

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

No. 39

Effective September 27, 2005

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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 expert drug advisory committee, the Drug Quality and Therapeutics Committee (DQTC). For many years, the Formulary/CDI has set the provincial standard for quality, therapeutic value 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. Further information, including a searchable electronic Formulary, is available on the ministry's website at: www.health.gov.on.ca.

1. Purpose

The Formulary/CDI serves as:

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

The Ontario Drug Benefit (ODB) program covers over 3,400 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, to help the government make the program sustainable and affordable for the 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. For more details about co-payments, please refer to Section C.4 of Part I, entitled "Cost-Sharing".

3. Interchangeable Products

The *Drug Interchangeability and Dispensing Fee Act* provides the Minister the authority to designate a product as interchangeable with one or more other products where the Minister considers it advisable in the public interest to do so. This Act defines an interchangeable product as a drug or combination of drugs in a particular dosage form and strength 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.

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

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 (DQTC)

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 Long-Term Care 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:

- (i) to establish, maintain, and apply criteria to evaluate the therapeutic value and cost-effectiveness of drug products;
- (ii) to recommend to the Minister those new products which should be considered for publicly funded programs, and advise the Minister of the conditions under which such products should be funded;
- (iii) 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*;
- (iv) on an ongoing basis, monitor and re-evaluate drugs reimbursed by publicly funded programs with regard to their continued therapeutic value and cost-effectiveness;
- (v) based on the best available evidence, provide advice on relevant pharmaceutical and therapeutic issues to the Ministry of Health;
- (vi) at the Minister's request, act as a liaison between the Minister and other professional groups;
- (vii) to contribute and support Ministry efforts on education about drugs and related issues.

DQTC Committee (as of the date of this Formulary edition - September 27, 2005).

Chair

Dr. Paul Oh, Toronto

Members

Dr. David Alter, Thornhill
Dr. Gerald A. Evans, Kingston
Dr. Anne M. Holbrook, Ancaster
Dr. David N. Juurlink, Toronto
Dr. D'Arcy Little, Toronto
Dr. Malcolm Man-Son-Hing, Nepean
Dr. Janet E. Martin, London
Mr. Scott E. Walker, Burlington
Dr. Eric W. Winquist, London
Dr. Henry Wu, Toronto
Dr. Kelly B. Zarnke, London

Executive Secretary

Ms. Susan Paetkau
Director, Drug Programs Branch
5700 Yonge Street, 3rd Floor
Toronto ON M2M 4K5

Senior Consultant

Dr. Judith Glennie
Associate Director
Drug Benefits Management

A current list of DQTC members can be accessed: www.pas.gov.on.ca.

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's review considers several criteria, specifically therapeutic efficacy and safety in the population groups served by the ODB Program (e.g., seniors), cost-effectiveness of a drug in comparison to alternatives already listed in the Formulary, and impact on other health services. Following its review, the DQTC makes recommendations to the ministry as to whether a drug product should be listed as a Formulary/CDI benefit or 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.health.gov.on.ca).

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.

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 practitioners and pharmacists that encourages appropriate and cost-effective utilization of drug therapies. The Formulary/CDI is a compilation of pharmaceutical products arranged in comparative categories and groupings according to the nature, strength and dosage form of the active therapeutic ingredients. 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 products.

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., hypertension, anti-infectives, depression, and heart failure), are intended to assist practitioners 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. 39)

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 and pharmacies for the product in their inventory with the lowest DBP price within 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 clinical criteria/conditions for use and will be reimbursed only when the conditions have been met. 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 appropriate documentation of the **Reason for Use Code** on the prescription. For more details about the LU reimbursement process, 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.

Part VI **Facilitated Access Drug Products**

This part lists specific products used to treat ODB eligible individuals with HIV/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.

* 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 VIII Individual Clinical Review (ICR or 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 (ICR or 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. Practitioners must complete a Nutrition Products Form and forward a copy with the prescription to the pharmacy for each 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 test strips covered by the ODB program are listed in Part IX. These products are available to ODB eligible recipients when prescribed by a practitioner. 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 the ODB program.

- The Health Canada **Report of Adverse Reaction Form** must accompany medically necessary “No Substitution” claims.
- **Nutrition Products 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.

- **Section 8 Standard Template** may be used to request coverage of drug products not listed in the Formulary/CDI for ODB eligible persons.

Part XI This Section is Currently Not in Use

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 a guide to completing a LU prescription for practitioners and pharmacists.

C. Dispensary Reimbursement/Procedure

1. Health Network System

The Health Network System (HNS) 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 HNS include timely reconciliation of claims and real time adjudication of claims that previously required special claims procedures (e.g., extemporaneous mixtures). The HNS also identifies who is eligible for ODB benefits, and informs pharmacists of program and policy changes on-line through an email system. The HNS provides for increased quality of care and potential cost savings to the health care system through Drug Utilization Review (DUR). The HNS is recognized as the largest real-time online transaction processing system in the Ontario government.

The collection, use and disclosure of personal information on the HNS is governed by the *Personal Health Information and Protection Act, 2004*.

