mg & 0.03mg Tab-28 Pk	02042479	ORG	256
Mavik 1mg Cap	02231459	KNO	109
Mavik 2mg Cap	02231460	KNO	109
Maxair 0.25mg/Dose Inh-300 Dose Pk	02053136	MMH	61
Maxeran 1mg/mL O/L	02099160	HMR	226
Maxeran 5mg Tab (Not a Benefit)	02099195	HMR	226
Maxeran 10mg Tab (Not a Benefit)	02099209	HMR	226
Maxidex 0.1% Oph Oint-3.5g Pk	00042579	ALC	193
Maxidex 0.1% Oph Susp	00042560	ALC	193
MEBENDAZOLE			3
MECLIZINE HCL			218
Medrol 0.25% Cr	00031062	UPJ	280
Medrol 4mg Tab	00030988	UPJ	242
MEDROXYPROGESTERONE ACETATE			259
MEFENAMIC ACID			122

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Megace 40mg Tab	00386391	BQU	45
Megace 160mg Tab	00731323	BQU	45
Megacillin 500 100000IU/mL O/L	00009938	FRS	13
Megacillin 500 500000IU Tab	00107484	FRS	13
MEGESTROL ACETATE			45
Mellaril 2mg/mL O/L	00027375	NOV	168
Mellaril 30mg/mL O/L	00027359	SAN	168
MELOXICAM			122
MELPHALAN			45
MEPERIDINE HCL			133
MERCAPTOPURINE			45
Mesasal 500mg Ent Tab	01914030	SMJ	220
MESORIDAZINE			165
Mestinon 180mg LA Tab	00869953	ICN	50
Mestinon 60mg Tab	00869961	ICN	50
MESTRANOL & NORETHINDRONE			260
Metamucil Fibre Therapy-Original Texture Oral Pd	02174812	PGI	212
Metamucil Sugar Free Oral Pd (Not a Benefit)	01912879	PGI	212
Metandren 10mg Tab	00005622	NOV	244
Metandren 25mg Tab	00005630	NOV	244
Metformin 500mg Tab	02242794	ZYN	250
METFORMIN HCL			250
METHAZOLAMIDE			202
METHIMAZOLE			262
Methotrexate 50mg/2mL Inj Sol-2mL Pk	02170671	WAY	39
Methotrexate 2.5mg Tab	02170698	WAY	39
Methotrexate 2.5mg Tab	02182963	FAU	39
METHOTREXATE SODIUM			46
Methotrexate Sodium 20mg/2mL Inj Sol-2mL Pk	02182947	FAU	46
METHOTRIMEPRAZINE			173
METHOXSALEN			285
METHSUXIMIDE			144
METHYLCELLULOSE			202
METHYLDOPA			103
METHYLDOPA & HYDROCHLOROTHIAZIDE			103
METHYLPHENIDATE HCL			171
METHYLPREDNISOLONE			242, 280
METHYLPREDNISOLONE ACETATE			242
METHYLTESTOSTERONE			244
METHYSERGIDE BIMALEATE			68
METOCLOPRAMIDE HCL			226
METOLAZONE			184
METOPROLOL TARTRATE			85
MetroCream 0.75% Cr	02226839	GAC	271

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Metrogel 0.75% Top Gel	02092832	DPL	271
METRONIDAZOLE			31, 271
METRONIDAZOLE & NYSTATIN			271
Mevacor 20mg Tab	00795860	MSD	92
Mevacor 40mg Tab	00795852	MSD	93
MEXILETINE HCL			85
Mexitil 100mg Cap	00599956	BOE	85
Mexitil 200mg Cap	00599964	BOE	85
Micardis 40mg Tab	02240769	BOE	107
Micardis 80mg Tab	02240770	BOE	107
Micardis Plus 80mg/12.5mg Tab	02244344	BOE	108
Micatin 2% Cr	02085852	MCL	267
MICONAZOLE NITRATE			267
Microlax Micro Enema-5mL Pk	02063905	PMJ	213
Micronor 0.35mg Tab-28 Pk	00037605	OMC	260
Midamor 5mg Tab	00487805	MSD	181
MIDODRINE HCL			185
Milk Of Magnesia 80mg/mL O/L (Not a Benefit)	00036218	RPR	207
Milk Of Magnesia 80mg/mL O/L (Not a Benefit)	00093807	DCL	207
Min-Ovral 0.03mg & 0.15mg Tab-21 Pk	02042320	WAY	257
Min-Ovral 0.03mg & 0.15mg Tab-28 Pk	02042339	WAY	257
MINERAL OIL			211
Mineral Oil O/L	00093947	DCL	211
Minestrin 1/20 0.02mg & 1mg Tab-21 Pk	00315966	PFI	257
Minestrin 1/20 0.02mg & 1mg Tab-28 Pk	00343838	PFI	257
Minipress 1mg Tab	00560952	PFI	105
Minipress 2mg Tab	00560960	PFI	106
Minipress 5mg Tab	00560979	PFI	106
Minitran 0.4mg/Hr/13.3 Sq Cm Patch	02163527	MMH	112
Minitran 0.6mg/Hr/20 Sq Cm Patch	02163535	MMH	112
MINOXIDIL			103
Miocarpine 1% Oph Sol	02134861	CBV	196
Miocarpine 2% Oph Sol	02134888	CBV	196
Miocarpine 4% Oph Sol	02134896	CBV	196
Miocarpine 6% Oph Sol	02133334	CBV	197
Mirapex 0.25mg Tab	02237145	BOE	175
Mirapex 1mg Tab	02237146	BOE	175
Mirapex 1.5mg Tab	02237147	BOE	175
Mirena 52mg Insert	02243005	BEX	259
MIRTAZAPINE			152
MISOPROSTOL			227
Mobenol 500mg Tab (Not a Benefit)	00013889	HOR	251
Mobicox 7.5mg Tab	02242785	BOE	122
Mobicox 15mg Tab	02242786	BOE	122

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
MOCLOBEMIDE			152
Moderate 125mg/5mL Inj Susp-5mL Pk	00349917	BQU	162
Moderate Concentrate 100mg/mL Inj Sol-1mL Pk	00755575	BQU	162
Moditen Enanthate 125mg/5mL Inj Sol-5mL Pk	00029173	BQU	162
Moditen HCL 0.5mg/mL O/L	00245240	BQU	162
Moditen HCL 5mg Tab (Not a Benefit)	00029408	BQU	162
Moduret 5mg & 50mg Tab (Not a Benefit)	00487813	MSD	181
Mogadon 5mg Tab	00511528	HLR	173
Mogadon 10mg Tab	00511536	HLR	173
MOMETASONE FUROATE			280
Monistat 3 400mg Vag Sup	02126605	MCL	267
Monistat 3 Dual Pak 2% Cr-9g & 400mg Vag Sup-3 Pk	02126249	MCL	267
Monistat 7 2% Vag Cr-App 35g Pk	02084309	MCL	267
Monistat 7 100mg Vag Sup-7 Pk	02084295	MCL	267
Monistat Derm 2% Cr	00497797	OMC	267
Monitan 100mg Tab	02036290	WAY	79
Monitan 200mg Tab	02036436	WAY	79
Monitan 400mg Tab	02036444	WAY	79
Monocor 5mg Tab	02241148	CRY	80
Monocor 10mg Tab	02241149	CRY	80
Monopril 10mg Tab	01907107	BQU	99
Monopril 20mg Tab	01907115	BQU	99
MORPHINE HCL			133
Morphine HP-50 50mg/mL Inj Sol-1mL Pk	00617288	SIL	135
MORPHINE SULFATE			135
Morphine Sulfate 15mg/mL Inj Sol Amp	00392561	SIL	135
Morphine Sulfate Injection USP 15mg/mL Inj Sol Amp	00850330	ABB	135
Morphitec-1 1mg/mL O/L	00607762	TCH	133
Morphitec-5 5mg/mL O/L	00607770	TCH	134
Morphitec-10 10mg/mL O/L	00690783	TCH	134
Morphitec-20 20mg/mL O/L	00690791	TCH	134
Motilidone 10mg Tab	02230473	TCH	222
Motilium 10mg Tab	00855820	JAN	222
Motrin 300mg Tab (Not a Benefit)	00327794	UPJ	119
Motrin 400mg Tab	00364142	UPJ	119
Motrin 600mg Tab (Not a Benefit)	00484911	UPJ	119
MOXIFLOXACIN HYDROCHLORIDE			36
MS Contin 15mg SR Tab	02015439	PFP	136
MS Contin 30mg SR Tab	02014297	PFP	136
MS Contin 60mg SR Tab	02014300	PFP	136
MS Contin 100mg SR Tab	02014319	PFP	136
MS Contin 200mg SR Tab	02014327	PFP	136
MS Contin 30mg Sup	02146827	PFP	137
MS Contin 60mg Sup	02145944	PFP	137

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MS Contin 100mg Sup	02145952	PFP	137
MS Contin 200mg Sup	02145960	PFP	137
MS-IR 10mg Sup	02014246	PFP	136
MS-IR 20mg Sup	02014262	PFP	136
MS-IR 30mg Sup	02014173	PFP	137
MS-IR 20mg Tab	02014238	PFP	137
MS-IR 30mg Tab	02014254	PFP	137
MSD Enteric Coated ASA 325mg Ent Tab	02046253	MSD	113
Mucillium Oral Pd	00599875	PMS	212
Multipax 10mg Cap (Not a Benefit)	01927876	RPP	164
Multipax 25mg Cap (Not a Benefit)	01938835	RPP	164
Multipax 50mg Cap (Not a Benefit)	01927884	RPP	164
MUPIROCIN			265
Muro-128 5% Oph Oint - 3.5g Pk	00750816	BSH	204
Muro-128 5% Oph Sol	00750824	BSH	204
Murocel 1% Oph-Sol	00750808	BSH	202
Myambutol 100mg Tab (Not a Benefit)	00127957	LED	21
Myambutol 400mg Tab	02170078	WAY	21
Mycifradin 25mg/mL O/L	00030805	UPJ	19
Mycifradin 500mg Tab	00030996	UPJ	19
Myciguent 0.5% Oint	00031070	UPJ	265
Myclo-Derm 10mg/g Cr	02131676	BOE	266
Myclo-Derm 10mg/mL Top Sol	02131668	BOE	266
Myclo-Gyne 10mg/g Vag Cr-App	02131641	BOE	266
Myclo-Gyne 100mg Vag Tab	02131633	BOE	266
Mycobutin 150mg Cap	02063786	PMJ	21
MYCOPHENOLATE MOFETIL			301
Mycostatin 100000U/g Cr (Not a Benefit)	00029092	BQU	268
Mycostatin 100000U/mL O/L (Not a Benefit)	00248169	BQU	6
Mycostatin 100000U/g Oint (Not a Benefit)	00029556	BQU	268
Mycostatin 500000U Tab (Not a Benefit)	00029416	BQU	6
Mycostatin 25000U/g Vag Cr (Not a Benefit)	00295973	BQU	268
Myleran 2mg Tab	00004618	BWE	40
Myochrysine 10mg/mL Inj Sol-1mL Pk	01927620	AVE	235
Myochrysine 25mg/mL Inj Sol-1mL Pk	01927612	AVE	235
Myochrysine 50mg/mL Inj Sol-1mL Pk	01927604	AVE	235
Mysoline 125mg Tab	02042363	WAY	145
Mysoline 250mg Tab	02042355	WAY	145
NABILONE			218
NADOLOL			86
Nadopen-V 25mg/mL O/L (Not a Benefit)	00018635	NDA	14
Nadopen-V 300mg Tab	00018740	LIO	14
Nadostine 100000U/g Cr	00288217	NDA	268
Nadostine 100000U/mL O/L	00282219	NDA	6

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Nadostine 100000U/g Oint	00288195	NDA	268
Nadostine 500000U Tab	00270113	NDA	6
Nadostine 25000U/g Vag Cr	00288209	NDA	268
Nadostine 100000U Vag Tab	00270091	NDA	268
NADROPARIN CALCIUM			74
NAFARELIN ACETATE			244
Nalfon 600mg Tab	00345504	LIL	117
NAPHAZOLINE HCL			198
Naphcon Forte 0.1% Oph Sol (Not a Benefit)	00390283	ALC	198
Naprosyn 25mg/mL O/L	02162431	HLR	123
Naprosyn 500mg Sup	02162458	HLR	123
Naprosyn 125mg Tab (Not a Benefit)	00299413	SYN	123
Naprosyn 250mg Tab	02162474	HLR	123
Naprosyn 375mg Tab	02162482	HLR	123
Naprosyn 500mg Tab	02162490	HLR	124
Naprosyn SR 750mg SR Tab (Not a Benefit)	02162466	HLR	124
NAPROXEN			123
Naproxen 500mg Sup	02230477	SIL	123
Nardil 15mg Tab	00476552	PFI	154
Natulan 50mg Cap	00012750	HLR	46
Navane 2mg Cap	00024430	PFI	169
Navane 5mg Cap	00024449	PFI	169
Navane 10mg Cap	00024457	PFI	169
Naxen 500mg Sup	00756814	SYN	123
Naxen 250mg Tab	00615315	SYN	123
Naxen 375mg Tab	00615323	SYN	123
Naxen 500mg Tab	00615331	SYN	124
Nebcin 20mg/2mL Inj Sol-2mL Pk	00325457	LIL	20
Nebcin 80mg/2mL Inj Sol-2mL Pk	00325449	LIL	20
NEDOCROMIL SODIUM			301
NEFAZODONE HCL			153
NELFINAVIR MESYLATE			28
Nemasol 500mg Tab	00236691	ICN	20
Nembutal 100mg Cap	00000086	ABB	174
NEOMYCIN SULFATE			19, 265
Neoral 10mg Cap	02237671	NOV	297
Neoral 25mg Cap	02150689	NOV	297
Neoral 50mg Cap	02150662	NOV	297
Neoral 100mg Cap	02150670	NOV	297
Neoral 100mg/mL O/L	02150697	NOV	297
Neosporin 10000U & 5mg & 400U/g Oph Oint-3.5g Pk	00694398	BWE	190
Neosporin 10000U & 2.5mg & 0.025mg/mL Oph/Ot Sol	00694371	BWE	190
NEOSTIGMINE BROMIDE			50
Neptazane 50mg Tab	02238071	WAY	202

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Nerisone 0.1% Cr	00587826	STI	276
Nerisone 0.1% Oily Cr	00587818	STI	276
Nerisone 0.1% Oint	00587834	STI	276
Neuleptil 5mg Cap	01926780	AVE	166
Neuleptil 10mg Cap	01926772	AVE	166
Neuleptil 10mg/mL O/L	01926756	AVE	166
Neurontin 100mg Cap	02084260	PFI	143
Neurontin 300mg Cap	02084279	PFI	143
Neurontin 400mg Cap	02084287	PFI	143
Neutralca-S 40mg & 40mg/mL O/L dpp (Not a Benefit)	00261173	DES	207
NEVIRAPINE			28
Niacin-ICN 50mg Tab dpp (Not a Benefit)	00268593	ICN	290
Niacin-ICN 100mg Tab dpp	00268585	ICN	290
NICOTINIC ACID			290
NICOUMALONE			75
NIFEDIPINE			86, 104
Nilstat 100000U/g Cr	02194236	TCH	268
Nilstat 100000U/mL O/L	02194201	TCH	6
Nilstat 100000U/g Oint	02194228	TCH	268
Nilstat 500000U Tab	02194198	TCH	6
Nilstat 100000U/g Vag Cr	02194163	TCH	268
Nilstat 100000U Vag Tab	02194171	TCH	268
NILUTAMIDE			46
NIMODIPINE			111
Nimotop 30mg SG Cap	02155923	BAH	111
Nipride Inj Pd-50mg Pk	00336459	HLR	107
Nitrazadon 5mg Tab	02229654	ICN	173
Nitrazadon 10mg Tab	02229655	ICN	173
NITRAZEPAM			173
Nitro-Dur 0.4mg/Hr/20 Sq Cm Patch	01911902	SCH	112
Nitro-Dur 0.6mg/Hr/30 Sq Cm Patch	01911929	SCH	112
NITROFURANTOIN			32
NITROFURANTOIN MONO/MICRO CRYSTALS			32
NITROGLYCERIN			112
Nitrol 2% Oint	01926454	RPP	112
Nitrolingual 0.4mg/Metered Dose Spray-200 Dose Pk	01926721	AVE	112
Nitrolingual Pump Spray 0.4mg/Metered Dose Spray-200 Dose Pk	02231441	AVE	112
Nitrostat 0.3mg SL Tab	00037613	PDA	112
Nitrostat 0.6mg SL Tab	00037621	PDA	112
Nix 1% Cr Rinse	00771368	BWE	270
Nix Dermal Cream 5% Cr	02219905	GLW	270
NIZATIDINE			227
Nizoral 2% Cr	00703974	JAN	267
Nizoral 200mg Tab	00633836	JAN	6

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Nolvadex 10mg Tab	02048477	AZC	46
Nolvadex D 20mg Tab	02048485	AZC	46
NORETHINDRONE			260
NORETHINDRONE ACETATE & ESTRADIOL 17-B			248
Norflex 60mg/2mL Inj Sol-2mL Pk (Not a Benefit)	01966162	MMH	70
NORFLOXACIN			36
NORGESTIMATE & ETHINYL ESTRADIOL			260
Noritate 1% Top Cr	02156091	DER	271
Normacol 62% W/W Gran 1 Sach Pk	00806196	RIP	213
Noroxin 400mg Tab	00643025	MSD	36
Norpace 100mg Cap	02030799	RBT	84
Norpace 150mg Cap	02030802	RBT	84
Norplant System Kit 36mg Subdermal Implant	02060590	WAY	259
Norpramin 25mg Tab	02099128	HMR	149
Norpramin 50mg Tab	02099136	HMR	149
Norpramin 75mg Tab	02099144	HMR	149
NORTRIPTYLINE			154
Norvasc 5mg Tab	00878928	PFI	80
Norvasc 10mg Tab	00878936	PFI	80
Norventyl 10mg Cap	02230361	ICN	154
Norventyl 25mg Cap	02230362	ICN	154
Norvir 80mg/mL O/L	02229145	ABB	28
Norvir SEC 100mg Cap	02241480	ABB	28
Novamilor 5mg & 50mg Tab	01937219	NOP	181
Novamoxin 250mg Cap	00406724	NOP	10
Novamoxin 500mg Cap	00406716	NOP	10
Novamoxin 25mg/mL O/L	00452149	NOP	11
Novamoxin 50mg/mL O/L	00452130	NOP	11
Novamoxin (Sugar Reduced) 25mg/mL O/L	01934171	NOP	11
Novamoxin (Sugar Reduced) 50mg/mL O/L	01934163	NOP	11
Novasen 325mg Ent Tab	00216666	NOP	113
Novasen 650mg Ent Tab	00229296	NOP	113
Novo-Acebutolol 100mg Tab	02204517	NOP	79
Novo-Acebutolol 200mg Tab	02204525	NOP	79
Novo-Acebutolol 400mg Tab	02204533	NOP	79
Novo-Alprazol 0.25mg Tab	01913484	NOP	158
Novo-Alprazol 0.5mg Tab	01913492	NOP	158
Novo-Amiodarone 200mg Tab	02239835	NOP	79
Novo-Ampicillin 250mg Cap	00020877	NOP	11
Novo-Ampicillin 500mg Cap	00020885	NOP	11
Novo-Ampicillin 25mg/mL O/L	00021121	NOP	12
Novo-Ampicillin 50mg/mL O/L	00021148	NOP	12
Novo-Atenol 50mg Tab	01912062	NOP	80
Novo-Atenol 100mg Tab	01912054	NOP	80

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Novo-Azathioprine 50mg Tab	02236819	NOP	294
Novo-Baclofen 10mg Tab	02229936	NOP	69
Novo-Baclofen 20mg Tab	02229937	NOP	69
Novo-Benzylamine 0.15% Oral Rinse	02229799	NOP	195
Novo-Bromazepam 3mg Tab	02230584	NOP	159
Novo-Bromazepam 6mg Tab	02230585	NOP	159
Novo-Butamide 500mg Tab	00021849	NOP	251
Novo-Butazone 100mg Tab (Not a Benefit)	00021660	NOP	124
Novo-C 100mg Tab (Not a Benefit)	00021970	NOP	290
Novo-C 250mg Tab (Not a Benefit)	00021237	NOP	290
Novo-C 500mg Tab (Not a Benefit)	00021997	NOP	291
Novo-C 1000mg Tab (Not a Benefit)	00535907	NOP	291
Novo-Captopril 12.5mg Tab	01942964	NOP	95
Novo-Captopril 25mg Tab	01942972	NOP	95
Novo-Captopril 50mg Tab	01942980	NOP	96
Novo-Captopril 100mg Tab	01942999	NOP	96
Novo-Carbamaz 200mg Tab	00782718	NOP	141
Novo-Cefaclor 250mg Cap	02231691	NOP	15
Novo-Cefaclor 500mg Cap	02231693	NOP	15
Novo-Cefadroxil 500mg Cap	02235134	NOP	16
Novo-Chloroquine 250mg Tab	00021261	NOP	30
Novo-Chlorpromazine 10mg Tab	00232157	NOP	160
Novo-Chlorpromazine 25mg Tab	00232823	NOP	160
Novo-Chlorpromazine 50mg Tab	00232807	NOP	160
Novo-Chlorpromazine 100mg Tab	00232831	NOP	160
Novo-Cholamine Light Oral Pd-42 Dose Pk	02139197	NOP	91
Novo-Cholamine Light 5.5g Pk Oral Pd-Pouch Pk	09853502	NOP	91
Novo-Cimetidine 200mg Tab	00582409	NOP	221
Novo-Cimetidine 300mg Tab	00582417	NOP	221
Novo-Cimetidine 400mg Tab	00603678	NOP	221
Novo-Cimetidine 600mg Tab	00603686	NOP	222
Novo-Cimetidine 800mg Tab	00663727	NOP	222
Novo-Clindamycin 150mg Cap	02241709	NOP	18
Novo-Clindamycin 300mg Cap	02241710	NOP	18
Novo-Clobazam 10mg Tab	02238334	NOP	141
Novo-Clobetasol 0.05% Cr	02093162	NOP	275
Novo-Clobetasol 0.05% Oint	02126192	NOP	275
Novo-Clonazepam 0.5mg Tab	02239024	NOP	141
Novo-Clonazepam 2mg Tab	02239025	NOP	142
Novo-Clonidine 0.1mg Tab	02046121	NOP	97
Novo-Clonidine 0.2mg Tab	02046148	NOP	97
Novo-Clopamine 10mg Tab	02230256	NOP	148
Novo-Clopamine 25mg Tab	02130165	NOP	149
Novo-Clopamine 50mg Tab	02130173	NOP	149

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Novo-Clopat 3.75mg Cap	00628190	NOP	160
Novo-Clopat 7.5mg Cap	00628204	NOP	160
Novo-Clopat 15mg Cap	00628212	NOP	161
Novo-Cloxin 250mg Cap	00337765	NOP	12
Novo-Cloxin 500mg Cap	00337773	NOP	12
Novo-Cloxin 25mg/mL O/L	00337757	NOP	13
Novo-Cycloprine 10mg Tab (Not a Benefit)	02080052	NOP	69
Novo-Cyproterone 50mg Tab	02232872	NOP	41
Novo-Desipramine 25mg Tab	02223325	NOP	149
Novo-Desipramine 50mg Tab	02223333	NOP	149
Novo-Desipramine 75mg Tab	02223368	NOP	149
Novo-Difenac 25mg Ent Tab	00808539	NOP	115
Novo-Difenac 50mg Ent Tab	00808547	NOP	115
Novo-Difenac 50mg Sup	02174677	NOP	116
Novo-Difenac 100mg Sup	02174685	NOP	116
Novo-Difenac SR 75mg LA Tab	02158582	NOP	116
Novo-Difenac SR 100mg LA Tab	02048698	NOP	116
Novo-Diflunisal 250mg Tab	02048493	NOP	117
Novo-Diflunisal 500mg Tab	02048507	NOP	117
Novo-Diltazem 30mg Tab	00862924	NOP	84
Novo-Diltazem 60mg Tab	00862932	NOP	84
Novo-Diltazem CD 120mg LA Cap	02242538	NOP	82
Novo-Diltazem CD 180mg LA Cap	02242539	NOP	83
Novo-Diltazem CD 240mg LA Cap	02242540	NOP	83
Novo-Diltazem CD 300mg LA Cap	02242541	NOP	83
Novo-Diltazem SR 60mg LA Cap	02229406	NOP	83
Novo-Diltazem SR 90mg LA Cap	02229407	NOP	83
Novo-Diltazem SR 120mg LA Cap	02229408	NOP	83
Novo-Diminate 50mg Tab (Not a Benefit)	00021423	NOP	216
Novo-Dipam 2mg Tab	00272434	NOP	161
Novo-Dipam 5mg Tab	00272442	NOP	161
Novo-Dipam 10mg Tab	00272450	NOP	161
Novo-Divalproex 125mg Ent Tab	02239701	NOP	142
Novo-Divalproex 250mg Ent Tab	02239702	NOP	142
Novo-Divalproex 500mg Ent Tab	02239703	NOP	142
Novo-Domperidone 10mg Tab	02157195	NOP	222
Novo-Doparil-15 250mg & 15mg Tab	00363642	NOP	103
Novo-Doparil-25 250mg & 25mg Tab	00363634	NOP	103
Novo-Doxazosin 1mg Tab	02242728	NOP	97
Novo-Doxazosin 2mg Tab	02242729	NOP	97
Novo-Doxazosin 4mg Tab	02242730	NOP	97
Novo-Doxepin 75mg Cap	01913441	NOP	150
Novo-Doxepin 100mg Cap	01913468	NOP	150
Novo-Doxepin 150mg Cap	01913476	NOP	150

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Novo-Famotidine 20mg Tab	02022133	NOP	223
Novo-Famotidine 40mg Tab	02022141	NOP	223
Novo-Fenofibrate Micronized 200mg Cap	02243552	NOP	92
Novo-Ferrogluc 300mg Tab	00021458	NOP	71
Novo-Fibrate 500mg Cap (Not a Benefit)	00337382	NOP	91
Novo-Fibre Tab	00595829	NOP	211
Novo-Fluoxetine 20mg Cap	02216590	NOP	151
Novo-Flupam 15mg Cap	00496545	NOP	172
Novo-Flupam 30mg Cap	00496553	NOP	172
Novo-Flurprofen 50mg Tab	02100509	NOP	118
Novo-Flurprofen 100mg Tab	02100517	NOP	118
Novo-Flutamide 250mg Tab	02230089	NOP	42
Novo-Fluvoxamine 50mg Tab	02239953	NOP	151
Novo-Fluvoxamine 100mg Tab	02239954	NOP	151
Novo-Folacid 5mg Tab	00021466	NOP	289
Novo-Furan 5mg/mL O/L	00232971	NOP	32
Novo-Furan 50mg Tab	00021563	NOP	32
Novo-Furan 100mg Tab	00021571	NOP	32
Novo-Furantoin 50mg Cap	02231015	NOP	32
Novo-Furantoin 100mg Cap	02231016	NOP	32
Novo-Gabapentin 100mg Cap	02244513	NOP	143
Novo-Gabapentin 300mg Cap	02244514	NOP	143
Novo-Gabapentin 400mg Cap	02244515	NOP	143
Novo-Gemfibrozil 300mg Cap	02241704	NOP	92
Novo-Gesic 325mg Tab	00389218	NOP	139
Novo-Gesic C-15 15mg Tab	00687200	NOP	129
Novo-Gesic C-30 30mg Tab	00687219	NOP	129
Novo-Gesic Forte 500mg Tab	00482323	NOP	140
Novo-Glyburide 2.5mg Tab	01913670	NOP	250
Novo-Glyburide 5mg Tab	01913689	NOP	250
Novo-Hexidyl 2mg Tab	00021911	NOP	56
Novo-Hexidyl 5mg Tab	00021938	NOP	56
Novo-Hydrazide 25mg Tab	00021474	NOP	183
Novo-Hydrazide 50mg Tab	00021482	NOP	184
Novo-Hydroxyzin 10mg Cap (Not a Benefit)	00738824	NOP	164
Novo-Hydroxyzin 25mg Cap (Not a Benefit)	00738832	NOP	164
Novo-Hydroxyzin 50mg Cap (Not a Benefit)	00738840	NOP	164
Novo-Hylazin 25mg Tab	00759473	NOP	99
Novo-Hylazin 50mg Tab	00759481	NOP	99
Novo-Indapamide 2.5mg Tab	02231184	NOP	184
Novo-Ipramide 250mcg/mL Inh Sol-20mL Pk	02210479	NOP	53
Novo-Keto 100mg Sup	02156083	NOP	121
Novo-Keto-EC 50mg Ent Tab	01981528	NOP	121
Novo-Keto-EC 100mg Ent Tab	01981536	NOP	121

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Novo-Ketoconazole 200mg Tab	02231061	NOP	6
Novo-Levocarbidopa 100mg & 10mg Tab	02244494	NOP	300
Novo-Levocarbidopa 100mg & 25mg Tab	02244495	NOP	300
Novo-Levocarbidopa 250mg & 25mg Tab	02244496	NOP	300
Novo-Lexin 250mg Cap	00342084	NOP	17
Novo-Lexin 500mg Cap	00342114	NOP	17
Novo-Lexin 25mg/mL O/L	00342106	NOP	18
Novo-Lexin 50mg/mL O/L	00342092	NOP	18
Novo-Lexin 250mg Tab	00583413	NOP	18
Novo-Lexin 500mg Tab	00583421	NOP	18
Novo-Loperamide 2mg Caplet	02132591	NOP	209
Novo-Lorazem 0.5mg Tab	00711101	NOP	164
Novo-Lorazem 1mg Tab	00637742	NOP	164
Novo-Lorazem 2mg Tab	00637750	NOP	164
Novo-Maprotiline 10mg Tab	02158604	NOP	152
Novo-Maprotiline 25mg Tab	02158612	NOP	152
Novo-Maprotiline 50mg Tab	02158620	NOP	152
Novo-Maprotiline 75mg Tab	02158639	NOP	152
Novo-Medopa 125mg Tab	00337463	NOP	103
Novo-Medopa 250mg Tab	00337471	NOP	103
Novo-Medopa 500mg Tab	00337498	NOP	103
Novo-Medrone 2.5mg Tab	02221284	NOP	259
Novo-Medrone 5mg Tab	02221292	NOP	259
Novo-Medrone 10mg Tab	02221306	NOP	259
Novo-Meprazine 5mg Tab	01964909	NOP	173
Novo-Meprazine 25mg Tab	01964925	NOP	173
Novo-Meprazine 50mg Tab	01964933	NOP	173
Novo-Metformin 500mg Tab	02045710	NOP	250
Novo-Methacin 25mg Cap	00337420	NOP	119
Novo-Methacin 50mg Cap	00337439	NOP	120
Novo-Methacin 50mg Sup	02176130	NOP	120
Novo-Methacin 100mg Sup	02176149	NOP	120
Novo-Metoprol 50mg Tab	00648035	NOP	85
Novo-Metoprol 100mg Tab	00648043	NOP	85
Novo-Metoprol (Uncoated) 50mg Tab	00842648	NOP	85
Novo-Metoprol (Uncoated) 100mg Tab	00842656	NOP	85
Novo-Mexiletine 100mg Cap	02230359	NOP	85
Novo-Mexiletine 200mg Cap	02230360	NOP	85
Novo-Misoprostol 100mcg Tab	02240754	NOP	227
Novo-Misoprostol 200mcg Tab	02240755	NOP	227
Novo-Moclobemide 100mg Tab	02239746	NOP	152
Novo-Moclobemide 150mg Tab	02239747	NOP	153
Novo-Moclobemide 300mg Tab	02239748	NOP	153
Novo-Mucilax Oral Pd	00551546	NOP	212

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Novo-Mucilax Sugar Free Oral Pd	00678945	NOP	212
Novo-Nadolol 40mg Tab	02126753	NOP	86
Novo-Nadolol 80mg Tab	02126761	NOP	86
Novo-Naprox 750mg SR Tab	02231327	NOP	124
Novo-Naprox 125mg Tab	00565369	NOP	123
Novo-Naprox 250mg Tab	00565350	NOP	123
Novo-Naprox 375mg Tab	00627097	NOP	123
Novo-Naprox 500mg Tab	00589861	NOP	124
Novo-Niacin 50mg Tab dpp (Not a Benefit)	00274496	NOP	290
Novo-Nidazol 250mg Tab	00021555	NOP	31
Novo-Nifedin 5mg Cap	02047462	NOP	86
Novo-Nifedin 10mg Cap	00756830	NOP	86
Novo-Nizatidine 150mg Cap	02240457	NOP	227
Novo-Nizatidine 300mg Cap	02240458	NOP	227
Novo-Norfloxacin 400mg Tab	02237682	NOP	36
Novo-Nortriptyline 10mg Cap	02231781	NOP	154
Novo-Nortriptyline 25mg Cap	02231782	NOP	154
Novo-Oxybutynin 5mg Tab	02230394	NOP	55
Novo-Pen-500 500000IU Tab	00151432	NOP	13
Novo-Pen-VK-500 60mg/mL O/L	00391603	NOP	14
Novo-Pen-VK-500 300mg Tab	00021202	NOP	14
Novo-Peridol 0.5mg Tab	00363685	NOP	163
Novo-Peridol 1mg Tab	00363677	NOP	163
Novo-Peridol 2mg Tab	00363669	NOP	163
Novo-Peridol 5mg Tab	00363650	NOP	163
Novo-Peridol 10mg Tab	00713449	NOP	163
Novo-Peridol 20mg Tab	00768820	NOP	163
Novo-Pindol 5mg Tab	00869007	NOP	105
Novo-Pindol 10mg Tab	00869015	NOP	105
Novo-Pindol 15mg Tab	00869023	NOP	105
Novo-Pirocam 10mg Cap	00695718	NOP	125
Novo-Pirocam 20mg Cap	00695696	NOP	125
Novo-Poxide 5mg Cap	00020915	NOP	159
Novo-Poxide 10mg Cap	00020923	NOP	159
Novo-Poxide 25mg Cap	00020931	NOP	159
Novo-Pramine 10mg Tab	00021504	NOP	152
Novo-Pramine 25mg Tab	00021512	NOP	152
Novo-Pramine 50mg Tab	00021520	NOP	152
Novo-Pranol 10mg Tab	00496480	NOP	87
Novo-Pranol 20mg Tab	00740675	NOP	88
Novo-Pranol 40mg Tab	00496499	NOP	88
Novo-Pranol 80mg Tab	00496502	NOP	88
Novo-Pranol 120mg Tab	00549657	NOP	88
Novo-Prazin 1mg Tab	01934198	NOP	105

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Novo-Prazin 2mg Tab	01934201	NOP	106
Novo-Prazin 5mg Tab	01934228	NOP	106
Novo-Prednisone 5mg Tab	00021695	NOP	243
Novo-Prednisone 50mg Tab	00232378	NOP	243
Novo-Profen 200mg Tab	00629324	NOP	118
Novo-Profen 300mg Tab	00629332	NOP	119
Novo-Profen 400mg Tab	00629340	NOP	119
Novo-Profen 600mg Tab	00629359	NOP	119
Novo-Propamide 250mg Tab	00021350	NOP	249
Novo-Purol 100mg Tab	00364282	NOP	293
Novo-Purol 200mg Tab	00565342	NOP	294
Novo-Purol 300mg Tab	00363693	NOP	294
Novo-Pyrazone 100mg Tab	00475068	NOP	186
Novo-Pyrazone 200mg Tab	00475076	NOP	186
Novo-Quinidin 200mg Tab	00021733	NOP	88
Novo-Ranidine 150mg Tab	00828564	NOP	232
Novo-Ranidine 300mg Tab	00828556	NOP	232
Novo-Ridazine 2mg/mL O/L	02229553	NOP	168
Novo-Ridazine 10mg Tab	00037508	NOP	168
Novo-Ridazine 25mg Tab	00037494	NOP	168
Novo-Ridazine 50mg Tab	00037486	NOP	169
Novo-Ridazine 100mg Tab	00037478	NOP	169
Novo-Rythro Estolate 250mg Cap	00020966	NOP	8
Novo-Rythro Estolate 25mg/mL O/L	00021172	NOP	8
Novo-Rythro Estolate 50mg/mL O/L	00262595	NOP	8
Novo-Rythro Ethyl Succinate 40mg/mL O/L	00605859	NOP	8
Novo-Rythro Ethyl Succinate 80mg/mL O/L	00652318	NOP	8
Novo-Salmol 100mcg/Met Dose Inh-200 Dose Pk (Not a Benefit)	00874086	NOP	65
Novo-Salmol 2mg Tab	00620955	NOP	66
Novo-Salmol 4mg Tab	00620963	NOP	66
Novo-Selegiline 5mg Tab	02068087	NOP	304
Novo-Semide 20mg Tab	00337730	NOP	182
Novo-Semide 40mg Tab	00337749	NOP	182
Novo-Sertraline 25mg Cap	02240485	NOP	155
Novo-Sertraline 50mg Cap	02240484	NOP	155
Novo-Sertraline 100mg Cap	02240481	NOP	156
Novo-Sorbide 10mg Tab	00458686	NOP	111
Novo-Sorbide 30mg Tab	00458694	NOP	111
Novo-Sotalol 160mg Tab	02231182	NOP	89
Novo-Spiroton 25mg Tab	00613215	NOP	185
Novo-Spiroton 100mg Tab	00613223	NOP	185
Novo-Spirozine-25 25mg & 25mg Tab	00613231	NOP	183
Novo-Spirozine-50 50mg & 50mg Tab	00657182	NOP	183
Novo-Sucralate 1g Tab	02045702	NOP	233

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Novo-Sundac 150mg Tab	00745588	NOP	127
Novo-Sundac 200mg Tab	00745596	NOP	127
Novo-Tamoxifen 10mg Tab	00851965	NOP	46
Novo-Tamoxifen 20mg Tab	00851973	NOP	46
Novo-Temazepam 15mg Cap	02230095	NOP	174
Novo-Temazepam 30mg Cap	02230102	NOP	174
Novo-Terazosin 1mg Tab	02230805	NOP	108
Novo-Terazosin 2mg Tab	02230806	NOP	108
Novo-Terazosin 5mg Tab	02230807	NOP	108
Novo-Terazosin 10mg Tab	02230808	NOP	109
Novo-Tetra 250mg Cap	00021059	NOP	15
Novo-Tetra 25mg/mL O/L	00151416	NOP	15
Novo-Thalidone 50mg Tab	00337447	NOP	182
Novo-Thalidone 100mg Tab	00337455	NOP	182
Novo-Theophyl SR 300mg LA Tab	02230087	NOP	288
Novo-Tiaprofenic 200mg Tab	02179679	NOP	127
Novo-Tiaprofenic 300mg Tab	02179687	NOP	127
Novo-Timol 0.25% Oph Sol	02048523	NOP	205
Novo-Timol 0.5% Oph Sol	02048515	NOP	205
Novo-Timol 5mg Tab	01947796	NOP	89
Novo-Timol 10mg Tab	01947818	NOP	89
Novo-Timol 20mg Tab	01947826	NOP	89
Novo-Tolmetin 400mg Cap	02076233	NOP	128
Novo-Trazodone 50mg Tab	02144263	NOP	156
Novo-Trazodone 100mg Tab	02144271	NOP	157
Novo-Trazodone 150mg Tab	02144298	NOP	157
Novo-Triamzide 25mg & 50mg Tab	00532657	NOP	183
Novo-Trifluzine 2mg Tab	00021865	NOP	169
Novo-Trifluzine 5mg Tab	00021873	NOP	169
Novo-Trifluzine 10mg Tab	00021881	NOP	170
Novo-Trimel 40mg & 8mg/mL O/L	00726540	NOP	38
Novo-Trimel 400mg & 80mg Tab	00510637	NOP	38
Novo-Trimel DS 800mg & 160mg Tab	00510645	NOP	38
Novo-Triolam 0.25mg Tab	00872431	NOP	175
Novo-Tripramine 25mg Tab	01940430	NOP	157
Novo-Tripramine 50mg Tab	01940449	NOP	157
Novo-Tripramine 100mg Tab	01940457	NOP	158
Novo-Triptyn 10mg Tab	00037400	NOP	147
Novo-Triptyn 50mg Tab	00037427	NOP	148
Novo-Valproic 250mg Cap	02100630	NOP	146
Novo-Veramil 80mg Tab	00812331	NOP	90
Novo-Veramil 120mg Tab	00812358	NOP	90
Novo-Veramil SR 240mg LA Tab	02211920	NOP	110
Novo-Zolamide 250mg Tab	00488275	NOP	198