2. Drug Utilization Review (DUR)

The Health Network System (HNS) 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 HNS's on-line system, provides an 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 HNS's prospective DUR currently monitors for:

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

A retrospective DUR audits medication usage to provide insights into drug trends and issues. It can help identify 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 practitioners 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 Part II, 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 amount 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:

- 1) 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*, 1997 or the *Ontario Disability Support Program Act*, 1997
 - 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 for benefits under the Trillium Drug Program
- 2) Single seniors with annual net income equal to or greater than \$16,018 or a senior couple with a combined annual income equal to or greater than \$24,175 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 System (HNS) 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 continue to add newly marketed drugs as benefits and 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 HNS 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 as prescribed by the practitioner. 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*, 1997, 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 System (HNS) provides pharmacists with a “refill 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 practitioner and patient 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 HNS warnings and recoveries will be made 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 HNS (use intervention code “MV” to override the “duplicate claim” rejection if two claims for 100-day supply of medication are submitted for the recipient on the same day). Please refer to Part VII for Trillium vacation supply information.

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 (ODBA)*, payment of the cost to the operator of the least expensive listed drug product in the pharmacy’s inventory may be claimed, in accordance with section 6(3) of the *ODBA*. 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 **practitioner** 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 practitioner 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 practitioner.

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 practitioner 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 amount.

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:

Ontario Regional ADR Centre
c/o LonDIS Drug Information Centre
London Health Sciences Centre
339 Windermere Road
London, ON N6A 5A5
Telephone: (519) 663-8801
Toll-free: 1-866-234-2345
Fax: (519) 663-2968
Toll- Free Fax: 1-866-678-6789

Blank forms can be obtained by calling the above numbers or:

Ontario Ministry of Health and Long-Term Care: 1-888-310-9008

or on-line at:

http://www.hc-sc.gc.ca/dhp-mps/alt_formats/hpfb-dgpsa/pdf/medeff/ar-ei_form_e.pdf

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 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 and cost-effectiveness have 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 (ICR or 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 section 23 of the *Ontario Drug Benefit Act*. Further, the regulations 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 prescription for a Limited Use product (the “LU prescription”) must be completed initially in writing. Patients may take the LU prescription to the pharmacy, or practitioners may fax it directly to the pharmacy. The authorization is valid for the duration indicated by the listed LU criteria. For drugs with a defined authorization period (e.g., one year), the LU prescription is valid for the period beginning from the initial date that the first prescription is dispensed. During the authorized period any repeat prescriptions may be given verbally to a pharmacist. Practitioners may keep a duplicate copy.

See Part XII for more detailed information about the LU claims process including instructions for practitioners and pharmacists related to LU prescriptions.

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 (ICR or Section 8) mechanism (see Part VIII of the Formulary/CDI for further details).

Where electronic or preprinted documents are used, the practitioner must handwrite the LU (Reason for Use) code on the prescription and must sign the prescription.

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 copies of LU prescriptions 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 (Reason for Use) code indicated on the prescription does not meet the listed LU clinical criteria
- the prescription is incomplete (e.g., the date, drug, patient name or the correct CPSO number or college registration number is missing or the practitioner has not signed the prescription)
- the LU authorization period is expired
- a prescription with valid LU documentation was not obtained/retained in the pharmacy for 24 months
- the LU prescription used is not valid (e.g., preprinted by manufacturers or generated by a dispensary's computer software unless the LU (Reason for Use) code is handwritten by the practitioner and the prescription is signed by the practitioner).

Pharmacists are reminded that copies of prescriptions with LU documentation must be retained by the pharmacy for 24 months as required by the regulations under the *Ontario Drug Benefit Act*. Please note that LU prescriptions that have been completed and signed by the practitioner 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 section 23 of the *Ontario Drug Benefit Act (ODBA)* and can only be made if the authorized LU criteria have been met.

The Limited Use Tripartite 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 practitioners to provide supporting documents on request.

Prescriptions for LU products will be monitored by the ministry to ensure that the Limited Use (Reason for Use) code indicated is in accordance with the approved LU criteria listed in the Formulary/CDI.

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 and eligible for reimbursement, 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*), (see restrictions below),
- 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,
- d) the preparation is for a topical nitrogen mustard preparation,
- e) the preparation is for 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,
- f) the preparation is for an ophthalmic solution containing amikacin, cefazolin or vancomycin, or
- g) the preparation is for an ophthalmic solution containing gentamicin or tobramycin in a concentration greater than three milligrams per millilitre.

Restrictions Regarding Extemporaneous Injectables:

- 1) As of September 4, 2003, compounded injectable products which contain one or more of the following drug products noted below are no longer eligible for reimbursement under the extemporaneous regulation provision, unless the recipient has received approval under the Individual Clinical Review (ICR or Section 8) mechanism.

Compounded injectable products which include one or more of the following are NOT eligible as benefits under the extemporaneous regulation provision:

- alprostadiol
- amphotericin B lipid complex
- ancestim
- azithromycin
- baclofen
- calcitriol
- cefotaxime
- cephalothin
- clodronate
- daclizumab
- danaparoid
- darbepoietin
- deferoxamine
- desmopressin
- dolasetron
- epoetin alfa
- epoprostenol
- estradiol dienanthate/estradiol benzoate/testosterone enanthate benzilic acid hydrazone
- etanercept
- filgrastim
- fludarabine
- fondaparinux
- glatiramer acetate
- hepatitis A vaccine
- hepatitis B vaccine
- infliximab
- Interferon alfa-2b/ribavirin
- interferon beta 1-a
- interferon beta 1-b
- iron dextran
- iron sucrose
- ketorolac
- levofloxacin
- mycophenolate mofetil
- nandrolone decanoate

octreotide
peginterferon alfa 2-b
somatrem
somatropin
sumatriptan
verteporfin
zoledronic acid

- 2) Any injectable drug product which received a Notice of Compliance from Health Canada on or after September 4, 2003, is not eligible for reimbursement under the extemporaneous regulation provision. Claims for these products may be considered for reimbursement under the Individual Clinical Review (ICR or Section 8) mechanism once approval has been received.
- 3) As of September 4, 2003, any injectable drug product that is listed in Part III of the Ontario Drug Benefit Formulary/Comparative Drug Index (Formulary) as a Limited Use product is NOT eligible for reimbursement under the extemporaneous regulation provision. If a patient meets the clinical criteria outlined in Part III of the Formulary, claims will continue to be reimbursed in the same manner as all Limited Use products. Claims for these products outside of the defined Limited Use criteria may be considered for reimbursement under the Individual Clinical Review (ICR or Section 8) mechanism once approval has been received.

Please be reminded that claims reimbursed under the ODBA are subject to post-payment verification.

Questions can be directed to the ministry's ODB Health Network System (HNS) Help Desk at 1-800-668-6641.

D. Information and Assistance

1. *The Personal Health and Information Protection Act, 2004 and the Freedom of Information and Protection of Privacy Act*

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 Drug Utilization Review (DUR). It is collected under the authority of s.13 of the *Ontario Drug Benefit Act*, s.6(2) of the *Ministry of Health and Long-Term Care Act* and s.36 of the *Personal Health Information Protection Act, 2004*.

For further information please contact:

Director
Drug Programs Branch
3rd floor, 5700 Yonge Street
Toronto ON M2M 4K5
Telephone: (416) 327-8109
Toll-free: 1-866-811-9893
Fax: (416) 327-8123
e-mail: drugprograms@moh.gov.on.ca
Website: www.health.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 **ODB Health Network System (HNS) Help Desk at 1-800-668-6641**.

For more information and assistance for dispensary connections to the ministry's HNS, 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
Toll-free: 1-800-575-5386
TDD/TTY 1-800-387-5559

Co-payment Inquiries

For inquiries about co-payment, please contact:

Toronto: (416) 503-4586
Toll-free: 1-888-405-0405

Section 8 Requests

Please fax any written requests to:

Toronto: (416) 327-7526
Toll-free Fax: 1-866-811-9908

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
Toll-free: 1-866-811-9893
Fax: (416) 327-8123
e-mail: drugprograms@moh.gov.on.ca
Website: www.health.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.
- 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.

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

1 —————> **08:00 ANTI-INFECTIVE AGENTS**

2 —————> **08:08:00 ANTIHELMINTICS**

NIMODIPINE

	540	30mg SG Cap 02155923	Nimotop	BAH	5.4574 5.4574
3	→	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.		

4 —————> **FIBRINOLYSIN & DESOXYRIBONUCLEASE**

IU & 666U/g Oint	00024082	#Elast	PDA	1.2753	1.2753

TOBRAMYCIN SULFATE

80mg/2mL Inj Sol-2mL Pk	00325449	Nebcin	LIL	6.8860	4.8202
	02230640	+ Scheinpharm Tobramycin	SCE	4.8202	

ALFACALCIDOL

0.25mcg Cap dpp	00474517	One-Alpha	LEO	0.4090	0.4090

***DIPHENHYDRAMIN E**

25mg Cap	00022756	Benadryl (Not a Benefit)	PDA		
	00370517	Allerdryl (Not a Benefit)	ICN		

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. 39**

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		

+ = 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

08:00 ANTI-INFECTIVE AGENTS

08:08:00 ANTHELMINTICS

MEBENDAZOLE

4	100mg Tab				2.9117
	00556734	Vermox		JAN	2.9117

PIPERAZINE ADIPATE

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

PYRVINIUM PAMOATE

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

08:12:04 ANTIBIOTICS ANTIFUNGALS

AMPHOTERICIN B

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

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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

08:12:04 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.		
		LU Authorization Period: 1 year		
	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.		
		LU Authorization Period: 1 year		
	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.		
		LU Authorization Period: 1 year		
	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).		
		LU Authorization Period: 1 year		

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= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

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
	02236978	Novo-Fluconazole	NOP	3.1266	6.25
	02237370	Apo-Fluconazole	APX	3.1266	6.25
	02245292	Gen-Fluconazole	GEN	3.1266	6.25
	02245643	PMS-Fluconazole	PMS	3.1266	6.25
	02249294	Taro-Fluconazole	TAR	3.1266	6.25
10	100mg Tab			5.5465	5.55
	00891819	Diflucan	PFI	8.8040	8.80
	02236979	Novo-Fluconazole	NOP	5.5465	5.55
	02237371	Apo-Fluconazole	APX	5.5465	5.55
	02245293	Gen-Fluconazole	GEN	5.5465	5.55
	02245644	PMS-Fluconazole	PMS	5.5465	5.55
	02249308	Taro-Fluconazole	TAR	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; LU Authorization Period: 1 year			
	203	For the treatment of oroesophageal candidiasis in immunocompromised patients (i.e. patients with malignancies and transplant recipients); LU Authorization Period: 1 year			
	204	For patients with disseminated candidiasis; LU Authorization Period: 1 year			
	205	For the treatment of acute cryptococcal meningitis. LU Authorization Period: 1 year			

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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

08:12:04 ANTIBIOTICS ANTIFUNGALS

GRISEOFULVIN					
11	125mg Tab				.1487
	00028266	Fulvicin U/F	SCH		.1487
12	250mg Tab				.2557
	00028274	Fulvicin U/F	SCH		.2557
13	500mg Tab				.4329
	00028282	Fulvicin U/F	SCH		.4329

KETOCONAZOLE					
14	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

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.