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Novolin ge 10/90 Penfill 100U/mL Inj Susp-5X3mL Pk	02024292	NOO	254
Novolin ge 20/80 Penfill 100U/mL Inj Susp-5X3mL Pk	02024306	NOO	254
Novolin ge 30/70 1000U/10mL Inj Susp-10mL Pk	02024217	NOO	254
Novolin ge 30/70 Penfill 100U/mL Inj Susp-5X1.5 Pk	02025248	NOO	254
Novolin ge 30/70 Penfill 100U/mL Inj Susp-5X3mL Pk	09853812	NOO	254
Novolin ge 40/60 Penfill 100U/mL Inj Susp-5X3mL Pk	02024314	NOO	255
Novolin ge 50/50 Penfill 100U/mL Inj Susp-5X3mL Pk	02024322	NOO	255
Novolin ge Lente 1000U/10mL Inj Susp-10mL Pk	02024241	NOO	253
Novolin ge NPH 1000U/10mL Inj Susp-10mL Pk	02024225	NOO	253
Novolin ge NPH Penfill 100U/mL Inj Susp-5X1.5 Pk	02024268	NOO	253
Novolin ge NPH Penfill 100U/mL Inj Susp-5X3mL Pk	09853782	NOO	253
Novolin ge Toronto 1000U/10mL Inj Sol-10mL Pk	02024233	NOO	252
Novolin ge Toronto Penfill 100U/mL Inj Sol-5X1.5 Pk	02024284	NOO	252
Novolin ge Toronto Penfill 100U/mL Inj Sol-5X3mL Pk	09853774	NOO	252
Novolin ge Ultralente 1000U/10mL Inj Susp-10mL Pk	02024276	NOO	254
Novoxapam 10mg Tab	00500852	NOP	165
Novoxapam 15mg Tab	00496529	NOP	165
Novoxapam 30mg Tab	00496537	NOP	165
Nozinan 25mg/mL Inj Sol-1mL Pk	01927698	AVE	173
Nozinan 5mg/mL O/L	01927728	AVE	173
Nozinan 40mg/mL O/L	01927701	AVE	173
Nozinan 2mg Tab	01927647	AVE	173
Nozinan 5mg Tab	01927655	AVE	173
Nozinan 25mg Tab	01927663	AVE	173
Nozinan 50mg Tab	01927671	AVE	173
Nu-Acebutolol 100mg Tab	02165546	NXP	79
Nu-Acebutolol 200mg Tab	02165554	NXP	79
Nu-Acebutolol 400mg Tab	02165562	NXP	79
Nu-Acyclovir 800mg Tab	02197421	NXP	24
Nu-Alpraz 0.25mg Tab	01913239	NXP	158
Nu-Alpraz 0.5mg Tab	01913247	NXP	158
Nu-Amilzide 5mg & 50mg Tab	00886106	NXP	181
Nu-Amoxi 250mg Cap	00865567	NXP	10
Nu-Amoxi 500mg Cap	00865575	NXP	10
Nu-Amoxi 25mg/mL O/L	00865540	NXP	11
Nu-Amoxi 50mg/mL O/L	00865559	NXP	11
Nu-Ampi 250mg Cap	00717657	NXP	11
Nu-Ampi 500mg Cap	00717673	NXP	11
Nu-Ampi 25mg/mL O/L	00717495	NXP	12
Nu-Ampi 50mg/mL O/L	00717649	NXP	12
Nu-Atenol 50mg Tab	00886114	NXP	80
Nu-Atenol 100mg Tab	00886122	NXP	80
Nu-Baclo 10mg Tab	02136090	NXP	69
Nu-Baclo 20mg Tab	02136104	NXP	69

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Nu-Bromazepam 1.5mg Tab	02171856	NXP	159
Nu-Bromazepam 3mg Tab	02171864	NXP	159
Nu-Bromazepam 6mg Tab	02171872	NXP	159
Nu-Capto 12.5mg Tab	01913824	NXP	95
Nu-Capto 25mg Tab	01913832	NXP	95
Nu-Capto 50mg Tab	01913840	NXP	96
Nu-Capto 100mg Tab	01913859	NXP	96
Nu-Carbamazepine 200mg Tab	02042568	NXP	141
Nu-Cefaclor 250mg Cap	02231432	NXP	15
Nu-Cefaclor 500mg Cap	02231433	NXP	15
Nu-Cephalex 250mg Tab	00865877	NXP	18
Nu-Cephalex 500mg Tab	00865885	NXP	18
Nu-Cimet 200mg Tab	00865796	NXP	221
Nu-Cimet 300mg Tab	00865818	NXP	221
Nu-Cimet 400mg Tab	00865826	NXP	221
Nu-Cimet 600mg Tab	00865834	NXP	222
Nu-Clonazepam 0.5mg Tab	02173344	NXP	141
Nu-Clonazepam 2mg Tab	02173352	NXP	142
Nu-Clonidine 0.1mg Tab	01913786	NXP	97
Nu-Clonidine 0.2mg Tab	01913220	NXP	97
Nu-Cloxi 250mg Cap	00717584	NXP	12
Nu-Cloxi 500mg Cap	00717592	NXP	12
Nu-Cloxi 25mg/mL O/L	00717630	NXP	13
Nu-Cotrimox 40mg & 8mg/mL O/L	00865753	NXP	38
Nu-Cotrimox 400mg & 80mg Tab	00865710	NXP	38
Nu-Cotrimox 800mg & 160mg Tab	00865729	NXP	38
Nu-Cromolyn 1% Inh Sol-2mL Pk	02231671	NXP	304
Nu-Cyclobenzaprine 10mg Tab (Not a Benefit)	02171848	NXP	69
Nu-Desipramine 25mg Tab	02211947	NXP	149
Nu-Desipramine 50mg Tab	02211955	NXP	149
Nu-Desipramine 75mg Tab	02211963	NXP	149
Nu-Diclo 25mg Ent Tab	00886017	NXP	115
Nu-Diclo 50mg Ent Tab	00886025	NXP	115
Nu-Diclo-SR 75mg LA Tab	02228203	NXP	116
Nu-Diclo-SR 100mg LA Tab	02228211	NXP	116
Nu-Diltiaz 30mg Tab	00886068	NXP	84
Nu-Diltiaz 60mg Tab	00886076	NXP	84
Nu-Divalproex 125mg Ent Tab	02239517	NXP	142
Nu-Divalproex 250mg Ent Tab	02239518	NXP	142
Nu-Divalproex 500mg Ent Tab	02239519	NXP	142
Nu-Domperidone 10mg Tab	02231477	NXP	222
Nu-Famotidine 20mg Tab	02024195	NXP	223
Nu-Famotidine 40mg Tab	02024209	NXP	223
Nu-Fenofibrate 100mg Cap	02223600	NXP	91

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Nu-Fluoxetine 20mg Cap	02192764	NXP	151
Nu-Flurbiprofen 50mg Tab	02020661	NXP	118
Nu-Flurbiprofen 100mg Tab	02020688	NXP	118
Nu-Fluvoxamine 50mg Tab	02231192	NXP	151
Nu-Fluvoxamine 100mg Tab	02231193	NXP	151
Nu-Glyburide 2.5mg Tab	02020734	NXP	250
Nu-Glyburide 5mg Tab	02020742	NXP	250
Nu-Hydral 10mg Tab	01913204	NXP	99
Nu-Indapamide 2.5mg Tab	02223597	NXP	184
Nu-Indo 25mg Cap	00865850	NXP	119
Nu-Indo 50mg Cap	00865869	NXP	120
Nu-Levocarb 100mg & 10mg Tab	02182831	NXP	300
Nu-Levocarb 100mg & 25mg Tab	02182823	NXP	300
Nu-Levocarb 250mg & 25mg Tab	02182858	NXP	300
Nu-Loraz 0.5mg Tab	00865672	NXP	164
Nu-Loraz 1mg Tab	00865680	NXP	164
Nu-Loraz 2mg Tab	00865699	NXP	164
Nu-Loxapine 5mg Tab	02237534	NXP	170
Nu-Loxapine 10mg Tab	02237535	NXP	171
Nu-Loxapine 25mg Tab	02237536	NXP	171
Nu-Loxapine 50mg Tab	02237537	NXP	171
Nu-Medopa 250mg Tab	00717509	NXP	103
Nu-Medopa 500mg Tab	00717576	NXP	103
Nu-Mefenamic 250mg Cap	02229569	NXP	122
Nu-Megestrol 40mg Tab	02185415	NXP	45
Nu-Megestrol 160mg Tab	02185423	NXP	45
Nu-Metformin 500mg Tab	02162822	NXP	250
Nu-Metoclopramide 5mg Tab	02143275	NXP	226
Nu-Metoclopramide 10mg Tab	02143283	NXP	226
Nu-Metop 50mg Tab	00865605	NXP	85
Nu-Metop 100mg Tab	00865613	NXP	85
Nu-Naprox 125mg Tab	00865621	NXP	123
Nu-Naprox 250mg Tab	00865648	NXP	123
Nu-Naprox 375mg Tab	00865656	NXP	123
Nu-Naprox 500mg Tab	00865664	NXP	124
Nu-Nifed 10mg Cap	00865591	NXP	86
Nu-Nortriptyline 10mg Cap	02223139	NXP	154
Nu-Nortriptyline 25mg Cap	02223147	NXP	154
Nu-Oxybutyn 5mg Tab	02158590	NXP	55
Nu-Pen VK 300mg Tab	00717568	NXP	14
Nu-Pentoxifylline 400mg SR Tab	02230401	NXP	77
Nu-Pindol 5mg Tab	00886149	NXP	105
Nu-Pindol 10mg Tab	00886009	NXP	105
Nu-Pindol 15mg Tab	00886130	NXP	105

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Nu-Pirox 10mg Cap	00865761	NXP	125
Nu-Pirox 20mg Cap	00865788	NXP	125
Nu-Pravastatin 10mg Tab	02244350	NXP	93
Nu-Pravastatin 20mg Tab	02244351	NXP	93
Nu-Pravastatin 40mg Tab	02244352	NXP	93
Nu-Prazo 1mg Tab	01913794	NXP	105
Nu-Prazo 2mg Tab	01913808	NXP	106
Nu-Prazo 5mg Tab	01913816	NXP	106
Nu-Prochlor 5mg Tab	01964399	NXP	167
Nu-Prochlor 10mg Tab	01964402	NXP	167
Nu-Ranit 150mg Tab	00865737	NXP	232
Nu-Ranit 300mg Tab	00865745	NXP	232
Nu-Salbutamol 2mg Tab	02165368	NXP	66
Nu-Salbutamol 4mg Tab	02165376	NXP	66
Nu-Selegiline 5mg Tab	02230717	NXP	304
Nu-Sotalol 160mg Tab	02163772	NXP	89
Nu-Sucralfate 1g Tab	02134829	NXP	233
Nu-Sulindac 150mg Tab	02042576	NXP	127
Nu-Sulindac 200mg Tab	02042584	NXP	127
Nu-Temazepam 15mg Cap	02223570	NXP	174
Nu-Temazepam 30mg Cap	02223589	NXP	174
Nu-Terazosin 1mg Tab	02233047	NXP	108
Nu-Terazosin 2mg Tab	02233048	NXP	108
Nu-Terazosin 5mg Tab	02233049	NXP	108
Nu-Terazosin 10mg Tab	02233050	NXP	109
Nu-Tetra 250mg Cap	00717606	NXP	15
Nu-Ticlopidine 250mg Tab	02237560	NXP	306
Nu-Timolol 5mg Tab	02044609	NXP	89
Nu-Timolol 10mg Tab	02044617	NXP	89
Nu-Timolol 20mg Tab	02044625	NXP	89
Nu-Triazide 25mg & 50mg Tab	00865532	NXP	183
Nu-Trimipramine 25mg Tab	02020602	NXP	157
Nu-Trimipramine 50mg Tab	02020610	NXP	157
Nu-Trimipramine 100mg Tab	02020629	NXP	158
Nu-Valproic 250mg Cap	02237830	NXP	146
Nu-Verap 80mg Tab	00886033	NXP	90
Nu-Verap 120mg Tab	00886041	NXP	90
Nyaderm 100000U/g Cr	00716871	TAR	268
Nyaderm 100000U/g Oint	00716898	TAR	268
Nyaderm 25000U/g Vag Cr	00716901	TAR	268
NYSTATIN			6, 268
Octostim 1.5mg/mL Nas Sp-2.5mL Pk	02237860	FEI	256
Ocufen 0.03% Oph Sol	00766046	ALL	201
Ocuflox 0.3% Oph Sol	02143291	ALL	192

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Oesclim 50mcg Patch	02237808	FOU	246
OFLOXACIN			37, 192
Ogen 1.25 1.5mg Tab	02089769	UPJ	247
Ogen 2.5 3mg Tab	02089777	UPJ	247
OLANZAPINE			165
OLSALAZINE SODIUM			227
OMEPRAZOLE			228
Oncovin 1mg/mL Inj Sol (Not a Benefit)	00611182	LIL	47
ONDANSETRON HYDROCHLORIDE			219
One-Alpha 0.25mcg Cap dpp	00474517	LEO	291
One-Alpha 1mcg Cap dpp	00474525	LEO	291
Opcon 0.1% Oph Sol (Not a Benefit)	00750786	BSH	198
Ophtho-Bunolol 0.25% Oph Sol	02031159	KNR	202
Ophtho-Bunolol 0.5% Oph Sol	02031167	KNR	202
Ophtho-Dipivefrin 0.1% Oph Sol	02032376	KNR	197
Ophtho-Tate 1% Oph Susp	00700401	KNR	194
Opticrom 2% Oph Sol	02230621	ALL	204
Oracort Oral Top Oint	01964054	TAR	280
Orafen 100mg Sup	02165481	TCH	121
Orap 2mg Tab	00313815	PMS	166
Orap 4mg Tab	00313823	PMS	166
Orbenin 250mg Cap (Not a Benefit)	00002046	AYE	12
Orbenin 500mg Cap (Not a Benefit)	00002054	AYE	12
Orbenin 250mg Inj Pd-Vial Pk (Not a Benefit)	00002151	AYE	13
Orbenin 25mg/mL O/L (Not a Benefit)	02042975	WAY	13
ORCIPRENALINE SULFATE			61
Orinase 500mg Tab	00012602	HOE	251
Orphenadrine 60mg/2mL Inj Sol-2mL Pk (Not a Benefit)	02229731	CYI	70
ORPHENADRINE CITRATE			70
Ortho 0.5/35 0.035mg & 0.5mg Tab-21 Pk	00317047	OMC	258
Ortho 0.5/35 0.035mg & 0.5mg Tab-28 Pk	00340731	OMC	258
Ortho 1/35 0.035mg & 1mg Tab-21 Pk	00372846	OMC	258
Ortho 1/35 0.035mg & 1mg Tab-28 Pk	00372838	OMC	258
Ortho 7/7/7 3 Phase Tab-21 Pk	00602957	OMC	258
Ortho 7/7/7 3 Phase Tab-28 Pk	00602965	OMC	258
Ortho-Cept 0.15mg & 0.03mg Tab-21 Pk	02042541	JNO	256
Ortho-Cept 0.15mg & 0.03mg Tab-28Pk	02042533	JNO	256
Ortho-Novum 1/50 0.05mg & 1mg Tab-21 Pk	00022608	OMC	260
Orudis 50mg Cap (Not a Benefit)	01926403	RPP	120
Orudis 100mg Sup	01926411	AVE	121
Orudis E-50 50mg Ent Tab (Not a Benefit)	01926381	RPP	121
Orudis E-100 100mg Ent Tab (Not a Benefit)	01926365	RPP	121
Orudis SR-200 200mg LA Tab (Not a Benefit)	01926373	RPP	121
Os-Cal 250 Eq To 250mg Elemental Calcium Tab (Not a Benefit)	02042983	WAY	179

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Os-Cal 500 Eq To 500mg Elemental Calcium Tab (Not a Benefit)	02042991	WAY	179
Ostac 400mg Cap	01927078	HLR	296
Ostoforte 50000IU Cap	00009830	FRS	292
Ovral 0.05mg & 0.25mg Tab-21 Pk	02043033	WAY	258
Ovral 0.05mg & 0.25mg Tab-28 Pk	02043041	WAY	259
OXAZEPAM			165
Oxeze Turbuhaler 6mcg/Metered Dose Pd Inh-60 Dose Pk	02237225	AZC	59
Oxeze Turbuhaler 12mcg/Metered Dose Pd Inh-60 Dose Pk	02237224	AZC	59
OPRENOLOL HCL			104
Oxsoralen 10mg Cap	01946374	ICN	285
OXTRIPHYLLINE			287
Oxybutyn 5mg Tab	02220059	ICN	55
OXYBUTYNIN CHLORIDE			55
Oxycocet 5mg & 325mg Tab	00608165	TCH	138
Oxycodan 5mg & 325mg Tab	00608157	TCH	139
OXYCODONE HCL			138
OXYCODONE HCL & ACETAMINOPHEN			138
OXYCODONE HCL & ACETYSALICYLIC ACID			139
Oxycontin 10mg SR Tab	02202441	PFP	138
Oxycontin 20mg SR Tab	02202468	PFP	138
Oxycontin 40mg SR Tab	02202476	PFP	138
Oxycontin 80mg SR Tab	02202484	PFP	138
Oxyderm 5% Lot	00374326	ICN	282
Oxyderm 10% Lot	00432938	ICN	282
Oxyderm 20% Lot	00374318	ICN	282
Palafer 300mg Cap	01923420	SMJ	71
Palafer 60mg/mL O/L	01923439	SMJ	71
Panadol 325mg Tab	01928260	STH	139
Panadol Extra Strength 500mg Tab	01928244	STH	140
Pancrease 4000 & 20000 & 25000 USP Units Ent Microsph Cap	00591548	JNO	215
Pancrease MT4 4000 & 12000 & 12000 USP Units Ent Microsph Cap	00789445	JNO	215
PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE			214
Panoxyl 5% Gel	00263702	STI	281
Panoxyl 10% Gel	00263699	STI	281
Panoxyl 15% Gel	00403571	STI	281
Panoxyl 20% Gel	00373036	STI	282
Panoxyl Aquagel 5% Gel	02214849	STI	282
Panoxyl Aquagel 10% Gel	02223856	STI	282
Panoxyl Aquagel 20% Gel	02223864	STI	282
Pantoloc 40mg Ent Tab	02229453	SPH	230
PANTOPRAZOLE SODIUM			230
Para Special Lice 4.4% & 1.1% Shampoo	00796492	MET	270
Para Special Lice 2.64% & 0.66% Sp-90g Pk	00899992	MET	270
Pariet 10mg Tab	02243796	JNO	232

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Parlodel 5mg Cap	00568643	NOV	295
Parlodel 2.5mg Tab	00371033	SAN	295
Parnate 10mg Tab	01919598	SMJ	156
PAROXETINE HCL			154
Parsitan 50mg Tab	01927744	AVE	52
PARTICLE COATED ERYTHROMYCIN			9
Paxil 20mg Tab	01940481	SMJ	154
Paxil 30mg Tab	01940473	SMJ	154
PCE Dispertab 333mg Tab	00769991	ABB	9
Pedialyte Flavored O/L	00981095	ABB	179
Pedialyte Regular O/L	00630365	ABB	179
Pediapred Oral Liquid 5mg/5mL O/L	02230619	AVE	242
Pediatric 80mg/mL O/L	02027801	TCH	139
Pediazole 40mg & 120mg/mL O/L	00583405	ABB	8
PEG-ELECTROLYTES			180
PegLyte Pd-4L Pk	00777838	PMS	180
PegLyte Sol-1L Pk	00777846	PMS	180
Pen-Vee 60mg/mL O/L	02229617	LIO	13
Penbritin 250mg Cap (Not a Benefit)	00002003	AYE	11
Penbritin 500mg Cap (Not a Benefit)	00002011	AYE	11
Penbritin 50mg/mL O/L (Not a Benefit)	00002429	AYE	12
Penglobe 400mg Tab	00627127	AZC	12
Penglobe 800mg Tab	00627135	AZC	12
PENICILLAMINE			237
PENICILLIN G (BENZATHINE)			13
PENICILLIN G (POTASSIUM)			13
PENICILLIN V (BENZATHINE)			13
PENICILLIN V (POTASSIUM)			14
Pentamycetin 0.25% Oph Sol	01980556	SIL	189
Pentasa 250mg Del-Release Tab	02099675	FEI	220
Pentasa 500mg Del-Release Tab	02099683	FEI	220
Pentasa 1g/100mL Enema	02153521	FEI	220
Pentasa 2g/100mL Enema	02153548	FEI	220
Pentasa 4g/100mL Enema	02153556	FEI	220
Pentasa 1g Sup	02153564	FEI	220
PENTOBARBITAL SODIUM			174
PENTOXIFYLLINE			77
Pepcid 20mg Tab	00710121	MSD	223
Pepcid 40mg Tab	00710113	MSD	223
Peptol 200mg Tab	00546232	HOR	221
Peptol 300mg Tab	00546240	HOR	221
Peptol 400mg Tab	00568449	HOR	221
Peptol 600mg Tab	00584282	HOR	222
Peptol 800mg Tab	00618616	HOR	222

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Percocet 5mg & 325mg Tab (Not a Benefit)	00580201	DUP	138
Percodan 5mg & 325mg Tab (Not a Benefit)	00580236	DUP	139
PERGOLIDE MESYLATE			301
PERICYAZINE			166
Peridol 2mg/mL O/L	00552429	TCH	163
PERINDOPRIL ERBUMINE			104
Permax 0.05mg Tab	02123320	BJH	301
Permax 0.25mg Tab	02123339	BJH	301
Permax 1mg Tab	02123347	BJH	301
PERMETHRIN			270
PERPHENAZINE			166
Pertofrane 25mg Tab	00010448	GEI	149
PETROLATUM/MINERAL OIL			203
Phenazo 100mg Tab	00271489	ICN	302
Phenazo 200mg Tab	00454583	ICN	302
PHENAZOPYRIDINE HCL			302
PHENELZINE SULFATE			154
Phenergan 2mg/mL O/L (Not a Benefit)	01937693	RPR	1
PHENOBARBITAL			144
Phenobarbital 4mg/mL O/L	00588180	DCL	144
Phenobarbital 15mg Tab	00093505	DCL	144
Phenobarbital 15mg Tab (Not a Benefit)	00023795	PDA	144
Phenobarbital 30mg Tab	00093521	DCL	144
Phenobarbital 30mg Tab (Not a Benefit)	00023809	PDA	144
Phenobarbital 60mg Tab	00093556	DCL	144
Phenobarbital 60mg Tab (Not a Benefit)	00023817	PDA	144
Phenobarbital 100mg Tab	00093564	DCL	144
PHENYLBUTAZONE			124
PHENYTOIN (DIPHENYLHYDANTOIN)			145
PHENYTOIN (DIPHENYLHYDANTOIN) SODIUM			145
Phospholine Iodide 0.06% Oph Sol	02238075	WAY	195
Phospholine Iodide 0.125% Oph Sol	02217120	WAY	195
Phospholine Iodide 0.25% Oph Sol	02043343	WAY	195
Phyllocontin 225mg SR Tab	02014270	PFP	287
Phyllocontin-350 350mg SR Tab	02014289	PFP	287
PILOCARPINE HCL			196
Pilocarpine HCL 1% Oph Sol	02213036	RIV	196
Pilocarpine HCL 2% Oph Sol	02213044	RIV	196
Pilocarpine HCL 4% Oph Sol	02213052	RIV	196
PILOCARPINE HCL & EPINEPHRINE BITARTRATE			196
Pilocarpine Hydrochloride 1% Oph Sol	02229393	TCH	196
Pilocarpine Hydrochloride 2% Oph Sol	02229394	TCH	196
Pilocarpine Hydrochloride 4% Oph Sol	02229395	TCH	196
Pilopine HS 4% Oph Gel	00575240	ALC	196

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PIMOZIDE			166
PINDOLOL			105
PINDOLOL & HYDROCHLOROTHIAZIDE			105
PIPERAZINE ADIPATE			3
PIPERONYL BUTOXIDE & BIOALLETHRIN			270
Piportil L4 25mg/mL Inj Sol-1mL Pk	01926667	AVE	167
Piportil L4 50mg/mL Inj Sol-1mL Pk	00990507	RPP	167
Piportil L4 100mg/2mL Inj Sol-2mL Pk	01926675	AVE	167
PIPOTIAZINE PALMITATE			167
PIRBUTEROL ACETATE			61
PIROXICAM			125
PIVAMPICILLIN			14
PIVMECILLINAM HCL			32
PIZOTYLIN			68
Plan B 0.75mg Tab-2 Tabs Pk	02241674	WCC	259
Plaquenil 200mg Tab	02017709	SAO	30
Plendil 2.5mg ER Tab	02057778	AZC	98
Plendil 5mg ER Tab	00851779	AZC	98
Plendil 10mg ER Tab	00851787	AZC	98
PMS-Acetaminophen With Codeine 160mg & 8mg/5mL O/L	00816027	PMS	128
PMS-Amantadine 10mg/mL O/L	02022826	PMS	294
PMS-Amantadine HCL 100mg Cap	01990403	PMS	294
PMS-Amiodarone 200mg Tab	02242472	PMS	79
PMS-Atenolol 50mg Tab	02237600	PMS	80
PMS-Atenolol 100mg Tab	02237601	PMS	80
PMS-Baclofen 10mg Tab	02063735	PMS	69
PMS-Baclofen 20mg Tab	02063743	PMS	69
PMS-Benzylamine 0.15% Oral Rinse	02229777	PMS	195
PMS-Bezafibrate 200mg Tab	02240331	PMS	90
PMS-Bromocriptine 5mg Cap	02236949	PMS	295
PMS-Bromocriptine 2.5mg Tab	02231702	PMS	295
PMS-Captopril 12.5mg Tab	02230203	PMS	95
PMS-Captopril 25mg Tab	02230204	PMS	95
PMS-Captopril 50mg Tab	02230205	PMS	96
PMS-Captopril 100mg Tab	02230206	PMS	96
PMS-Carbamazepine CR 200mg LA Tab	02231543	PMS	140
PMS-Carbamazepine CR 400mg LA Tab	02231544	PMS	140
PMS-Cefaclor 250mg Cap	02185830	PMS	15
PMS-Cefaclor 500mg Cap	02185849	PMS	15
PMS-Cefaclor 25mg/mL Oral Susp	02185857	PMS	15
PMS-Cefaclor 50mg/mL Oral Susp	02185865	PMS	16
PMS-Cefaclor 375mg/5mL Oral Susp	02185873	PMS	16
PMS-Cephalexin 250mg Tab	02177781	PMS	18
PMS-Cephalexin 500mg Tab	02177803	PMS	18

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PMS-Cephalexin 125 25mg/mL O/L	02177811	PMS	18
PMS-Cephalexin 250 50mg/mL O/L	02177838	PMS	18
PMS-Cholestyramine Oral Pd-42 Dose Pk	02207745	PMS	91
PMS-Cholestyramine 9g Pk Oral Pd-Pouch Pk	02210320	PMS	91
PMS-Cholestyramine (Sugar Free) Oral Pd-42 Dose Pk	02141795	PMS	91
PMS-Cholestyramine Sugar Free 5g Pk Oral Pd-Pouch Pk	00890960	PMS	91
PMS-Cimetidine 200mg Tab	02229717	PMS	221
PMS-Cimetidine 300mg Tab	02229718	PMS	221
PMS-Cimetidine 400mg Tab	02229719	PMS	221
PMS-Cimetidine 600mg Tab	02229720	PMS	222
PMS-Cimetidine 800mg Tab	02229721	PMS	222
PMS-Clobazam 10mg Tab	02244474	PMS	141
PMS-Clobetasol 0.05% Cr	02232191	PMS	275
PMS-Clobetasol 0.05% Oint	02232193	PMS	275
PMS-Clobetasol 0.05% Scalp Lot	02232195	PMS	275
PMS-Clonazepam 0.5mg Tab	02048701	PMS	141
PMS-Clonazepam 2mg Tab	02048736	PMS	142
PMS-Clonazepam-R 0.5mg Tab	02207818	PMS	141
PMS-Cyclobenzaprine 10mg Tab (Not a Benefit)	02212048	PMS	69
PMS-Desipramine 25mg Tab	01946269	PMS	149
PMS-Desipramine 50mg Tab	01946277	PMS	149
PMS-Desipramine 75mg Tab	01946242	PMS	149
PMS-Desonide 0.05% Cr	02229315	PMS	276
PMS-Desonide 0.05% Oint	02229323	PMS	276
PMS-Dexamethasone 0.1% Oph/Ot Sol	00785261	PMS	193
PMS-Dexamethasone 0.5mg Tab	01964976	PMS	240
PMS-Dexamethasone 4mg Tab	01964070	PMS	241
PMS-Diclofenac 25mg Ent Tab	02231502	PMS	115
PMS-Diclofenac 50mg Ent Tab	02231503	PMS	115
PMS-Diclofenac 50mg Sup	02231506	PMS	116
PMS-Diclofenac 100mg Sup	02231508	PMS	116
PMS-Diclofenac-SR 75mg LA Tab	02231504	PMS	116
PMS-Diclofenac-SR 100mg LA Tab	02231505	PMS	116
PMS-Dimenhydrinate 50mg Tab (Not a Benefit)	00586331	PMS	216
PMS-Dipivefrin 0.1% Oph Sol	02237868	PMS	197
PMS-Divalproex 125mg Ent Tab	02244138	PMS	142
PMS-Divalproex 250mg Ent Tab	02244139	PMS	142
PMS-Divalproex 500mg Ent Tab	02244140	PMS	142
PMS-Docusate Calcium 240mg Cap	00664553	PMS	210
PMS-Domperidone 10mg Tab	02236466	PMS	222
PMS-Doxazosin 1mg Tab	02244527	PMS	97
PMS-Doxazosin 2mg Tab	02244528	PMS	97
PMS-Doxazosin 4mg Tab	02244529	PMS	97
PMS-Fenofibrate Micro 200mg Cap	02231780	PMS	92

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PMS-Flavoxate 200mg Tab	02245480	PMS	52
PMS-Fluconazole 50mg Tab	02245643	PMS	5
PMS-Fluconazole 100mg Tab	02245644	PMS	5
PMS-Fluoxetine 20mg Cap	02177587	PMS	151
PMS-Fluphenazine Decanoate 125mg/5mL Inj Susp-5mL Pk	02091275	PMS	162
PMS-Flutamide 250mg Tab	02230104	PMS	42
PMS-Fluvoxamine 50mg Tab	02240682	PMS	151
PMS-Fluvoxamine 100mg Tab	02240683	PMS	151
PMS-Gabapentin 100mg Cap	02243446	PMS	143
PMS-Gabapentin 300mg Cap	02243447	PMS	143
PMS-Gabapentin 400mg Cap	02243448	PMS	143
PMS-Gemfibrozil 300mg Cap	02239951	PMS	92
PMS-Gentamicin 0.3% Oph Sol	00776521	PMS	190
PMS-Glyburide 2.5mg Tab	02236733	PMS	250
PMS-Glyburide 5mg Tab	02236734	PMS	250
PMS-Hydromorphone 1mg Tab	00885444	PMS	133
PMS-Hydromorphone 2mg Tab	00885436	PMS	133
PMS-Hydromorphone 4mg Tab	00885401	PMS	133
PMS-Hydromorphone 8mg Tab	00885428	PMS	133
PMS-Indapamide 1.25mg Tab	02239619	PMS	184
PMS-Indapamide 2.5mg Tab	02239620	PMS	184
PMS-Ipratropium 125mcg/mL Inh Sol-2mL UDV Pk	02231135	PMS	54
PMS-Ipratropium 250mcg/mL Inh Sol-2mL UDV Pk	02231245	PMS	54
PMS-Ipratropium 250mcg/mL Inh Sol-20mL Pk	02231136	PMS	53
PMS-Ipratropium 0.03% Nasal Spray	02239627	PMS	201
PMS-Ketoprofen 50mg Cap	02150808	PMS	120
PMS-Ketoprofen 100mg Sup	02015951	PMS	121
PMS-Ketoprofen E-50 50mg Ent Tab	02150816	PMS	121
PMS-Ketoprofen E-100 100mg Ent Tab	02150824	PMS	121
PMS-Lactulose 667mg/mL O/L	00703486	PMS	211
PMS-Levobunolol 0.5% Oph Sol	02237991	PMS	202
PMS-Lindane 1% Shampoo (Not a Benefit)	00703605	PMS	269
PMS-Lithium Carbonate 150mg Cap	02216132	PMS	170
PMS-Lithium Carbonate 300mg Cap	02216140	PMS	170
PMS-Loperamide 2mg Caplet	02228351	PMS	209
PMS-Lorazepam 0.5mg Tab	00728187	PMS	164
PMS-Lorazepam 1mg Tab	00728195	PMS	164
PMS-Lorazepam 2mg Tab	00728209	PMS	164
PMS-Lovastatin 20mg Tab	02246013	PMS	92
PMS-Lovastatin 40mg Tab	02246014	PMS	93
PMS-Loxapine 25mg/mL O/L	02239101	PMS	170
PMS-Loxapine 5mg Tab	02230837	PMS	170
PMS-Loxapine 10mg Tab	02230838	PMS	171
PMS-Loxapine 25mg Tab	02230839	PMS	171

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PMS-Loxapine 50mg Tab	02230840	PMS	171
PMS-Mefenamic Acid 250mg Cap	02231208	PMS	122
PMS-Metformin 500mg Tab	02223562	PMS	250
PMS-Methotrimeprazine 5mg Tab	02232903	PMS	173
PMS-Methotrimeprazine 25mg Tab	02232904	PMS	173
PMS-Methotrimeprazine 50mg Tab	02232905	PMS	173
PMS-Methylphenidate 10mg Tab	00584991	PMS	171
PMS-Metoclopramide 5mg Tab	02230431	PMS	226
PMS-Metoclopramide 10mg Tab	02230432	PMS	226
PMS-Metoprolol-B 50mg Tab	02145413	PMS	85
PMS-Metoprolol-B 100mg Tab	02145421	PMS	85
PMS-Metoprolol-L 50mg Tab	02230803	PMS	85
PMS-Metoprolol-L 100mg Tab	02230804	PMS	85
PMS-Metronidazole 250mg Tab	00584339	PMS	31
PMS-Misoprostol 200mcg Tab	02244125	PMS	227
PMS-Moclobemide 150mg Tab	02243218	PMS	153
PMS-Moclobemide 300mg Tab	02243219	PMS	153
PMS-Morphine Sulfate 15mg SR Tab	02245284	PMS	136
PMS-Morphine Sulfate 30mg SR Tab	02245285	PMS	136
PMS-Morphine Sulfate 60mg SR Tab	02245286	PMS	136
PMS-Naproxen 500mg Sup	02017237	PMS	123
PMS-Nefazodone 100mg Tab	02245102	PMS	153
PMS-Nefazodone 150mg Tab	02245103	PMS	153
PMS-Nefazodone 200mg Tab	02245111	PMS	153
PMS-Nifedipine 5mg Cap	02235897	PMS	86
PMS-Nifedipine 10mg Cap	02235898	PMS	86
PMS-Nizatidine 150mg Cap	02177714	PMS	227
PMS-Nizatidine 300mg Cap	02177722	PMS	227
PMS-Nortriptyline 10mg Cap	02177692	PMS	154
PMS-Nortriptyline 25mg Cap	02177706	PMS	154
PMS-Oxtriphylline 10mg/mL O/L	00792934	PMS	287
PMS-Oxtriphylline 20mg/mL O/L	00792942	PMS	287
PMS-Oxybutynin 1mg/mL O/L	02223376	PMS	55
PMS-Oxybutynin 5mg Tab	02240550	PMS	55
PMS-Pindolol 5mg Tab	02231536	PMS	105
PMS-Pindolol 10mg Tab	02231537	PMS	105
PMS-Pindolol 15mg Tab	02231539	PMS	105
PMS-Piroxicam 10mg Cap	00836249	PMS	125
PMS-Piroxicam 20mg Cap	00836230	PMS	125
PMS-Piroxicam 10mg Sup	02154420	PMS	125
PMS-Piroxicam 20mg Sup	02154463	PMS	126
PMS-Potassium Chloride 1.33mEq/mL O/L	02238604	PMS	180
PMS-Potassium Gluconate 1.33mEq/mL O/L	02074087	PMS	181
PMS-Procyclidine 2.5mg Tab	00649392	PMS	55

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PMS-Procyclidine 5mg Tab	00587354	PMS	55
PMS-Promethazine 2mg/mL O/L (Not a Benefit)	00583979	PMS	1
PMS-Propafenone 150mg Tab	02243727	PMS	87
PMS-Propafenone 300mg Tab	02243728	PMS	87
PMS-Propranolol 10mg Tab	00582255	PMS	87
PMS-Propranolol 40mg Tab	00582263	PMS	88
PMS-Propranolol 80mg Tab	00582271	PMS	88
PMS-Ranitidine 150mg Tab	02242453	PMS	232
PMS-Ranitidine 300mg Tab	02242454	PMS	232
PMS-Salbutamol 1mg/mL Inh Sol-2.5mL Pk	02208229	PMS	63
PMS-Salbutamol 2mg/mL Inh Sol-2.5mL Pk	02208237	PMS	64
PMS-Salbutamol Respirator Solution 5mg/mL Inh Sol-10mL Pk	02069571	PMS	65
PMS-Selegiline 5mg Tab	02238102	PMS	304
PMS-Sertraline 25mg Cap	02244838	PMS	155
PMS-Sertraline 50mg Cap	02244839	PMS	155
PMS-Sertraline 100mg Cap	02244840	PMS	156
PMS-Sodium Cromoglycate 1% Inh Sol-2mL Pk	02046113	PMS	304
PMS-Sodium Cromoglycate 2% Nas Sol-26mL Pk	01950541	PMS	204
PMS-Sotalol 160mg Tab	02238327	PMS	89
PMS-Sucralfate 1g Tab	02238209	PMS	233
PMS-Sulfasalazine 500mg Tab	00598461	PMS	31
PMS-Sulfasalazine-E.C. 500mg Ent Tab	00598488	PMS	31
PMS-Temazepam 15mg Cap	02229455	PMS	174
PMS-Temazepam 30mg Cap	02229456	PMS	174
PMS-Terazosin 1mg Tab	02243518	PMS	108
PMS-Terazosin 2mg Tab	02243519	PMS	108
PMS-Terazosin 5mg Tab	02243520	PMS	108
PMS-Terazosin 10mg Tab	02243521	PMS	109
PMS-Theophylline 5.3mg/mL O/L	00575151	PMS	288
PMS-Thioridazine 30mg/mL O/L	00775320	PMS	168
PMS-Thioridazine 10mg Tab	00575119	PMS	168
PMS-Thioridazine 25mg Tab	00575127	PMS	168
PMS-Thioridazine 50mg Tab	00575135	PMS	169
PMS-Thioridazine 100mg Tab	00575143	PMS	169
PMS-Tiaprofenic 200mg Tab	02230827	PMS	127
PMS-Tiaprofenic 300mg Tab	02230828	PMS	127
PMS-Ticlopidine 250mg Tab	02243327	PMS	306
PMS-Timolol 0.25% Oph Sol	02083353	PMS	205
PMS-Timolol 0.5% Oph Sol	02083345	PMS	205
PMS-Tobramycin 0.3% Oph Sol	02239577	PMS	191
PMS-Trazodone 50mg Tab	01937227	PMS	156
PMS-Trazodone 100mg Tab	01937235	PMS	157
PMS-Trihexyphenidyl 0.4mg/mL O/L	00885398	PMS	55
PMS-Valproic Acid 250mg Cap	02230768	PMS	146