NYSTATIN					
15	100000U/mL O/L			.0592	.24
	00248169	Mycostatin (Not a Benefit)	BQU		
	02194201	Ratio-Nystatin	RPH	.0592	.24
16	500000U Tab			.0790	.24
	00029416	Mycostatin (Not a Benefit)	BQU		
	00270113	Nadostine	NDA	.0790	.24
	02194198	Ratio-Nystatin	RPH	.0790	.24

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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

08:12:04 ANTIBIOTICS ANTIFUNGALS

VORICONAZOLE

17	50mg Tab				11.8800
	02256460	+ Vfend	PFI		11.8800
18	200mg Tab				47.5000
	02256479	+ Vfend	PFI		47.5000
	Reason for Use Code	Clinical criteria			
	399	Outpatient continuation of treatment for documented invasive aspergillosis in patients who have demonstrated a clinical response to either oral or parenteral voriconazole.			
		Note: Limited to 3 months of reimbursement.			
		LU Authorization Period: 1 year.			

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

CLARITHROMYCIN

22	500mg ER Tab				2.5144
	02244756	Biaxin XL	ABB		2.5144
23	125mg/5mL Ped Gran				.2595 2.60
	02146908	Biaxin	ABB		.2595 2.60

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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

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.

CLARITHROMYCIN

24	250mg/5mL Susp 02244641	Biaxin	ABB	.5190 .5190	
25	250mg Tab 01984853	Biaxin	ABB	1.4790 1.4790	2.96 2.96

ERYTHROMYCIN BASE

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

ERYTHROMYCIN ESTOLATE

28	25mg/mL O/L 00015474 00021172	Ilosone (Not a Benefit) Novo-Rythro Estolate	LIL NOP	.0237 .0237	.47 .47
29	50mg/mL O/L 00210641 00262595	Ilosone (Not a Benefit) Novo-Rythro Estolate	LIL NOP	.0479 .0479	.96 .96

ERYTHROMYCIN ETHYLSUCCINATE

30	40mg/mL O/L 00000299 00605859	EES-200 Novo-Rythro Ethyl Succinate	ABB NOP	.0618 .0688 .0618	.93 1.03 .93
31	80mg/mL O/L 00453617 00652318	EES-400 Novo-Rythro Ethyl Succinate	ABB NOP	.0828 .1044 .0828	1.24 1.57 1.24

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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

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.

ERYTHROMYCIN ETHYLSUCCINATE

32	600mg Tab			.3248	.97
	00583782	EES-600	ABB	.3248	.97
	00637416	Apo-Erythro-ES	APX	.3248	.97

ERYTHROMYCIN ETHYLSUCCINATE & SULFISOXAZOLE ACETYL

33	40mg & 120mg/mL O/L			.1047	1.57
	00583405	Pediazole	ABB	.1047	1.57

ERYTHROMYCIN STEARATE

34	250mg Tab			.0866	.35
	00000434	Erythrocin	ABB	.1185	.47
	00545678	Apo-Erythro-S	APX	.0866	.35
35	500mg Tab			.4920	.98
	00266515	Erythrocin	ABB	.5390	1.08
	00688568	Apo-Erythro-S	APX	.4920	.98

PARTICLE COATED ERYTHROMYCIN

36	333mg Tab			.4733	1.42
	00769991	PCE Dispertab	ABB	.4733	1.42

+ = 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

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.

37	250mg Cap			.1032	.31
	00406724	Novamoxin	NOP	.1032	.31
	00628115	Apo-Amoxi	APX	.1032	.31
	00865567	Nu-Amoxi	NXP	.1032	.31
	02041294	Amoxil (Not a Benefit)	WAY		
	02181487	Lin-Amox	LON	.1032	.31
	02230243	PMS-Amoxicillin	PMS	.1032	.31
	02238171	Gen-Amoxicillin	GEN	.1032	.31
38	500mg Cap			.2010	.60
	00406716	Novamoxin	NOP	.2010	.60
	00628123	Apo-Amoxi	APX	.2010	.60
	00865575	Nu-Amoxi	NXP	.2010	.60
	02041308	Amoxil (Not a Benefit)	WAY		
	02181495	Lin-Amox	LON	.2010	.60
	02230244	PMS-Amoxicillin	PMS	.2010	.60
	02238172	Gen-Amoxicillin	GEN	.2010	.60
39	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 (Not a Benefit)	WAY		
	02181509	Lin-Amox	LON	.0200	.30
	02230245	PMS-Amoxicillin	PMS	.0200	.30
40	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 (Not a Benefit)	WAY		
	02181517	Lin-Amox	LON	.0300	.45
	02230246	PMS-Amoxicillin	PMS	.0300	.45

+ = 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

08:00 ANTI-INFECTIVE AGENTS

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.