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
PMS-Valproic Acid 500mg Ent Cap	02229628	PMS	147
PMS-Valproic Acid 50mg/mL O/L	02236807	PMS	146
PMS-Verapamil SR 240mg LA Tab	02237791	PMS	110
POLYETHYLENE GLYCOL & ELECTROLYTES			180
POLYMYXIN B SULFATE & BACITRACIN (ZINC)			190
POLYMYXIN B SULFATE & GRAMICIDIN			190
POLYMYXIN B SULFATE & NEOMYCIN SULFATE & BACITRACIN (ZINC)			190
POLYMYXIN B SULFATE & NEOMYCIN SULFATE & GRAMICIDIN			190
POLYMYXIN B SULFATE & NEOMYCIN SULFATE & HYDROCORTISONE			191
Polysporin 10000U & 500U/g Oph Oint 3.5g Pk	00299219	BWE	190
Polysporin 10000U & 0.025mg/mL Oph/Ot Sol	00035343	BWE	190
POLYSTYRENE SODIUM SULFONATE			181
POLYVINYL ALCOHOL			204
POLYVINYL ALCOHOL & POLYVINYLPIRROLIDONE			203
Pondocillin 35mg/mL O/L	00582239	LEO	14
Pondocillin 500mg Tab	00582247	LEO	14
Ponstan 250mg Cap	00155225	PFI	122
POTASSIUM CHLORIDE			180
Potassium Chloride (Plastic Vial) 20mEq/10mL Inj Sol-10mL Pk	00624756	AST	180
POTASSIUM GLUCONATE			181
Potassium-Rougier 1.33mEq/mL O/L	00026700	ROG	181
Potassium-Sandoz 12mEq Eff Tab	00027596	SAN	180
POVIDONE - IODINE			272
PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE			175
Prandase 50mg Tab	02190885	BAH	249
Prandase 100mg Tab	02190893	BAH	249
Pravachol 10mg Tab	00893749	BQU	93
Pravachol 20mg Tab	00893757	BQU	93
Pravachol 40mg Tab	02222051	BQU	93
PRAVASTATIN SODIUM			93
PRAZOSIN HCL			105
Pred Forte 1% Oph Susp (Not a Benefit)	00301175	ALL	194
Pred Mild 0.12% Oph Susp	00299405	ALL	194
PREDNISOLONE ACETATE			194
PREDNISOLONE SODIUM PHOSPHATE			194, 242
PREDNISONE			243
Premarin 0.3mg Tab	02043394	WAY	245
Premarin 0.625mg Tab	02043408	WAY	245
Premarin 1.25mg Tab	02043424	WAY	245
Premarin 0.625mg/g Vag Cr	02043440	WAY	245
Premplus 0.625mg/2.5mg Tab-28 Day Pk	02242878	WAY	245
Prevacid 15mg DR Cap	02165503	ABB	224
Prevacid 30mg DR Cap	02165511	ABB	224
PRIMIDONE			145

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Prinivil 5mg Tab	00839388	MSD	101
Prinivil 10mg Tab	00839396	MSD	101
Prinivil 20mg Tab	00839418	MSD	101
Prinzide 10mg & 12.5mg Tab	02108194	MSD	101
Prinzide 20mg & 12.5mg Tab	00884413	MSD	101
Pro-Banthine 15mg Tab (Not a Benefit)	02030837	SHI	55
PROBENECID			186
Probeta 0.5% & 0.1% Oph Sol	02209071	ALL	202
PROCAINAMIDE HCL			86
Procan SR 250mg LA Tab	00638692	PFI	87
Procan SR 500mg LA Tab	00638676	PFI	87
Procan SR 750mg LA Tab	00638684	PFI	87
PROCARBAZINE HCL			46
PROCHLORPERAZINE			167
Prochlorperazine Mesylate 10mg/2mL Inj Sol-2mL Pk	00789747	SIL	167
Procyclid 5mg Tab	00306290	ICN	55
PROCYCLIDINE HCL			55
Procytox 200mg Inj Pd-Vial Pk	00013544	HOR	41
Procytox 1000mg Inj Pd-Vial Pk	00013552	HOR	41
Procytox 25mg Tab	00262676	HOR	41
Procytox 50mg Tab	00013749	HOR	41
Prodiem Plain Gran	02162245	NOV	211
Prograf 5mg/mL Amp	02176009	FUJ	305
Prograf 1mg Cap	02175991	FUJ	305
Prograf 5mg Cap	02175983	FUJ	305
Prolopa 50-12.5 50mg & 12.5mg Cap	00522597	HLR	299
Prolopa 100-25 100mg & 25mg Cap	00386464	HLR	299
Prolopa 200-50 200mg & 50mg Cap	00386472	HLR	299
Proloprim 100mg Tab	00675229	BWE	38
Proloprim 200mg Tab	00677590	BWE	38
PROMETHAZINE HCL			1
Pronestyl 250mg Cap	00029076	BQU	86
Pronestyl 375mg Cap	00296031	BQU	87
Pronestyl 500mg Cap	00353523	BQU	87
Pronestyl SR 500mg LA Tab	00639885	BQU	87
Propaderm 0.025% Cr	02089602	SHI	273
Propaderm 0.025% Lot	02089610	SHI	273
Propaderm 0.025% Oint	01927957	GLA	273
PROPAFENONE HCL			87
Propanthel 15mg Tab (Not a Benefit)	00294837	ICN	55
PROPANTHELINE BROMIDE			55
Propine 0.1% Oph Sol	00529117	ALL	197
PROPRANOLOL			87
PROPRANOLOL & HYDROCHLOROTHIAZIDE			106

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Propyl-Thyracil 50mg Tab	00010200	FRS	262
Propyl-Thyracil 100mg Tab	00010219	FRS	262
PROPYLTHIOURACIL			262
Prostigmin 15mg Tab	00869945	ICN	50
PROTRIPTYLINE			154
Provera 2.5mg Tab	00708917	UPJ	259
Provera 5mg Tab	00030937	UPJ	259
Provera 10mg Tab	00729973	UPJ	259
Provera 100mg Tab	00030945	UPJ	260
Provera-Pak 10mg Tab	02010933	UPJ	260
Proviiodine 10% Top Sol (Not a Benefit)	00172944	ROG	272
Proviiodine 10% Vag Gel (Not a Benefit)	00026611	ROG	272
Proviiodine 10% Vag Sol (Not a Benefit)	00252824	ROG	272
Prozac 20mg Cap	00636622	LIL	151
PSEUDOEPHEDRINE HCL			62
PSYLLIUM MUCILLOID			211
Pulmicort Nebuamp 0.125mg/mL Inh Susp	02229099	AZC	239
Pulmicort Nebuamp 0.25mg/mL Inh Susp	01978918	AZC	239
Pulmicort Nebuamp 0.5mg/mL Inh Susp	01978926	AZC	239
Pulmicort Turbuhaler 100mcg/Met Dose Pd Inh-200 Dose Pk	00852074	AZC	240
Pulmicort Turbuhaler 200mcg/Met Dose Pd Inh-200 Dose Pk	00851752	AZC	240
Pulmicort Turbuhaler 400mcg/Met Dose Pd Inh-200 Dose Pk	00851760	AZC	240
Purinethol 50mg Tab	00004723	BWE	45
Purinol 100mg Tab	00415731	HOR	293
Purinol 200mg Tab	00415758	HOR	294
Purinol 300mg Tab	00415766	HOR	294
PVF 500 60mg/mL O/L	00248835	FRS	13
PVF-K 500 300mg Tab (Not a Benefit)	00248843	FRS	14
PYRAZINAMIDE			21
PYRETHRINS PIPERONYL BUTOXIDE & PETROLEUM DISTILLATE			270
Pyridium 100mg Tab	00476714	PDA	302
Pyridium 200mg Tab	00476722	PDA	302
PYRIDOSTIGMINE BROMIDE			50
PYRIDOXINE HCL			290
PYRVINIUM PAMOATE			3
Questran Oral Pd-42 Dose Pk	00634093	BQU	91
Questran 9g Pk Oral Pd-Pouch Pk	00464880	BQU	91
QUETIAPINE			167
QUINAPRIL HCL			106
QUINAPRIL HCL & HYDROCHLOROTHIAZIDE			106
Quinate 325mg Tab	00311731	ROG	88
Quinidine 200mg Tab	00026883	ROG	88
Quinidine 200mg Tab (Not a Benefit)	00004782	BWE	88
QUINIDINE GLUCONATE			88

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QUINIDINE SULFATE			88
QVAR 50mcg/Met Dose Aero Inh-200 Dose Pk	02242029	MMH	239
QVAR 100mcg/Met Dose Aero Inh-200 Dose Pk	02242030	MMH	239
R & C Shampoo/Conditioner 0.3% & 3% & 1.2% Top Sol	02125447	RCA	270
RABEPRAZOLE SODIUM			232
RALOXIFENE HCL			302
RAMIPRIL			107
Ranitidine 150mg Tab	00828823	KNR	232
Ranitidine 300mg Tab	00828688	KNR	232
RANITIDINE HCL			232
Ratio-Clindamycin 150mg Cap	02130033	RAI	18
Ratio-Clindamycin 300mg Cap	02192659	RAI	18
Ratio-IPRA SAL UDV 500mcg/2.5mg/2.5mL Inh Sol-2.5mL Pk	02243789	RAI	52
Ratio-Lenoltec No.2 15mg Tab	00653241	RAI	129
Ratio-Lenoltec No.3 30mg Tab	00653276	RAI	129
Ratio-Lenoltec No.4 300mg & 60mg Tab	00621463	RAI	129
Ratio-Lovastatin 20mg Tab	02245822	RAI	92
Ratio-Lovastatin 40mg Tab	02245823	RAI	93
Ratio-Methotrexate Sodium 2.5mg Tab	02244798	RAI	39
Ratio-Morphine SR 15mg SR Tab	02244790	RAI	136
Ratio-Morphine SR 30mg SR Tab	02244791	RAI	136
Ratio-Morphine SR 60mg SR Tab	02244792	RAI	136
Ratio-Salbutamol HFA 100mcg/Met Dose Inh-200 Dose Pk	02244914	RAI	65
Regulex 100mg Cap	01932365	WHB	210
Remeron 30mg Tab	02243910	OGN	152
Reminyl 4mg Tab	02244298	JNO	50
Reminyl 8mg Tab	02244299	JNO	50
Reminyl 12mg Tab	02244300	JNO	50
Renedil 2.5mg SR Tab	02221985	AVE	99
Renedil 5mg SR Tab	02221993	AVE	99
Renedil 10mg SR Tab	02222000	AVE	99
ReQuip 0.25mg Tab	02232565	SMJ	303
ReQuip 1mg Tab	02232567	SMJ	303
ReQuip 2mg Tab	02232568	SMJ	303
ReQuip 5mg Tab	02232569	SMJ	303
Rescriptor 100mg Tab	02238348	AGO	25
RESERPINE			107
Restoril 15mg Cap	00604453	NOV	174
Restoril 30mg Cap	00604461	NOV	174
Rhinalar 0.025% Nas Sp-25mL Pk	02162687	HLR	193
Rhinocort Aqua 64mcg/Met Dose Nas Sp-120 Dose Pk	02231923	AZC	193
Rhinocort Aqua 100mcg/Met Dose Nas Sp-165 Dose Pk (Not a Benefit)	01974432	AST	193
Rhinocort Turbuhaler 100mcg/Met Dose Nas Aero-200 Dose	02035324	AZC	193
Rho-Atenolol 50mg Tab	02231731	RHP	80

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Rho-Atenolol 100mg Tab	02231733	RHP	80
Rho-Salbutamol 5mg/mL Inh Sol-10mL Pk	02154412	RHP	65
Rhodacine 25mg Cap	02204541	RHP	119
Rhodacine 50mg Cap	02204568	RHP	120
Rhodacine 50mg Sup	02146932	RHO	120
Rhodacine 100mg Sup	02146940	RHO	120
Rhodiaprox 500mg Sup	02229690	RHP	123
Rhodiis 50mg Cap	00761664	RHP	120
Rhodiis 100mg Sup	00761699	RHP	121
Rhodiis SR 200mg LA Tab	02031175	RHP	121
Rhodiis-EC 50mg Ent Tab	00761672	RHP	121
Rhodiis-EC 100mg Ent Tab	00761680	RHP	121
Rhotral 100mg Tab	01910140	RHP	79
Rhotral 200mg Tab	01910159	RHP	79
Rhotral 400mg Tab	01910167	RHP	79
Rhotrimine 75mg Cap	00761656	RHP	157
Rhotrimine 12.5mg Tab	00761605	RHP	157
Rhotrimine 25mg Tab	00761613	RHP	157
Rhotrimine 50mg Tab	00761621	RHP	157
Rhotrimine 100mg Tab	00761648	RHP	158
Rhoxal-Amiodarone 200mg Tab	02243836	RHO	79
Rhoxal-Clonazepam 0.5mg Tab	02233960	RHO	141
Rhoxal-Clonazepam 2mg Tab	02233985	RHO	142
Rhoxal-Cyclosporine 100mg Cap	02242821	RHO	297
Rhoxal-Diltiazem CD 120mg LA Cap	02243338	RHO	82
Rhoxal-Diltiazem CD 180mg LA Cap	02243339	RHO	83
Rhoxal-Diltiazem CD 240mg LA Cap	02243340	RHO	83
Rhoxal-Diltiazem CD 300mg LA Cap	02243341	RHO	83
Rhoxal-Famotidine 20mg Tab	02240622	RHO	223
Rhoxal-Famotidine 40mg Tab	02240623	RHO	223
Rhoxal-Fluoxetine 20mg Cap	02243487	RHO	151
Rhoxal-Loperamide 2mg Caplet	02233998	RHO	209
Rhoxal-Metformin 500mg Tab	02233999	RHO	250
Rhoxal-Ranitidine 150mg Tab	02243229	RHO	232
Rhoxal-Ranitidine 300mg Tab	02243230	RHO	232
Rhoxal-Sertraline 25mg Cap	02245159	RHO	155
Rhoxal-Sertraline 50mg Cap	02245160	RHO	155
Rhoxal-Sertraline 100mg Cap	02245161	RHO	156
Rhoxal-Sotalol 160mg Tab	02234013	RHO	89
Rhoxal-Ticlopidine 250mg Tab	02243587	RHO	306
Rhoxal-Valproic 250mg Cap	02239714	RHO	146
Rhoxal-Valproic 500mg Ent Cap	02239713	RHO	147
Ridaura 3mg Cap	01916823	PMS	235
RIFABUTIN			21

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Rifadin 150mg Cap	02091887	AVE	22
Rifadin 300mg Cap	02092808	AVE	22
RIFAMPIN			22
Rimactane 150mg Cap	00210471	CIB	22
Rimactane 300mg Cap	00210463	CIB	22
Riphenidate 10mg Tab	02230321	TCH	171
RISEDRONATE SODIUM			303
Risperdal 1mg/mL O/L	02236950	JNO	168
Risperdal 0.25mg Tab	02240551	JNO	168
Risperdal 0.5mg Tab	02240552	JNO	168
Risperdal 1mg Tab	02025280	JNO	168
Risperdal 2mg Tab	02025299	JNO	168
Risperdal 3mg Tab	02025302	JNO	168
Risperdal 4mg Tab	02025310	JNO	168
RISPERIDONE			168
Ritalin 10mg Tab	00005606	NOV	171
Ritalin SR 20mg LA Tab	00632775	NOV	171
RITONAVIR			28
RIVASTIGMINE			51
Rivotril 0.5mg Tab	00382825	HLR	141
Rivotril 2mg Tab	00382841	HLR	142
Robidone 1mg/mL O/L	02041677	WAY	187
Robidrine 6mg/mL O/L (Not a Benefit)	00425516	WHB	62
Robidrine 60mg Tab (Not a Benefit)	00342726	WHB	62
Robigesic 16mg/mL O/L	01934805	WHB	139
Robitussin 20mg/mL O/L (Not a Benefit)	00026468	WHB	187
Rocaltrol 0.25mcg Cap dpp	00481823	HLR	291
Rocaltrol 0.5mcg Cap dpp	00481815	HLR	291
Rocephin 0.25g/Vial Inj Pd-1 Vial Pk	00657387	HLR	17
Rocephin 1g/Vial Inj Pd-1 Vial Pk	00657417	HLR	17
Rocephin 2g/Vial Inj Pd-1 Vial Pk	00657409	HLR	17
Rofact 150mg Cap	00393444	ICN	22
Rofact 300mg Cap	00343617	ICN	22
ROFECOXIB			126
Roferon-A 3mu/Vial Inj Sol-1mL Pk	02217015	HLR	43
Roferon-A 18mu/Vial Inj Sol-3mL Pk	02217066	HLR	43
Roferon-A 9mu/Vial Pd for Inj	01911996	HLR	43
Roferon-A 18mu/Vial Pd for Inj	01912003	HLR	43
ROPINIROLE			303
Rosazol 1% Cr	02242919	STI	271
Rouphylline 10mg/mL O/L	00405310	ROG	287
Roychlor 1.33mEq/mL O/L	02166372	WAB	180
Rubramin 1mg/mL Inj Sol-10mL Pk	00029165	BQU	289
Rynacrom 2% Nas Sol-26mL Pk (Not a Benefit)	00605255	FIS	204

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Rythmodan 100mg Cap	00382876	ROU	84
Rythmodan 150mg Cap	00439363	ROU	84
Rythmol 150mg Tab	00603708	KNO	87
Rythmol 300mg Tab	00603716	KNO	87
S.A.S. Enteric 500 500mg Ent Tab	00445126	ICN	31
Sab-Diclofenac 50mg Sup	02241224	SIL	116
Sab-Diclofenac 100mg Sup	02241225	SIL	116
Sab-Indomethacin 50mg Sup	02231799	SIL	120
Sab-Indomethacin 100mg Sup	02231800	SIL	120
Sab-Levobunolol 0.25% Oph Sol	02241715	SIL	202
Sab-Levobunolol 0.5% Oph Sol	02241716	SIL	202
Sab-Pentason 3mg & 1mg/mL Oph/Ot Drops	02244999	SIL	189
Sab-Tobramycin 0.3% Oph Sol	02241755	SIL	191
Sabril 500mg Tab	02065819	AVE	147
Salazopyrin 500mg Ent Tab	02064472	PMJ	31
Salazopyrin 500mg Tab	02064480	PMJ	31
SALBUTAMOL			62
Salbutamol 2mg Tab	00637793	EVM	66
Salbutamol 4mg Tab	00637807	EVM	66
Salbutamol Inhaler 100mcg/Met Dose Inh-200 Dose Pk (Not a Benefit)	00851841	KNR	65
Salbutamol Respirator Sol P.F. 1mg/mL Inh Sol-2.5mL Pk	01986864	KNR	63
Salbutamol Respirator Solution 5mg/mL Inh Sol-10mL Pk	00860808	KNR	65
SALBUTAMOL SULFATE			62
SALICYLIC ACID			282
SALMETEROL XINAFOATE			66
SALMETEROL XINAFOATE & FLUTICASONE PROPIONATE			67
Salofalk 500mg Ent Tab	02112787	BFI	220
Salofalk 4g Rect Susp-Pk	02112809	BFI	220
Salofalk 500mg Sup	02112760	BFI	220
Sandomigran 0.5mg Tab	00329320	NOV	68
Sandomigran DS 1mg Tab	00511552	NOV	68
Sans-Acne 2% & 44% Top Sol	01902628	GAC	265
Sansert 2mg Tab	00027499	NOV	68
Santyl 250U/g Oint	02063670	KNO	284
SAQUINAVIR MESYLATE			29
Scabene 0.63% & 5.04% Aero Spray	02229874	MET	269
Schein Nifedipine PA 10mg LA Tab	02154390	SCE	104
Schein Nifedipine PA 20mg LA Tab	02154404	SCE	104
Scheinpharm Amoxicillin 250mg Cap	02241826	SCE	10
Scheinpharm Amoxicillin 500mg Cap	02241827	SCE	10
Scheinpharm Atenolol 50mg Tab	02220679	SCE	80
Scheinpharm Atenolol 100mg Tab	02220687	SCE	80
Scheinpharm B12 1mg/mL Inj Sol-10mL Pk	02229972	SCE	289
Scheinpharm Ceclor 250mg Cap	02237729	SCE	15

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Scheinpharm Ceclor 500mg Cap	02237730	SCE	15
Scheinpharm Clotrimazole 10mg/g Cr	02230447	SCE	266
Scheinpharm Fluoxetine 20mg Cap	02242178	SCE	151
Scheinpharm Gemfibrozil 300mg Cap	02242390	SCE	92
Scheinpharm Gentamicin 0.3% Oph Sol	02219581	SCE	190
Scheinpharm Pilocarpine 1% Oph Sol	02229556	SCE	196
Scheinpharm Pilocarpine 2% Oph Sol	02229555	SCE	196
Scheinpharm Pilocarpine 4% Oph Sol	02229554	SCE	196
Scheinpharm Ranitidine 150mg Tab	02241598	PMS	232
Scheinpharm Ranitidine 300mg Tab	02241599	PMS	232
SECOBARBITAL SODIUM			174
Seconal 100mg Cap	00015288	LIL	174
Sectral 100mg Tab	01926543	AVE	79
Sectral 200mg Tab	01926551	AVE	79
Sectral 400mg Tab	01926578	AVE	79
SELEGILINE HCL			304
Selexid 200mg Tab	00657212	LEO	32
SENNOSIDES A & B			212
Senokot 15mg/3g Gran	00026042	PFP	212
Senokot 30mg Sup	00026107	PFP	212
Senokot 1.7mg/mL Syrup	00367729	PFP	212
Senokot 8.6mg Tab	00026158	PFP	212
Septra 40mg & 8mg/mL O/L	00270644	BWE	38
Septra 400mg & 80mg Tab	00270636	BWE	38
Septra DS 800mg & 160mg Tab	00368040	BWE	38
Serax 10mg Tab (Not a Benefit)	02043653	WAY	165
Serax 15mg Tab	02043661	WAY	165
Serax 30mg Tab	02043688	WAY	165
Serentil 25mg Tab	00027456	NOV	165
Serentil 50mg Tab	00027464	SAN	165
SereVent 25mcg/Met Dose Inh-120 Dose Pk	02211742	GLW	66
SereVent Diskhaler Disks 50mcg/Blister Diskhaler-60 Disk Pk	02214261	GLW	66
SereVent Diskus 50mcg Pd Inh-60 Dose Pk	02231129	GLW	66
Seroquel 25mg Tab	02236951	AZC	167
Seroquel 100mg Tab	02236952	AZC	167
Seroquel 150mg Tab	02240862	AZC	167
Seroquel 200mg Tab	02236953	AZC	167
Seroquel 300mg Tab	02244107	AZC	167
Serpasil 0.25mg Tab	00005665	NOV	107
SERTRALINE HCL			155
Serzone-5HT2 100mg Tab	02087375	BQU	153
Serzone-5HT2 150mg Tab	02087383	BQU	153
Serzone-5HT2 200mg Tab	02087391	BQU	153
Sibelium 5mg Cap	00846341	PMS	298

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SILVER SULFADIAZINE			272
SIMVASTATIN			93
Sinemet 100mg & 10mg Tab	00355658	MSD	300
Sinemet 100mg & 25mg Tab	00513997	MSD	300
Sinemet 250mg & 25mg Tab	00328219	MSD	300
Sinemet CR 100mg & 25mg Tab	02028786	DUP	300
Sinemet CR 200mg & 50mg Tab	00870935	DUP	300
Sinequan 10mg Cap	00024325	PFI	150
Sinequan 25mg Cap	00024333	PFI	150
Sinequan 50mg Cap	00024341	PFI	150
Sinequan 75mg Cap	00400750	PFI	150
Sinequan 100mg Cap	00326925	PFI	150
Sinequan 150mg Cap	00584274	PFI	150
Sintrom 1mg Tab	00010383	NOV	75
Sintrom 4mg Tab	00010391	NOV	75
Slo-Bid 50mg SR Cap	01926616	AVE	288
Slo-Bid 100mg SR Cap	01926586	AVE	288
Slo-Bid 200mg SR Cap	01926594	AVE	288
Slo-Bid 300mg SR Cap	01926608	AVE	288
Slow-Trasacor 80mg LA Tab	00534579	NOV	104
Slow-Trasacor 160mg LA Tab	00534587	NOV	104
Soda Mint 300mg Tab	00179884	SDR	179
SODIUM AUROTHIOMALATE			235
SODIUM BICARBONATE			179
Sodium Bicarbonate 300mg Tab	00093068	DCL	179
Sodium Bicarbonate 600mg Tab	00221619	DCL	179
SODIUM BIPHOSPHATE & SODIUM PHOSPHATE			212
SODIUM CHLORIDE			181, 204
Sodium Chloride (Plastic Vial) 0.9% Inj Sol-10mL Pk	00624748	AST	181
SODIUM CITRATE & SODIUM LAURYL SULFOACETATE			213
SODIUM CROMOGLYCATE			204, 304
SODIUM FLUORIDE			304
SODIUM FUSIDATE			20, 265
SODIUM NITROPRUSSIDE DIHYDRATE			107
Soflax 100mg Cap	01994344	PMS	210
Soflax Syrup 4mg/mL O/L	02006758	PMS	210
Sofracort 5mg & 50mcg & 0.5mg/mL Oph/Ot Sol	02224623	AVE	189
Soframycin 0.5% Oph Oint-5g Pk	00026964	ROU	189
Soframycin 0.5% Oph Sol	01987658	HRU	189
Solganal 50mg/mL Inj Sol-10mL Pk	00855774	SCH	235
Somophyllin-12 50mg LA Cap	00551422	FIS	287
Soriatane 10mg Cap	02070847	HLR	284
Soriatane 25mg Cap	02070863	HLR	284
Sotacor 160mg Tab	00483923	BQU	89

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
SOTALOL HCL			89
Sotamol 160mg Tab	02238415	TCH	89
SPIRONOLACTONE			185
Statex 1mg/mL O/L	00591467	PMS	135
Statex 5mg/mL O/L	00591475	PMS	135
Statex 20mg/mL Oral Drops	00621935	PMS	135
Statex 5mg Tab	00594652	PMS	137
Statex 10mg Tab	00594644	PMS	137
Statex 25mg Tab	00594636	PMS	137
Statex 50mg Tab	00675962	PMS	137
Staticin 1.5% Lot	01910086	WSQ	265
STAVUDINE			29
Stelazine 1mg Tab (Not a Benefit)	01918206	SMJ	169
Stelazine 2mg Tab (Not a Benefit)	01918214	SMJ	169
Stelazine 5mg Tab (Not a Benefit)	01918222	SMJ	169
Stelazine 10mg Tab (Not a Benefit)	01918230	SMJ	170
Stemetil 10mg/2mL Inj Sol-2mL Pk	01927779	AVE	167
Stemetil 1mg/mL O/L	01927787	AVE	167
Stemetil 10mg Sup	01927795	AVE	167
Stemetil 5mg Tab	01927752	AVE	167
Stemetil 10mg Tab	01927760	AVE	167
STERCULIA GUM			213
Sterile Water (Plastic Vial) Inj Sol-10mL Pk	00624721	AST	305
STERILE WATER FOR INJECTION			305
Stieva-A 0.01% Cr	00657204	STI	283
Stieva-A 0.025% Cr	00578576	STI	283
Stieva-A 0.05% Cr	00518182	STI	283
Stieva-A 0.01% Gel	00587958	STI	283
Stieva-A 0.025% Gel	00587966	STI	283
Stieva-A 0.025% Sol	00578568	STI	283
Stieva-A 0.05% Top Sol	00518174	STI	283
Stievamycin Gel 0.025% & 4% Top Gel	01905112	STI	283
STILBOESTROL			248
Stilboestrol 0.5mg Tab	02100304	SHI	248
Stilboestrol 1mg Tab	02091461	SHI	248
STREPTOZOCIN			46
SUCRALFATE			233
Sudafed 6mg/mL O/L (Not a Benefit)	00004561	BWE	62
Sudafed 60mg Tab (Not a Benefit)	00004766	BWE	62
Sulamyd 10% Oph Sol	00028053	SCH	191
Sulamyd 30% Oph Sol	00028061	SCH	191
Sulcrate 1g Tab	02100622	AVE	233
Sulcrate Suspension Plus 1g/5mL Oral Susp	02103567	AVE	233
SULFACETAMIDE (SODIUM)			191

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
SULFAMETHOXAZOLE & TRIMETHOPRIM			38
SULFANILAMIDE & AMINACRINE HCL & ALLANTOIN			272
SULFAPYRIDINE			30
SULFASALAZINE			31
Sulfasalazine 500mg Ent Tab	00685925	KNR	31
Sulfasalazine 500mg Tab	00685933	KNR	31
SULFINPYRAZONE			186
SULINDAC			127
Sun-Benz 0.15% Oral Rinse	02226820	SUN	195
Suprax 20mg/mL Oral Susp	00868965	LED	16
Suprax 400mg Tab	00868981	LED	16
Suprefact 1mg/mL Inj Sol-5.5mL Pk	02225166	AVE	40
Suprefact 1mg/mL Nas Sp-10mL Pk	02225158	AVE	40
Suprefact Depot 6.3mg Implant Kit	02228955	AVE	40
Suprefact Depot 9.45mg Implant Kit	02240749	AVE	40
Surfak 240mg Cap (Not a Benefit)	02224666	HMR	210
Surgam 200mg Tab (Not a Benefit)	01989782	HRU	127
Surgam 300mg Tab	02221950	AVE	127
Surmontil 75mg Cap (Not a Benefit)	01926349	RPP	157
Surmontil 12.5mg Tab (Not a Benefit)	01926357	RPP	157
Surmontil 25mg Tab (Not a Benefit)	01926322	RPP	157
Surmontil 50mg Tab (Not a Benefit)	01926330	RPP	157
Surmontil 100mg Tab (Not a Benefit)	01926284	RPP	158
Sustiva 50mg Cap	02239886	DUP	25
Sustiva 100mg Cap	02239887	DUP	25
Sustiva 200mg Cap	02239888	DUP	25
Symbicort 100 Turbuhaler 100mcg/6mcg Pd Inh-120 Dose Pk	02245385	AZC	56
Symbicort 200 Turbuhaler 200mcg/6mcg Pd Inh-120 Dose Pk	02245386	AZC	56
Symmetrel 100mg Cap (Not a Benefit)	01914006	DUP	294
Symmetrel 10mg/mL O/L	01913999	DUP	294
Synacthen Depot 1mg/mL Inj Susp-1mL Pk	00253952	CIB	177
Synalar Mild 0.01% Cr	00030414	SYN	277
Synalar Mild 0.01% Oint	00030392	SYN	277
Synalar Regular 0.025% Cr	00030422	SYN	277
Synalar Regular 0.025% Oint	02162512	MEC	277
Synalar Solution 0.01% Top Sol	02162504	MEC	277
Synamol Mild 0.01% Emol Cr	00424927	SYN	277
Synamol Regular 0.025% Emol Cr	00424935	SYN	277
Synarel 2mg/mL Nas Sol-10mL Pk	02188783	SEA	244
Synphasic 3 Phase Tab-21 Pk	02187108	SEA	258
Synphasic 3 Phase Tab-28 Pk	02187116	SEA	258
Synthroid 0.025mg Tab	02172062	KNO	260
Synthroid 0.05mg Tab	02172070	KNO	260
Synthroid 0.075mg Tab	02172089	KNO	261

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Synthroid 0.088mg Tab	02172097	KNO	261
Synthroid 0.1mg Tab	02172100	KNO	261
Synthroid 0.112mg Tab	02171228	KNO	261
Synthroid 0.125mg Tab	02172119	KNO	261
Synthroid 0.15mg Tab	02172127	KNO	261
Synthroid 0.175mg Tab	02172135	KNO	261
Synthroid 0.2mg Tab	02172143	KNO	261
Synthroid 0.3mg Tab	02172151	KNO	261
TACROLIMUS			305
Tagamet 60mg/mL O/L	01916750	SMJ	221
Tagamet 200mg Tab (Not a Benefit)	01916793	SMJ	221
Tagamet 300mg Tab	01916815	SMJ	221
Tagamet 400mg Tab	01916785	SMJ	221
Tagamet 600mg Tab	01916777	SMJ	222
Tagamet 800mg Tab (Not a Benefit)	01916769	SMJ	222
Tambocor 50mg Tab	01966197	MMH	84
Tambocor 100mg Tab	01966200	MMH	84
Tamofen 10mg Tab	01926624	AVE	46
Tamofen 20mg Tab	01926632	AVE	46
Tamone 10mg Tab	02063778	PMJ	46
Tamone 20mg Tab	02063751	PMJ	46
TAMOXIFEN CITRATE			46
TAMSULOSIN HCL			305
Tanta Orciprenaline 2mg/mL O/L	02192675	TAN	61
Tantum 0.15% Oral Rinse	01966065	MMH	195
Tapazole 5mg Tab	00015741	LIL	262
Taro-Carbamazepine 200mg Tab	02052423	TAR	141
Taro-Carbamazepine CR 200mg LA Tab	02237907	TAR	140
Taro-Carbamazepine CR 400mg LA Tab	02237908	TAR	140
TARO-SONE 0.050% Cr	01925350	TAR	273
TARO-SONE 0.05% Lot	01944444	TAR	274
TARO-SONE 0.05% Oint	01944436	TAR	274
Taro-Warfarin 1mg Tab	02242680	TAR	76
Taro-Warfarin 2mg Tab	02242681	TAR	76
Taro-Warfarin 2.5mg Tab	02242682	TAR	76
Taro-Warfarin 3mg Tab	02242683	TAR	76
Taro-Warfarin 4mg Tab	02242684	TAR	76
Taro-Warfarin 5mg Tab	02242685	TAR	76
Taro-Warfarin 10mg Tab	02242687	TAR	77
Tears Naturale 0.1%/0.3% Oph-Sol	00390291	ALC	199
Tears Naturale II 0.1%/0.3%/0.001% Oph-Sol	00743445	ALC	199
Tears Plus Oph-Sol	00579408	ALL	203
Tebrazid 500mg Tab	00283991	ICN	21
Tegopen 250mg Inj Pd-Vial Pk	00407593	BQU	13

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Tegretol 100mg/5mL Oral Susp	02194333	NOV	140
Tegretol 200mg Tab (Not a Benefit)	00010405	NOV	141
Tegretol Chew Tabs 100mg Chew Tab	00369810	NOV	140
Tegretol Chew Tabs 200mg Chew Tab	00665088	NOV	140
Tegretol CR 200mg LA Tab	00773611	GEI	140
Tegretol CR 400mg LA Tab	00755583	NOV	140
TELMISARTAN			107
TELMISARTAN & HYDROCHLOROTHIAZIDE			108
TEMAZEPAM			174
Temodal 5mg Cap	02241093	SCH	47
Temodal 20mg Cap	02241094	SCH	47
Temodal 100mg Cap	02241095	SCH	47
Temodal 250mg Cap	02241096	SCH	47
TEMOZOLOMIDE			47
Tempra 80mg/mL O/L (Not a Benefit)	00642401	MJS	139
Tenolin 50mg Tab	02171791	TCH	80
Tenolin 100mg Tab	02171805	TCH	80
Tenoretic 50/25 50 & 25mg Tab	02049961	AZC	94
Tenoretic 100/25 100 & 25mg Tab	02049988	AZC	94
Tenormin 50mg Tab	02039532	AZC	80
Tenormin 100mg Tab	02039540	AZC	80
Tequin 400mg Tab	02243182	BQU	34
Terazol 3 80mg Vag Ovule	00894710	OMC	269
Terazol 7 0.4% Cr	00894729	OMC	269
TERAZOSIN HCL			108
TERBINAFINE HCL			268
TERBUTALINE SULFATE			67
TERCONAZOLE			269
TESTOSTERONE CYPIONATE			244
TESTOSTERONE ENANTHATE			244
TESTOSTERONE UNDECANOATE			244
TETRACYCLINE			15
Tetracyn 250mg Cap (Not a Benefit)	00024422	PFI	15
Teveten 300mg Tab	02240431	SPH	98
Teveten 400mg Tab	02240432	SPH	98
Teveten 600mg Tab	02243942	SPH	98
Theo-Dur 100mg LA Tab	00460982	AZC	288
Theo-Dur 200mg LA Tab	00460990	AZC	288
Theo-Dur 300mg LA Tab	00461008	AZC	288
Theolair 125mg Tab	01966235	MMH	288
Theolair 250mg Tab	01966227	MMH	288
Theolair Alcohol Free Oral Liquid 5.3mg/mL O/L	01966219	MMH	288
Theolair-SR 200mg LA Tab	01966243	MMH	288
Theolair-SR 250mg LA Tab	01966251	MMH	288

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Theolair-SR 300mg LA Tab	01966278	MMH	288
Theolair-SR 500mg LA Tab	01966286	MMH	288
Theophylline 5.3mg/mL O/L	00307548	ROG	288
Theophylline 5.3mg/mL O/L (Not a Benefit)	00532223	TCH	288
THEOPHYLLINE ANHYDROUS			287
THIAMINE HCL			290
THIOGUANINE			47
THIORIDAZINE			168
THIOTHIXENE			169
THYROID			261
Thyroid 30mg Tab	00023949	PDA	261
Thyroid 60mg Tab	00023957	PDA	261
Thyroid 125mg Tab	00023965	PDA	261
Tiamol 0.05% Emol Cr	00598933	OPI	278
TIAPROFENIC ACID			127
Tiazac 120mg ER Cap	02231150	BIO	82
Tiazac 180mg ER Cap	02231151	BIO	82
Tiazac 240mg ER Cap	02231152	BIO	82
Tiazac 300mg ER Cap	02231154	BIO	82
Tiazac 360mg ER Cap	02231155	BIO	82
Ticlid 250mg Tab	02162776	HLR	306
TICLOPIDINE HCL			306
Tilade 2mg/Met Dose Inh	02230543	AVE	301
Timolide 10mg & 25mg Tab	00509353	FRS	109
TIMOLOL MALEATE			89, 205
Timolol Maleate 0.25% Oph Sol	02166712	SIL	205
Timolol Maleate 0.5% Oph Sol	02166720	SIL	205
TIMOLOL MALEATE & HYDROCHLOROTHIAZIDE			109
TIMOLOL MALEATE & PILOCARPINE HCL			197
Timoptic 0.25% Oph Sol	00451193	MSD	205
Timoptic 0.5% Oph Sol	00451207	MSD	205
Timoptic-XE 0.25% Oph Gellan Sol	02171880	MSD	205
Timoptic-XE 0.5% Oph Gellan Sol	02171899	MSD	205
Timpilo 2 0.5% & 2% Oph Sol	01905082	MSD	197
Timpilo 4 0.5% & 4% Oph Sol	01905090	MSD	197
TINZAPARIN SODIUM			75
TIOCONAZOLE			269
TobraDex 0.3% & 0.1% Oph Oint	00778915	ALC	191
TobraDex 0.3% & 0.1% Oph Susp	00778907	ALC	191
TOBRAMYCIN			191
Tobramycin 80mg/2mL Inj Sol-2mL Pk	02230640	SCE	20
Tobramycin 80mg/2mL Inj Sol-2mL Pk	02241210	SIL	20
Tobramycin 0.3% Oph Sol	02239148	RIV	191
TOBRAMYCIN & DEXAMETHASONE			191

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TOBRAMYCIN SULFATE			20
Tobrex 0.3% Oph Oint	00614254	ALC	191
Tobrex 0.3% Oph Sol	00513962	ALC	191
Tofranil 10mg Tab (Not a Benefit)	00010464	NOV	152
Tofranil 25mg Tab	00010472	NOV	152
Tofranil 50mg Tab	00010480	NOV	152
TOLBUTAMIDE			251
Tolectin 600mg Tab	00632740	OMC	128
Tolectin DS 400mg Cap	00484938	OMC	128
TOLMETIN			128
TOLTERODINE L-TARTRATE			307
Tomycine 0.3% Oph Sol	02238708	CBV	191
Topamax 25mg Tab	02230893	JNO	146
Topamax 100mg Tab	02230894	JNO	146
Topamax 200mg Tab	02230896	JNO	146
Topamax Sprinkle 15mg Sprinkle Cap	02239907	JNO	145
Topamax Sprinkle 25mg Sprinkle Cap	02239908	JNO	145
Topilene Glycol Cream 0.05% Cr	00849650	TCH	273
Topilene Glycol Ointment 0.05% Oint	00849669	TCH	273
TOPIRAMATE			145
Topisone 0.05% Lot	00809187	TCH	274
Topisone 0.05% Oint	00805009	TCH	274
Topsyn 0.05% Gel	02161974	MEC	278
Trandate 100mg/20mL Inj Sol-20mL Pk	02091518	SHI	101
Trandate 100mg Tab	02106272	SHI	101
Trandate 200mg Tab	02106280	SHI	101
TRANDOLAPRIL			109
Transderm-Nitro 0.4mg/Hr/20 Sq Cm Patch	00852384	NOV	112
Transderm-Nitro 0.6mg/Hr/30 Sq Cm Patch	02046156	NOV	112
Tranxene 3.75mg Cap	00264938	ABB	160
Tranxene 7.5mg Cap	00264946	ABB	160
Tranxene 15mg Cap	00264911	ABB	161
TRANLYCYPROMINE SULFATE			156
Trasicor 40mg Tab	00402575	NOV	104
Trasicor 80mg Tab	00402583	NOV	104
Trasylol 100000KIU/10mL Inj Sol-10mL Pk	00513954	MIT	213
Travatan 0.004% Oph Sol-2.5mL Pk	02244896	ALC	205
TRAVOPROST			205
TRAZODONE HYDROCHLORIDE			156
Trazorel 50mg Tab	02230284	ICN	156
Trazorel 100mg Tab	02230285	ICN	157
Trental 400mg SR Tab	02221977	AVE	77
TRETINOIN			283
TRETINOIN & ERYTHROMYCIN			283

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Tri-Cyclen 3 Phase Tab-21 Pk	02028700	JNO	260
Tri-Cyclen 3 Phase Tab-28 Pk	02029421	JNO	260
Triadapin 10mg Cap	00842745	AVE	150
Triadapin 25mg Cap	00842753	AVE	150
Triadapin 50mg Cap	00842761	AVE	150
Triadapin 75mg Cap	00842788	AVE	150
Triadapin 100mg Cap	00842796	AVE	150
Triaderm 0.025% Cr	00716952	TAR	280
Triaderm 0.1% Cr	00716960	TAR	280
TRIAMCINOLONE			243
TRIAMCINOLONE ACETONIDE			243, 280
TRIAMCINOLONE ACETONIDE 0.1% IN ORABASE			280
TRIAMTERENE			185
TRIAZOLAM			174
Triazolam 0.125mg Tab	00614351	KNR	174
Triazolam 0.25mg Tab	00614378	KNR	175
Tridesilon 0.05% Cr	02154862	BAH	276
Tridesilon 0.05% Oint	02154870	BAH	276
TRIFLUOPERAZINE			169
TRIFLURIDINE			192
TRIHEXYPHENIDYL HCL			55
Trikacide 500mg Cap	00783137	PMS	31
Trilafon 2mg Tab (Not a Benefit)	00028290	SCH	166
Trilafon 4mg Tab (Not a Benefit)	00028304	SCH	166
Trilafon 8mg Tab (Not a Benefit)	00028312	SCH	166
Trilafon 16mg Tab (Not a Benefit)	00028320	SCH	166
Trilafon Conc. 3.2mg/mL O/L	00028169	SCH	166
Trilisate 293mg & 362mg Tab	00449636	PFP	115
TRIMETHOPRIM			38
TRIMETHOPRIM & SULFADIAZINE			38
TRIMIPRAMINE			157
Trinipatch 0.4mg/Hr/14 Sq Cm Patch	02230733	SAO	112
Trinipatch 0.6mg/Hr/21 Sq Cm Patch	02230734	SAO	112
Triphasil 3 Phase Tab-21 Pk	02043726	WAY	257
Triphasil 3 Phase Tab-28 Pk	02043734	WAY	257
Triptil 10mg Tab	00322741	MSD	154
Triquilar 21 3 Phase Tab-21 Pk	00707600	BEX	257
Triquilar 28 3 Phase Tab-28 Pk	00707503	BEX	257
Trisyn Emol Cr	00781371	BAK	277
Trizivir 300mg/150mg/300mg Tab	02244757	GSK	22
Trosyd 1% Cr	00657395	PFI	269
Trusopt 2% Oph Sol	02216205	FRS	200
Tylenol No.2 15mg Tab	02163934	JNO	129
Tylenol No.3 30mg Tab	02163926	JNO	129

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Tylenol No.4 300mg & 60mg Tab	02163918	JNO	129
Tylenol With Codeine 160mg & 8mg/5mL O/L	02163942	JNO	128
Ulcidine 20mg Tab	02237148	ICN	223
Ulcidine 40mg Tab	02237149	ICN	223
UltraMOP 10mg SG Cap	00646237	CDX	285
UniphyI 400mg SR Tab	02014165	PFP	288
UniphyI 600mg SR Tab	02014181	PFP	288
Urecholine 10mg Tab (Not a Benefit)	00349720	FRS	49
Urecholine 25mg Tab	00349739	FRS	49
Uremol-HC 1% & 10% Cr	00503134	TCD	278
Uremol-HC 1% & 10% Lot	00560022	TCD	278
Urispas 200mg Tab	00728179	PAL	52
Urso 250mg Tab	02238984	BFI	307
URSODIOL			307
VALACYCLOVIR			30
Valisone 0.1% Scalp Lot	00027944	SCH	275
Valium 5mg Tab (Not a Benefit)	00013285	HLR	161
Valium 10mg Tab (Not a Benefit)	00013293	HLR	161
VALPROATE SODIUM			146
VALPROIC ACID			146
VALSARTAN			109
VALSARTAN & HYDROCHLOROTHIAZIDE			110
Valtrex 500mg Cap	02219492	GLW	30
Vanceril 50mcg Aero Inh-200 Dose Pk	00374407	SCH	239
Vanquin 10mg/mL O/L	00023477	PDA	3
Vaponefrin 2.25% Inh Sol-30mL Pk	01927582	AVE	57
Vasocon 0.1% Oph Sol (Not a Benefit)	00759880	IOB	198
Vasotec 2.5mg Tab	00851795	FRS	98
Vasotec 5mg Tab	00708879	FRS	98
Vasotec 10mg Tab	00670901	FRS	98
Vasotec 20mg Tab	00670928	FRS	98
Velbe Inj Pd-10mg Pk	00015431	LIL	47
VENLAFAXINE HCL			158
Ventodisk 200mcg/Blister Pd Inh-120 Dose Pk	02214997	GLW	62
Ventodisk 400mcg/Blister Pd Inh-120 Dose Pk	02215004	GLW	62
Ventolin 5mg/mL Inh Sol-10mL Pk	02213486	GLW	65
Ventolin 100mcg/Met Dose Inh-200 Dose Pk (Not a Benefit)	02213478	GLW	65
Ventolin 0.25mg/5mL Inj Sol	00894257	GLA	65
Ventolin 0.4mg/mL O/L	02212390	GLW	66
Ventolin 2mg Tab (Not a Benefit)	01961039	GLA	66
Ventolin 4mg Tab (Not a Benefit)	01932691	GLA	66
Ventolin Nebules P.F. 1mg/mL Inh Sol-2.5mL Pk	02213419	GLW	63
Ventolin Nebules P.F. 2mg/mL Inh Sol-2.5mL Pk	01945203	GLA	64
Ventolin Rotacaps 200mcg/Cart Inh Pd	02212315	GLW	62

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Ventolin Rotacaps 400mcg/Cart Inh Pd	02212323	GLW	62
Vepesid 50mg Cap	00616192	BQU	42
Verapamil 80mg Tab	00867365	KNR	90
Verapamil 120mg Tab	00867373	KNR	90
VERAPAMIL HCL			90, 110
Verelan 180mg SR Cap	02100487	WAY	110
Verelan 240mg SR Cap	02100495	WAY	110
Vermox 100mg Tab	00556734	JAN	3
VIGABATRIN			147
VINBLASTINE SULFATE			47
VINCRISTINE SULFATE			47
Vincristine Sulfate 1mg/mL Inj Sol	02143305	NOP	47
Viokase 16800 & 70000 & 70000 USP U/0.7g Pd-114g Pk	02230020	BFI	215
Viokase 8000 & 30000 & 30000 USP Units Tab	02230019	BFI	215
Viokase 16 16mg Tab	02241933	BFI	215
Vioxx 12.5mg Tab	02241107	FRS	126
Vioxx 25mg Tab	02241108	FRS	126
Viracept 50mg/g Oral Pd	02238618	AGO	28
Viracept 250mg Tab	02238617	AGO	28
Viramune 200mg Tab	02238748	BOE	28
Viroptic 1% Oph Sol	00687456	THE	192
Viskazine 10/25 10mg & 25mg Tab	00568627	NOV	105
Viskazine 10/50 10mg & 50mg Tab	00568635	NOV	105
Visken 5mg Tab	00417270	NOV	105
Visken 10mg Tab	00443174	NOV	105
Visken 15mg Tab	00417289	NOV	105
VITAMIN A			289
Vitamin A 25000IU Cap	00021067	NOP	289
Vitamin A 50000IU Cap	00021075	NOP	289
Vitamin A Acid 0.05% Cr	01926519	RPP	283
Vitamin A Acid 0.01% Gel	01926462	RPP	283
Vitamin A Acid 0.05% Gel	01926489	RPP	283
Vitamin B1 50mg Tab dpp (Not a Benefit)	00610267	LEA	290
Vitamin B1-ICN 50mg Tab dpp (Not a Benefit)	00268631	ICN	290
Vitamin B6 25mg Tab dpp	00232475	LEA	290
Vitamin B6 25mg Tab dpp (Not a Benefit)	00416185	RPR	290
Vitamin B6-ICN 25mg Tab dpp	00268607	ICN	290
Vitamin B12-1000mcg/mL 1mg/mL Inj Sol-10mL Pk	00521515	SIL	289
Vitamin C 250mg Tab (Not a Benefit)	00036161	RPR	290
Vitamin C 500mg Tab (Not a Benefit)	00036188	RPR	291
Vitamin C 1000mg Tab (Not a Benefit)	00256862	RPR	291
VITAMIN D			292
Vivelle 37.5mcg/day Patch	02204401	NOV	246
Vivelle 50mcg/day Patch	02204428	NOV	246

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Vivelle 75mcg/day Patch	02204436	NOV	246
Vivelle 100mcg/day Patch	02204444	NOV	246
Vivol 2mg Tab (Not a Benefit)	00013757	HOR	161
Voltaren 25mg Ent Tab	00514004	GEI	115
Voltaren 50mg Ent Tab	00514012	NOV	115
Voltaren 50mg Sup	00632724	NOV	116
Voltaren 100mg Sup	00632732	NOV	116
Voltaren Ophtha 0.1% Oph Sol	01940414	CBV	200
Voltaren SR 75mg LA Tab (Not a Benefit)	00782459	NOV	116
Voltaren SR 100mg LA Tab (Not a Benefit)	00590827	NOV	116
WARFARIN			76
Warfilone 5mg Tab	00010308	FRS	77
Wellbutrin SR 100mg Tab	02237824	GLW	148
Wellbutrin SR 150mg Tab	02237825	GLW	148
Wellferon 3mu/Vial Inj	01959077	BWE	44
Wellferon 10mu/Vial Inj	01959069	BWE	44
Westcort 0.2% Cr	01910124	WSQ	279
Westcort 0.2% Oint	01910132	WSQ	279
Winpred 1mg Tab	00271373	ICN	243
Xalatan 0.005% Oph Sol-2.5mL Pk	02231493	PHA	201
Xanax 0.25mg Tab	00548359	UPJ	158
Xanax 0.5mg Tab	00548367	UPJ	158
Xatral 10mg Prolong-Rel Tab	02245565	SAS	293
Xeloda 150mg Tab	02238453	HLR	40
Xeloda 500mg Tab	02238454	HLR	40
Xylocaine Viscous 2% O/L	00001686	AST	195
Zanosar Inj Pd-1g Pk	00622141	UPJ	46
Zantac 50mg/2mL Inj Sol-2mL Pk	02212366	GLW	232
Zantac 15mg/mL Oral Sol	02212374	GLW	232
Zantac 150mg Tab	02212331	GLW	232
Zantac 300mg Tab	02212358	GLW	232
Zarontin 250mg Cap	00022799	PFI	142
Zarontin 50mg/mL O/L	00023485	PFI	142
Zaroxolyn 2.5mg Tab	00888400	FIS	184
Zaroxolyn 5mg Tab	00888419	FIS	184
Zerit 15mg Cap	02216086	BQU	29
Zerit 20mg Cap	02216094	BQU	29
Zerit 30mg Cap	02216108	BQU	29
Zerit 40mg Cap	02216116	BQU	29
Zestoretic 10mg & 12.5mg Tab	02103729	AZC	101
Zestoretic 20mg & 12.5mg Tab	02045737	AZC	101
Zestril 5mg Tab	02049333	AZC	101
Zestril 10mg Tab	02049376	AZC	101
Zestril 20mg Tab	02049384	AZC	102

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Ziagen 20mg/mL O/L	02240358	GLW	22
Ziagen 300mg Tab	02240357	GLW	22
ZINC OXIDE			280
Zinc Oxide 15% Oint (Not a Benefit)	00093661	DCL	280
Zinc Oxide 15% Oint (Not a Benefit)	00178969	SDR	280
ZINC SULFATE			285
Zithromax 100mg/5mL O/L	02223716	PFI	7
Zithromax 200mg/5mL O/L	02223724	PFI	7
Zithromax 250mg Tab	02212021	PFI	7
Zocor 5mg Tab	00884324	FRS	93
Zocor 10mg Tab	00884332	FRS	93
Zocor 20mg Tab	00884340	FRS	93
Zocor 40mg Tab	00884359	FRS	93
Zocor 80mg Tab	02240332	FRS	94
Zofran 4mg/5mL O/L	02229639	GLW	219
Zofran 4mg Tab	02213567	GLW	219
Zofran 8mg Tab	02213575	GLW	219
Zofran ODT 4mg Tab	02239372	GLW	219
Zofran ODT 8mg Tab	02239373	GLW	219
Zoladex 3.6mg Depot Inj	02049325	AZC	42
Zoladex LA 10.8mg Depot Inj	02225905	AZC	42
Zoloft 25mg Cap	02132702	PFI	155
Zoloft 25mg Cap	09854126	PFI	155
Zoloft 50mg Cap	01962817	PFI	155
Zoloft 50mg Cap	09854134	PFI	155
Zoloft 100mg Cap	01962779	PFI	156
Zoloft 100mg Cap	09854142	PFI	156
Zovirax 500mg/10mL Inj-10mL Pk	00605336	GLW	23
Zovirax 1000mg/20mL Inj-20mL Pk	00899321	GLW	23
Zovirax 800mg Tab	01911635	GLW	24
Zyloprim 100mg Tab (Not a Benefit)	00004588	BWE	293
Zyloprim 200mg Tab (Not a Benefit)	00506370	BWE	294
Zyloprim 300mg Tab (Not a Benefit)	00294322	BWE	294
Zyprexa 2.5mg Tab	02229250	LIL	165
Zyprexa 5mg Tab	02229269	LIL	165
Zyprexa 7.5mg Tab	02229277	LIL	165
Zyprexa 10mg Tab	02229285	LIL	165
Zyprexa Zydys 5mg Rapid Dissolve Tab	02243086	LIL	165
Zyprexa Zydys 10mg Rapid Dissolve Tab	02243087	LIL	165
Zyvoxam 600mg Tab	02243684	PHA	35

PART V

INDEX OF PHARMACOLOGICAL-THERAPEUTIC CLASSIFICATION

INDEX OF DRUGS BY THERAPEUTIC CLASSIFICATION

4:00	<i>ANTIHISTAMINES</i>
8:00	<i>ANTI-INFECTIVE AGENTS</i>
8:08	Anthelmintics
8:12	Antibiotics
8:12:04	Antifungals
8:12:12	Erythromycins
8:12:16	Penicillins
8:12:24	Tetracyclines
8:12:28	Other Antibiotics
8:16	Antitubercular Agents
8:18	Antivirals
8:20	Plasmodicides (Antimalarials)
8:24	Sulfonamides
8:26	Sulfones
8:32	Trichomonacides
8:36	Urinary Anti-Infectives
8:40	Miscellaneous Anti-Infectives
10:00	<i>ANTINEOPLASTIC AGENTS</i>
12:00	<i>AUTONOMIC AGENTS</i>
12:04	Parasympathomimetic (Cholinergic) Agents
12:08	Parasympatholytic (Cholinergic Blocking) Agents
12:12	Sympathomimetic (Adrenergic) Agents
12:16	Sympatholytic (Adrenergic Blocking) Agents
12:20	Skeletal Muscle Relaxants
20:00	<i>BLOOD FORMATION AND COAGULATION</i>
20:04	Antianemia Drugs
20:12	Coagulants and Anti-Coagulants
20:12:08	Antiheparin Agents
20:12:16	Hemostatics
20:24	Hemorrhheologic Agents
24:00	<i>CARDIOVASCULAR DRUGS</i>
24:04	Cardiac Drugs
24:06	Antilipemic Drugs
24:08	Hypotensive Drugs(For Diuretics see 40:28)
24:12	Vasodilating Drugs
28:00	<i>CENTRAL NERVOUS SYSTEM DRUGS</i>
28:08	Analgesics
28:08:04	Nonsteroidal Anti-inflammatory Agents
28:08:08	Opiate Agonists
28:08:12	Opiate Partial Agonists
28:08:92	Miscellaneous Analgesics and Antipyretics

28:12	Anticonvulsants
28:16	Psychotherapeutic Agents
28:16:04	Antidepressants
28:16:08	Tranquilizers
28:16:12	Other Psychotropics
28:20	C.N.S. Stimulants
28:24	Sedatives and Hypnotics
28:92	Miscellaneous Central Nervous System Drugs
36:00	<i>DIAGNOSTIC AGENTS</i>
36:04	Adrenal Insufficiency
36:56	Myasthenia Gravis
40:00	<i>ELECTROLYTE, CALORIC AND WATER BALANCE</i>
40:08	Alkalinizing Agents
40:12	Replacement Agents
40:18	Potassium-Removing Resins
40:28	Diuretics
40:40	Uricosuric Drugs
48:00	<i>COUGH PREPARATIONS</i>
48:04	Antitussives
48:08	Expectorants
52:00	<i>EYE, EAR, NOSE AND THROAT PREPARATIONS</i>
52:04	Anti-Infectives
52:04:04	Antibiotics
52:04:08	Sulfonamides
52:04:12	Other Anti-Infectives
52:08	Anti-Inflammatory
52:16	Local Anesthetics
52:20	Miotics
52:24	Mydriatics
52:32	Vasoconstrictors
52:36	Other Eye, Ear Nose and Throat Agents
56:00	<i>GASTROINTESTINAL DRUGS</i>
56:04	Antacids and Adsorbents
56:08	Antidiarrheal Agents
56:12	Cathartics
56:16	Digestants
56:22	Antiemetics and Antinauseants
56:40	Miscellaneous G.I. Drugs
60:00	<i>GOLD COMPOUNDS</i>
64:00	<i>HEAVY METAL ANTAGONISTS</i>
68:00	<i>HORMONES AND SUBSTITUTES</i>
68:04	Corticosteroids
68:08	Androgens

68:16	Estrogens
68:20	Anti-Diabetic Agents
68:20:02	Oral Anti-Diabetic Agents
68:20:10	Insulins (Rapid Acting)
68:20:12	Insulins (Intermediate Acting)
68:20:14	Insulins (Long Acting)
68:20:16	Insulins (Pre-mixed)
68:24	Parathyroid Agents
68:28	Pituitary Agents
68:32	Progestogens and Oral Contraceptives
68:36	Thyroids
68:38	Anti-Thyroids
76:00	<i>OXYTOCICS</i>
84:00	<i>SKIN AND MUCOUS MEMBRANE PREPARATIONS</i>
84:04	Anti-Infectives
84:04:04	Antibiotics
84:04:06	Antivirals
84:04:08	Fungicides
84:04:12	Parasiticides
84:04:16	Other Anti-Infectives
84:06	Anti-Inflammatory Agents
84:12	Astringents
84:24	Emollients, Demulcents and Protectants
84:28	Keratolytic Agents
84:32	Keratoplastic Agents
84:36	Miscellaneous Skin and Mucous Membrane Agents
86:00	<i>SPASMOLYTICS</i>
88:00	<i>VITAMINS</i>
88:04	Vitamin A
88:08	Vitamin B
88:12	Vitamin C
88:16	Vitamin D
88:28	Multivitamins
92:00	<i>UNCLASSIFIED THERAPEUTIC AGENTS</i>

PART VI

FACILITATED ACCESS DRUG PRODUCTS

Facilitated Access to HIV/AIDS Drugs

Specific products used to treat ODB-eligible people with HIV and AIDS are reimbursed through the Facilitated Access mechanism under Section 8 of the Ontario Drug Benefit (ODB) program. Under this process, approved physicians are exempt from the usual paperwork associated with the provision of these products (i.e., exempt from obtaining special approval and a drug supply number under Section 8), provided that the physician's College of Physicians and Surgeons of Ontario registration number also appears on the prescription for purposes of verification.

For drugs which are reimbursed as Limited Use (LU) products and the indication for use is for one of the approved LU criteria, a Limited Use prescription form **must** be completed in order for the product to be reimbursed. For indications that do not meet the Limited Use criteria, the claim can be processed through the Facilitated Access mechanism.

The following drug products are available through the Facilitated Access process. Please note that the interchangeability of different brands of drugs available through this mechanism has not been evaluated by the ministry, unless they are listed in the Formulary/CDI as interchangeable. Where interchangeability has not been designated by the ministry, it will be necessary to specify the particular brand in order for it to be reimbursed by the ministry.

DRUG NAME, STRENGTH AND DOSAGE FORM DIN	BRAND NAME	MANUFACTURER
ACYCLOVIR		
200mg Tab		
00634506	Zovirax	GLW
02078627	Avirax	FAB
02197405	Nu-Acyclovir	NXP
02207621	Apo-Acyclovir	APX
02229707	Alti-Acyclovir	ALT
02242784	Gen-Acyclovir	GEN
400mg Tab		
01911627	Zovirax	GLW
02078635	Avirax	FAB
02197413	Nu-Acyclovir	NXP
02207648	Apo-Acyclovir	APX
02229708	Alti-Acyclovir	ALT
02242463	Gen-Acyclovir	GEN
800mg Tab		
01911635	Zovirax	GLW
02078651	Avirax	FAB
02197421	Nu-Acyclovir	NXP
02207656	Apo-Acyclovir	APX
02229709	Alti-Acyclovir	ALT
02242464	Gen-Acyclovir	GEN
200mg/5ml Susp - 5ml Pk		
00886157	Zovirax	GLW
ATOVAQUONE		
750mg/5mL O/L		
02217422	Mepron	GLW
AZITHROMYCIN		
600mg Tab		
02231143	Zithromax	PFI
DOXYCYCLINE		
100mg Cap		
00024368	Vibramycin	PFI
00725250	Novo-Doxylin	NOP
00740713	Apo-Doxy	APX

DRUG NAME, STRENGTH AND DOSAGE FORM DIN	BRAND NAME	MANUFACTURER

DOXYCYCLINE

100mg Tab

00578452

Vibra

PFI

FLUCONAZOLE

Note: Recommended for the treatment of oral/esophageal candidiasis in patients who have failed to respond with nystatin or imidazoles and when oral tablets of fluconazole cannot be tolerated.

10mg/mL O/L

02024152

Diflucan P.O.S.

PFI

50mg Tab

00891800

Diflucan

PFI

02237370

Apo-Fluconazole

APX

02245643

PMS-Fluconazole

PMS

100mg Tab

00891819

Diflucan

PFI

02237371

Apo-Fluconazole

APX

02245644

PMS-Fluconazole

PMS

GANCICLOVIR SODIUM

500mg/Vial Pd Inj. - 10mL Pk

00865516

Cytovene

SYN

ITRACONAZOLE

Note: Recommended for the treatment of oral/esophageal candidiasis unresponsive to less expensive alternatives.

100mg Cap

02047454

Sporanox

JNO

10mg/mL Oral Sol

02231347

Sporanox

JNO

NUTRITION PRODUCTS

Note: Only those products on the current list of approved NPs for patients who satisfy the functional impairment criteria.

PAROMOMYCIN

Note: Recommended for the treatment of cryptosporidium. Therapy should be discontinued if no benefits are observed after a three week trial.

250mg Cap

02078759

Humatin

PDA

PNEUMOCOCCAL VACCINE

Injection - 1 Dose Pk

00431648

Pneumovax 23

MSD

DRUG NAME, STRENGTH AND DOSAGE FORM DIN	BRAND NAME	MANUFACTURER

POTASSIUM SUPPLEMENTS

8mEq LA Tab

00074225

00602884

Slow-K

Apo-K

NOV

APX

8mEq LA Cap

02042304

Micro-K Extencaps

WAY

10mEq LA Tab

00471496

Kalium Durules

AST

10mEq LA Cap

02042312

Micro-K-10

WAY

POTASSIUM SUPPLEMENTS

20mEq SR Tab

00713376

K-Dur

KEY

PYRIMETHAMINE

25mg Tab

00004774

Daraprim

GLW

PHARMACISTS ARE REMINDED THAT THE PHYSICIAN LIST IS STRICTLY CONFIDENTIAL AND SHOULD NOT BE SHARED WITH NON-PHARMACY STAFF.

THE MINISTRY EXPECTS PHARMACISTS TO TAKE RESPONSIBILITY FOR ENSURING THIS INFORMATION IS TREATED ACCORDINGLY.

PART VII

TRILLIUM DRUG PROGRAM

Trillium Drug Program

The Trillium Drug Program (TDP) was established on April 1, 1995, to help people who have high drug costs in relation to their incomes. Each year starting August 1, drug costs must be paid up to the deductible level before eligibility for coverage begins. The TDP deductible is based on income and family size.

The program runs from August 1 of one year to July 31 of the following year. Effective August 1, 1999, the annual deductible is paid in four installments over the Trillium benefit year. For example, a family with an annual deductible of \$500, will pay \$125 for prescriptions purchased at the start of each quarter on August 1, November 1, February 1, and May 1. After the deductible is paid in each quarter, the family will receive benefits for that quarter and may be asked to pay up to \$2 per prescription for a covered drug product. Any unpaid deductible in a quarter will be added to the next quarter's deductible.

New applicants to Trillium can choose the date on which they wish to be enrolled. The deductible is prorated based on the number of days left in the program year. The prorated deductible applies only for the first year of enrollment into the program.

People may qualify for the TDP if they:

- have a valid Ontario Health Card, and
- are not currently eligible to receive drug benefits under the ODB program, and
- do not have prescription drug costs fully covered by a private insurance plan, and
- are paying a large part of their income for prescription drugs.

Effective December 1, 1996, the following are considered to be allowable prescription drug expenses that can be counted toward the Trillium deductible:

- products listed as ODB benefits
- products on the Facilitated Access list (Part VI of the Formulary binder)
- allergenic extracts
- any drug product which has been **APPROVED BY THE MINISTRY** on a case by case basis, in accordance with the regulations under the *Ontario Drug Benefit Act* [Reg. 201 sec. 3(4) iv, 3(5)] (new)
- products on the Nutrition Products List and the list of Diabetic Testing Agents (Part IX of the Formulary binder)
- an extemporaneous product that is a designated pharmaceutical product under the regulations made under the Ontario Drug Benefit Act
- a product listed in Schedule 2 (insulin, adrenocorticotrophic hormones, nitrate vasodilators)
- drug products that have been previously approved under Section 8 of the *Ontario Drug Benefit Act* for the applicant (new)

For Trillium-eligible recipients, the ministry will pay for the lesser of a 100 days' supply or a quantity sufficient to extend up to 30 days after the end of the Trillium eligibility period (e.g., in July, a quantity sufficient to last until August 30 will be covered).

A supply of Trillium applications can be obtained through the Health INFOline at 1-800-268-1153.

PART VIII

SECTION 8

Individual Clinical Review (Section 8) Mechanism

The ministry considers requests for coverage of drug products not listed in the Ontario Drug Benefit (ODB) Formulary/Comparative Drug Index (Formulary/CDI) for ODB-eligible persons. The ministry is guided by recommendations of the Drug Quality and Therapeutics Committee (DQTC) and other expert medical advisers when reviewing individual requests for coverage of drug products.

The individual clinical review (Section 8) mechanism is reserved for requests for which there are no Formulary/CDI alternatives to treat conditions or diseases that would otherwise cause severe debilitating effects and there is no suitable product listed in the Formulary/CDI, and the drug is not covered under another government program. It is not intended to be used to request drugs to treat self-limiting conditions/symptoms, or for patient "convenience", or to continue patients previously enrolled in clinical trials of new drugs once these drugs are approved for marketing.

APPLICATION PROCESS

To apply for special coverage the **physician** must send a **written request** to the Drug Programs Branch. Ministry staff coordinate the review process, which includes obtaining a recommendation from the DQTC. The DQTC requires full details of an individual's case in order to make a recommendation. Your attention to the information requirements listed below will ensure a complete and timely review. Requests that contain insufficient information will be returned to the physician.

Requests should be sent to the attention of:

Individual Clinical Review (Section 8) Unit
Drug Programs Branch
3rd Floor, 5700 Yonge Street
Toronto ON M2M 4K5

Facsimile: (416) 327-7526

(Faxed requests are preferred – DO NOT mail in a previously faxed request)

In order to ensure a timely response to patients and their physicians and an approval process based on therapeutic benefits, fairness and consistency, the criteria for consideration of requests under the Section 8 mechanism are outlined below:

Each request should include a concise clinical description and therapeutic plan which must include at a minimum:

- Physician's name, address fax number, telephone number, signature;
- Patient's name, sex and date of birth, Health Number (HN) and ODB eligibility number, if different;
- trade name, strength and dosage form of the requested drug product;
- specific diagnosis for which the drug is requested or reason for use;
- if the patient has been taking the product, provide objective evidence of its efficacy;
- where formulary alternatives are available, or non-drug therapy may be appropriate, details of the alternatives tried including dosages (for drugs), length of therapy and response to therapy;
- where alternatives are not appropriate, outline the reasons;
- concomitant drug therapy;
- other relevant information e.g., culture and sensitivity reports, serum drug levels, laboratory results.

REIMBURSEMENT

The ministry's decision on individual coverage in a particular patient's case will be communicated via letter to the physician making the request. If coverage is approved, the physician may provide a copy of the approval notice for the patient to take to their pharmacy. *Pharmacists are **not** required to keep a copy of the authorization letter on file.*

Generally, requests may be approved for a period of up to one year. Approval is not retroactive, but begins from the specified coverage date and is valid until the expiration date noted on the authorization letter. The Health Network adjudicates Section 8 claims on-line.

As Section 8 authorizations are DIN specific, in cases where the dose of the prescription changes, requiring the use of a different strength of the drug (i.e. requiring a different DIN), a new Section 8 request is required. Please forward any questions regarding authorization of a specific Section 8 claim, including requests to change the DIN of a drug product to the Health Network Help Desk at 1-800-668-6641.

For drugs approved under the individual clinical review (Section 8) mechanism, the ministry will reimburse dispensers an amount equal to the Drug Benefit Price, as outlined in Part III or Part VIII of the Formulary/CDI, plus a mark-up and the lesser of a pharmacy's posted usual and customary fee or the ODB dispensing fee minus the applicable ODB co-payment. For products not listed in the Formulary/CDI, the ministry will pay dispensers the acquisition cost plus a mark-up and dispensing fee minus the applicable ODB co-payment.

Note that **patients must be eligible for ODB** in order to receive coverage for the requested product. Patients not currently ODB-eligible may become eligible through the Trillium Drug Program. For more information, call 1-800-575-5386.

EXTENSION OF COVERAGE

If it is anticipated that a patient will continue to require the product beyond the approval period, the physician is required to request an extension of coverage at least four weeks prior to its expiration.

Coverage will **not** be continued automatically between expiration and re-issuance of approval. Requests for extension should include a summary of the patient's progress on the drug product, any changes in drug therapy, and the rationale for the continued need for the product. Sufficient information is needed to ensure a timely response to requests.

The following are the Drug Benefit Prices for select drug products when approved under the Section 8 mechanism of the Ontario Drug Benefit Act.

DRUG NAME, STRENGTH AND DOSAGE FORM DIN	BRAND NAME	MANUFACTURER	DBP
CLOMIPHENE CITRATE			
50mg Tab 00893722	Serophene	SRO	4.3150
OCTREOTIDE			
50mcg/mL Inj Sol 00839191	Sandostatin	NOV	4.9900
100mcg/mL Inj Sol 00839205	Sandostatin	NOV	9.4200
500mcg/mL Inj Sol 00839213	Sandostatin	NOV	44.2700

PART IX

ADDITIONAL BENEFITS:

**NUTRITION PRODUCTS/
DIABETIC TESTING AGENTS**

NUTRITION PRODUCTS

Nutrition Products are not formulary benefits but are covered as additional benefits for Ontario Drug Benefit (ODB) eligible persons in defined circumstances.

Nutrition Products are eligible for coverage under the ODB program only when prescribed by a physician as the patient's *sole source* of nutrition. Patients tolerating some solid foods and requiring only supplementation in addition to food are not eligible for coverage.

Eligibility criteria:

Nutritional products will be reimbursed for ODB eligible persons when prescribed by a physician as the patient's sole source of nutrition and meet one of the following criteria:

- oropharyngeal or gastrointestinal disorders resulting in esophageal dysfunction or dysphagia; e.g., head and neck surgery, neuromuscular disorder, or cerebral vascular disease where dysphagia prevents eating;
- maldigestion or malabsorption disorder and/or significant gut failure where food is not tolerated; e.g., pancreatic insufficiency, biliary obstruction, short bowel syndrome;
- for patients requiring the use of a chemically defined diet as a primary treatment of a disease where the therapeutic benefit has been demonstrated; i.e. Crohn's disease

Each claim for reimbursement must be supported by a valid, fully completed Nutrition Product form.

Pharmacists are required to retain a copy of the Nutrition Product form on file for a period of two years.

Exclusion criteria:

A Nutrition Product will not be reimbursed under the ODB program if it is intended for one of the following uses:

- prescribed weight loss in the treatment of obesity
- food allergies
- body building
- voluntary meal replacement
- nutritional supplement
- convenience
- used as a replacement for breast feeding for infants with normal gastrointestinal absorptive function

After conducting a patient assessment, the physician or dietitian may select any Nutrition Product from the approved list. Depending on which Nutrition Product is prescribed, the ODB-eligible person may have to pay the pharmacy the difference between the cost the ministry will reimburse the pharmacy and the current listed price for that Nutrition Product. In many cases, the maximum paid by the ministry covers the entire cost (see attached Maximum Allowable Reimbursement Schedule for the list and price of the approved Nutrition Products under the Ontario Drug Benefit program).

Maximum Allowable Reimbursement Mechanism And Pricing Schedule — Nutrition Products

Administration

A valid prescription from a physician is required for pharmacists to dispense approved Nutrition Products under the ODB program to eligible recipients. Pharmacists and physicians are reminded that the nutritional requirements for persons residing in Long-Term Care facilities and Homes for Special Care are met by the facility responsible for the care of these patients. Claims for Nutrition Products for these residents are not reimbursed under the ODB program.

Pharmacy Claims

Since the ministry has specifically identified the maximum amount it will reimburse pharmacies for each Nutrition Product, cost-to-operator claims are not paid for these products. Nutrition Products are not eligible for a mark-up.

Reimbursement Process

The maximum allowable reimbursement process provides ODB-eligible recipients with coverage for the cost of Nutrition Products in a given category, up to a maximum price established for that category, minus the co-payment. The ministry will reimburse pharmacies the amount identified in the column **Amount MOHLTC Pays** plus the lesser of the posted usual and customary fee or the ODB dispensing fee, minus the co-payment portion. The pharmacy has a choice of either collecting the balance shown in the column **Amount Patient Pays** from the ODB-eligible recipient upon dispensing the Nutrition Product, or absorbing any difference in cost of the Nutrition Product. No amount more than that shown in the column **Amount Patient Pays** plus the co-payment portion can be charged to recipients.