41	25mg & 6.25mg/mL	O/L			.0724	1.09
	01916882	Clavulin	SMJ		.1034	1.55
	02243986	Apo-Amoxi Clav	APX		.0724	1.09
	02244646	Ratio-Amoxi Clav 125F	RPH		.0724	1.09
42	50mg & 12.5mg/mL	O/L			.1217	1.83
	01916874	Clavulin	SMJ		.1738	2.61
	02243987	Apo-Amoxi Clav	APX		.1217	1.83
	02244647	Ratio-Amoxi Clav 250F	RPH		.1217	1.83
43	200mg & 28.5mg/5mL	Susp			.1299	
	02238831	Clavulin (BID)	SMJ		.1299	
44	400mg & 57mg/5mL	Susp			.2426	
	02238830	Clavulin (BID)	SMJ		.2426	
45	250mg & 125mg	Tab			.6111	1.83
	01916866	Clavulin	SMJ		.8731	2.62
	02243350	Apo-Amoxi Clav	APX		.6111	1.83
	02243770	Ratio-Amoxi Clav	RPH		.6112	1.83
46	500mg & 125mg	Tab			.9342	2.80
	01916858	Clavulin	SMJ		1.3346	4.00
	02243351	Apo-Amoxi Clav	APX		.9342	2.80
	02243771	Ratio-Amoxi Clav	RPH		.9342	2.80
47	875mg & 125mg	Tab			1.2610	
	02238829	Clavulin (BID)	SMJ		2.0018	
	02245623	Apo-Amoxi Clav	APX		1.2610	
	02247021	Ratio-Amoxi Clav	RPH		1.2610	
	02248138	Novo-Clavamoxin 875	NOP		1.2610	

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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.

48	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
49	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
50	25mg/mL O/L			.0160	.32
	00717495	Nu-Ampi	NXP	.0160	.32
51	50mg/mL O/L			.0262	.52
	00002429	Penbritin (Not a Benefit)	AYE		
	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.

52	400mg Tab			.4640	.93
	00627127	# Penglobe	AZC	.4640	.93
53	800mg Tab			.9345	1.87
	00627135	# Penglobe	AZC	.9345	1.87

CLOXACILLIN

54	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

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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

55	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
56	250mg Inj Pd-Vial Pk			1.2500	
	00002151	Orbenin (Not a Benefit)	AYE		
	00407593	Tegopen	BQU	1.2500	
57	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)

58	100000IU/mL O/L			.0604	1.21
	00009938	Megacillin 500	FRS	.0604	1.21

PENICILLIN G (POTASSIUM)

59	500000IU Tab			.1086	.43
	00107484	Megacillin 500	FRS	.1086	.43

PENICILLIN V (BENZATHINE)

60	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	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:12:16 ANTIBIOTICS PENICILLINS

PENICILLIN V (POTASSIUM)

61	25mg/mL O/L				.0245	.49
	00018635	Nadopen-V (Not a Benefit)	NDA			
	00642223	Apo-Pen V-K	APX		.0245	.49
62	60mg/mL O/L				.0325	.49
	00391603	Novo-Pen-VK-500	NOP		.0325	.49
	00642231	Apo-Pen V-K	APX		.0325	.49
63	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.

64	35mg/mL O/L				.0630	.63
	00582239	Pondocillin	LEO		.0630	.63
65	500mg Tab				.6588	1.32
	00582247	Pondocillin	LEO		.6588	1.32

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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.

66	250mg Cap			.0190	.08
	00024422	Tetracyn (Not a Benefit)	PFI		
	00580929	Apo-Tetra	APX	.0190	.08
	00717606	Nu-Tetra	NXP	.0190	.08
67	25mg/mL O/L			.0181	.72
	00151416	Novo-Tetra	NOP	.0181	.72

08:12:28 ANTIBIOTICS OTHER ANTIBIOTICS

CEFACLOR

68	250mg Cap			.6430	1.93
	00465186	Ceclor	PHE	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
69	500mg Cap			1.2625	3.79
	00465194	Ceclor	PHE	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
70	25mg/mL Oral Susp			.0762	1.14
	00465208	Ceclor	PHE	.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

71	50mg/mL Oral Susp			.1395	2.09
	00465216	Ceclor	PHE	.1993	2.99
	02185865	PMS-Cefaclor	PMS	.1395	2.09
	02237501	Apo-Cefaclor	APX	.1395	2.09
72	375mg/5mL Oral Susp			.2010	
	00832804	Ceclor	PHE	.2872	
	02185873	PMS-Cefaclor	PMS	.2010	
	02237502	Apo-Cefaclor	APX	.2010	

CEFADROXIL

73	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

74	500mg Inj Pd-Vial Pk			2.0000	
	00322288	Kefzol	LIL	2.0000	
	01919636	Ancef	SMJ	2.5000	
75	1000mg Inj Pd-Vial Pk			3.0000	
	00322296	Kefzol	LIL	3.0000	

CEFIXIME

76	20mg/mL Oral Susp			.3316	
	00868965	Suprax	LED	.3316	
77	400mg Tab			3.0940	3.09
	00868981	Suprax	LED	3.0940	3.09

CEFPROZIL

78	125mg/5mL Oral Susp			.1495	
	02163675	Cefzil	BQU	.1495	
79	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

80	250mg Tab 02163659	Cefzil	BQU	1.5300 1.5300
81	500mg Tab 02163667	Cefzil	BQU	3.0000 3.0000

CEFTRIAXONE DISODIUM

82	0.25g/Vial Inj Pd-1 Vial Pk 00657387	Rocephin	HLR	10.7500 10.7500
83	1g/Vial Inj Pd-1 Vial Pk 00657417	Rocephin	HLR	34.0000 34.0000
84	2g/Vial Inj Pd-1 Vial Pk 00657409	Rocephin	HLR	67.0000 67.0000

CEFUROXIME AXETIL

85	250mg Sachet 02212293	Ceftin	GLW	1.4750 1.4750	
86	125mg/5mL Susp 02212307	Ceftin	GLW	.1600 .1600	
87	250mg Tab 02212277	Ceftin	GLW	1.0131 1.4473	2.03 2.89
	02242656	Alti-Cefuroxime	ALT	1.0131	2.03
	02244393	Apo-Cefuroxime	APX	1.0131	2.03
88	500mg Tab 02212285	Ceftin	GLW	2.0071 2.8673	4.01 5.73
	02242657	Alti-Cefuroxime	ALT	2.0071	4.01
	02244394	Apo-Cefuroxime	APX	2.0071	4.01

CEPHALEXIN MONOHYDRATE

89	250mg Cap 00342084	Novo-Lexin	NOP	.1493 .1493	.60 .60
90	500mg Cap 00342114	Novo-Lexin	NOP	.2986 .2986	1.19 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

91	25mg/mL Pd for Oral Susp			.0323	.65
	00015547	Keflex	PHE	.0457	.91
	00342106	Novo-Lexin	NOP	.0323	.65
	02177811	PMS-Cephalexin 125	PMS	.0323	.65
92	50mg/mL Pd for Oral Susp			.0655	1.31
	00035645	Keflex	PHE	.0948	1.90
	00342092	Novo-Lexin	NOP	.0655	1.31
	02177838	PMS-Cephalexin 250	PMS	.0655	1.31
93	250mg Tab			.1493	.60
	00403628	Keflex	PHE	.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
94	500mg Tab			.2986	1.19
	00244392	Keflex	PHE	.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

95	150mg Cap			.4890	3.91
	00030570	Dalacin C	UPJ	.7762	6.21
	02130033	Ratio-Clindamycin	RPH	.4890	3.91
	02241709	Novo-Clindamycin	NOP	.4890	3.91
	02245232	Apo-Clindamycin	APX	.4890	3.91
	02258331	Gen-Clindamycin	GEN	.4890	3.91
96	300mg Cap			.9780	
	02182866	Dalacin C	UPJ	1.5524	
	02192659	Ratio-Clindamycin	RPH	.9780	
	02241710	Novo-Clindamycin	NOP	.9780	
	02245233	Apo-Clindamycin	APX	.9780	
	02258358	Gen-Clindamycin	GEN	.9780	

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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 PALMITATE

97	15mg/mL O/L				.1103
	00225851	Dalacin C	UPJ		.1103

CLINDAMYCIN PHOSPHATE

98	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

99	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.			
		LU Authorization Period: 1 year.			

GENTAMICIN SULFATE

100	80mg/2mL Inj Sol-2mL Pk				3.9600
	00223824	Garamycin	SCH		3.9600

NEOMYCIN SULFATE

101	25mg/mL O/L				.0750
	00030805	Mycifradin	UPJ		.0750
102	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

103	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.			
		LU Authorization Period: 1 year.			

TOBRAMYCIN SULFATE

104	20mg/2mL Inj Sol-2mL Pk				3.4110
	00325457	Nebcin	LIL		3.4110
105	80mg/2mL Inj Sol-2mL Pk				4.3381
	00325449	Nebcin	LIL		4.8200
	02241210	Tobramycin	SIL		4.3381

08:16:00 ANTITUBERCULAR AGENTS

AMINOSALICYLATE SODIUM

106	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

107	100mg Tab				.0973
	00127957	Myambutol (Not a Benefit)	LED		
	00247960	Etibi	ICN		.0973
108	400mg Tab				.2711
	00247979	Etibi	ICN		.2711
	02170078	Myambutol (Not a Benefit)	WAY		

ISONIAZID

109	300mg Tab				.0640
	00272655	Isotamine	ICN		.0640

PYRAZINAMIDE

110	500mg Tab				.4980
	00283991	Tebrazid	ICN		.4980

RIFABUTIN

111	150mg Cap				3.7500
	02063786	Mycobutin	PMJ		3.7500
	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.			
		LU Authorization Period: 1 year.			
		OR			
	104	Patients with a CD4+ cell count less than 100/mm3 without an AIDS-defining diagnosis.			
		LU Authorization Period: 1 year.			

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.

112	150mg Cap				.6038
	00393444	Rofact	ICN		.6038
	02091887	Rifadin	AVE		.6038
113	300mg Cap				.9503
	00343617	Rofact	ICN		.9503
	02092808	Rifadin	AVE		.9503

08:18:00 ANTIVIRALS

ABACAVIR & LAMIVUDINE & ZIDOVUDINE

114	300mg/150mg/300mg Tab				15.7500
	02244757	Trizivir	GSK		15.7500

ABACAVIR SULFATE

115	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.

116	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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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

ACYCLOVIR

117	800mg Tab			2.8557
	01911635	Zovirax	GLW	4.5328
	02078651	Ratio-Acyclovir	RPH	2.8557
	02197421	Nu-Acyclovir	NXP	2.8557
	02207656	Apo-Acyclovir	APX	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. LU Authorization Period: 1 year.		
	96	Herpes zoster ophthalmicus regardless of age, up to 72 hours after appearance of lesions. Dose: 800mg 5 times/day for 7 days. LU Authorization Period: 1 year.		
	97	Herpes zoster in immunocompromised patients regardless of age and time elapsed from onset. Dose: 800mg 5 times/day for 7 days. LU Authorization Period: 1 year.		
	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. LU Authorization Period: 1 year.		