The following maximum allowable reimbursement schedule lists those Nutrition Products that are approved for coverage and identifies a maximum price for specific categories. Please note that the following legend defines symbols used in the maximum pricing reimbursement schedule:

- A new package size
- B new price
- + new product

Maximum Allowable Reimbursement Schedule For Nutrition Products

PIN	Product Name	Mfr	Pkg Size (mL or g)	Cost (\$) Per 1000Kcal	Cost (\$) Per Pkg	Amount (\$) MOHLTC Pays	Amount (\$) Patient Pays

A. Complete Polymeric

1. Lactose Free

Maximum = 5.04

97983470	IsoSource Liquid	NON	250.0	3.93	1.17	1.17	0.00
09854258	NovaSource Renal Liquid	NON	237.0	4.32	2.05	2.05	0.00
09853170	Resource 2.0	NON	237.0	4.32	2.05	2.05	0.00
97982610	Resource Plus Liquid	NON	235.0	4.37	1.55	1.55	0.00
97982580	Resource Liquid	NON	235.0	4.92	1.23	1.23	0.00
97904333	Ensure Plus Liquid	ABB	235.0	5.04	1.79	1.79	0.00
09853529	NuBasic Liquid	NES	250.0	5.04	1.26	1.26	0.00
09853537	NuBasic Plus Liquid	NES	250.0	5.04	1.89	1.89	0.00
97984671	Nutren 1.0 Liquid	NES	250.0	5.04	1.26	1.26	0.00
97984698	Nutren 1.5 Liquid	NES	250.0	5.04	1.89	1.89	0.00
97984701	Nutren 2.0 Liquid	NES	250.0	5.04	2.52	2.52	0.00
09854380+	TwoCal HN 2kcal/mL Liquid	ROS	235.0	5.04	2.37	2.37	0.00
09853723	Nepro Liquid	ABB	235.0	5.09	2.39	2.37	0.02
09853731	Suplena Liquid	ABB	235.0	5.09	2.39	2.37	0.02
97983420	Isocal Liquid	MJN	250.0	5.40	1.35	1.26	0.09

2. Lactose Containing

Maximum = 7.14

09853570	Nutrisure Pudding	ABB	113.0	7.14	1.21	1.21	0.00

3. Fibre Containing

Maximum = 7.68

09854240	NutriSource Liquid	NON	1000.0	5.23	6.28	6.28	0.00
97984736	NutriSource Liquid	NON	250.0	5.30	1.59	1.59	0.00
09854363	IsoSource HN with Fibre Liquid	NON	250.0	6.10	1.83	1.83	0.00
09854231	Compleat Modified Liquid	NON	1000.0	7.45	7.97	7.97	0.00
97983330	Compleat Modified Liquid	NON	250.0	7.66	2.03	2.03	0.00
09854392	Glucerna Tube Feeding Liquid	ABB	235.0	7.68	1.80	1.80	0.00
09854393	Glucerna Tube Feeding Liquid	ABB	1000.0	7.68	7.68	7.68	0.00
97984060	Jevity Liquid	ABB	235.0	7.68	1.92	1.92	0.00
09853111	Isocal with Fibre Liquid	MJN	250.0	7.68	1.92	1.92	0.00
97904317	Ensure with Fibre Liquid	ABB	235.0	7.69	2.00	2.00	0.00
09854096	Jevity Plus	ABB	235.0	7.70	2.17	2.17	0.00
97984728	Nutren 1.0 with Fibre Liquid	NES	250.0	7.88	1.97	1.92	0.05

4. High Nitrogen

Maximum = 5.11

97984663	IsoSource HN Liquid	NON	250.0	4.03	1.20	1.20	0.00
09854177	Boost Plus Calories Liquid	MJN	237.0	4.47	1.59	1.59	0.00
09854266	IsoSource 1.5 Cal Liquid	NON	250.0	4.99	1.87	1.87	0.00
97973165	Osmolite HN Liquid	ABB	235.0	5.07	1.26	1.26	0.00
09854169	Osmolite HN Plus Liquid	ABB	235.0	5.11	1.44	1.44	0.00
97984752	NutriSource HN Liquid	NON	250.0	6.10	1.83	1.53	0.30
09853553	IsoSource VHN Liquid	NON	250.0	8.51	2.12	1.27	0.85
09853561	NuBasic VHP Liquid	NES	250.0	8.64	2.16	1.28	0.88

PIN	Product Name	Mfr	Pkg Size (mL or g)	Cost (\$) Per 1000Kcal	Cost (\$) Per Pkg	Amount (\$) MOHLTC Pays	Amount (\$) Patient Pays

B. Incomplete Polymeric Maximum = 8.50

09853154	Resource Fruit Beverage	NON	235.0	8.61	1.55	1.53	0.02

C. Modular

1. Protein Maximum = 15.90

97984795	Promod Powder	ABB	275.0	15.90	16.40	16.40	0.00
09854193	HMS 90 Powder	IMM	10.0	49.50	1.98	0.64	1.34

2. Carbohydrate Maximum = 4.71

97980390	Caloreen Powder	NES	5000.0	4.09	81.85	81.85	0.00
97983250	Caloreen Powder	NES	1000.0	4.71	18.83	18.83	0.00
97972592	Polycose Powder	ABB	350.0	6.87	9.14	6.27	2.87

3. Fat

97904473	MCT Oil	MJN	500.0	N / A	34.49	34.49	0.00

D. Chemically Defined Formula Maximum = 35.26

09854390	Perative Liquid	ROS	237.0	8.83	2.72	2.72	0.00
09854391	Perative Liquid	ROS	1000.0	8.83	11.48	11.48	0.00
09854401+	Portagen 1.02kcal/mL Powder	MJN	454.0	10.40	22.23	22.23	0.00
97982750	Tolerex Powder	NON	80.0	13.90	4.17	4.17	0.00
09853618	Vivonex T.E.N.	NON	80.4	23.44	7.03	7.03	0.00
97982830	Vivonex Plus Powder	NON	79.5	23.70	7.03	7.03	0.00
09853200	SandoSource Peptide	NON	250.0	25.68	6.42	6.42	0.00
97983500	Vital HN Powder	ABB	79.0	25.87	7.77	7.77	0.00
09853090	Nestle Peptamen 1.5	NES	250.0	27.36	10.26	10.26	0.00
09854185	Subdue Liquid	MJN	237.0	27.47	6.51	6.51	0.00
09854274	Optimental Liquid	ABB	237.0	30.80	7.30	7.30	0.00
97984779	Peptamen Liquid	NES	250.0	30.84	7.71	7.71	0.00
97980820	Criticare HN Liquid	MJN	235.0	35.26	8.74	8.74	0.00

E. Pediatric Formula, Complete Polymeric

1. Lactose Free Maximum = 10.51

09853669	Resource Just For Kids	NON	235.0	6.60	1.55	1.55	0.00
09854215	Nestle Nutren Junior Liquid	NES	250.0	9.00	2.25	2.25	0.00
97984370	PediaSure Liquid	ABB	235.0	10.51	2.47	2.47	0.00

2. Fibre Containing Maximum = 10.51

09854223	Nestle Nutren Junior with Fibre Liquid	NES	250.0	9.00	2.25	2.25	0.00
09854371+	Pediasure with Fibre 1kcal/mL Liquid	ROS	235.0	10.51	2.47	2.47	0.00

F. Pediatric Formula, Incomplete Polymeric Maximum = 20.16

97973084	RCF Liquid	ABB	384.0	20.16	6.27	6.27	0.00

PIN	Product Name	Mfr	Pkg Size (mL or g)	Cost (\$) Per 1000Kcal	Cost (\$) Per Pkg	Amount (\$) MOHLTC Pays	Amount (\$) Patient Pays

G. Pediatric Formula, Chemically Defined

1. Oligomeric (Semi-Elemental)

Maximum = 13.13

97972630	Nutramigen Powder	MJN	425.0	8.21	16.04	16.04	0.00
97984558	Alimentum Liquid	ABB	945.0	8.79	5.65	5.65	0.00
97982440	Pregestimil Powder	MJN	454.0	8.86	18.38	18.38	0.00
97983900	Nutramigen Liquid	MJN	945.0	13.13	8.31	8.31	0.00

2. Monomeric (Elemental)

Maximum = 35.15

09854207	Neocate One + Powder	SHS	400.0	23.59	43.40	43.40	0.00
09853510	Neocate Powder	SHS	400.0	25.24	42.50	42.50	0.00
09853308	Vivonex Pediatric Powder	NON	48.7	35.15	7.03	7.03	0.00

H. Pediatric Formula, Others

Maximum = N/A

09854398+	KetoCal 7.2kcal/g Powder	SHS	300.0	16.74	36.15	36.15	0.00
09853588	Peptamen Junior Liquid	NES	250.0	30.84	7.71	7.71	0.00

Maximum Allowable Reimbursement Mechanism And Pricing Schedule — Diabetic Testing Agents

Administration

Pharmacists will be reimbursed for blood glucose testing agents approved under the ODB program when prescribed by a physician for an ODB-eligible recipient.

Pharmacy Claims

Dispensaries should note the maximum amount the ministry will reimburse pharmacies for each approved test strip. **Cost-to-operator claims will not be accepted.**

Please note: Only one Product Identification Number (PIN) **for each brand** of test strips can be used for billing. Package size should not be used since reimbursement is based on the number of unit strips of each product dispensed.

Reimbursement

Blood Glucose Test Strips

The following maximum allowable reimbursement schedule lists those blood glucose test strips approved for coverage and the maximum price for the category, up to which they will be reimbursed. The maximum price has been calculated based on the current cost per test strip, including a wholesale mark-up for the approved products.

The ministry will reimburse pharmacies the amount identified in the column **Amount MOH Pays** plus the lesser of the posted usual and customary fee or the ODB dispensing fee, minus the co-payment.

For those ODB-eligible recipients prescribed test strips that exceed the ministry's maximum price for the category, the pharmacist may collect the balance, identified in the column **Amount Patient Pays**, directly from the ODB-eligible recipient. If a patient indicates he or she is unable to pay this portion, the pharmacist may wish to consult with the prescriber about the suitability of one of the other products where there is no patient contribution.

Nothing more than the amount identified in the column **Amount Patient Pays** can be charged to ODB recipients except for the co-payment portion.

Please note that the following legend defines symbols used in the maximum pricing reimbursement schedule:

- A new package size
- B new price
- + new product

Maximum Allowable Reimbursement Schedule For Diabetic Testing Agents

PIN	Product Name	Mfr	Cost/Unit (\$)	Amount MOHLTC Pays/Unit (\$)	Amount Patient Pays/Unit (\$)

BLOOD GLUCOSE STRIPS

Maximum = 0.7290

09853480	Novo-Glucose	NOP	0.5222	0.5222	0.0000
09853677	Prestige Smart System	THR	0.6067	0.6067	0.0000
09853227	Glucofilm	BAY	0.6979	0.6979	0.0000
09853235	Glucostix	BAY	0.6979	0.6979	0.0000
09853189	Chemstrip bG	ROD	0.7193	0.7193	0.0000
09853103	Encore	BAY	0.7290	0.7290	0.0000
09854029	FastTake	LIF	0.7290	0.7290	0.0000
09853243	One Touch	LIF	0.7290	0.7290	0.0000
09853634	SureStep	LIF	0.7290	0.7290	0.0000
09853219	ExacTech	MED	0.7290	0.7290	0.0000
09853626	Accu-Chek Advantage	ROD	0.7290	0.7290	0.0000
09853081	Accu-Chek Easy	ROD	0.7301	0.7290	0.0011
09853693	Dex	BAY	0.7398	0.7290	0.0108
09854088	Elite	BAY	0.7398	0.7290	0.0108
09854282	Accu-Chek Compact	ROD	0.7404	0.7290	0.0114
09854002	Advantage Comfort	ROD	0.7404	0.7290	0.0114
09854070	Precision Xtra	ABB	0.7441	0.7290	0.0151
09854304	Sof-Tact	ABB	0.7441	0.7290	0.0151
09853146	Precision Plus	MED	0.7441	0.7290	0.0151
09853162	Accutrend	ROD	0.7679	0.7290	0.0389
09854290	One Touch Ultra	LIF	0.8348	0.7290	0.1058

PART X

ABBREVIATIONS, TABLES AND SAMPLE FORMS

Abbreviations of Manufacturers' Names

ABB	Abbott Laboratories Limited
AGO	Agouron Pharmaceuticals Canada Inc.
ALC	Alcon Canada Inc.
ALL	Allergan Inc.
ALT	AltiMed Pharmaceutical Co.
ALZ	ALZA Canada Inc.
APX	Apotex Inc.
AST	Astra Pharma Inc.
AVE	Aventis Pharma
AYE	Ayerst Laboratories
AZC	AstraZeneca
BAH	Bayer Inc., Healthcare Division
BAK	Baker Cummins Inc.
BAY	Bayer Inc., Consumer Care Division
BEX	Berlex Canada Inc.
BFI	Axcan Pharma Inc.
BIO	Biovail Corporation International
BJH	Draxis Health Inc.
BOE	Boehringer Ingelheim (Canada) Ltd.
BOM	Boehringer Mannheim Canada Ltd.
BQU	Bristol Myers Squibb Canada Inc.
BSH	Bausch & Lomb Canada Inc.
BWE	Burroughs Wellcome Inc.
CBV	CIBA Vision
CDX	Canderm Pharmacal Ltd.
CIB	Ciba Pharmaceuticals, Division of Ciba-Geigy Canada Ltd.
CIL	Chilcott Laboratories Canada Inc.
CRY	Crystaal Corp.
CYI	Cytex Pharmaceutical Co.
DBU	David Bull Laboratories (Canada) Inc.
DCL	DC Labs
DER	Dermik Laboratories Canada Inc.
DES	Desbergers Limited
DKT	Dioptic Laboratories, Division of Akorn Pharmaceuticals Canada Inc.
DPC	Dominion Pharmacal
DPT	Dermtek Pharmaceuticals Ltd.
DUI	Duchesnay Inc.
DUP	Du Pont Pharma
EDM	Endo Canada Division Du Pont Merck Pharma
ELA	Elan Pharmaceuticals, Inc.
EVM	Evans Medical Ltd.
FAB	Fabrigen Inc.
FAU	Faulding Canada Inc.
FEI	Ferring Inc.
FIS	Fisons Corporation Limited
FOU	Fournier Pharma Inc.
FRS	Merck Frosst Canada & Cie, Merck Frosst Canada & Co.
FUJ	Fujisawa Canada Inc.
GAC	Galderma Canada Inc.
GEI	Geigy Pharmaceuticals, Division of Ciba-Geigy Canada Ltd.
GEN	Genpharm Inc.
GLA	Glaxo Canada Inc.
GLE	Glenwood Laboratories Canada Ltd.
GLW	Glaxo Wellcome Inc.

GSK	GlaxoSmithKline
HLR	Hoffman-LaRoche Ltd.
HMR	Hoechst Marion Roussel Canada Inc.
HOE	Hoechst Canada Inc, Pharmaceutical Division (Hoechst-Roussel Canada Inc.)
HOR	Frank W. Horner Inc.
HRU	Hoechst-Roussel Canada Inc.
ICN	ICN Canada Ltd.
IMM	Immunotech Research Ltd.
IOB	Iolab Pharmaceuticals
JAN	Janssen Pharmaceutica Inc.
JNO	Janssen-Ortho Inc.
JOU	Jouveinal Canada Inc.
KAP	Kabi Pharmacia Canada Inc.
KNO	Knoll Pharma Inc.
KNR	Kenral Inc.
LEA	Lee-Adams Laboratories
LED	Lederle Cyanamid Canada Inc.
LEO	Leo Pharma Inc.
LIF	Lifescan Canada Inc.
LIL	Eli Lilly Canada Inc.
LIO	LIOH Inc.
LON	Linson Pharma Inc.
MCL	McNeil Consumer Products Co.
MEA	Meta Pharmaceuticals Inc.
MEC	Medicis Canada Ltd.
MED	Medisense Canada Ltd.
MEI	Medican Pharma Inc.
MET	Medican Technologies Inc.
MIT	Miles Canada Inc. Pharmaceutical Division
MJN	Mead Johnson Nutritionals
MJS	Mead Johnson Canada
MMH	3M Pharmaceuticals, Division/3M Canada Inc.
MMZ	Medical Mart Supplies
MOG	Med-O-Gen Medical Inc.
MRR	Marion Merrell Dow Canada
MSD	Merck Sharp & Dohme, Canada Inc.
NDA	Nadeau Laboratory Ltd.
NES	Nestle Clinical Nutrition
NON	Novartis Nutrition Corporation
NOO	Novo Nordisk Canada Inc.
NOP	Novopharm Ltd.
NOV	Novartis Pharmaceuticals Canada Inc.
NRD	Nordic Laboratories Inc.
NXP	Nu-Pharm Inc.
OGN	Organon Teknika Canada Inc.
OMC	Ortho McNeil Inc.
OMG	Omega Laboratories Ltd.
OPI	OptimaPharma, a Division of Taro Pharmaceuticals Inc.
ORG	Organon Canada Ltd.
PDA	Parke-Davis, Division Warner-Lambert Canada Inc.
PFI	Pfizer Canada Inc.
PFR	Purdue Frederick, Inc.
PGI	Proctor and Gamble Inc.
PGP	Proctor & Gamble Pharmaceuticals Canada, Inc.
PHA	Pharmacia Canada Inc.
PHR	Pharmaco Canada Inc.

PMJ	Pharmacia & Upjohn
PMS	Pharmascience Inc.
PRE	Prempharm Inc.
PRO	Proval Pharma Inc.
RAI	Ratiopharm Inc.
RBT	Roberts Pharmaceutical of Canada Inc.
RCA	Reed & Carnrick, Division of Block Drug Company (Canada) Ltd.
RHO	Rhoxalpharma Inc.
RHP	Rhodiapharm Inc.
RIP	Richmond Pharmaceuticals Inc.
RIV	Rivex Pharma Inc.
ROD	Roche Diagnostics, a division of Hoffman-LaRoche Ltd.
ROG	Rougier Inc.
ROS	Ross Laboratories-Abbott (Nutritional Products)
ROU	Roussel Canada Inc. (Hoechst-Roussel Canada Inc.)
RPP	Rhone-Poulenc Rorer - Ethical Division
RPR	Rhone-Poulenc Rorer Consumer Inc.
SAO	Sanofi Canada Inc.
SAS	Sanofi-Synthelabo Canada Inc.
SCE	Schein Pharmaceutical Canada Inc.
SCH	Schering Canada Inc.
SDR	Stanley Pharmaceuticals Ltd.
SEA	Searle Canada Inc.
SEV	Servier Canada Inc.
SHI	Shire Canada Inc.
SHM	Sherwood Inc.
SHS	SHS North America
SIL	Sabex 2002 Inc.
SKB	SmithKline Beecham Consumer Healthcare
SMJ	SmithKline Beecham Pharma Inc.
SNE	Smith & Nephew Inc.
SPH	Solvay Pharma Inc.
SRO	Serono Canada
STH	Sterling Health
STI	Stiefel Canada Inc.
SUN	Sun Pharmaceutical Inc.
SYN	Syntex Inc.
SYP	Syncare Pharmaceutical Inc.
TAN	Tanta Pharmaceutical Co.
TAP	TAP Pharmaceuticals
TAR	Taro Pharmaceuticals Inc.
TCD	Trans Canaderm Inc.
TCH	Technilab Inc.
THE	Theramed Corporation
THR	Thermor Ltd.
UME	Unimed Canada Inc.
UPJ	Upjohn Company of Canada
VLH	Lundbeck Canada Inc.
VRO	Virco Pharmaceuticals (Canada) Inc.
WAB	Waymar Pharmaceuticals Inc.
WAY	Wyeth Pharmaceuticals
WCC	Women's Capital Corporation
WHB	Whitehall-Robins Inc.
WSQ	Westwood Squibb Pharmaceuticals
ZEN	Zeneca Pharma
ZYN	Zymcan Pharmaceuticals Inc.

Table 1: Abbreviations of Dosage Forms

Abbreviation	Dosage Form	Abbreviation	Dosage Form
Aero	Aerosol	Oral Pd	Oral Powder
App	with Applicator	Oral Rinse	Oral Rinse
Cap	Capsule	Ot	Otic
Cart	Cartridge	Pd	Powder
Chew	Chewable	Pd Inh	Powder for Inhalation
Cl Lot	Cleansing Lotion	Pel	Pellet
CR	Controlled Release	Ped	Pediatric
Cr	Cream	Pk	Package
Eff	Effervescent	Prolong-Rel	Prolonged-Release
Emol	Emollient	Rect	Rectal
Emuls	Emulsion	Rect Aero	Rectal Aerosol
Ent	Enteric		Foam
Ent Microsph Cap	Enteric Coated	SDV	Single Dose Vial
	Microspheres in	SG Cap	Soft Gelatin Cap
	Capsules	SL	Sublingual
ER	Extended Release	Sol	Solution
Gran	Granule	Sp	Spray
Inh	for Inhalation	Sprinkle Cap	Sprinkle Capsule
Inj	Injectable	SR	Sustained Release
LA	Long Acting	Sup	Suppository
Lot	Lotion	Susp	Suspension
Loz	Lozenge	Tab	Tablet
MDV	Multi Dose Vial	Tamp	Tampon
Nas	Nasal	3 Phase	Three Phase
Oily	in Oil	Top	Topical
Oint	Ointment	Transderm Syst	Transdermal
O/L	Oral Liquids		Therapeutic System
Oph	Ophthalmic	Vag	Vaginal

Table 2: Medicinal Preparations That Can be Fatal to a 10kg. Toddler upon Ingestion of 1-2 Tablets, Capsules of Teaspoonfuls

Drug	Minimum potential fatal dose (per Kg wt)	Maximal unit-dose available	Amount that may cause fatality
Camphor	100mg/kg	1g/5mL	1 tsp
Chloroquine	20mg/kg	250mg	2 tabs
Hydroxychloroquine	20mg/kg	200mg	1 tab
Imipramine	15mg/kg	75mg	2 tabs
Desipramine	15mg/kg	100mg	2 tabs
Methyl Salicylate	200mg/kg	1.4g/mL	< 1 tsp
Theophylline	8.4mg/kg	600mg	1 tab
Thioridazine	15mg/kg	200mg	1 tab
Chlorpromazine	25mg/kg	200mg	1-2 tabs

Table 3: Selected List of Drugs and Their Fatality Potential in Toddlers of 10kg

Drug	Minimum potential fatal dose (per Kg wt)	Maximal unit-dose available	Amount that may cause fatality
Irreversible monoamine oxidase inhibitors	25mg/kg	15mg	15 tabs
Diphenoxylate	1.2mg/kg	2.5mg	5 tabs
Codeine	15mg/kg	60mg	3 tabs
Pentazocine	45mg/kg	50mg	9 tabs
Dimenhydrinate	25mg/kg	75mg	4 tabs
Diphenhydramine	25mg/kg	50mg	5 caps
Orphenadrine	25mg/kg	50mg	5 caps
Quinine	80mg/kg	300mg	2-4 caps

Adapted with permission of Dr. Koren from tables in: Koren, G. (1993).

Medications which can kill a toddler with one table or teaspoonful. Clinical Pharmacology 31(3):407- 413.

Table 4: Approximate Relative Potencies of Listed Topical Steroid Preparations

Low Potency - Desonide 0.05% (Tridesilon) - Hydrocortisone 0.5%, 1% (Cortate, Cortoderm, Emo-Cort, Hyderm) - Methylprednisolone 0.025% (Medrol)
Medium Potency - Beclomethasone Dipropionate 0.025% (Propaderm) - Betamethasone Valerate 0.05%, 0.1% (Betaderm, Betnovate, Celestoderm-V, Ectosone, Valisone) - Clobetasone Butyrate 0.05% (Eumovate) - Difluocortolone Valerate 0.1% (Nerisone) - Flumethasone Pivalate 0.03% (Locacorten) - Fluocinolone Acetonide 0.01%, 0.025% (Fluoderm, Synalar, Synamol) - Fluocinonide 0.01% (Lidex Mild) - Fluocinonide/Procinonide/Iprocinonide 0.00925%/0.00365%/ 0.00210% (Trisyn) - Halcinonide 0.025% (Halog Mild) - Hydrocortisone Valerate 0.2% (Westcort) - Mometasone Furoate 0.1% (Elocom) - Triamcinolone Acetonide 0.025%, 0.1% (Aristocort, Kenalog, Triaderm)
High Potency - Amcinonide 0.1% (Cyclocort) - Beclomethasone Benzoate 0.025% (Beben) - Betamethasone Dipropionate 0.05% (Diprosone, TARO-SONE,Topisone) - Diflorasone Diacetate 0.05% (Florone) - Fluocinonide 0.05% (Lidemol, Lidex, Lyderm, Tiamol, Topsyn) - Halcinonide 0.1% (Halog)
Ultra High Potency - Beclomethasone Dipropionate in base containing Propylene Glycol 0.05% (Diprolene, Topilene) - Clobetasol Propionate 0.05% (Dermasone, Dermovate, Gen-Clobetasol)

Table 5: Approximate Conversion Tables from the Avoirdupois to the Metric System

Weight			Liquid Measures		
1/6 gr. = 10 mg	1/8 oz. = 4 g	1/4 oz. = 8 mL	10 oz. = 285 mL		
1/4 gr. = 15 mg	1/4 oz. = 8 g	1/2 oz. = 15 mL	12 oz. = 345 mL		
1/2 gr. = 30 mg	1/2 oz. = 15 g	1 oz. = 30 mL	16 oz. = 455 mL		
3/4 gr. = 50 mg	1 oz. = 30 g	2 oz. = 60 mL	20 oz. = 570 mL		
1 gr. = 60 mg	2 oz. = 60 g	3 oz. = 85 mL	32 oz. = 910 mL		
1 1/2 gr. = 100 mg	4 oz. = 115 g	4 oz. = 115 mL	40 oz. = 1135 mL		
3 gr. = 200 mg	8 oz. = 230 g	5 oz. = 145 mL	80 oz. = 2270 mL		
5 gr. = 300 mg	16 oz. = 455 g	6 oz. = 170 mL			
7 1/2 gr. = 500 mg	32 oz. = 910 g	8 oz. = 230 mL			
10 gr. = 600 mg	64 oz. = 1820 g				

Patient's name / Nom du patient	Date
Address / Adresse	



This patient meets the clinical criteria indicated under:
Limited Use code(s)
 Ce patient remplit les critères cliniques indiqués par le(s) code(s) des produits médicamenteux à usage limité

If prescribing Limited Use drug product(s):

Reimbursement for LU claims is made under the authority of the *Ontario Drug Benefit Act (ODBA)* and can only be made if the authorized LU criteria have been met. The Ministry of Health and Long-Term Care will take appropriate steps to ensure compliance with the legislation.

For the purposes of claims review under the *Ontario Drug Benefit Act*, it may be necessary on occasion for me to provide supporting documents on request.

Pour la prescription de produit(s) médicamenteux à usage limité :

Le remboursement des produits médicamenteux à usage limité est effectué en vertu de la *Loi sur le régime de médicaments de l'Ontario* et ne peut avoir lieu que si les critères de prescription autorisés sont remplis. Le ministère de la Santé et des Soins de longue durée prendra les mesures nécessaires pour veiller à ce que cette réglementation soit appliquée.

Aux fins de l'examen de la demande de remboursement en vertu de la *Loi sur le régime de médicaments de l'Ontario*, il se peut qu'il faille à l'occasion que je fournisse sur demande des documents justificatifs.

Prescriber's signature / Signature du prescripteur	CPSO number / N° de l'Ordre des médecins et des chirurgiens de l'Ontario

3505-87 (99/06)



Health
Canada

Santé
Canada

PROTECTED
PROTÉGÉ

**Report of adverse reaction
suspected due to drugs, cosmetics and
biological products (Vaccines excluded)**

• See reverse for return address

**Notification concernant un effet indésirable
présumé dû à des médicaments, cosmétiques
et produits biologiques (Vaccins exclus)**

• Voir à l'endos l'adresse de retour

FOR H.P.B. USE ONLY
RÉSERVÉ À LA D.G.P.S.

Patient Data - Données relatives au patient

Initials - Initiales	Chart number - Numéro de dossier	Age - Âge	Sex - Sexe ☐ Male Homme ☐ Female Femme	Weight - Poids	Height - Taille	Ethnic origin - Origine ethnique
Allergies or previous adverse reactions Allergies ou effets indésirables précédents		☐ No Non	☐ Yes (Specify) Oui (Préciser)			
Relevant medical history - Historie médicale pertinente						

Adverse Reaction - Effet indésirable

Onset - Début			Date (D - M - Y) (J - M - A)
☐ Gradual Graduel	☐ Sudden (specify in min. and hrs.) Soudain (préciser en min. et hrs)	☐ Other (Specify) Autre (Préciser)	
Description of adverse reaction - Description de l'effet indésirable			Laboratory results - Résultats de laboratoire

Intensity of reaction Intensité de l'effet	☐ Mild Légère	☐ Moderate Modérée	☐ Severe Grave	Hospitalized because of reaction Hospitalisé à cause de l'effet	☐ No Non	☐ Yes Oui
Treatment of reaction - Traitement de l'effet				Treatment drugs or therapy Médicaments de traitement ou thérapie		
Suspected drug - Produit suspect				Date (D - M - Y) Cause (J - M - A)		
☐ Discontinued Discontinué	☐ Dose reduced Dose réduite	☐ Unchanged Non changé	☐ Other (Specify) Autre (Préciser)	☐ No Non	☐ Yes (Specify) Oui (Préciser)	
Outcome of reaction - Suites de l'effet						
☐ Recovered Rétabli	☐ Recovered with residual effects Rétabli avec séquelles	☐ Not yet recovered Pas encore rétabli	☐ Unknown Inconnues	☐ Fatal Décès		

Product Data - Données relatives au produit

Suspected drugs or products - Trade name / Chemicals / Lot number Médicaments ou produits suspects - Nom déposé / Produit chimique / No. de lot	Started (D-M-Y) Début (J-M-A)	Ended (D-M-Y) Fin (J-M-A)	Daily dose Dose quotidienne	Route Voie d'administration	Reason for use Raison de l'usage
Drugs taken concomitantly Produits associés	☐ No Non	☐ Yes (Specify) Oui (Préciser)			Other comments Autres commentaires
Reporter's name - Nom du déclarant			City - Ville		Province
Name of institution - Nom de l'établissement			Telephone number - Numéro de téléphone		

HC/SC 4016 (03-95)

Canada

**Nova Scotia, New Brunswick, Newfoundland and
Prince Edward Island**

Atlantic Regional ADR Centre
Drug Information Centre
Camp Hill Medical Centre
1763 Robie Street
Halifax, Nova Scotia
B3H 3G2 tel: (902) 496-2171 fax: (902) 496-2612

Saskatchewan

Sask ADR Regional Centre
Dial Access Drug Information Service
College of Pharmacy and Nutrition
University of Saskatchewan
Saskatoon, Saskatchewan
S7N 0W0 tel: (306) 966-6340 or 1-800-667-3425
 fax: (306) 966-6377

British Columbia

B.C. Regional ADR Centre
c/o B.C. Drug and Poison Information Centre
1081 Burrard St.
Vancouver, British Columbia
V6Z 1Y6 tel: (604) 631-5625 fax: (604) 631-5262

Québec

Québec Regional ADR Centre
Centre d'information pharmaceutique
Hôpital du Sacré-Coeur de Montréal
5400 boul. Gouin ouest
Montréal, Québec
H4J 1C5 tel: (514) 338-2961 or 338-2161 (Collect calls accepted)
 fax: (514) 338-3670

Other provinces and territories

Adverse Drug Reaction Monitoring Division
Bureau of Drug Surveillance,
Drugs Directorate, HPB
Health Canada
Ottawa, Ontario
K1A 0L2 tel: (613) 957-0337 fax: (613) 957-0335

**Nouvelle Écosse, Nouveau-Brunswick, Terre-Neuve et
l'Île du Prince-Édouard**

Centre régional EIM de l'Atlantique
Centre d'information sur les médicaments
Camp Hill Medical Centre
1763 rue Robie
Halifax (Nouvelle-Écosse)
B3H 3G2 téléphone: (902) 496-2171 télécopieur: (902) 496-2612

Saskatchewan

Centre régional Sask EIM
Service téléphonique d'information sur les médicaments
Collège de pharmacie et nutrition
Université de la Saskatchewan
Saskatoon (Saskatchewan)
S7N 0W0 téléphone: (306) 966-6340 ou 1-800-667-3425
 télécopieur: (306) 966-6377

Colombie-Britannique

Centre régional EIM de la Colombie-Britannique
Att: Centre d'information sur les médicaments et les poisons de la Colombie-Britannique
1081, rue Burrard
Vancouver (Colombie-Britannique)
V6Z 1Y6 téléphone: (604) 631-5625 télécopieur: (604) 631-5262

Québec

Centre régional EIM du Québec
Centre d'information pharmaceutique
Hôpital du Sacré-Coeur de Montréal
5400 boul. Gouin ouest
Montréal (Québec)
H4J 1C5 téléphone: (514) 338-2961 ou 338-2161 (Appels interurbains acceptés)
 télécopieur: (514) 338-3670

Autres provinces et territoires

Division de la surveillance des effets indésirables des médicaments
Bureau de la surveillance des médicaments
Direction des médicaments, DGPS
Santé Canada
Ottawa (Ontario)
K1A 0L2 téléphone: (613) 957-0337 télécopieur: (613) 957-0335

REPORTING GUIDELINES**Which Adverse Drug Reactions Should be Reported?**

Causality or proof a drug caused an undesirable patient effect is **NOT** a requirement for reporting an adverse drug reaction. Report if the event is suspected of being drug-related, particularly if the event is unusual in context of the illness.

- **all suspected** adverse reactions to drugs which are **unexpected**, i.e. not consistent with product information or labelling.
- **all suspected** adverse reactions to drugs which are serious, i.e. death, reactions which contribute to significant disability or illness, result in hospitalization, prolong hospitalization or require significant medical intervention.
- **all suspected** adverse reactions to **recently marketed drugs** (on the market for less than five years) regardless of their nature or severity.

RENSEIGNEMENTS SUR LA NOTIFICATION**Quels effets indésirables devraient-êtré notifiés?**

Il n'est pas nécessaire de connaître l'imputabilité ou la preuve qu'un médicament a causé un effet indésirable chez le patient pour notifier un effet indésirable aux médicaments, particulièrement s'il est inhabituel dans le contexte de la maladie.

- **Tout effet indésirable suspect, inattendu à un médicament.** (incompatible avec l'information sur le produit ou l'étiquetage).
 - **Tout effet indésirable suspect, grave à un médicament.** Un décès ainsi que tout effet contribuant à une invalidité ou à une maladie majeure, qui entraîne ou prolonge une hospitalisation ou requérant une intervention médicale importante.
 - **Tout effet indésirable suspect à un médicament récemment commercialisé** (depuis les cinq dernières années) indépendamment de sa nature ou de sa gravité.
-

PART XI

REGISTERED NURSES IN THE EXTENDED CLASS

PART XI

REGISTERED NURSES (RNs) IN THE EXTENDED CLASS (EC)

In accordance with the Regulations to amend the Nursing Act, Registered Nurses (RNs) in the Extended Class (EC) are allowed to prescribe certain drugs as part of their scope of practice. Some of the drugs RNECs can prescribe are listed as benefits in the ODB Formulary/Comparative Drug Index (Formulary/CDI) and are eligible for reimbursement under the ODB program when prescribed to eligible recipients. Claims for ODB reimbursement are processed by pharmacists through the ministry's Health Network at the time the prescription is being filled.

The ODB program will reimburse claims for those eligible drug products listed in the Formulary/CDI (refer to list of drugs in this section) that are prescribed by RNs (EC) registered with the College of Nurses of Ontario.

Part XI contains a list of all the ODB eligible drug products that may be prescribed by RNs (EC) to ODB eligible recipients for reimbursement under the ODB program. The attached list contains:

- Those prescription drugs that are currently covered as benefits under the ODB program which are also listed in Schedule 3 of the Regulations to the Nursing Act.
- Those over-the-counter medications that are currently covered as benefits under the ODB program that are not found in Schedule 3 of the Regulations to the Nursing Act, but which RNs (EC) have the authority to prescribe.

(Please note that the list contained in Part XI is NOT intended to be a complete list of all drugs that RNs (EC) can prescribe in accordance with their scope of practice under the Nursing Act.)

DRUG LIST FOR REGISTERED NURSES IN THE EXTENDED CLASS (RNEC)

ODB Eligible Drug Products
that May be Prescribed by RNEC

(In alphabetical order by generic names)

GENERIC NAME / STRENGTH	DOSAGE FORM	DIN	BRAND NAME
ACETAMINOPHEN			
16mg/mL	O/L	01934805	Robigesic
80mg/mL	O/L	00631353	Atasol
		02027801	Pediatrix
120mg	Sup	01919385	Abenol
		02230434	ACET 120
325mg	Sup	01919393	Abenol
		02230436	ACET 325
650mg	Sup	01919407	Abenol
		02230437	ACET 650
325mg	Tab	00389218	Novo-Gesic
		00544981	Apo-Acetaminophen
		00589241	Acetaminophen
		01928260	Panadol
500mg	Tab	00482323	Novo-Gesic Forte
		00545007	Apo-Acetaminophen
		00589233	Acetaminophen Extra Strength
		01928244	Panadol Extra Strength
ACETYLSALICYLIC ACID			
325mg	Ent Tab	00010332	Entrophen
		00216666	Novasen
		02046253	MSD Enteric Coated ASA
650mg	Ent Tab	00010340	Entrophen
		00229296	Novasen
325mg	Tab	00040851	ASA
		00092754	ASA

GENERIC NAME / STRENGTH	DOSAGE FORM	DIN	BRAND NAME

ACYCLOVIR

800mg

Tab

01911635 Zovirax
02078651 Avirax
02197421 Nu-Acyclovir
02207656 Apo-Acyclovir
02229709 Alti-Acyclovir
02242464 Gen-Acyclovir

Reason for Use code	Clinical criteria
	In contrast to bacterial infections, viral replication precedes clinical signs and symptoms. Since antiviral agents are only active against replicating viruses, clinical benefit in reducing severity of symptoms and duration of illness is only marginal, at best. Therefore, treatment initiated beyond the stated time frames below is of no value, and treatment of mild cases should be carefully considered, in light of the minimal benefit which will be achieved. In addition, the balance of evidence indicates that the use of acyclovir in normal hosts in an attempt to prevent post-herpetic neuralgia is of no value. Where specified, treatment must begin within the time frames indicated for the product to be reimbursed. There is no benefit from the therapy begun after these time frames. Acyclovir tablets will be reimbursed when prescribed for:
95	Herpes zoster in immunocompetent patients 50 years of age or older, up to 72 hours after appearance of lesions: Dose: 800mg 5 times/day for 7 days.
96	Herpes zoster ophthalmicus regardless of age, up to 72 hours after appearance of lesions: Dose: 800mg 5 times/day for 7 days.
97	Herpes zoster in immunocompromised patients regardless of age and time elapsed from onset: Dose: 800mg 5 times/day for 7 days.
314	Varicella zoster in immunocompetent patients greater than or equal to 12 years of age, up to 24 hours after appearance of lesions: Dose: 20mg/kg/dose (max. 800mg) 4 times/day for 5 days.
	NETWORK NOTE: Network will limit supply up to 7 days and up to 35 tablets.

AMOXICILLIN

250mg

Cap

00406724 Novamoxin
00628115 Apo-Amoxi
00865567 Nu-Amoxi
02041294 Amoxil
02181487 Lin-Amox
02238171 Gen-Amoxicillin
02241826 Scheinpharm Amoxicillin

GENERIC NAME / STRENGTH	DOSAGE FORM	DIN	BRAND NAME
AMOXICILLIN			
500mg	Cap	00406716	Novamoxin
		00628123	Apo-Amoxi
		00865575	Nu-Amoxi
		02041308	Amoxil
		02181495	Lin-Amox
		02238172	Gen-Amoxicillin
		02241827	Scheinpharm Amoxicillin
25mg/mL	O/L	00452149	Novamoxin
		00628131	Apo-Amoxi
		00865540	Nu-Amoxi
		01934171	Novamoxin (Sugar Reduced)
		02041316	Amoxil
		02181509	Lin-Amox
50mg/mL	O/L	00452130	Novamoxin
		00628158	Apo-Amoxi
		00865559	Nu-Amoxi
		01934163	Novamoxin (Sugar Reduced)
		02042592	Amoxil
		02181517	Lin-Amox
AMOXICILLIN & CLAVULANIC ACID			
25mg & 6.25mg/mL	O/L	01916882	Clavulin
		02243986	Apo-Amoxi Clav
50mg & 12.5mg/mL	O/L	01916874	Clavulin
		02243987	Apo-Amoxi Clav
250mg & 125mg	Tab	01916866	Clavulin
		02243350	Apo-Amoxi Clav
		02243770	Alti-Amoxi Clav
500mg & 125mg	Tab	01916858	Clavulin
		02243351	Apo-Amoxi Clav
		02243771	Alti-Amoxi Clav
ANTHRALIN			
0.1%	Cr	00537594	Anthranol
0.2%	Cr	00537608	Anthranol
0.4%	Cr	00537616	Anthranol
1%	Oint	00566756	Anthraforte 1
2%	Oint	00566748	Anthraforte 2
3%	Oint	00617164	Anthraforte 3
AZITHROMYCIN			
100mg/5mL	O/L	02223716	Zithromax
200mg/5mL	O/L	02223724	Zithromax
250mg	Tab	02212021	Zithromax

GENERIC NAME / STRENGTH	DOSAGE FORM	DIN	BRAND NAME
BACITRACIN			
500U/g	Oint	00031046 02060833	Baciguent Bacitracin
500U/g	Oph Oint 3g Pk	00327476	Baciguent
BENZOYL PEROXIDE			
5%	Lot	00236063 00374326	Benoxyl Oxyderm
10%	Lot	00370568 00432938	Benoxyl Oxyderm
20%	Lot	00187585 00374318	Benoxyl Oxyderm
BENZOYL PEROXIDE IN ACETONE-CONTAINING GEL			
5%	Gel	00406821	AcetOxyl
10%	Gel	00406848	AcetOxyl
BENZOYL PEROXIDE IN ALCOHOL-CONTAINING GEL			
5%	Gel	00263702 02162113	Panoxyl 5-Benzagel
10%	Gel	00263699 01937863	Panoxyl 10-Benzagel
15%	Gel	00403571	Panoxyl
20%	Gel	00373036	Panoxyl
BENZOYL PEROXIDE IN WATER-BASED GEL			
5%	Gel	01908863 01925180 02214849	Desquam-X5 Benzac W5 Panoxyl Aquagel
10%	Gel	01908871 01925997 02223856	Desquam-X10 Benzac W10 Panoxyl Aquagel
20%	Gel	02223864	Panoxyl Aquagel
BETAMETHASONE VALERATE			
0.1%	Cr	00027901 00535435 00716626	Celestoderm-V Ectosone Regular Betaderm
0.05%	Cr	00027898 00535427 00716618	Celestoderm-V/2 Ectosone Mild Betaderm
0.1%	Lot	00750050 02100193	Ectosone Regular Betnovate
0.05%	Lot	00653209	Ectosone Mild
0.1%	Oint	00028363 00716650	Celestoderm-V Betaderm
0.05%	Oint	00028355 00716642	Celestoderm-V/2 Betaderm

GENERIC NAME / STRENGTH	DOSAGE FORM	DIN	BRAND NAME

BETAMETHASONE VALERATE

0.1%	Scalp Lot	00027944	Valisone
		00653217	Ectosone
		00716634	Betaderm
		00726486	Betamethasone Valerate

BISACODYL

2mg/mL	Enema	00286265	Dulcolax
5mg	Ent Tab	00254142	Dulcolax
		00545023	Apo-Bisacodyl
5mg	Sup	00003867	Dulcolax
10mg	Sup	00003875	Dulcolax
		00261327	Bisacolax
		00404802	Bisacodyl

CASTOR OIL

O/L	00094080	Castor Oil
	00179140	Castor Oil

CEFIXIME

20mg/mL	Oral Susp	00868965	Suprax
400mg	Tab	00868981	Suprax

CEFTRIAXONE DISODIUM

0.25g/Vial	Inj Pd-1 Vial Pk	00657387	Rocephin
1g/Vial	Inj Pd-1 Vial Pk	00657417	Rocephin
2g/Vial	Inj Pd-1 Vial Pk	00657409	Rocephin

CEPHALEXIN MONOHYDRATE

250mg	Cap	00342084	Novo-Lexin
500mg	Cap	00342114	Novo-Lexin
25mg/mL	O/L	00015547	Keflex
		00342106	Novo-Lexin
		02177811	PMS-Cephalexin 125
50mg/mL	O/L	00035645	Keflex
		00342092	Novo-Lexin
		02177838	PMS-Cephalexin 250
250mg	Tab	00403628	Keflex
		00583413	Novo-Lexin
		00768723	Apo-Cephalex
		00865877	Nu-Cephalex
		02177781	PMS-Cephalexin
500mg	Tab	00244392	Keflex
		00583421	Novo-Lexin
		00768715	Apo-Cephalex
		00865885	Nu-Cephalex
		02177803	PMS-Cephalexin

GENERIC NAME / STRENGTH	DOSAGE FORM	DIN	BRAND NAME

CIPROFLOXACIN

10g/100mL	Oral Susp	02237514	Cipro
250mg	Tab	02155958	Cipro
500mg	Tab	02155966	Cipro
750mg	Tab	02155974	Cipro

Reason for Use code	Clinical criteria
	For the treatment of patients with:
332	<u>SST/BJ (Gram negative bacteria):</u> Skin/soft tissue and bone/joint infection due to gram negative bacteria; severe diabetic foot infection; severe otitis externa; decubitus ulcers.
333	<u>GU Tract:</u> Urinary tract infection/prostatitis/epididymitis caused by (suspected or documented) <i>Pseudomonas</i> ; sexually transmitted diseases.
334	<u>COPD with risk:</u> Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors ¹ ; bronchiectasis; pneumonic illness with cystic fibrosis. ¹ Risk factors include: poor pulmonary lung function (FEV ₁ below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease or 4 or more exacerbations per year.
336	<u>Step-Down:</u> Step-down therapy after parenteral therapy or hospital/emergency department discharge; febrile neutropenia.
350	<u>GI:</u> Traveller's diarrhea; enteric fever syndromes; Crohn's disease.
353	For the prophylaxis or treatment of <i>B. anthracis</i> exposure.
977	Exceptional cases of allergy or intolerance to all other appropriate therapies.

GENERIC NAME / STRENGTH	DOSAGE FORM	DIN	BRAND NAME
CLARITHROMYCIN			
125mg/5mL	Ped Gran	02146908	Biaxin
250mg	Tab	01984853	Biaxin
CLINDAMYCIN HCL			
150mg	Cap	00030570 02130033 02241709 02245232	Dalacin C Ratio-Clindamycin Novo-Clindamycin Apo-Clindamycin
300mg	Cap	02182866 02192659 02241710 02245233	Dalacin C Ratio-Clindamycin Novo-Clindamycin Apo-Clindamycin
CLINDAMYCIN PALMITATE			
15mg/mL	O/L	00225851	Dalacin C
CLOTRIMAZOLE			
10mg/g	Cr	00812382 02131676 02150867 02230447	Clotrimaderm Myclo-Derm Canesten Scheinpharm Clotrimazole
500mg & 1%	Tab & Cr	02150948	Canesten 1-Combi Pak
10mg/mL	Top Sol	02131668 02150875	Myclo-Derm Canesten
10mg/g	Vag Cr-App	00812366 02131641 02150891	Clotrimaderm Vaginal Cream Myclo-Gyne Canesten
20mg/g	Vag Cr-App	00812374 02150905	Clotrimaderm Vaginal Cream Canesten 3
100mg	Vag Tab	02131633 02150832	Myclo-Gyne Canesten
200mg	Vag Tab	02130211	Canesten 3
500mg	Vag Tab	02130203	Canesten 1
CLOXACILLIN			
250mg	Cap	00337765 00618292 00717584	Novo-Cloxin Apo-Cloxi Nu-Cloxi
500mg	Cap	00337773 00618284 00717592	Novo-Cloxin Apo-Cloxi Nu-Cloxi
25mg/mL	O/L	00337757 00644633 00717630	Novo-Cloxin Apo-Cloxi Nu-Cloxi

GENERIC NAME / STRENGTH	DOSAGE FORM	DIN	BRAND NAME

COAL TAR EXTRACT

2% Gel 01909185 Estar

COLCHICINE

0.6mg Tab 00000396 Colchicine
00287873 Colchicine

1mg Tab 00206032 Colchicine

DESOGESTREL & ETHINYL ESTRADIOL

0.15mg & 0.03mg Tab-21 Pk 02042487 Marvelon 21

0.15mg & 0.03mg Tab-21 Pk 02042541 Ortho-Cept

0.15mg & 0.03mg Tab-28 Pk 02042479 Marvelon 28

0.15mg & 0.03mg Tab-28 Pk 02042533 Ortho-Cept

DEXTRAN 70 & HYDROXYPROPYL METHYLCELLULOSE

0.1%/0.3% Oph-Sol 00390291 Tears Naturale

Reason for Use code

49

Clinical criteria

For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.

DEXTRAN 70 & HYDROXYPROPYL METHYLCELLULOSE & POLYQUAD

0.1%/0.3%/0.001% Oph-Sol 00743445 Tears Naturale II

Reason for Use code

49

Clinical criteria

For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.

DEXTROMETHORPHAN HBR

3mg/mL O/L 01928783 Koffex

DICLOFENAC SODIUM & MISOPROSTOL

50mg & 200mcg Tab 01917056 Arthrotec 50

75mg & 200mcg Tab 02229837 Arthrotec 75

DOCUSATE CALCIUM (DIOCTYL CALCIUM SULFOSUCCINATE)

240mg Cap 00664553 PMS-Docusate Calcium
01912747 Albert-Docusate

GENERIC NAME / STRENGTH	DOSAGE FORM	DIN	BRAND NAME

DOCUSATE SODIUM (DIOCTYL SODIUM SULFOSUCCINATE)

100mg	Cap	00464767	Colace
		00716731	Docusate Sodium
		01932365	Regulex
		01994344	Soflax
4mg/mL	O/L	02006758	Soflax Syrup
		02086018	Colace
10mg/mL	O/L	02090163	Colace

DOXYLAMINE SUCCINATE AND PYRIDOXINE HCL

10mg & 10mg	SR Tab	00609129	Diclectin

ECONAZOLE NITRATE

1%	Cr	02011948	Ecostat
150mg	Vag Sup	02010267	Ecostat

ELECTROLYTE & DEXTROSE

O/L	00630365	Pedialyte Regular
	00981095	Pedialyte Flavored
Oral Pd-1 Sach Pk	01931563	Gastrolyte

EPINEPHRINE

Aero Sol-15mL Pk	02017555	Bronkaid Mistometer

EPINEPHRINE HCL

30mg/30mL	Inj Sol-30mL Pk	00155357	Adrenalin
1%	Oph Sol	00001104	Epifrin

EPINEPHRINE HCL (RACEMIC)

2.25%	Inh Sol-30mL Pk	01927582	Vaponefrin

Reason for Use Code

Clinical criteria

For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.

- 256 Patients who have a tracheostomy;
- 257 Patients with cystic fibrosis in whom nebulizer therapy is indicated;
- 258 Patients with severe mental or physical disabilities;
- 259 Patients who have previously used nebulizer therapy within the last 12 month period.

ERYTHROMYCIN & ETHYL ALCOHOL

2% & 44%	Top Sol	01902628	Sans-Acne

GENERIC NAME / STRENGTH	DOSAGE FORM	DIN	BRAND NAME
ERYTHROMYCIN BASE			
250mg	Ent Pel Cap	00607142 00726672	ERYC Apo-Erythro E-C
250mg	Tab	00682020	Apo-Erythro
ERYTHROMYCIN ESTOLATE			
250mg	Cap	00020966	Novo-Rythro Estolate
25mg/mL	O/L	00021172	Novo-Rythro Estolate
50mg/mL	O/L	00262595	Novo-Rythro Estolate
ERYTHROMYCIN ETHYLSUCCINATE			
40mg/mL	O/L	00000299 00605859	EES-200 Novo-Rythro Ethyl Succinate
80mg/mL	O/L	00453617 00652318	EES-400 Novo-Rythro Ethyl Succinate
600mg	Tab	00583782 00637416	EES-600 Apo-Erythro-ES
ERYTHROMYCIN STEARATE			
250mg	Tab	00000434 00545678	Erythrocin Apo-Erythro-S
500mg	Tab	00266515 00688568	Erythrocin Apo-Erythro-S
ESDEPALLETHRIN & PIPERONYL BUTOXIDE			
0.63% & 5.04%	Aero Spray	02229874	Scabene
ETHINYL ESTRADIOL & ETHYNODIOL DIACETATE			
0.03mg & 2mg	Tab-21 Pk	00469327	Demulen 30
0.03mg & 2mg	Tab-28 Pk	00471526	Demulen 30
ETHINYL ESTRADIOL & LEVONORGESTREL			
0.03mg & 0.15mg	Tab-21 Pk	02042320	Min-Ovral
20mcg & 100mcg	Tab-21 Pk	02236974	Alesse
3 Phase	Tab-21 Pk	02043726	Triphasil
3 Phase	Tab-21 Pk	00707600	Triquilar 21
0.03mg & 0.15mg	Tab-28 Pk	02042339	Min-Ovral
20mcg & 100mcg	Tab-28 Pk	02236975	Alesse
3 Phase	Tab-28 Pk	02043734	Triphasil
3 Phase	Tab-28 Pk	00707503	Triquilar 28

GENERIC NAME / STRENGTH	DOSAGE FORM	DIN	BRAND NAME

ETHINYL ESTRADIOL & NORETHINDRONE

0.035mg & 0.5mg	Tab-21 Pk	00317047	Ortho 0.5/35
0.035mg & 0.5mg	Tab-21 Pk	02187086	Brevicon
0.035mg & 1mg	Tab-21 Pk	00372846	Ortho 1/35
0.035mg & 1mg	Tab-21 Pk	02189054	Brevicon 1/35
3 Phase	Tab-21 Pk	02187108	Synphasic
3 Phase	Tab-21 Pk	00602957	Ortho 7/7/7
0.035mg & 0.5mg	Tab-28 Pk	00340731	Ortho 0.5/35
0.035mg & 0.5mg	Tab-28 Pk	02187094	Brevicon
0.035mg & 1mg	Tab-28 Pk	02189062	Brevicon 1/35
0.035mg & 1mg	Tab-28 Pk	00372838	Ortho 1/35
3 Phase	Tab-28 Pk	00602965	Ortho 7/7/7
3 Phase	Tab-28 Pk	02187116	Synphasic

ETHINYL ESTRADIOL & NORETHINDRONE ACETATE

0.02mg & 1mg	Tab-21 Pk	00315966	Minestrin 1/20
0.03mg & 1.5mg	Tab-21 Pk	00297143	Loestrin 1.5/30
0.02mg & 1mg	Tab-28 Pk	00343838	Minestrin 1/20
0.03mg & 1.5mg	Tab-28 Pk	00353027	Loestrin 1.5/30

ETHINYL ESTRADIOL & NORGESTREL

0.05mg & 0.25mg	Tab-21 Pk	02043033	Ovral
0.05mg & 0.25mg	Tab-28 Pk	02043041	Ovral

FAMCICLOVIR

500mg	Tab	02177102	Famvir

Reason for Use Code

147

Clinical criteria

Herpes zoster in patients 50 years of age or older, up to 72 hours* after appearance of lesions. Dose: 500mg 3 times/day for 7 days.

***The patient must begin treatment within the time frame specified for the product to be reimbursed. There is no benefit from the therapy begun after this time frame.**

NETWORK NOTE: Network will limit supply to 7 days and 21 tablets.

FERROUS FUMARATE

300mg	Cap	01923420	Palafer
60mg/mL	O/L	01923439	Palafer

GENERIC NAME / STRENGTH	DOSAGE FORM	DIN	BRAND NAME
FERROUS GLUCONATE 300mg	Tab	00021458 00041157 00094714 00545031	Novo-Ferrogluc Ferrous Gluconate Ferrous Gluconate Apo-Ferrous Gluconate
FERROUS SUCCINATE 100mg	Tab	00677981	Cerevon
FERROUS SULFATE 75mg/mL	O/L	00762954	Fer-In-Sol
FLUMETHASONE PIVALATE & IODOCHLORHYDROXYQUIN 0.02% & 1%	Ot Sol	00074454	Locacorten-Vioform
FLUNISOLIDE 0.025%	Nas Sp-25mL Pk	00878790 02162687	Alti-Flunisolide Nasal Mist Rhinalar
FLUOCINOLONE ACETONIDE 0.01%	Cr	00030414 00716782	Synalar Mild Fluoderm
0.025%	Cr	00030422 00716790	Synalar Regular Fluoderm
0.01%	Emol Cr	00424927	Synamol Mild
0.025%	Emol Cr	00424935	Synamol Regular
0.01%	Oint	00030392	Synalar Mild
0.01%	Oint	00716804	Fluoderm
0.025%	Oint	02162512	Synalar Regular
0.025%	Oint	00716812	Fluoderm
0.01%	Top Sol	02162504	Synalar Solution
FOLIC ACID 5mg	Tab	00021466 00426849 00498777	Novo-Folacid Apo-Folic Folic Acid
FRAMYCETIN SULFATE 0.5%	Oph Oint-5g Pk	00026964	Soframycin
0.5%	Oph Sol	01987658	Soframycin
FRAMYCETIN SULFATE & GRAMICIDIN & DEXAMETHASONE 5mg & 50mcg & 0.5mg/mL	Oph/Ot Sol	02224623	Sofracort
FUSIDIC ACID 2%	Cr	00586668	Fucidin

GENERIC NAME / STRENGTH	DOSAGE FORM	DIN	BRAND NAME

GENTAMICIN & BETAMETHASONE SODIUM PHOSPHATE

3mg & 1mg/mL	Oph/Ot Drops	00682217	Garasone
		02244999	Sab-Pentasonone

GLUCAGON

Inj Pd-1mg Pk	00015377	Glucagon

GLYCERIN

1.8g	Sup	00094056	Glycerin

2.7g	Sup	00882518	Glycerin

GRAIN & CITRUS FIBRE

Tab	00595829	Novo-Fibre
	00779768	Fibyrax

HYDROCORTISONE

0.5%	Cr	00228079	Hydrocortisone
		00513288	Cortate
		00551953	Hydrocortisone

1%	Cr	00192597	Emo-Cort
		00228087	Hydrocortisone
		00502200	Cortate
		00551945	Hydrocortisone

2.5%	Cr	00595799	Emo-Cort

1%	Lot	00192600	Emo-Cort

2.5%	Lot	00595802	Emo-Cort

0.5%	Oint	00093637	Hydrocortisone
		00513261	Cortate
		00716685	Cortoderm

1%	Oint	00093645	Hydrocortisone
		00502197	Cortate
		00716693	Cortoderm

IBUPROFEN

200mg	Tab	00441643	Apo-Ibuprofen
		00629324	Novo-Profen

300mg	Tab	00441651	Apo-Ibuprofen
		00629332	Novo-Profen

400mg	Tab	00364142	Motrin
		00506052	Apo-Ibuprofen
		00629340	Novo-Profen

600mg	Tab	00585114	Apo-Ibuprofen
		00629359	Novo-Profen

GENERIC NAME / STRENGTH	DOSAGE FORM	DIN	BRAND NAME

KETOPROFEN

50mg	Cap	00761664 00790427 02150808	Rhodis Apo-Keto PMS-Ketoprofen
50mg	Ent Tab	00761672 00790435 01981528 02150816	Rhodis-EC Apo-Keto-E Novo-Keto-EC PMS-Ketoprofen E-50
100mg	Ent Tab	00761680 00842664 01981536 02150824	Rhodis-EC Apo-Keto-E Novo-Keto-EC PMS-Ketoprofen E-100
100mg	Sup	00761699 01926411 02015951 02156083 02165481	Rhodis Orudis PMS-Ketoprofen Novo-Keto Orafen

LACTASE ENZYME

Tab	01936859	Lactaid

Reason for Use code	Clinical criteria
31	For the management of lactose intolerance which has been confirmed by history or by lactose tolerance test.

LACTULOSE

40%	Jelly-Unidose Pk	00739561	GEL-OSE
666.7mg/mL	O/L	00854409	Acilac
667mg/mL	O/L	00703486	PMS-Lactulose

LEVONORGESTREL

52mg	Insert	02243005	Mirena
36mg	Subdermal Implant	02060590	Norplant system Kit
0.75mg	Tab-2 Tabs Pk	02241674	Plan B

LIDOCAINE HCL

2%	O/L	00001686	Xylocaine Viscous

GENERIC NAME / STRENGTH	DOSAGE FORM	DIN	BRAND NAME

LOPERAMIDE HCL

2mg

Caplet

00860743 Imodium
02132591 Novo-Loperamide
02212005 Apo-Loperamide
02228343 Loperacap
02228351 PMS-Loperamide
02229552 Diarr-eze
02233998 Rhoxal-Loperamide

Reason for Use code

Clinical criteria

For the treatment of diarrhea associated with:

110	An ileostomy or a colostomy;
111	Bowel resection, including short bowel syndrome;
112	Inflammatory Bowel Diseases, i.e. Crohn's Disease and Ulcerative Colitis;
113	Cancer, including chemotherapy or radiation therapy;
114	HIV/AIDS;
115	Acute diarrhea in patients in congregated housing, i.e. Long Term Care Facilities (LTCF), or for patients receiving Home Care.
224	Fecal incontinence.

MEBENDAZOLE

100mg

Tab

00556734 Vermox

MEDROXYPROGESTERONE ACETATE

150mg/mL

Inj

00585092 Depo-Provera

50mg/mL

Inj Sol-5mL Pk

00030848 Depo-Provera

MEFENAMIC ACID

250mg

Cap

00155225 Ponstan
02229452 Apo-Mefenamic
02229569 Nu-Mefenamic
02231208 PMS-Mefenamic Acid

MESTRANOL & NORETHINDRONE

0.05mg & 1mg

Tab-21 Pk

00022608 Ortho-Novum 1/50

GENERIC NAME / STRENGTH	DOSAGE FORM	DIN	BRAND NAME

METHYLCELLULOSE

0.5%	Oph-Sol	00000809	Isopto Tears
1%	Oph-Sol	00000817	Isopto Tears
1%	Oph-Sol	00750808	Murocel

Reason for Use code

49

Clinical criteria

For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.

METRONIDAZOLE

500mg	Cap	00783137 01926853	Trikacide Flagyl
250mg	Tab	00021555 00545066 00584339	Novo-Nidazol Apo-Metronidazole PMS-Metronidazole
1%	Top Cr	02156091	Noritate
0.75%	Top Gel	02092832	Metrogel
10%	Vag Cr-App	01926861	Flagyl
500mg	Vag Tab-App	01926888	Flagyl

MICONAZOLE NITRATE

2%	Cr	00497797 02085852	Monistat Derm Micatin
2%	Vag Cr-App 35g Pk	02084309	Monistat 7
400mg	Vag Sup	02126605	Monistat 3
2% Cr-9g & 400mg	Vag Sup-3 Pk	02126249	Monistat 3 Dual Pak
100mg	Vag Sup-7 Pk	02084295	Monistat 7

MINERAL OIL

Enema	00107875	Fleet
O/L	00093947	Mineral Oil

MUPIROCIN

2%	Cr	02239757	Bactroban
2%	Oint	01916947	Bactroban

GENERIC NAME / STRENGTH	DOSAGE FORM	DIN	BRAND NAME
NAPROXEN			
25mg/mL	O/L	02162431	Naprosyn
500mg	Sup	00756814	Naxen
		02017237	PMS-Naproxen
		02162458	Naprosyn
		02229690	Rhodiaprox
		02230477	Naproxen
125mg	Tab	00522678	Apo-Naproxen
		00565369	Novo-Naprox
		00865621	Nu-Naprox
250mg	Tab	00522651	Apo-Naproxen
		00565350	Novo-Naprox
		00615315	Naxen
		00865648	Nu-Naprox
		02162474	Naprosyn
375mg	Tab	00600806	Apo-Naproxen
		00615323	Naxen
		00627097	Novo-Naprox
		00865656	Nu-Naprox
		02162482	Naprosyn
500mg	Tab	00589861	Novo-Naprox
		00592277	Apo-Naproxen
		00615331	Naxen
		00865664	Nu-Naprox
		02162490	Naprosyn
NITROFURANTOIN			
50mg	Cap	01997637	Macrochantin
		02231015	Novo-Furantoin
5mg/mL	O/L	00232971	Novo-Furan
50mg	Tab	00021563	Novo-Furan
		00319511	Apo-Nitrofurantoin
100mg	Tab	00021571	Novo-Furan
		00312738	Apo-Nitrofurantoin
NITROFURANTOIN MONO/MICRO CRYSTALS			
100mg	Cap	02063662	MacroBID
NORETHINDRONE			
0.35mg	Tab-28 Pk	00037605	Micronor
NORGESTIMATE & ETHINYL ESTRADIOL			
0.25mg & 0.035mg	Tab-21 Pk	01968440	Cyclen
3 Phase	Tab-21 Pk	02028700	Tri-Cyclen
0.25mg & 0.035mg	Tab-28 Pk	01992872	Cyclen
3 Phase	Tab-28 Pk	02029421	Tri-Cyclen

GENERIC NAME / STRENGTH	DOSAGE FORM	DIN	BRAND NAME

NYSTATIN

100000U/g	Cr	00288217 00716871 02194236	Nadostine Nyaderm Nilstat
100000U/mL	O/L	00282219 02194201	Nadostine Nilstat
100000U/g	Oint	00288195 00716898 02194228	Nadostine Nyaderm Nilstat
500000U	Tab	00270113 02194198	Nadostine Nilstat

PARTICLE COATED ERYTHROMYCIN

333mg	Tab	00769991	PCE Dispertab

PENICILLIN G (BENZATHINE)

1200000IU/2mL	Inj Sol-2mL Pk	02041596	Bicillin 1200 L-A

PENICILLIN V (BENZATHINE)

60mg/mL	O/L	00248835 02229617	PVF 500 Pen-Vee

PENICILLIN V (POTASSIUM)

25mg/mL	O/L	00642223	Apo-Pen V-K
60mg/mL	O/L	00391603 00642231	Novo-Pen-VK-500 Apo-Pen V-K
300mg	Tab	00018740 00021202 00642215 00717568	Nadopen-V Novo-Pen-VK-500 Apo-Pen V-K Nu-Pen VK

PERMETHRIN

5%	Cr	02219905	Nix Dermal Cream

Reason for Use code	Clinical criteria
311	For the treatment of patients who have failed on a less costly listed alternative.

PERMETHRIN

1%	Cr Rinse	00771368	Nix

PETROLATUM/MINERAL OIL

55%/42.5%	Oph Oint-3.5g Pk	00210889	Lacri-Lube
80%/20%	Oph Oint-3.5g Pk	02125706	Duolube

Reason for Use code	Clinical criteria
49	For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.

GENERIC NAME / STRENGTH	DOSAGE FORM	DIN	BRAND NAME

PHENAZOPYRIDINE HCL

100mg	Tab	00271489 00476714	Phenazo Pyridium
200mg	Tab	00454583 00476722	Phenazo Pyridium

PIPERAZINE ADIPATE

Gran 2g Pk	02100215	Entacyl

PIVAMPICILLIN

35mg/mL	O/L	00582239	Pondocillin
500mg	Tab	00582247	Pondocillin

POLYVINYL ALCOHOL

1%	Oph-Sol	02133253	Hypotears
1.4%	Oph-Sol	00045616	Liquifilm Tears

Reason for Use code

49

Clinical criteria

For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.

POLYVINYL ALCOHOL & POLYVINYLPYRROLIDONE

Oph-Sol	00579408	Tears Plus

Reason for Use code

49

Clinical criteria

For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.

PSYLLIUM MUCILLOID

Gran	02162245	Prodiem Plain
Oral Pd	00551546 00599875 00678945 02174812	Novo-Mucilax Mucillium Novo-Mucilax Sugar Free Metamucil Fibre Therapy- Original Texture

PYRVINIUM PAMOATE

10mg/mL	O/L	00023477	Vanquin

SALICYLIC ACID

6%	Gel	01909134	Keralyt

GENERIC NAME / STRENGTH	DOSAGE FORM	DIN	BRAND NAME
SENNOSIDES A & B			
15mg/3g	Gran	00026042	Senokot
1.7mg/mL	Syrup	00367729	Senokot
30mg	Sup	00026107	Senokot
8.6mg	Tab	00026158 00604402	Senokot Glysennid
12mg	Tab	00027502	Glysennid
SILVER SULFADIAZINE			
1%	Cr	00323098	Flamazine
1%	Cr-50g Pk	09854037	Flamazine
SODIUM BIPHOSPHATE & SODIUM PHOSPHATE			
160mg & 60mg/mL	Ped Rect Sol	00108065	Fleet
160mg & 60mg/mL	Rect Sol	00009911 00528463 02096900	Fleet ABCO Sodium Phosphate Enema Enemol
SODIUM CHLORIDE			
0.9%	Inj Sol-10mL Pk	00624748	Sodium Chloride (Plastic Vial)
SODIUM CROMOGLYCATE			
2%	Nas Sol-26mL Pk	01950541 02231326 02231390	PMS-Sodium Cromoglycate Gen-Cromoglycate Apo-Cromolyn
2%	Oph Sol	02009277 02230621	Cromolyn Opticrom
STERCULIA GUM			
62%	W/W Gran 1 Sach Pk	00806196	Normacol
STERILE WATER FOR INJECTION			
	Inj Sol-10mL Pk	00624721	Sterile Water (Plastic Vial)
SULFACETAMIDE (SODIUM)			
10%	Oph Oint-3.5g Pk	00252522	Cetamide
10%	Oph Sol	00028053	Sulamyd
30%	Oph Sol	00028061	Sulamyd

GENERIC NAME / STRENGTH	DOSAGE FORM	DIN	BRAND NAME
SULFAMETHOXAZOLE & TRIMETHOPRIM			
40mg & 8mg/mL	O/L	00270644	Septra
		00272485	Bactrim Sugar Free
		00726540	Novo-Trimel
		00846465	Apo-Sulfatrim
		00865753	Nu-Cotrimox
400mg & 80mg	Tab	00270636	Septra
		00272469	Bactrim
		00445274	Apo-Sulfatrim
		00510637	Novo-Trimel
		00865710	Nu-Cotrimox
800mg & 160mg	Tab	00368040	Septra DS
		00371823	Bactrim-DS
		00445282	Apo-Sulfatrim-DS
		00510645	Novo-Trimel DS
		00865729	Nu-Cotrimox
TERBINAFINE HCL			
1%	Cr	02031094	Lamisil
TERCONAZOLE			
0.4%	Cr	00894729	Terazol 7
80mg	Vag Ovule	00894710	Terazol 3
TETRACYCLINE			
250mg	Cap	00021059	Novo-Tetra
		00580929	Apo-Tetra
		00717606	Nu-Tetra
25mg/mL	O/L	00151416	Novo-Tetra
TRETINOIN & ERYTHROMYCIN			
0.025% & 4%	Top Gel	01905112	Stievamycin Gel
TRIMETHOPRIM			
100mg	Tab	00675229	Proloprim
		02243116	Apo-Trimethoprim
200mg	Tab	00677590	Proloprim
		02243117	Apo-Trimethoprim

BRAND NAME

500mg

Cap

02219492 Valtrex

NETWORK NOTE: Network will limit supply to 7 days and 42 capsules.

0.5%

Oint

00621447 Anuzinc

01945939 Anusol

10mg

Sup

00621439 Anuzinc

PART XII

LIMITED USE PRODUCTS

PART XII

LIMITED USE DRUG PRODUCTS

Introduction

Part XII of the Formulary/CDI provides convenient access to a complete alphabetical listing of Limited Use (LU) drug products and their specific clinical criteria for use. Limited Use products and their clinical criteria are also listed in Part III of the Formulary/CDI according to their pharmacologic-therapeutic classification. For information about the designation of Limited Use benefits, see Part I.

Finding a LU Drug Product and its Designated Clinical Criteria

LU drug products are listed in the Formulary/CDI with specific clinical criteria/conditions for use. These LU criteria identify the clinical conditions for which these drugs will be reimbursed by the Ontario Drug Benefit (ODB) program. LU drugs are eligible for coverage *only in situations where the clinical criteria have been met*. Any other indication can be considered through the individual clinical review (Section 8) mechanism described in Part VIII of the Formulary/CDI.

Part XII has been designed to provide convenient access to a complete listing of all LU products and their designated clinical criteria. LU drugs are listed alphabetically by brand name in the Limited Use Products Table of Contents. The Limited Use Products Table of Contents identifies the page number for the full LU drug listing and their clinical criteria. The Limited Use Products Complete Listing is an alphabetical list, by generic name, of all the individual LU drug products and their criteria. This list can be found after the Table of Contents.

Limited Use Reimbursement Process

The Health Network

In an effort to manage the ODB program more extensively, the ministry is now able to engage the Health Network to ensure the criteria for LU products have been met. For example, the Network has the capability to verify a patient's prior use of a first line therapy, verify concomitant drug use, check the elapsed time between prescription refills and monitor days' supply and enforce quantity limits. In situations where the LU criteria do not appear to have been met (i.e., where there may be missing or inconsistent information about a person's prescription, and/or relevant drug history), the Network can alert the pharmacist that the claim has been rejected. Network claims checks for affected LU drug products are described in the products' listed LU criteria.

Completing a LU Prescription Form

Claims for Limited Use (LU) drugs will be reimbursed under Ontario's Drug Benefit (ODB) program only when prescribed for an ODB eligible recipient in accordance with the criteria outlined for each product and accompanied by a valid, fully completed LU prescription form. A copy of the LU prescription form should be given to the pharmacist. The pharmacist should review the LU prescription form and process the claim only if all the required information is provided.

The LU prescription form is valid for one year from the date completed by the prescriber. An exception to this policy may occur in situations where LU criteria have changed. In these cases, prescribers must consider whether recipients meet the new criteria and, if so, complete a new LU prescription form prior to any new claim being processed even if the initial LU form was completed less than twelve months ago by the prescriber. Electronic LU forms, or LU forms preprinted by manufacturers or generated by a dispensary's computer software, are neither valid nor acceptable by the ministry. Faxed copies of LU prescription forms are acceptable (pharmacies should copy thermal paper faxes onto regular paper for record-keeping purposes). Pharmacies are required to retain LU prescription forms on file in the pharmacy for 24 months from the date completed by the prescriber for the purposes of post-payment verification.

Effective July 1, 1999, the new Limited Use prescription form replaces the LU General Form and the LU Proton Pump Inhibitors (PPI) Form that were introduced on December 31, 1998.

To assist prescribers and pharmacists, basic instructions for completing the LU prescription form follow. Failure to complete the LU prescription form appropriately may result in:

- prescription not being filled by the pharmacist
- recoveries of monies paid to pharmacies by the ODB
- patient being required to pay for the LU drug prescription

A sample of the revised LU prescription form is included in this Part of the Formulary as well as in Part X. To order additional copies of the LU prescription forms, pharmacists and prescribers can fax requests to:

1-888-234-1365

or mail to: Ministry of Health and Long-Term Care
P.O. Box 2276
Bramalea, ON L6T 3S4

A GUIDE TO COMPLETING THE LIMITED USE FORM

For the Prescriber

- The new LU prescription form is the only form that may be used for LU drugs.
- In order to ensure the new LU prescription form is fully completed, fill in the prescription form as you normally would. Alterations may not be made to the LU prescription form.

In addition it is necessary to:

- provide the appropriate LU code
- sign and date the prescription
- fill in your CPSO number (for prescribers other than physicians, fill in your college registration number)
- The initial LU prescription form must be fully completed in writing. Patients may take the prescription to the pharmacy, or prescribers may fax it directly to the pharmacy. The LU prescription form will be valid for one year from the initial date it was completed and signed by the prescriber. During the year, any repeat prescription may be given verbally to a pharmacist as long as a valid LU prescription form is on file at the pharmacy.
- If a patient has met the LU criteria before being eligible for Ontario drug benefits, and supporting documentation is available (e.g., the diagnostic test was done prior to the person turning 65), that information can still be used to verify the LU claim. For instance, a patient who had step-up therapy in the past will not have to have step-up therapy again to prove eligibility to receive a LU drug as long as supporting documentation is available.
- Reimbursement for Limited Use claims is made under the authority of the Ontario Drug Benefit Act (ODBA) and can only be made if the authorized LU criteria have been met.
- The Limited Use Committee will develop a monitoring and accountability framework for LU drug products. As part of the framework, and for purposes of claims review under the ODBA, it may be necessary on occasion for prescribers to provide supporting documents on request, but not within the first 6 months of the introduction of the new LU prescription form on July 1, 1999.
- Prescribers should not complete a LU prescription form if the patient's clinical condition does not meet one of the listed LU criteria. A written request for special consideration for coverage can be made under the ODB program's individual clinical review (Section 8) mechanism (See Part VIII).

The Pharmacist must have a fully completed LU prescription form before submitting an ODB claim.

**Requests to obtain additional copies of LU prescription forms
physicians and pharmacists can be faxed to:**

1-888-234-1365

**or mailed to: Ministry of Health and Long-Term Care
P.O. Box 2276
Bramalea, ON L6T 3S4**

**If you have any difficulties with reorders, please call
customer inquiry at: 1-877-815-0189**

A GUIDE TO COMPLETING A LIMITED USE FORM

For the Pharmacist

- The new LU prescription form is the only form that may be used for LU drugs.
- All drug products, including LU drugs, are to be dispensed in accordance with the regulations of the Ontario College of Pharmacists.
- Pharmacists must ensure that the following information has been provided by the prescriber:
 - the appropriate LU code
 - the date and prescriber's signature

Only the prescriber may fill in this information. If the CPSO number is missing, pharmacists may enter it only if they are certain it is the correct CPSO number (e.g., the number 999 may not be used).

- Incomplete LU prescription forms (e.g., forms that do not include the appropriate LU code, date, prescriber's signature, or CPSO number) will be subject to recoveries.
- Pharmacists should ensure the LU criteria have been applied appropriately, including:
 - where a pharmacist has concerns about whether the clinical criteria have been met, the pharmacist should discuss it with the prescriber and record the outcome of the discussion on the prescription form as a pharmacist normally would
 - where the CPSO number is incorrect (e.g., using 999). The correct CPSO number must be provided.
- The initial LU prescription form must be fully completed in writing. Patients may take the prescription to the pharmacy, or physicians may fax it directly to the pharmacy. The LU prescription form will be valid for one year from the initial date it was completed and signed by the prescriber. During the year any repeat prescription may be given verbally by a prescriber to a pharmacist as long as a valid LU prescription form is on file.
- Existing LU forms, which were effective prior to December 31, 1998, will remain valid for 12 months after the date they were completed and signed by the prescriber, or July 1, 1999, whichever comes later.
- If a patient has met the LU criteria before being eligible for Ontario drug benefits, and supporting documentation is available (e.g., the diagnostic test was done prior to the person turning 65), that information can still be used to verify the LU claim. For instance, a patient who had step-up therapy in the past will not have to have step-up therapy again to prove eligibility to receive an LU drug as long as supporting documentation is available.
- Reimbursement for LU claims is made under the authority of the Ontario Drug Benefit Act (ODBA) and can only be made if the authorized LU criteria have been met. LU forms must be kept on file at the pharmacy for two years and be available for auditing purposes.
- The Limited Use Committee will develop a monitoring and accountability framework for Limited Use drug products.

The Pharmacist must have a fully completed LU prescription form before submitting an ODB claim.

**Requests to obtain additional copies of LU prescription forms
physicians and pharmacists can be faxed to:**

1-888-234-1365

**or mailed to: Ministry of Health and Long-Term Care
P.O. Box 2276
Bramalea, ON L6T 3S4**

**If you have any difficulties with reorders, please call
customer inquiry at: 1-877-815-0189**

Patient's name / Nom du patient	Date
Address / Adresse	



This patient meets the clinical criteria indicated under:
Limited Use code(s)
 Ce patient remplit les critères cliniques indiqués par le(s) code(s) des produits médicamenteux à usage limité

If prescribing Limited Use drug product(s):

Reimbursement for LU claims is made under the authority of the *Ontario Drug Benefit Act (ODBA)* and can only be made if the authorized LU criteria have been met. The Ministry of Health and Long-Term Care will take appropriate steps to ensure compliance with the legislation.