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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

AMPRENAVIR

118	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.

119	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.

120	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.

ATAZANAVIR SULFATE

121	150mg Cap				9.9000
	02248610	Reyataz	BQU		9.9000

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

122	200mg Cap				9.9000
	02248611	Reyataz	BQU		9.9000

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

DELAVIDRINE MESYLATE

123	100mg Tab				.7178
	02238348	Rescriptor	AGO		.7178

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

EFAVIRENZ

124	50mg Cap				1.1077
	02239886	Sustiva	BQU		1.1077
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.				
125	100mg Cap				2.2150
	02239887	Sustiva	BQU		2.2150
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.				
126	200mg Cap				4.4300
	02239888	Sustiva	BQU		4.4300
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.				
127	600mg Tab				13.2900
	02246045	Sustiva	BQU		13.2900
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.				

FAMCICLOVIR

128	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. LU Authorization Period: 1 year.			

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

08:00 ANTI-INFECTIVE AGENTS

08:18:00 ANTIVIRALS

GANCICLOVIR SODIUM

129	500mg/Vial Pd Inj-10mL Pk 00865516	Cytovene	SYN	41.2140 41.2140
	Reason for Use Code	Clinical criteria		
	12	For the treatment of CMV retinitis secondary to AIDS and other immunosuppressive syndromes.		
		LU Authorization Period: 1 year.		

INDINAVIR

130	200mg Cap 02229161	Crixivan	FRS	1.3467 1.3467
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.			
131	400mg Cap 02229196	Crixivan	FRS	2.6933 2.6933
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.			

LAMIVUDINE

132	10mg/mL O/L 02192691	3TC	GLW	.2933 .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.			
133	150mg Tab 02192683	3TC	GLW	4.4000 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.			
134	300mg Tab 02247825	3TC	GSK	8.8000 8.8000
	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.			

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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 & 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.				

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.				
140	625mg Tab			4.5500
	02248761	Viracept	PFI	4.5500
Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.				

NEVIRAPINE

141	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.				

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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

OSELTAMIVIR PHOSPHATE

142	75mg Cap			4.2000
	02241472	Tamiflu	HLR	4.2000
	Reason for Use Code	Clinical criteria		
	371	For the prophylaxis (max: 75mg daily) of institutionalized individuals during confirmed* outbreaks of Influenza A or Influenza B. Note: Network will limit supply to 6 weeks. LU Authorization Period: 1 year.		
	372	For the treatment (max: 75mg bid) of institutionalized individuals during confirmed* outbreaks due to: Influenza B or, Influenza A (as an alternative to amantadine) or, Influenza A where new cases have developed despite amantadine prophylaxis. Note: Network will limit supply to 5 days. *The outbreak must be confirmed by Public Health. LU Authorization Period: 1 year.		

RITONAVIR

143	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.			
144	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

145	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.

146	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

147	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.

148	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.

149	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.

150	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

151	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. LU Authorization Period: 1 year.			

VALGANCICLOVIR

152	450mg Tab				22.4100
	02245777	Valcyte	HLR		22.4100
	Reason for Use Code	Clinical criteria			
	374	For the treatment of CMV retinitis in patients with AIDS. LU Authorization Period: 1 year.			

08:20:00 PLASMODICIDES (ANTIMALARIALS)

CHLOROQUINE PHOSPHATE

153	250mg Tab				.0664
	00021261	Novo-Chloroquine	NOP		.0664
	02017539	Aralen	SAO		.3208

HYDROXYCHLOROQUINE SULFATE

154	200mg Tab				.3301
	02017709	Plaquenil	SAO		.5240
	02246691	Apo-Hydroxyquine	APX		.3301
	02252600	Gen-Hydroxychloroquine	GEN		.3301

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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

SULFAPYRIDINE

155	500mg Tab				.3550
	01944827	Dagenan	AVE		.3550

SULFASALAZINE

156	500mg Ent Tab				.1084
	00598488	PMS-Sulfasalazine-E.C.	PMS		.1084
	00685925	Sulfasalazine	KNR		.1084
	02064472	Salazopyrin	PMJ		.2499
157	500mg Tab				.0836
	00598461	PMS-Sulfasalazine	PMS		.0836
	00685933	Sulfasalazine	KNR		.0836
	02064480	Salazopyrin	PMJ		.1600

08:32:00 TRICHOMONACIDES

METRONIDAZOLE

158	500mg Cap				.6127	1.84
	00783137	Trikacide	PMS		.6127	1.84
	01926853	Flagyl	AVE		.8500	2.55
	02248562	Apo-Metronidazole	APX		.6127	1.84
159	250mg Tab				.0278	.08
	00545066	Apo-Metronidazole	APX		.0278	.08
	01926896	Flagyl (Not a Benefit)	RPP			

08:36:00 URINARY ANTI-INFECTIVES

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.

160	50mg Cap				.2276	.91
	01997637	# Macrochantin	PGP		.3252	1.30
	02231015	Novo-Furantoin	NOP		.2276	.91
161	100mg Cap				.2315	.93
	01997645	Macrochantin (Not a Benefit)	PGP			
	02231016	Novo-Furantoin	NOP		.2315	.93

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

08:00 ANTI-INFECTIVE AGENTS

08:36:00 URINARY ANTI-INFECTIVES

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.