For the purposes of claims review under the *Ontario Drug Benefit Act*, it may be necessary on occasion for me to provide supporting documents on request.

Pour la prescription de produit(s) médicamenteux à usage limité :

Le remboursement des produits médicamenteux à usage limité est effectué en vertu de la *Loi sur le régime de médicaments de l'Ontario* et ne peut avoir lieu que si les critères de prescription autorisés sont remplis. Le ministère de la Santé et des Soins de longue durée prendra les mesures nécessaires pour veiller à ce que cette réglementation soit appliquée.

Aux fins de l'examen de la demande de remboursement en vertu de la *Loi sur le régime de médicaments de l'Ontario*, il se peut qu'il faille à l'occasion que je fournisse sur demande des documents justificatifs.

Prescriber's signature / Signature du prescripteur	CPSO number / N° de l'Ordre des médecins et des chirurgiens de l'Ontario

3505-87 (99/06)

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LIMITED USE PRODUCTS COMPLETE LISTING

(In alphabetical order by generic names)

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

ACARBOSE

50mg
100mg

Tab
Tab

02190885 Prandase
02190893 Prandase

Reason for Use code	Clinical criteria
	For the treatment of non-insulin-dependent diabetes mellitus (NIDDM):
175	In patients who cannot tolerate or have failed treatment with other oral hypoglycemic agents or in whom other oral hypoglycemic agents are contraindicated;
176	In patients who require combination therapy with more than one oral hypoglycemic agent to control their serum glucose concentrations.

ACYCLOVIR

500mg/10mL
1000mg/20mL

Inj-10mL Pk
Inj-20mL Pk

00605336 Zovirax
00899321 Zovirax

Reason for Use code	Clinical criteria
	In immunocompromised patients who are not responding to oral acyclovir, famciclovir or valacyclovir, and in whom there is concern about the absorption of oral acyclovir, famciclovir or valacyclovir, for the treatment of:
166	<u>Herpes simplex</u> infection, or
167	<u>Herpes zoster</u> infection.
	In immunocompromised patients who are unable to take oral acyclovir, famciclovir or valacyclovir, for the treatment of:
168	<u>Herpes simplex</u> infection, or
169	<u>Herpes zoster</u> infection.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

ACYCLOVIR
800mg

Tab

01911635 Zovirax
02078651 Avirax
02197421 Nu-Acyclovir
02207656 Apo-Acyclovir
02229709 Alti-Acyclovir
02242464 Gen-Acyclovir

Reason for Use code	Clinical criteria
	In contrast to bacterial infections, viral replication precedes clinical signs and symptoms. Since antiviral agents are only active against replicating viruses, clinical benefit in reducing severity of symptoms and duration of illness is only marginal, at best. Therefore, treatment initiated beyond the stated time frames below is of no value, and treatment of mild cases should be carefully considered, in light of the minimal benefit which will be achieved. In addition, the balance of evidence indicates that the use of acyclovir in normal hosts in an attempt to prevent post-herpetic neuralgia is of no value. Where specified, treatment must begin within the time frames indicated for the product to be reimbursed. There is no benefit from the therapy begun after these time frames. Acyclovir tablets will be reimbursed when prescribed for:
95	Herpes zoster in immunocompetent patients 50 years of age or older, up to 72 hours after appearance of lesions: Dose: 800mg 5 times/day for 7 days.
96	Herpes zoster ophthalmicus regardless of age, up to 72 hours after appearance of lesions: Dose: 800mg 5 times/day for 7 days.
97	Herpes zoster in immunocompromised patients regardless of age and time elapsed from onset: Dose: 800mg 5 times/day for 7 days.
314	Varicella zoster in immunocompetent patients greater than or equal to 12 years of age, up to 24 hours after appearance of lesions: Dose: 20mg/kg/dose (max. 800mg) 4 times/day for 5 days.
	NETWORK NOTE: Network will limit supply up to 7 days and up to 35 tablets.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

ALENDRONATE SODIUM

10mg	Tab	02201011	Fosamax
70mg	Tab	02245329	Fosamax

Reason for Use code	Clinical criteria
	For the treatment of osteoporosis in postmenopausal women who have:
327	Failed to respond to etidronate: Continued loss of bone mineral density (loss of more than 3%) after two years of cyclical etidronate therapy; or
328	Experienced a new osteoporosis related fracture after one year of cyclical etidronate therapy; or
329	Experienced intractable side effects with etidronate or documented allergy, which precludes continuation with therapy.

ALFUZOSIN HCL

10mg	Prolong-Rel Tab	02245565	Xatral

Reason for Use Code	Clinical criteria
351	For the management of benign prostatic hyperplasia where six weeks of treatment with other formulary alpha blockers (e.g., doxazosin, terazosin) have been ineffective.
352	For the management of benign prostatic hyperplasia where other formulary alpha blockers have produced intolerable side effects.

ANASTROZOLE

1mg	Tab	02224135	Arimidex

Reason for Use code	Clinical criteria
180	For the hormonal treatment of metastatic breast cancer in hormone receptor positive post-menopausal women who have disease progression following tamoxifen therapy.

BENZYLAMINE HCL

0.15%	Oral Rinse	01966065	Tantum
		02226820	Sun-Benz
		02229777	PMS-Benzylamine
		02229799	Novo-Benzylamine
		02230170	Alti-Benzylamine
		02239044	Apo-Benzylamine

Reason for Use code	Clinical criteria
240	For the symptomatic relief of treatment induced mucositis in cancer patients.

BOTULINUM TOXIN TYPE A

100u/Vial

Pd Inj-100uVial Pk 01981501 Botox

Reason for Use code	Clinical criteria
10	For the treatment of strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorders in patients 12 years of age or older.
130	To reduce the subjective symptoms and objective signs of cervical dystonia (spasmodic torticollis) in adults.

BRIMONIDINE TARTRATE

0.2%

Oph Sol

02236876 Alphagan

Reason for Use code	Clinical criteria
171	As first line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated;
172	As adjunctive therapy of elevated intraocular pressure in patients who cannot tolerate oral carbonic anhydrase therapy, or topical pilocarpine therapy, or topical beta-blocker therapy, or in whom these therapies have been ineffective.

BRINZOLAMIDE

1%

Oph Susp

02238873 Azopt

Reason for Use code	Clinical criteria
171	As first-line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated;
172	As adjunctive therapy of elevated intraocular pressure in patients who cannot tolerate oral carbonic anhydrase therapy, or topical pilocarpine therapy, or topical beta-blocker therapy, or in whom these therapies have been ineffective.

BUDESONIDE

0.125mg/mL

Inh Susp

02229099

Pulmicort Nebuamp

0.25mg/mL

Inh Susp

01978918

Pulmicort Nebuamp

0.5mg/mL

Inh Susp

01978926

Pulmicort Nebuamp

**Reason for
Use code**

Clinical criteria

For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.

260

Children aged 6 years or less;

261

Patients who have a tracheostomy;

262

Patients with cystic fibrosis in whom nebulizer therapy is indicated;

263

Patients with severe mental or physical disabilities;

264

Patients who have previously used nebulizer therapy within the last 12 month period.

BUDESONIDE & FORMOTEROL FUMARATE DIHYDRATE

100mcg/6mcg

Pd Inh-120 Dose Pk

02245385

Symbicort 100 Turbuhaler

200mcg/6mcg

Pd Inh-120 Dose Pk

02245386

Symbicort 200 Turbuhaler

**Reason for
Use Code**

Clinical criteria

330

For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.

BUPROPION HCL

100mg

Tab

02237824

Wellbutrin SR

150mg

Tab

02237825

Wellbutrin SR

Reason for
Use code

Clinical criteria

315

For the treatment of depression.

CALCIPOTRIOL

50mcg/g

Cr

02150956

Dovonex

50mcg/g

Oint

01976133

Dovonex

Reason for
Use code

Clinical criteria

191

For the treatment of psoriasis in patients who have failed topical corticosteroids alone, or are intolerant to topical corticosteroids.

CANDESARTAN CILEXETIL

8mg

Tab

02239091

Atacand

16mg

Tab

02239092

Atacand

Reason for
Use code

Clinical criteria

160

For the treatment of hypertension in patients who cannot tolerate diuretics and beta-blockers or in whom diuretics and beta-blockers are contraindicated or are not adequately effective; **and**

For the treatment of hypertension in patients who have experienced adverse effects with ACE inhibitors, e.g. cough.

CANDESARTAN CILEXETIL & HYDROCHLOROTHIAZIDE

16mg/12.5mg

Tab

02244021

Atacand Plus

Reason for
Use Code

Clinical criteria

325

For the treatment of hypertension in patients:

Who cannot tolerate beta-blockers or in whom beta-blockers and diuretics alone are not effective; **and**

Who have experienced adverse effects with ACE inhibitors, (e.g. cough); **and**

Who require the addition of a diuretic to achieve adequate hypertension control.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

CAPECITABINE

150mg	Tab	02238453	Xeloda
500mg	Tab	02238454	Xeloda

Reason for Use code	Clinical criteria
346	For the first-line treatment of patients with metastatic colorectal cancer in whom combination chemotherapy is not recommended. NOTE: Not to be used in patients who have failed 5-fluorouracil.
360	For the treatment of metastatic breast cancer in combination with docetaxel in women who experience disease progression on or after an anthracycline.

CARBAMAZEPINE

200mg	LA Tab	00773611	Tegretol CR
		02231543	PMS-Carbamazepine CR
		02237907	Taro-Carbamazepine CR
		02241882	Gen-Carbamazepine CR
		02242908	Apo-Carbamazepine CR
400mg	LA Tab	00755583	Tegretol CR
		02231544	PMS-Carbamazepine CR
		02237908	Taro-Carbamazepine CR
		02241883	Gen-Carbamazepine CR
		02242909	Apo-Carbamazepine CR

Reason for Use code	Clinical criteria
67	For patients who have been tried on conventional carbamazepine with unsatisfactory results due to adverse effects or poor control of symptoms.

CARVEDILOL

3.125mg	Tab	02229650	Coreg
6.25mg	Tab	02229651	Coreg
12.5mg	Tab	02229652	Coreg
25mg	Tab	02229653	Coreg

Reason for Use code	Clinical criteria
183	For patients with: a) NYHA Class II or III Congestive Heart Failure (CHF); and b) Currently being treated with an angiotension converting enzyme (ACE) inhibitor, diuretics with or without digoxin, or previously treated, and failed these agents; and c) An ejection fraction $\leq$ 35%; and d) At least one episode of symptomatic CHF within a 12 month period while receiving optimal management.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

CELECOXIB

100mg
200mg

Cap
Cap

02239941 Celebrex
02239942 Celebrex

Reason for Use code	Clinical criteria
316	<u>Osteoarthritis</u> For patients who have failed an adequate trial of acetaminophen (e.g. acetaminophen 1g QID for several weeks) and have had: History of a documented, clinically significant ulcer or GI bleed; or Failure or intolerance to at least three listed NSAIDS. NOTE: The maximum daily dose of celecoxib which will be reimbursed for the treatment of osteoarthritis is 200mg.
317	<u>Rheumatoid arthritis</u> For patients who have had: History of a documented, clinically significant ulcer or GI bleed; or Failure or intolerance to at least three listed NSAIDS. NOTE: The maximum daily dose of celecoxib which will be reimbursed for the treatment of rheumatoid arthritis is 400mg.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

CIPROFLOXACIN

10g/100mL	Oral Susp	02237514	Cipro
250mg	Tab	02155958	Cipro
500mg	Tab	02155966	Cipro
750mg	Tab	02155974	Cipro

Reason for Use Code	Clinical criteria
	For the treatment of patients with:
332	<u>SST/BJ (Gram negative bacteria):</u> Skin/soft tissue and bone/joint infection due to gram negative bacteria; severe diabetic foot infection; severe otitis externa; decubitus ulcers.
333	<u>GU Tract:</u> Urinary tract infection/prostatitis/epididymitis caused by (suspected or documented) <i>Pseudomonas</i> ; sexually transmitted diseases.
334	<u>COPD with risk:</u> Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors ¹ ; bronchiectasis; pneumonic illness with cystic fibrosis. ¹ Risk factors include: poor pulmonary lung function (FEV ₁ below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease or 4 or more exacerbations per year.
336	<u>Step-Down:</u> Step-down therapy after parenteral therapy or hospital/emergency department discharge; febrile neutropenia.
350	<u>GI:</u> Traveller's diarrhea; enteric fever syndromes; Crohn's disease.
353	For the prophylaxis or treatment of <i>B. anthracis</i> exposure.
977	Exceptional cases of allergy or intolerance to all other appropriate therapies.

CLADRIBINE

1mg/mL	Inj	02022117	Leustatin

Reason for Use code	Clinical criteria
99	For hairy cell leukemia, as a single 7-day treatment course.

CLOBAZAM

10mg

Tab

02221799 Frisium
02238334 Novo-Clobazam
02238797 Alti-Clobazam
02244474 PMS-Clobazam
02244638 Apo-Clobazam

Reason for
Use code

Clinical criteria

23

As adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory.

NOTE: Because a large number of patients will become refractory to the anticonvulsant effects of the drug over a period of time, the effectiveness of this drug must be re-evaluated after a period of six months.

CLODRONATE DISODIUM

400mg

Cap

01927078 Ostac

Reason for
Use code

Clinical criteria

280

For the control and prophylaxis of hypercalcemia of malignancy.

358

For the treatment of bony metastases in patients with breast cancer.

359

For the prevention and treatment of osteolytic lesions in patients with multiple myeloma.

CLODRONATE DISODIUM TETRAHYDRATE

400mg

Cap

01984845 Bonefos

Reason for
Use code

Clinical criteria

280

For the control and prophylaxis of hypercalcemia of malignancy.

358

For the treatment of bony metastases in patients with breast cancer.

359

For the prevention and treatment of osteolytic lesions in patients with multiple myeloma.

CODEINE SULFATE TRIHYDRATE & MONOHYDRATE

50mg

CR Tab

02230302 Codeine Contin

100mg

CR Tab

02163748 Codeine Contin

150mg

CR Tab

02163780 Codeine Contin

200mg

CR Tab

02163799 Codeine Contin

Reason for
Use code

Clinical criteria

201

For the treatment of chronic pain in patients who cannot tolerate, or have failed treatment with a listed long-acting opioid.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

CYCLOSPORINE

10mg	Cap	02237671	Neoral
25mg	Cap	02150689	Neoral
50mg	Cap	02150662	Neoral
100mg	Cap	02150670	Neoral
		02242821	Rhoxal-Cyclosporine
100mg/mL	O/L	02150697	Neoral

Reason for Use code	Clinical criteria
177	For the treatment of psoriasis in patients who have failed, or are intolerant to, other systemic therapies, including methotrexate, acitretin or PUVA;
178	For the treatment of rheumatoid arthritis in patients who have failed, or are intolerant to, other systemic therapies, including Disease-Modifying Antirheumatic Drugs (DMARDs).

DALTEPARIN SODIUM

2500IU/0.2mL	Inj Pref Syr	02132621	Fragmin
5000IU/0.2mL	Inj Pref Syr	02132648	Fragmin
10000IU/0.4mL	Inj Pref Syr	09853790	Fragmin
12500IU/0.5mL	Inj Pref Syr	09853820	Fragmin
15000IU/0.6mL	Inj Pref Syr	09853880	Fragmin
18000IU/0.72mL	Inj Pref Syr	09853910	Fragmin
10000IU/mL	Inj Sol-1mL Pk	02132664	Fragmin
2500IU/mL	Inj Sol-4mL Pk	02132656	Fragmin
25000IU/mL	Multidose 3.8mL Pk	02231171	Fragmin

Reason for Use code	Clinical criteria
186	For acute treatment of deep venous thrombosis (DVT), for a <i>maximum of three weeks</i> ;
187	For DVT in pregnant or lactating females;
188	For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated;
189	For DVT in patients who have failed treatment with warfarin.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

DELTA-9-TETRAHYDROCANNABINOL

2.5mg	Cap	00611190	Marinol
5mg	Cap	00611204	Marinol

Reason for Use code	Clinical criteria
40	For the treatment of emesis associated with cancer chemotherapy in patients who are unresponsive to conventional antiemetic therapy: Initial dose -5mg/m.sq. given 1 to 3 hours before administration of chemotherapy; Repeat doses -5mg/m.sq. every 2 to 4 hours after chemotherapy as needed, usually for 1 to 2 days: no more than 4 to 6 doses should be given in a single day.
345	For the treatment of AIDS-related anorexia associated with weight loss and prescription is from a prescriber approved for the Facilitated Access mechanism (see Part VI of the Formulary/CDI binder)

DEXTRAN 70 & HYDROXYPROPYL METHYLCELLULOSE

0.1%/0.3%	Oph-Sol	00390291	Tears Naturale

Reason for Use code	Clinical criteria
49	For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.

DEXTRAN 70 & HYDROXYPROPYL METHYLCELLULOSE & POLYQUAD

0.1%/0.3%/0.001%	Oph-Sol	00743445	Tears Naturale II

Reason for Use code	Clinical criteria
49	For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

DIPHENOXYLATE HYDROCHLORIDE & ATROPINE SULFATE

2.5mg & 0.025mg

Tab

00036323 Lomotil

Reason for Use code	Clinical criteria
	For the treatment of diarrhea associated with:
110	An ileostomy or a colostomy;
111	Bowel resection, including short bowel syndrome;
112	Inflammatory Bowel Diseases, i.e. Crohn's Disease and Ulcerative Colitis;
113	Cancer, including chemotherapy or radiation therapy;
114	HIV/AIDS;
115	Acute diarrhea in patients in congregated housing, i.e. Long Term Care Facilities (LTCF), or for patients receiving Home Care;
224	Fecal incontinence.

DIPYRIDAMOLE & ACETYLSALICYLIC ACID

200mg/25mg

Cap

02242119 Aggrenox

Reason for Use code	Clinical criteria
349	For the secondary prevention of stroke.

DOLASETRON MESYLATE

50mg

Tab

02231378 Anzemet

100mg

Tab

02231379 Anzemet

Reason for Use code	Clinical criteria
229	For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy.
230	For patients receiving intravenous chemotherapy who have not experienced adequate control with other available anti-emetics.
231	For patients receiving intravenous chemotherapy who experience intolerable side effects with other anti-emetics.
	NOTE: The therapeutic value of Anzemet more than <u>24 hours</u> after the last dose of chemotherapy is unproven.

DONEPEZIL HCL

5mg
10mg

Tab
Tab

02232043 Aricept
02232044 Aricept

Reason for
Use code

Clinical criteria

347

Initial Trial: For patients with mild to moderate Alzheimer's Disease (Mini-Mental State Exam [MMSE] 10-26). Patients will be reimbursed for a period of up to 3 months after which continued treatment must be reassessed.

NETWORK NOTE: Maximum duration 3 months.

348

Continuation: Further reimbursement will be made available to those patients whose disease has not progressed/deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.

DORZOLAMIDE HCL

2%

Oph Sol

02216205 Trusopt

Reason for
Use code

Clinical criteria

171

As first line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated.

172

As adjunctive therapy of elevated intraocular pressure in patients who cannot tolerate oral carbonic anhydrase therapy, or topical pilocarpine therapy, or topical beta-blocker therapy, or in whom these therapies have been ineffective.

DORZOLAMIDE HCL & TIMOLOL MALEATE

2% & 0.5%

Oph Sol

02240113 Cosopt

Reason for
Use code

Clinical criteria

For the treatment of patients with elevated intraocular pressure in whom:

309

First-line agents were not tolerated or are contraindicated (i.e. oral carbonic anhydrase therapy or topical pilocarpine therapy).

310

First-line agents were ineffective (i.e. oral carbonic anhydrase therapy, topical pilocarpine therapy, or topical beta-blocker therapy alone).

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

ENOXAPARIN SODIUM

100mg/mL	Inj Sol-3mL Vial Pk	02236564	Lovenox
30mg/0.3mL	Pref Syr-0.3mL Pk	02012472	Lovenox
40mg/0.4mL	Pref Syr-0.4mL Pk	02236883	Lovenox
60mg/0.6mL	Pref Syr-0.6mL Pk	09852468	Lovenox
80mg/0.8mL	Pref Syr-0.8mL Pk	09852476	Lovenox
100mg/mL	Pref Syr-1mL Pk	09852484	Lovenox

Reason for Use Code	Clinical criteria
186	For acute treatment of deep venous thrombosis (DVT), for a <i>maximum of three weeks</i> ;
187	For DVT in pregnant or lactating females;
188	For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated;
189	For DVT in patients who have failed treatment with warfarin.
323	For the acute treatment of pulmonary embolism, maximum of three weeks.

EPINEPHRINE HCL (RACEMIC)

2.25%	Inh Sol-30mL Pk	01927582	Vaponefrin

Reason for Use code	Clinical criteria
	For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.
256	Patients who have a tracheostomy;
257	Patients with cystic fibrosis in whom nebulizer therapy is indicated;
258	Patients with severe mental or physical disabilities;
259	Patients who have previously used nebulizer therapy within the last 12 month period.

EPROSARTAN MESYLATE

300mg	Tab	02240431	Teveten
400mg	Tab	02240432	Teveten
600mg	Tab	02243942	Teveten

Reason for Use Code	Clinical criteria
160	For the treatment of hypertension in patients who cannot tolerate diuretics and beta blockers or in whom diuretics and beta-blockers are contraindicated or are not adequately effective; and For the treatment of hypertension in patients who have experienced adverse effects with ACE inhibitors, e.g. cough.

ESTRADERM 50 & ESTRAGEST

250/50	Transdermal Patch	02108186	Estracomb

Reason for Use code	Clinical criteria
138	For patients in whom a combination of a less costly listed oral estrogen product and oral progestin is contraindicated.
139	For patients in whom a combination of a less costly listed oral estrogen product and oral progestin has been tried and caused an adverse effect.

ESTRADIOL 17-B

25ug	Patch	00756849	Estraderm
50ug	Patch	00756857	Estraderm
100ug	Patch	00756792	Estraderm
37.5mcg	Patch	02243999	Estradot
50mcg	Patch	02244000	Estradot
75mcg	Patch	02244001	Estradot
100mcg	Patch	02244002	Estradot
50mcg	Patch	02237808	Oesclim
37.5mcg/day	Patch	02204401	Vivelle
50mcg/day	Patch	02204428	Vivelle
75mcg/day	Patch	02204436	Vivelle
100mcg/day	Patch	02204444	Vivelle
50mcg/day	Transdermal Patch	02231509	Climara 50
100mcg/day	Transdermal Patch	02231510	Climara 100

Reason for Use code	Clinical criteria
17	For patients in whom an oral estrogen product is contraindicated.
18	For patients in whom an oral estrogen product has been tried and caused an adverse effect.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

ESTRADIOL 17-B

0.06%

Metered Dose Pump-Pk 02238704 Estrogel

Reason for Use code	Clinical criteria
308	For patients in whom an oral estrogen product is contraindicated.
288	For patients in whom an oral estrogen product has been tried and caused an adverse effect.
NETWORK NOTE: Network will limit supply to one pump per month.	

ESTRADIOL 17-B & NORETHINDRONE ACETATE+ESTRADIOL 17-B

4.33mg plus 2.7mg/0.62mg Trans Patch-28 Day Pk 02243529 Estalis-Sequi 140/50

4.33mg plus 4.8mg/0.51mg Trans Patch-28 Day Pk 02243530 Estalis-Sequi 250/50

Reason for Use code	Clinical criteria
138	For patients in whom a combination of a less costly listed oral estrogen product and oral progestin is contraindicated.
139	For patients in whom a combination of a less costly listed oral estrogen product and oral progestin has been tried and caused an adverse effect.

ETIDRONATE DISODIUM

200mg

Tab

01997629 Didronel

Reason for Use code	Clinical criteria
236	For the treatment of Paget's disease;
237	For the management of hypercalcemia of malignancy.

EXEMESTANE

25mg

Tab

02242705 Aromasin

Reason for
Use Code

Clinical criteria

180

For the hormonal treatment of metastatic breast cancer in hormone receptor positive post-menopausal women who have disease progression following tamoxifen therapy.

FAMCICLOVIR

500mg

Tab

02177102 Famvir

Reason for
Use code

Clinical criteria

147

Herpes zoster in patients 50 years of age or older, up to 72 hours* after appearance of lesions. Dose: 500mg 3 times/day for 7 days.

*The patient must begin treatment within the time frame specified for the product to be reimbursed. There is no benefit from the therapy begun after this time frame.

NETWORK NOTE: Network will limit supply to 7 days and 21 tablets.

FENOTEROL HBR

Inh Pd-200 Dose Pk 02006383 Berotec

Reason for
Use code

Clinical criteria

08

For patients who have not responded to other less expensive inhaled beta-2 adrenergic agonists.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

FENOTEROL HBR

0.1%

Inh Sol-20mL Pk

00541389 Berotec

Reason for Use code	Clinical criteria
	For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.
256	Patients who have a tracheostomy;
257	Patients with cystic fibrosis in whom nebulizer therapy is indicated;
258	Patients with severe mental or physical disabilities;
259	Patients who have previously used nebulizer therapy within the last 12 month period.

FENTANYL TRANSDERMAL SYSTEM

25mcg/hr

Trans Patch

01937383

Duragesic 25

50mcg/hr

Trans Patch

01937391

Duragesic 50

75mcg/hr

Trans Patch

01937405

Duragesic 75

100mcg/hr

Trans Patch

01937413

Duragesic 100

Reason for Use code	Clinical criteria
201	For the treatment of chronic pain in patients who cannot tolerate, or have failed treatment with a listed long-acting opioid.

FLUCONAZOLE

10mg/mL

O/L

02024152 Diflucan P.O.S.

Reason for Use code	Clinical criteria
274	For the treatment of oral/esophageal candidiasis in immunocompromised patients (e.g. patients with malignancies and transplant patients) who have failed to respond to nystatin or imidazoles and when oral tablets of fluconazole cannot be tolerated. NETWORK NOTE: For oral candidiasis, network will limit supply to 2 weeks. For esophageal candidiasis, network will limit supply to 6 weeks.
275	For the treatment of patients with disseminated candidiasis when oral tablets of fluconazole cannot be tolerated. NETWORK NOTE: For disseminated candidiasis, network will limit supply to 6 weeks.
276	For the treatment of patients with cryptococcal meningitis when oral tablets of fluconazole cannot be tolerated. NETWORK NOTE: For cryptococcal meningitis (initial treatment), network will limit supply to 12 weeks.
277	For the treatment of patients with vulvovaginal candidiasis when oral tablets of fluconazole cannot be tolerated. NETWORK NOTE: For vulvovaginal candidiasis, network will limit supply to one dose 150mg (Repeats no more than every 25 days).

FLUCONAZOLE

50mg

Tab

00891800 Diflucan
02237370 Apo-Fluconazole
02245643 PMS-Fluconazole
00891819 Diflucan
02237371 Apo-Fluconazole
02245644 PMS-Fluconazole

100mg

Tab

Reason for Use code	Clinical criteria
202	For the treatment of thrush in immunocompromised patients (i.e. patients with malignancies and transplant recipients) who are unresponsive to nystatin or imidazole preparations;
203	For the treatment of oroesophageal candidiasis in immunocompromised patients (i.e. patients with malignancies and transplant recipients);
204	For patients with disseminated candidiasis;
205	For the treatment of acute cryptococcal meningitis.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

FLUCONAZOLE

150mg

Cap

02141442 Diflucan-150

02241895 Apo-Fluconazole-150

Reason for
Use code

Clinical criteria

235

For the treatment of vaginal candidiasis. Dose: 150mg orally once daily for 1 day.

NOTE: Repeats within a 25 day period will not be reimbursed.

FLUNARIZINE HCL

5mg

Cap

00846341 Sibelium

02246082 Apo-Flunarizine

Reason for
Use code

Clinical criteria

60

For patients with migraine headaches who have not responded to propranolol.

61

For patients who have tried propranolol and experienced significant adverse effects.

62

For patients in whom propranolol is contraindicated.

CAUTIONS: Contraindicated in patients with clinical depression and in patients with extrapyramidal disorders.

FORMOTEROL FUMARATE

12mcg/Cap

Inh Pd-Device Pk

02230898 Foradil

Reason for
Use code

Clinical criteria

132

For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.

NOTE: This drug is not for relief of acute symptoms.

FORMOTEROL FUMARATE DIHYDRATE

6mcg/Metered Dose

Pd Inh-60 Dose Pk

02237225 Oxeze Turbuhaler

12mcg/Metered Dose

Pd Inh-60 Dose Pk

02237224 Oxeze Turbuhaler

Reason for
Use code

Clinical criteria

132

For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.

NOTE: This drug is not for relief of acute symptoms.

FUROSEMIDE

500mg

Tab

02224755 Lasix Special

Reason for
Use code

Clinical criteria

33

For patients with severely impaired renal function refractory to conventional dosages of the drug.

FUSIDIC ACID

49.2mg/mL

Oral Susp

00506036 Fucidin Leo Suspension

Reason for
Use code

Clinical criteria

342

As part of combination therapy, for the treatment of serious infections confirmed on culture to be caused by a strain of *S. aureus* or coagulase-negative staphylococci likely susceptible to fusidic acid where standard anti-staphylococcal agents are precluded because of allergy, resistance or treatment failure.

GABAPENTIN

100mg

Cap

02084260 Neurontin
02243446 PMS-Gabapentin
02244304 Apo-Gabapentin
02244513 Novo-Gabapentin

300mg

Cap

02084279 Neurontin
02243447 PMS-Gabapentin
02244305 Apo-Gabapentin
02244514 Novo-Gabapentin

400mg

Cap

02084287 Neurontin
02243448 PMS-Gabapentin
02244306 Apo-Gabapentin
02244515 Novo-Gabapentin

Reason for
Use code

Clinical criteria

136

As adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory.

Note: Because a large number of patients may become refractory to the anticonvulsant effects of the drug over a period of time, the effectiveness of this drug must be re-evaluated after a period of six months.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

GALANTAMINE HYDROBROMIDE

4mg	Tab	02244298	Reminyl
8mg	Tab	02244299	Reminyl
12mg	Tab	02244300	Reminyl

Reason for Use code	Clinical criteria
354	Initial Trial: For patients with mild to moderate Alzheimer's Disease (Mini-Mental State Exam [MMSE] 10-26). Patients will be reimbursed for a period of up to 3 months after which continued treatment must be reassessed. Although ODB will not reimburse this initial trial period, reimbursement is available through the manufacturer.
355	Continuation: Further reimbursement by ODB will be made available to those patients whose disease has not progressed / deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.

GANCICLOVIR SODIUM

500mg/Vial	Pd Inj-10mL Pk	00865516	Cytovene

Reason for Use code	Clinical criteria
12	For the treatment of CMV retinitis secondary to AIDS and other immunosuppressive syndromes.

GATIFLOXACIN

400mg	Tab	02243182	Tequin

Reason for Use code	Clinical criteria
	For the treatment of patients with:
337	<u>CAP with co-morbidity:</u> Community acquired pneumonia with co-morbid illnesses or failure to first-line therapy.
338	<u>COPD with risk:</u> Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors ¹ ; bronchiectasis. ¹ Risk factors include: poor pulmonary lung function (FEV ₁ below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease, or 4 or more exacerbations per year.
339	<u>Step-Down:</u> Step-down therapy after parenteral therapy or hospital / emergency department discharge.
977	Exceptional cases of allergy or intolerance to all other appropriate therapies.

GRANISETRON HCL

1mg

Tab

02185881 Kytril

Reason for
Use code

Clinical criteria

91

For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy.

92

For patients receiving intravenous chemotherapy or radiation therapy who have not experienced adequate control with other available anti-emetics.

93

For patients receiving intravenous chemotherapy or radiation therapy who experience intolerable side effects with other anti-emetics.

326

For the treatment of emesis in patients receiving radiation therapy which consists of single fraction treatment to the abdominal cavity, hemi-body irradiation and total body irradiation.

NOTE: The therapeutic value of Kytril more than 24 hours after the last dose of chemotherapy is unproven.

INSULIN LISPRO

100U/mL

Inj Sol-10mL Pk

02229704

Humalog

100U/mL

Inj Sol-5x1.5mL Pk

02229705

Humalog

100U/mL

Inj Sol-5x3mL Pk

09853715

Humalog

Reason for
Use code

Clinical criteria

226

For insulin requiring diabetics using multiple doses of regular insulin (greater or equal to 3 injections per day) and experiencing recurrent hypoglycemia or poor glycemic control;

227

For insulin requiring diabetics using an insulin pump.

INSULIN LISPRO & INSULIN LISPRO PROTAMINE

25% & 75%

Inj Susp-3mL Pk

02240294

Humalog Mix25

Reason for
Use code

Clinical criteria

226

For insulin requiring diabetics using multiple doses of regular insulin (greater or equal to 3 injections per day) and experiencing recurrent hypoglycemia or poor glycemic control.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

INTERFERON ALFA-2A

3mu/Vial	Inj Sol-1mL Pk	02217015	Roferon-A
18mu/Vial	Inj Sol-3mL Pk	02217066	Roferon-A
9mu/Vial	Pd for Inj	01911996	Roferon-A
18mu/Vial	Pd for Inj	01912003	Roferon-A

Reason for Use code	Clinical criteria
28	For hairy cell leukemia.
29	For Kaposi's Sarcoma.

INTERFERON ALFA-2B

15mu/mL	18mu MD Pen Kit	02240693	Intron A
25mu/mL	30mu MD Pen Kit	02240694	Intron A
50mu/mL	60mu MD Pen Kit	02240695	Intron A

Reason for Use code	Clinical criteria
28	For hairy cell leukemia.
29	For Kaposi's Sarcoma.

INTERFERON ALFA-N1 (INS)

3mu/Vial	Inj	01959077	Wellferon
10mu/Vial	Inj	01959069	Wellferon

Reason for Use code	Clinical criteria
28	For hairy cell leukemia.
89	For the treatment of juvenile laryngeal papillomatosis.

IPRATROPIUM BROMIDE

250mcg/mL	Inh Sol-20mL Pk	00731439	Atrovent
		02097141	Ipratropium
		02126222	Apo-Ipravent Inhalation Solution
		02210479	Novo-Ipramide
		02231136	PMS-Ipratropium
		02239131	Gen-Ipratropium

Reason for Use code	Clinical criteria
	For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.
256	Patients who have a tracheostomy;
257	Patients with cystic fibrosis in whom nebulizer therapy is indicated;
258	Patients with severe mental or physical disabilities;
259	Patients who have previously used nebulizer therapy within the last 12 month period.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

IPRATROPIUM BROMIDE

125mcg/mL	Inh Sol-2mL UDV Pk	02026759	Atrovent UDV
		02097176	Alti-Ipratropium UDV
		02231135	PMS-Ipratropium
		02243827	Apo-Ipravent
250mcg/mL	Inh Sol-2mL UDV Pk	01950681	Atrovent UDV
		02097168	Alti-Ipratropium UDV
		02216221	Gen-Ipratropium
		02231245	PMS-Ipratropium
		02231494	Apo-Ipravent Sterule

Reason for Use code	Clinical criteria
	For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.
265	Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have a tracheostomy;
266	Individuals must have a known hypersensitivity to the preservative in the bulk solution, and be patients with cystic fibrosis in whom nebulizer therapy is indicated;
267	Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have severe mental or physical disabilities;
268	Patients who have previously used nebulizer therapy within the last 12 month period.

IPRATROPIUM BROMIDE

0.03%	Nasal Spray	02163705	Atrovent
		02239627	PMS-Ipratropium
		02240072	Alti-Ipratropium

Reason for Use code	Clinical criteria
03	For the treatment of non-allergic vasomotor rhinitis

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

IPRATROPIUM BROMIDE/SALBUTAMOL

500mcg/2.5mg/2.5mL

Inh Sol-2.5mL Pk

02231675

Combivent UDV

02243789

Ratio-IPRA SAL UDV

Reason for Use code	Clinical criteria
	For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.
256	Patients who have a tracheostomy;
257	Patients with cystic fibrosis in whom nebulizer therapy is indicated;
258	Patients with severe mental or physical disabilities;
259	Patients who have previously used nebulizer therapy within the last 12 month period.

IRBESARTAN

75mg

Tab

02237923

Avapro

150mg

Tab

02237924

Avapro

300mg

Tab

02237925

Avapro

Reason for Use code	Clinical criteria
160	For the treatment of hypertension in patients who cannot tolerate diuretics and beta-blockers or in whom diuretics and beta-blockers are contraindicated or are not adequately effective; and For the treatment of hypertension in patients who have experienced adverse effects with ACE inhibitors, e.g. cough.

IRBESARTAN & HYDROCHLOROTHIAZIDE

150 & 12.5mg

Tab

02241818

Avalide

300 & 12.5mg

Tab

02241819

Avalide

Reason for Use code	Clinical criteria
325	For the treatment of hypertension in patients: Who cannot tolerate beta-blockers or in whom beta-blockers and diuretics alone are not effective; and Who have experienced adverse effects with ACE inhibitors, (e.g. cough); and Who require the addition of a diuretic to achieve adequate hypertension control.

ISOPROTERENOL HCL

0.5%

Inh Sol-10mL Pk

02017652 Isuprel

Reason for
Use code

Clinical criteria

For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.

260

Children aged 6 years or less;

261

Patients who have a tracheostomy;

262

Patients with cystic fibrosis in whom nebulizer therapy is indicated;

263

Patients with severe mental or physical disabilities;

264

Patients who have previously used nebulizer therapy within the last 12 month period.

LACTASE ENZYME

Liq-15.5mL Pk

97904163 Lactaid

Liq-6.5mL Pk

97903981 Lactaid

Tab

01936859 Lactaid

Reason for
Use code

Clinical criteria

31

For the management of lactose intolerance which has been confirmed by history or by lactose tolerance test.

LAMOTRIGINE

25mg

Tab

02142082 Lamictal

02245208 Apo-Lamotrigine

100mg

Tab

02142104 Lamictal

02245209 Apo-Lamotrigine

150mg

Tab

02142112 Lamictal

02245210 Apo-Lamotrigine

Reason for
Use code

Clinical criteria

136

As adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory.

Note: Because a large number of patients may become refractory to the anticonvulsant effects of the drug over a period of time, the effectiveness of this drug must be re-evaluated after a period of six months.

LANSOPRAZOLE

15mg
30mg

DR Cap
DR Cap

02165503 Prevacid
02165511 Prevacid

Reason for Use code

Clinical criteria

Complicated GERD or Upper GI Malignancy-Procedurally Confirmed

- 291 For the first-line treatment of procedurally confirmed complicated esophagitis (i.e. severe erosive esophagitis, Barrett's esophagitis, ulcerative esophagitis, esophagitis with bleeding or stricture) or upper GI malignancy.
Maximum duration: unlimited

Severe GERD

- 292 For the first-line treatment of severe GERD.
Maximum duration: 6 months
- Any one of the following may characterize severe GERD:
- i Daily attacks of reflux pain;
 - ii Symptoms that wake the patient at night;
 - iii Severe symptoms.

Patients should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation with endoscopy or step-down therapy. Patients stepping down should be tried on at least a two-week trial of H₂-receptor antagonist therapy.

Network Note: Network will limit supply to 6 months.

Mild to Moderate GERD

- 293 For the second-line treatment of mild to moderate GERD in patients who have not responded to at least a 4-week course of an H₂-receptor antagonist.
Maximum duration: 6 months

For initial treatment, the treatment period with a proton pump inhibitor may extend for no longer than 6 months, after which the need for continued treatment should be reassessed. Reassessment could include a repeat of a course of an H₂-receptor antagonist, or a procedural assessment of the condition.

Network Note: Network will verify previous H₂-receptor antagonist use in past year.

GERD Recurrence

- 294 For the treatment of recurrence, once GERD has been procedurally confirmed or the patient has undergone step-down therapy.
Maximum duration: unlimited

H. pylori-Positive Peptic Ulcers:

- 295 a) For the treatment of *H. pylori*-positive peptic ulcers where *H. pylori* is documented, by serology, breath test or endoscopy, for a one-week course in combination with antimicrobial therapy.
Maximum duration: 7 days
- 296 b) For the retreatment of *H. pylori*-positive peptic ulcers where *H. pylori* recurrence or persistence is documented, by breath test or endoscopy, for a one-week course in combination with antimicrobial therapy.
Maximum duration: 7 days (after a four-week period has elapsed since the end of the previous treatment)

Retreatment decisions should be based upon positive symptoms and positive endoscopy or positive urea breath test. Retreatment should not be based on a positive serology test, as serology tests may remain positive indefinitely. An alternative antibiotic regimen is recommended when initial therapy fails due to concerns of antimicrobial resistance.

Network Note: Network will limit supply to 7 days. Network will verify that retreatments are reimbursed only after a four-week period has elapsed since the end of the previous treatment.

Continued on next page...

LANSOPRAZOLE (cont'd)

Reason for Use code	Clinical criteria
	Complicated Peptic Ulcers:
297	For the treatment of peptic ulcers in patients that have procedurally confirmed ulcer complications (i.e. perforation, obstruction, large ulcers or GI bleed). Maximum duration: unlimited
	NSAID induced Ulcers:
298	a) For the treatment of NSAID induced ulcers where the NSAID must be continued. Maximum duration: unlimited while on NSAID therapy
299	b) For the prophylaxis of NSAID induced ulcers in patients who have ulcer complications (i.e. perforation or recurrent GI bleed) or are at high-risk for complications (i.e. cardiovascular disease, current or previous peptic ulcer disease, or coagulopathies). Maximum duration: unlimited
	Other Criteria
300	For the treatment of procedurally confirmed pathological hypersecretory conditions (e.g. Zollinger-Ellison syndrome).
301	For patients with a known allergy to or intolerance of H2-receptor antagonist.
302	For patients with gastroduodenal Crohn's disease.
303	For patients with short-gut syndrome.
304	For patients with scleroderma.
305	For patients with pancreatitis. Maximum duration: unlimited

LANSOPRAZOLE & CLARITHROMYCIN & AMOXICILLIN

30mg & 500mg & 500mg

Tab/Cap Pk

02238525 Hp-PAC

Reason for Use code	Clinical criteria
306	a) For the treatment of <i>H. pylori</i> -positive peptic ulcers where <i>H. pylori</i> is documented, by serology, breath test or endoscopy, for a one-week course. Maximum duration: 7 days
307	b) For the <u>retreatment</u> of <i>H. pylori</i> -positive peptic ulcers where <i>H. pylori</i> recurrence or persistence is documented, by breath test or endoscopy, for a one-week course. Maximum duration: 7 days (after a four-week period has elapsed since the end of the previous treatment)
	Retreatment decisions should be based upon positive symptoms and positive endoscopy or positive urea breath test. Retreatment should <u>not be based on a positive serology test</u> , as serology tests may remain positive indefinitely. An alternative antibiotic regimen is recommended when initial therapy fails due to concerns of antimicrobial resistance.
	Network Note: Network will limit supply to 7 days. Network will verify that retreatments are reimbursed only after a four-week period has elapsed since the end of the previous treatment.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

LATANOPROST

0.005%

Oph Sol-2.5mL Pk 02231493 Xalatan

Reason for Use code	Clinical criteria
171	As first-line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated;
172	As adjunctive therapy of elevated intraocular pressure in patients who cannot tolerate oral carbonic anhydrase therapy, or topical pilocarpine therapy, or topical beta-blocker therapy, or in whom these therapies have been ineffective.

LEFLUNOMIDE

10mg

Tab

02241888 Arava

20mg

Tab

02241889 Arava

Reason for Use code	Clinical criteria
331	For the treatment of rheumatoid arthritis in patients who have failed, or are intolerant to, one or more of the listed Disease-Modifying Anti-Rheumatic Drugs (DMARDS).

LETROZOLE

2.5mg

Tab

02231384 Femara

Reason for Use code	Clinical criteria
180	For the hormonal treatment of metastatic breast cancer in hormone receptor positive post-menopausal women who have disease progression following tamoxifen therapy.

LEVODOPA & CARBIDOPA

100mg & 25mg

Tab

02028786 Sinemet CR

200mg & 50mg

Tab

00870935 Sinemet CR

Reason for Use code	Clinical criteria
64	For patients with Parkinson's disease who have been treated with conventional therapy (Prolopa or conventional Sinemet), and experienced adverse effects related to drug level fluctuations, such as ON/OFF or wearing off phenomena.
65	For patients presently requiring anti-parkinsonian drug administration (levodopa/carbidopa) more than three times daily.

LEVOFLOXACIN

250mg

Tab

02236841 Levaquin

500mg

Tab

02236842 Levaquin

Reason for
Use code

Clinical criteria

For the treatment of patients with:

337

CAP with co-morbidity:

Community acquired pneumonia with co-morbid illnesses or failure to first-line therapy.

338

COPD with risk:

Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors¹; bronchiectasis.

¹Risk factors include: poor pulmonary lung function (FEV₁ below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease, or 4 or more exacerbations / year.

339

Step-Down:

Step-down therapy after parenteral therapy or hospital / emergency department discharge.

977

Exceptional cases of allergy or intolerance to all other appropriate therapies.

LINEZOLID

600mg

Tab

02243684 Zyvoxam

Reason for
Use code

Clinical criteria

For the treatment of patients with:

362

Methicillin-resistant Staphylococcus species (MRSA, MRSE) infections* in patients who are intolerant or have failed vancomycin therapy, or have contraindications to venous access.

363

Vancomycin resistant Enterococcus species (VRE) infections* in patients switching from IV linezolid.

364

Step-down therapy for the treatment of methicillin-resistant Staphylococcus species or vancomycin resistant Enterococcus species (VRE) infections* after parenteral therapy or hospital/ emergency department discharge.

* Infections must be documented and culture proven. Not approved for colonization (e.g. nares, urine, etc). Maximum 28 days supply.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

LOPERAMIDE HCL

2mg

Caplet

00860743 Imodium
02132591 Novo-Loperamide
02212005 Apo-Loperamide
02228343 Loperacap
02228351 PMS-Loperamide
02229552 Diarr-eze
02233998 Rhoxal-Loperamide

Reason for Use code	Clinical criteria
	For the treatment of diarrhea associated with:
110	An ileostomy or a colostomy;
111	Bowel resection, including short bowel syndrome;
112	Inflammatory Bowel Diseases, i.e. Crohn's Disease and Ulcerative Colitis;
113	Cancer, including chemotherapy or radiation therapy;
114	HIV/AIDS;
115	Acute diarrhea in patients in congregated housing, i.e. Long Term Care Facilities (LTCF), or for patients receiving Home Care;
224	Fecal incontinence.

LOSARTAN POTASSIUM

25mg

Tab

02182815 Cozaar

50mg

Tab

02182874 Cozaar

100mg

Tab

02182882 Cozaar

Reason for Use code	Clinical criteria
160	For the treatment of hypertension in patients who cannot tolerate diuretics and beta-blockers or in whom diuretics and beta-blockers are contraindicated or are not adequately effective; and For the treatment of hypertension in patients who have experienced adverse effects with ACE inhibitors, e.g. cough.

LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE

50mg/12.5mg

Tab

02230047 Hyzaar

100mg/25mg

Tab

02241007 Hyzaar DS

Reason for
Use code

Clinical criteria

325

For the treatment of hypertension in patients:

Who cannot tolerate beta-blockers or in whom beta-blockers and diuretics alone are not effective; **and**Who have experienced adverse effects with ACE inhibitors, (e.g. cough); **and**

Who require the addition of a diuretic to achieve adequate hypertension control.

MEPERIDINE HCL

50mg

Tab

02138018 Demerol

Reason for
Use code

Clinical criteria

270

Limited to 2 weeks supply for acute pain.

METHYLCELLULOSE

0.5%

Oph-Sol

00000809 Isopto Tears

1%

Oph-Sol

00000817 Isopto Tears

1%

Oph-Sol

00750808 Murocel

Reason for
Use code

Clinical criteria

49

For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.

MIDODRINE HCL

2.5mg

Tab

01934392 Amatine

5mg

Tab

01934406 Amatine

Reason for
Use code

Clinical criteria

01

For the treatment of patients disabled by moderate to severe neurogenic orthostatic hypotension (i.e. drop in systolic BP $\leq$ 20mm Hg from supine to standing position), in whom conventional nonpharmacologic and pharmacologic (i.e. fludrocortisone) therapies have proven ineffective or are poorly tolerated.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

MOXIFLOXACIN HYDROCHLORIDE

400mg

Tab

02242965 Avelox

Reason for Use code	Clinical criteria
	For the treatment of patients with:
337	<u>CAP with co-morbidity:</u> Community acquired pneumonia with co-morbid illnesses or failure to first-line therapy.
338	<u>COPD with risk:</u> Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors ¹ ; bronchiectasis. ¹ Risk factors include: poor pulmonary lung function (FEV ₁ below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease, or 4 or more exacerbations / year.
339	<u>Step-Down:</u> Step-down therapy after parenteral therapy or hospital / emergency department discharge.
977	Exceptional cases of allergy or intolerance to all other appropriate therapies.

MYCOPHENOLATE MOFETIL

250mg

SG Cap

02192748 CellCept

500mg

Tab

02237484 CellCept

Reason for Use code	Clinical criteria
190	For the prophylaxis of organ rejection in patients receiving allogeneic renal transplants.
322	For the prophylaxis of organ rejection in patients receiving allogeneic cardiac transplants.

NADROPARIN CALCIUM

9500IU/mL	Pref Syr-0.2mL Pk	02236913	Fraxiparine
9500IU/mL	Pref Syr-0.3mL Pk	09853936	Fraxiparine
9500IU/mL	Pref Syr-0.4mL Pk	09853944	Fraxiparine
9500IU/mL	Pref Syr-0.6mL Pk	09853952	Fraxiparine
9500IU/mL	Pref Syr-0.8mL Pk	09853979	Fraxiparine
9500IU/mL	Pref Syr-1.0mL Pk	09853987	Fraxiparine
19000IU/mL	Pref Syr-0.6mL Pk	02240114	Fraxiparine Forte
19000IU/mL	Pref Syr-0.8mL Pk	09854100	Fraxiparine Forte
19000IU/mL	Pref Syr-1.0mL Pk	09854118	Fraxiparine Forte

Reason for
Use code

Clinical criteria

186	For acute treatment of deep venous thrombosis (DVT), for a <i>maximum of three weeks</i> ;
187	For DVT in pregnant or lactating females;
188	For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated;
189	For DVT in patients who have failed treatment with warfarin.

NEDOCROMIL SODIUM

2mg/Met Dose

Inh

02230543 Tilade

Reason for
Use code

Clinical criteria

72	As second line therapy for asthmatics who are intolerant of sodium cromoglycate.

NIMODIPINE

30mg

SG Cap

02155923 Nimotop

Reason for
Use code

Clinical criteria

42	As adjunctive therapy to improve the neurologic outcome following subarachnoid haemorrhage during the acute management period (within 4 days of haemorrhage).
43	As prophylaxis of ischemia if surgery is delayed.

NORETHINDRONE ACETATE & ESTRADIOL 17-B

2.7mg/0.62mg

Patch

02241835 Estalis Transdermal Pad
140/50mcg

4.8mg/0.51mg

Patch

02241837 Estalis Transdermal Pad
250/50mcgReason for
Use code

Clinical criteria

138	For patients in whom a combination of a less costly listed oral estrogen product and oral progestin is contraindicated.
139	For patients in whom a combination of a less costly listed oral estrogen product and oral progestin has been tried and caused an adverse effect.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

OFLOXACIN

0.3%

Oph Sol

02143291 Ocuflor

Reason for Use code	Clinical criteria
170	For the treatment of conjunctivitis caused by susceptible strain(s) of <u>Staphylococcus aureus</u> , <u>Staphylococcus epidermidis</u> , <u>Streptococcus pneumoniae</u> and <u>Hemophilus influenzae</u> which is/are resistant or unresponsive to listed alternative agents.

OFLOXACIN

200mg

Tab

02231529 Apo-Oflox

300mg

Tab

01968416 Floxin

02231531 Apo-Oflox

400mg

Tab

01968408 Floxin

02231532 Apo-Oflox

Reason for Use code	Clinical criteria
	For the treatment of patients with:
340	<u>SST/BJ (Gram negative bacteria):</u> Skin/soft tissue and bone/joint infection due to gram negative bacteria; severe diabetic foot infection.
341	<u>GU Tract:</u> Urinary tract infection / prostatitis / epididymitis; sexually transmitted disease.
338	<u>COPD with risk:</u> Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors ¹ ; bronchiectasis. ¹ Risk factors include: poor pulmonary lung function (FEV ₁ below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease, or 4 or more exacerbations / year.
335	<u>GI:</u> Traveller's diarrhea; enteric fever syndromes.
339	<u>Step-Down:</u> Step-down therapy after parenteral therapy or hospital / emergency department discharge.
977	Exceptional cases of allergy or intolerance to all other appropriate therapies.

OMEPRAZOLE

20mg

DR Tab

02190915 Losec

Reason for Use code	Clinical criteria
	Complicated GERD or Upper GI Malignancy-Procedurally Confirmed 291 For the first-line treatment of procedurally confirmed complicated esophagitis (i.e. severe erosive esophagitis, Barrett's esophagitis, ulcerative esophagitis, esophagitis with bleeding or stricture) or upper GI malignancy. Maximum duration: unlimited Severe GERD 292 For the first-line treatment of severe GERD. Maximum duration: 6 months Any one of the following may characterize severe GERD: - i Daily attacks of reflux pain; - ii Symptoms that wake the patient at night; - iii Severe symptoms. Patients should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation with endoscopy or step-down therapy. Patients stepping down should be tried on at least a two-week trial of H₂-receptor antagonist therapy. Network Note: Network will limit supply to 6 months. Mild to Moderate GERD 293 For the second-line treatment of mild to moderate GERD in patients who have not responded to at least a 4-week course of an H₂-receptor antagonist. Maximum duration: 6 months For initial treatment, the treatment period with a proton pump inhibitor may extend for no longer than 6 months, after which the need for continued treatment should be reassessed. Reassessment could include a repeat of a course of an H₂-receptor antagonist, or a procedural assessment of the condition. Network Note: Network will verify previous H₂-receptor antagonist use in past year. GERD Recurrence 294 For the treatment of recurrence, once GERD has been procedurally confirmed or the patient has undergone step-down therapy. Maximum duration: unlimited H. pylori-Positive Peptic Ulcers: 295 a) For the treatment of <i>H. pylori</i>-positive peptic ulcers where <i>H. pylori</i> is documented, by serology, breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Maximum duration: 7 days 296 b) For the <u>retreatment</u> of <i>H. pylori</i>-positive peptic ulcers where <i>H. pylori</i> recurrence or persistence is documented, by breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Maximum duration: 7 days (after a four-week period has elapsed since the end of the previous treatment) Retreatment decisions should be based upon positive symptoms and positive endoscopy or positive urea breath test. Retreatment should <u>not be based on a positive serology test</u>, as serology tests may remain positive indefinitely. An alternative antibiotic regimen is recommended when initial therapy fails due to concerns of antimicrobial resistance. Network Note: Network will limit supply to 7 days. Network will verify that retreatments are reimbursed only after a four-week period has elapsed since the end of the previous treatment.

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OMEPRAZOLE (cont'd)

Reason for Use code	Clinical criteria
	Complicated Peptic Ulcers:
297	For the treatment of peptic ulcers in patients that have procedurally confirmed ulcer complications (i.e. perforation, obstruction, large ulcers or GI bleed). Maximum duration: unlimited
	NSAID induced Ulcers:
298	a) For the treatment of NSAID induced ulcers where the NSAID must be continued. Maximum duration: unlimited while on NSAID therapy
299	b) For the prophylaxis of NSAID induced ulcers in patients who have ulcer complications (i.e. perforation or recurrent GI bleed) or are at high-risk for complications (i.e. cardiovascular disease, current or previous peptic ulcer disease, or coagulopathies). Maximum duration: unlimited
	Other Criteria
300	For the treatment of procedurally confirmed pathological hypersecretory conditions (e.g. Zollinger-Ellison syndrome).
301	For patients with a known allergy to or intolerance of H2-receptor antagonist.
302	For patients with gastroduodenal Crohn's disease.
303	For patients with short-gut syndrome.
304	For patients with scleroderma.
305	For patients with pancreatitis. Maximum duration: unlimited

ONDANSETRON HYDROCHLORIDE

4mg/5mL	O/L	02229639	Zofran
4mg	Tab	02213567	Zofran
4mg	Tab	02239372	Zofran ODT
8mg	Tab	02213575	Zofran
8mg	Tab	02239373	Zofran ODT

Reason for Use code	Clinical criteria
215	For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy.
216	For patients receiving intravenous chemotherapy or radiation therapy who have not experienced adequate control with other available anti-emetics.
217	For patients receiving intravenous chemotherapy or radiation therapy who experience intolerable side effects with other anti-emetics.
218	For the treatment of emesis in patients receiving radiation therapy which consists of single fraction treatment to the abdominal cavity, hemi-body irradiation and total body irradiation. NOTE: The therapeutic value of Zofran more than 24 hours after the last dose of chemotherapy is unproven.

ORCIPRENALINE SULFATE

5%

Inh Sol-10mL Pk

00003859

Alupent

Reason for Use code

Clinical criteria

For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.

256

Patients who have a tracheostomy;

257

Patients with cystic fibrosis in whom nebulizer therapy is indicated;

258

Patients with severe mental or physical disabilities;

259

Patients who have previously used nebulizer therapy within the last 12 month period.

OXYCODONE HCL

10mg

SR Tab

02202441

Oxycontin

20mg

SR Tab

02202468

Oxycontin

40mg

SR Tab

02202476

Oxycontin

80mg

SR Tab

02202484

Oxycontin

Reason for Use code

Clinical criteria

201

For the treatment of chronic pain in patients who cannot tolerate, or have failed treatment with a listed long-acting opioid.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE

8000 & 30000 & 30000 USP Units	Cap	00263818	Cotazym
4000 & 11000 & 11000 USP Units	Ent Microsph Cap	02181215	Cotazym ECS 4
8000 & 30000 & 30000 USP Units	Ent Microsph Cap	00502790	Cotazym ECS 8
20000 & 55000 & 55000 USP Units	Ent Microsph Cap	00821373	Cotazym ECS 20
5000 & 16600 & 18750 USP Units	Ent Minimicrosph Cap	02239007	Creon 5
10000 & 33200 & 37500 USP Units	Ent Minimicrosph Cap	02200104	Creon 10
20000 & 66400 & 75000 USP Units	Ent Minimicrosph Cap	02239008	Creon 20
25000 & 74000 & 62500 USP Units	Ent Minimicrosph Cap	01985205	Creon 25

Reason for Use code	Clinical criteria
124	Replacement therapy for pancreatic insufficiency secondary to pancreatic surgery (resection);
125	Replacement therapy for pancreatic insufficiency due to chronic pancreatitis;
126	Replacement therapy for pancreatic insufficiency due to carcinoma of the pancreas.
225	Replacement therapy for pancreatic insufficiency due to cystic fibrosis.

PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE

4000 & 12000 & 12000 USP Units	Ent Microsph Cap	00789445	Pancrease MT4
4000 & 20000 & 25000 USP Units	Ent Microsph Cap	00591548	Pancrease
16800 & 70000 & 70000 USP U/0.7g	Pd-114g Pk	02230020	Viokase
16mg	Tab	02241933	Viokase 16
8000 & 30000 & 30000 USP Units	Tab	02230019	Viokase

Reason for Use code	Clinical criteria
124	Replacement therapy for pancreatic insufficiency secondary to pancreatic surgery (resection);
125	Replacement therapy for pancreatic insufficiency due to chronic pancreatitis;
126	Replacement therapy for pancreatic insufficiency due to carcinoma of the pancreas.

PANTOPRAZOLE SODIUM

40mg

Ent Tab

02229453 Pantoloc

Reason for Use code	Clinical criteria
	Complicated GERD or Upper GI Malignancy-Procedurally Confirmed For the first-line treatment of procedurally confirmed complicated esophagitis (i.e. severe erosive esophagitis, Barrett's esophagitis, ulcerative esophagitis, esophagitis with bleeding or stricture) or upper GI malignancy. Maximum duration: unlimited
291	
	Severe GERD For the first-line treatment of severe GERD. Maximum duration: 6 months Any one of the following may characterize severe GERD: - i Daily attacks of reflux pain; - ii Symptoms that wake the patient at night; - iii Severe symptoms. Patients should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation with endoscopy or step-down therapy. Patients stepping down should be tried on at least a two-week trial of H₂-receptor antagonist therapy. Network Note: Network will limit supply to 6 months.
292	
	Mild to Moderate GERD For the second-line treatment of mild to moderate GERD in patients who have not responded to at least a 4-week course of an H₂-receptor antagonist. Maximum duration: 6 months For initial treatment, the treatment period with a proton pump inhibitor may extend for no longer than 6 months, after which the need for continued treatment should be reassessed. Reassessment could include a repeat of a course of an H₂-receptor antagonist, or a procedural assessment of the condition. Network Note: Network will verify previous H₂-receptor antagonist use in past year.
293	
	GERD Recurrence For the treatment of recurrence, once GERD has been procedurally confirmed or the patient has undergone step-down therapy. Maximum duration: unlimited
294	
	H. pylori-Positive Peptic Ulcers: a) For the treatment of <i>H. pylori</i>-positive peptic ulcers where <i>H. pylori</i> is documented, by serology, breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Maximum duration: 7 days
295	
	b) For the <u>retreatment</u> of <i>H. pylori</i>-positive peptic ulcers where <i>H. pylori</i> recurrence or persistence is documented, by breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Maximum duration: 7 days (after a four-week period has elapsed since the end of the previous treatment) Retreatment decisions should be based upon positive symptoms and positive endoscopy or positive urea breath test. Retreatment should <u>not be based on a positive serology test</u>, as serology tests may remain positive indefinitely. An alternative antibiotic regimen is recommended when initial therapy fails due to concerns of antimicrobial resistance. Network Note: Network will limit supply to 7 days. Network will verify that retreatments are reimbursed only after a four-week period has elapsed since the end of the previous treatment.
296	

Continued on next page...

PANTOPRAZOLE SODIUM (cont'd)

Reason for Use code	Clinical criteria
	Complicated Peptic Ulcers:
297	For the treatment of peptic ulcers in patients that have procedurally confirmed ulcer complications (i.e. perforation, obstruction, large ulcers or GI bleed). Maximum duration: unlimited
	NSAID induced Ulcers:
298	a) For the treatment of NSAID induced ulcers where the NSAID must be continued. Maximum duration: unlimited while on NSAID therapy
299	b) For the prophylaxis of NSAID induced ulcers in patients who have ulcer complications (i.e. perforation or recurrent GI bleed) or are at high-risk for complications (i.e. cardiovascular disease, current or previous peptic ulcer disease, or coagulopathies). Maximum duration: unlimited
	Other Criteria
300	For the treatment of procedurally confirmed pathological hypersecretory conditions (e.g. Zollinger-Ellison syndrome).
301	For patients with a known allergy to or intolerance of H2-receptor antagonist.
302	For patients with gastroduodenal Crohn's disease.
303	For patients with short-gut syndrome.
304	For patients with scleroderma.
305	For patients with pancreatitis. Maximum duration: unlimited

PENTOXIFYLLINE

400mg

SR Tab

01968432 Albert-Pentoxifylline
02221977 Trental
02230090 Apo-Pentoxifylline
02230401 Nu-Pentoxifylline

Reason for Use code	Clinical criteria
76	For the treatment of patients with critical limb ischemia (with arterial ulcers, gangrene and/or rest pain) and documented arterial vascular disease. NOTE: Limited use form must specify if arterial ulcers, gangrene and/or rest pain are present.

PERMETHRIN

5%

Cr

02219905 Nix Dermal Cream

Reason for
Use code

Clinical criteria

311

For the treatment of patients who have failed on a less costly listed alternative.

PETROLATUM/MINERAL OIL

55%/42.5%

Oph Oint-3.5g Pk

00210889 Lacri-Lube

80%/20%

Oph Oint-3.5g Pk

02125706 Duolube

Reason for
Use code

Clinical criteria

49

For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.

POLYVINYL ALCOHOL

1%

Oph-Sol

02133253 Hypotears

1.4%

Oph-Sol

00045616 Liquifilm Tears

Reason for
Use code

Clinical criteria

49

For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.

POLYVINYL ALCOHOL & POLYVINYLPYRROLIDONE

Oph-Sol

00579408 Tears Plus

Reason for
Use code

Clinical criteria

49

For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

RALOXIFENE HCL

60mg

Tab

02239028 Evista

Reason for Use code	Clinical criteria
	For the treatment of osteoporosis in postmenopausal women who have:
327	Failed to respond to etidronate: Continued loss of bone mineral density (loss of more than 3%) after two years of cyclical etidronate therapy; or
328	Experienced a new osteoporosis related fracture after one year of cyclical etidronate therapy; or
329	Experienced intractable side effects with etidronate or documented allergy, which precludes continuation with therapy.

RIFABUTIN

150mg

Cap

02063786 Mycobutin

Reason for Use code	Clinical criteria
	For the prevention of <u>Mycobacterium Avium Intracellular (MAI)</u> in:
103	Patients with a CD4+ cell count less than 200/mm3 with an AIDS-defining diagnosis; or
104	Patients with a CD4+ cell count less than 100/mm3 without an AIDS-defining diagnosis.

RISEDRONATE SODIUM

5mg

Tab

02242518 Actonel

Reason for Use code	Clinical criteria
	For the treatment of osteoporosis in postmenopausal women who have:
327	Failed to respond to etidronate: Continued loss of bone mineral density (loss of more than 3%) after two years of cyclical etidronate therapy; or
328	Experienced a new osteoporosis related fracture after one year of cyclical etidronate therapy; or
329	Experienced intractable side effects with etidronate or documented allergy, which precludes continuation with therapy.

RISEDRONATE SODIUM

30mg

Tab

02239146 Actonel

Reason for
Use code

Clinical criteria

319

For the treatment of Paget's disease.

RIVASTIGMINE

1.5mg

Cap

02242115 Exelon

3mg

Cap

02242116 Exelon

4.5mg

Cap

02242117 Exelon

6mg

Cap

02242118 Exelon

Reason for
Use Code

Clinical criteria

354

Initial Trial: For patients with mild to moderate Alzheimer's Disease (Mini-Mental State Exam [MMSE] 10-26). Patients will be reimbursed for a period of up to 3 months after which continued treatment must be reassessed. Although ODB will not reimburse this initial trial period, reimbursement is available through the manufacturer.

355

Continuation: Further reimbursement by ODB will be made available to those patients whose disease has not progressed/ deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.

ROFECOXIB

12.5mg

Tab

02241107 Vioxx

25mg

Tab

02241108 Vioxx

Reason for
Use code

Clinical criteria

318

Osteoarthritis

For patients who have failed an adequate trial of acetaminophen (e.g. acetaminophen 1g QID for several weeks) and have had:

History of a documented, clinically significant ulcer or GI bleed; **or** Failure or intolerance to at least three listed NSAIDS.

NOTE: The maximum daily dose of rofecoxib which will be reimbursed for the treatment of osteoarthritis is 25mg.

SALBUTAMOL

1mg/mL

Inh Sol-2.5mL Pk

01926934

Gen-Salbutamol Sterinebs P.F.

01986864

Salbutamol Respirator Sol P.F.

02208229

PMS-Salbutamol

02213419

Ventolin Nebules P.F.

02231430

Asmavent

02231488

Apo-Salvent Sterule

2mg/mL

Inh Sol-2.5mL Pk

01945203

Ventolin Nebules P.F.

02173360

Gen-Salbutamol

02208237

PMS-Salbutamol

02231678

Apo-Salvent Sterule

02239366

Alti-Salbutamol Sulphate

**Reason for
Use code**

Clinical criteria

For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.

265

Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have a tracheostomy;

266

Individuals must have a known hypersensitivity to the preservative in the bulk solution, and be patients with cystic fibrosis in whom nebulizer therapy is indicated;

267

Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have severe mental or physical disabilities;

268

Patients who have previously used nebulizer therapy within the last 12 month period.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

SALBUTAMOL

5mg/mL

Inh Sol-10mL Pk

00860808 Salbutamol Respirator Solution
02048760 Asmavent
02069571 PMS-Salbutamol Respirator Solution
02154412 Rho-Salbutamol
02213486 Ventolin
02232987 Gen-Salbutamol

Reason for Use code	Clinical criteria
	For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.
256	Patients who have a tracheostomy;
257	Patients with cystic fibrosis in whom nebulizer therapy is indicated;
258	Patients with severe mental or physical disabilities;
259	Patients who have previously used nebulizer therapy within the last 12 month period.

SALMETEROL XINAFOATE

25mcg/Met Dose

50mcg

50mcg/Blister

Inh-120 Dose Pk

Pd Inh-60 Dose Pk

Diskhaler-60 Disk Pk

02211742 SereVent

02231129 SereVent Diskus

02214261 SereVent Diskhaler Disks

Reason for Use code	Clinical criteria
132	For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.
	NOTE: This drug is not for relief of acute symptoms.

SALMETEROL XINAFOATE & FLUTICASONE PROPIONATE

25/125mcg/Metered Dose

25/250mcg/Metered Dose

50/100mcg

50/250mcg

50/500mcg

Inh-120 Dose Pk

Inh-120 Dose Pk

Inh-60 Dose Pk

Inh-60 Dose Pk

Inh-60 Dose Pk

02245126 Advair 125

02245127 Advair 250

02240835 Advair Diskus

02240836 Advair Diskus

02240837 Advair Diskus

Reason for Use code	Clinical criteria
330	For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

SODIUM FLUORIDE

20mg

Tab

02099225 Fluotic

Reason for Use code	Clinical criteria
20	For the treatment of otosclerosis.
21	For the treatment of otospongiosis.

SODIUM FUSIDATE

250mg

Tab

01934252 Fucidin Leo

Reason for Use code	Clinical criteria
342	As part of combination therapy, for the treatment of serious infections confirmed on culture to be caused by a strain of <i>S. aureus</i> or coagulase-negative staphylococci likely susceptible to fusidic acid where standard anti-staphylococcal agents are precluded because of allergy, resistance or treatment failure.

TACROLIMUS

5mg/mL

Amp

02176009 Prograf

1mg

Cap

02175991 Prograf

5mg

Cap

02175983 Prograf

Reason for Use code	Clinical criteria
173	For solid organ transplant and bone marrow transplant.

TAMSULOSIN HCL

0.4mg

Cap

02238123 Flomax

Reason for Use code	Clinical criteria
351	For the management of benign prostatic hyperplasia where six weeks of treatment with other formulary alpha blockers (e.g., doxazosin, terazosin) have been ineffective.
352	For the management of benign prostatic hyperplasia where other formulary alpha blockers have produced intolerable side effects.

TELMISARTAN

40mg

Tab

02240769 Micardis

80mg

Tab

02240770 Micardis

Reason for Use code	Clinical criteria
160	For the treatment of hypertension in patients who cannot tolerate diuretics and beta-blockers or in whom diuretics and beta-blockers are contraindicated or are not adequately effective; and For the treatment of hypertension in patients who have experienced adverse effects with ACE inhibitors, e.g. cough.

TELMISARTAN & HYDROCHLOROTHIAZIDE

80mg/12.5mg

Tab

02244344 Micardis Plus

Reason for Use Code	Clinical criteria
325	For the treatment of hypertension in patients: Who cannot tolerate beta-blockers or in whom beta-blockers and diuretics alone are not effective; and Who have experienced adverse effects with ACE inhibitors, (e.g. cough); and Who require the addition of a diuretic to achieve adequate hypertension control.

TEMOZOLOMIDE

5mg

Cap

02241093 Temodal

20mg

Cap

02241094 Temodal

100mg

Cap

02241095 Temodal

250mg

Cap

02241096 Temodal

Reason for Use code	Clinical criteria
320	For patients with recurrent or progressive glioblastoma multiforme or anaplastic astrocytoma.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

TICLOPIDINE HCL

250mg

Tab

02162776 Ticlid
02194422 Alti-Ticlopidine
02237560 Nu-Ticlopidine
02237701 Apo-Ticlopidine
02239744 Gen-Ticlopidine
02243327 PMS-Ticlopidine
02243587 Rhoxal-Ticlopidine

Reason for Use code

Clinical criteria

Ticlopidine is restricted to patients with transient cerebral ischemia. Ticlopidine may be somewhat more effective than ASA in preventing fatal and non-fatal strokes. However, it is associated with neutropenia in 0.8-2.4% of patients, a serious side-effect which may be fatal. Patients on ticlopidine require blood tests every two weeks for the first three months of therapy. There have been more than 60 cases of ticlopidine associated thrombotic thrombocytopenic purpura (TTP) with 33% mortality rate. As well, there are other side-effects such as diarrhea that occurs in 12.5% of patients. Ticlopidine should be used only after careful consideration. The appropriate use of ticlopidine in the management of patients with cerebral ischemic events (TIA or stroke) is based on the following:

- (a) Determining that the symptoms are due to focal cerebral ischemia, and differentiating the symptoms of dizziness due to vestibular dysfunction, lightheadedness, or syncope from anti-hypertensive drugs or cardiac dysfunction, and from symptoms due to migraine, epilepsy, hypoglycemia, or other causes, such as tumor.
- (b) If investigation demonstrates that the events are caused by emboli from the heart, the patient should be treated with anticoagulants, such as warfarin.
- (c) If the events are due to artery-to-artery emboli from the carotid bifurcation with a severe stenosis, the patient should probably be treated with ASA and offered carotid endarterectomy if medically suitable (70% to 99% stenosis).
- (d) ASA should be the first line of defense for patients with TIA and threatened stroke, and after an initial stroke of any severity.
- (e) The only drugs other than ASA that are available as platelet inhibitors and which have been shown to be of value for such patients are ticlopidine and clopidogrel.
- (f) Before abandoning ASA in favour of ticlopidine, efforts should be made to improve the tolerability of ASA by reducing the dose, taking it with food, and using enteric coated ASA.

Ticlopidine will be reimbursed for patients:

219	Who are known to be, or become, intolerant of ASA;
220	Where ASA is contraindicated;
221	Who continue to have TIA or stroke symptoms while being treated with ASA.

TINZAPARIN SODIUM

10000IU/mL	Inj-2mL Pk	02167840	Innohep
20000IU/mL	Inj-2mL Pk	02229515	Innohep
3500IU/0.35mL	Inj Pref Syr	02229755	Innohep
4500IU/0.45mL	Inj Pref Syr	09853898	Innohep
10000IU/0.5mL	Inj Pref Syr	02231478	Innohep
14000IU/0.7mL	Inj Pref Syr	09853901	Innohep
18000IU/0.9mL	Inj Pref Syr	09853928	Innohep

Reason for
Use code

Clinical criteria

186	For acute treatment of deep venous thrombosis (DVT), for a <i>maximum of three weeks</i> ;
187	For DVT in pregnant or lactating females;
188	For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated;
189	For DVT in patients who have failed treatment with warfarin.
323	For the acute treatment of pulmonary embolism, for a <i>maximum of three weeks</i> .

TOLTERODINE L-TARTRATE

1mg	Tab	02239064	Detrol
2mg	Tab	02239065	Detrol

Reason for
Use code

Clinical criteria

290	For patients with urinary frequency, urgency, or urge incontinence who have failed to respond to behavioural techniques and oxybutynin has been shown to be either ineffective or resulted in unacceptable side effects.

TOPIRAMATE

25mg	Tab	02230893	Topamax
100mg	Tab	02230894	Topamax
200mg	Tab	02230896	Topamax

Reason for
Use code

Clinical criteria

223	As adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory. NOTE: Because a large number of patients may become refractory to the anticonvulsant effects of the drug over a period of time, the effectiveness of this drug must be re-evaluated after a period of six months.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

TOPIRAMATE

15mg	Sprinkle Cap	02239907	Topamax Sprinkle
25mg	Sprinkle Cap	02239908	Topamax Sprinkle

Reason for Use code	Clinical criteria
321	In children age 16 and under, as adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory.

TRAVOPROST

0.004%	Oph Sol-2.5mL Pk	02244896	Travatan

Reason for Use Code	Clinical criteria
171	As first-line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated.
172	As adjunctive therapy of elevated intraocular pressure in patients who cannot tolerate oral carbonic anhydrase therapy, or topical pilocarpine therapy, or topical beta-blocker therapy, or in whom these therapies have been ineffective.

TRETINOIN

0.01%	Cr	00657204	Stieva-A
0.025%	Cr	00578576	Stieva-A
0.05%	Cr	00518182	Stieva-A
		01926519	Vitamin A Acid
0.01%	Gel	00587958	Stieva-A
		01926462	Vitamin A Acid
0.025%	Gel	00587966	Stieva-A
0.05%	Gel	01926489	Vitamin A Acid
0.025%	Sol	00578568	Stieva-A
0.05%	Top Sol	00518174	Stieva-A

Reason for Use code	Clinical criteria
269	For the treatment of acne vulgaris.

URSODIOL

250mg	Tab	02238984	Urso

Reason for Use code	Clinical criteria
273	For the treatment of primary biliary cirrhosis.

VALACYCLOVIR

500mg

Cap

02219492 Valtrex

Reason for
Use code

Clinical criteria

159

Herpes zoster in patients 50 years of age or older, up to 72 hours* after appearance of lesions. Dose: 1 gram 3 times/day for 7 days.

*The patient must begin treatment within the time frame specified for the product to be reimbursed. There is no benefit from the therapy begun after this time frame.

NETWORK NOTE: Network will limit supply to 7 days and 42 capsules.

VALSARTAN

80mg

Cap

02236808 Diovan

160mg

Cap

02236809 Diovan

Reason for
Use code

Clinical criteria

160

For the treatment of hypertension in patients who cannot tolerate diuretics and beta-blockers or in whom diuretics and beta-blockers are contraindicated or are not adequately effective; **and**

For the treatment of hypertension in patients who have experienced adverse effects with ACE inhibitors, e.g. cough.

VALSARTAN & HYDROCHLOROTHIAZIDE

80mg/12.5mg

Tab

02241900 Diovan-HCT

160mg/12.5mg

Tab

02241901 Diovan-HCT

Reason for
Use code

Clinical criteria

325

For the treatment of hypertension in patients:

Who cannot tolerate beta-blockers or in whom beta-blockers and diuretics alone are not effective; **and**

Who have experienced adverse effects with ACE inhibitors, (e.g. cough); **and**

Who require the addition of a diuretic to achieve adequate hypertension control.

VIGABATRIN

500mg

Tab

02065819 Sabril

**Reason for
Use code**

136

Clinical criteria

As adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory.

Note: Because a large number of patients may become refractory to the anticonvulsant effects of the drug over a period of time, the effectiveness of this drug must be re-evaluated after a period of six months.