162	50mg Tab 00319511	Apo-Nitrofurantoin	APX	.0185	.07
				.0185	.07
163	100mg Tab 00312738	Apo-Nitrofurantoin	APX	.0201	.08
				.0201	.08

NITROFURANTOIN MONO/MICRO CRYSTALS

164	100mg Cap			.6175
	02063662	MacroBID	PGP	.6175

PIVMECILLINAM HCL

165	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.

166	10g/100mL Oral Susp			.5012	5.01
	02237514	Cipro	BAH	.5012	5.01
167	250mg Tab			1.5547	3.11
	02155958	Cipro	BAH	2.2210	4.44
	02161737	Novo-Ciprofloxacin	NOP	1.5547	3.11
	02229521	Apo-Ciproflox	APX	1.5547	3.11
	02245647	Gen-Ciprofloxacin	GEN	1.5547	3.11
	02246825	Ratio-Ciprofloxacin	RPH	1.5547	3.11
	02247339	Co-Ciprofloxacin	COB	1.5547	3.11
	02248437	PMS-Ciprofloxacin	PMS	1.5547	3.11
	02248756	Rhoxal-Ciprofloxacin	RHO	1.5547	3.11
168	500mg Tab			1.7540	3.51
	02155966	Cipro	BAH	2.5058	5.01
	02161745	Novo-Ciprofloxacin	NOP	1.7540	3.51
	02229522	Apo-Ciproflox	APX	1.7540	3.51
	02245648	Gen-Ciprofloxacin	GEN	1.7541	3.51
	02246826	Ratio-Ciprofloxacin	RPH	1.7540	3.51
	02247340	Co-Ciprofloxacin	COB	1.7541	3.51
	02248438	PMS-Ciprofloxacin	PMS	1.7540	3.51
	02248757	Rhoxal-Ciprofloxacin	RHO	1.7540	3.51
169	750mg Tab			3.3082	6.61
	02155974	Cipro	BAH	4.7262	9.45
	02161753	Novo-Ciprofloxacin	NOP	3.3082	6.61
	02229523	Apo-Ciproflox	APX	3.3082	6.61
	02245649	Gen-Ciprofloxacin	GEN	3.3083	6.61
	02246827	Ratio-Ciprofloxacin	RPH	3.3082	6.61
	02247341	Co-Ciprofloxacin	COB	3.3082	6.61
	02248439	PMS-Ciprofloxacin	PMS	3.3082	6.61
	02248758	Rhoxal-Ciprofloxacin	RHO	3.3082	6.61
	Reason for Use Code	Clinical criteria			
	332	For the treatment of patients with: SST/BJ (Gram negative bacteria): Skin/soft tissue and bone/joint infection due to gram negative bacteria; severe diabetic foot infection; severe otitis externa; decubitus ulcers. LU Authorization Period: 1 year.			

Continued on next page...

+ = NEW LISTING

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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

08:40:00 MISCELLANEOUS ANTI-INFECTIVES

CIPROFLOXACIN (Cont'd)

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.

- 333

GU Tract:
 Urinary tract infection/prostatitis/epididymitis caused by (suspected or documented) *Pseudomonas*; sexually transmitted diseases.

LU Authorization Period: 1 year.
- 334

COPD with risk:
 Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors¹; bronchiectasis; pneumonic illness with cystic fibrosis.

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 per year.

LU Authorization Period: 1 year.
- 336

Step-Down:
 Step-down therapy after parenteral therapy or hospital/emergency department discharge; febrile neutropenia.

LU Authorization Period: 1 year.
- 350

GI:
 Traveller's diarrhea; enteric fever syndromes; Crohn's disease.

LU Authorization Period: 1 year.
- 353

For the prophylaxis or treatment of *B. anthracis* exposure.

LU Authorization Period: 1 year.
- 977

Exceptional cases of allergy or intolerance to all other appropriate therapies.

LU Authorization Period: 1 year.

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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 HCL & CIPROFLOXACIN BASE

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.

170	500mg ER Tab 02247916	Cipro XL	BAH	2.7400 2.7400
	Reason for Use Code 394	Clinical criteria For patients with uncomplicated urinary tract infections (acute cystitis) who have failure, intolerance or hypersensitivity to all formulary antibiotic alternatives that are listed as General Benefits. LU Authorization Period: 1 year.		
171	1000mg ER Tab 02251787	Cipro XL	BAH	2.7400 2.7400
	Reason for Use Code 395	Clinical criteria For patients with complicated urinary tract infections or acute uncomplicated pyelonephritis who have failure, intolerance or hypersensitivity to all formulary antibiotic alternatives that are listed as General Benefits. LU Authorization Period: 1 year.		

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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

172	400mg Tab 02243182	Tequin	BQU	5.0100 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. LU Authorization Period: 1 year.		
	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. LU Authorization Period: 1 year.		
	339	<u>Step-Down:</u> Step-down therapy after parenteral therapy or hospital / emergency department discharge. LU Authorization Period: 1 year.		
	977	Exceptional cases of allergy or intolerance to all other appropriate therapies. LU Authorization Period: 1 year.		

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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

IDOQUINOL

173	650mg Tab				.3840 1.15
	01997750	Diodoquin	GLE	.3840	1.15

LEVOFLOXACIN

174	250mg Tab			3.1080
	02236841	Levaquin	JNO	4.4400
	02248262	Novo-Levofloxacin	NOP	3.1080
175	500mg Tab			3.5070
	02236842	Levaquin	JNO	5.0100
	02248263	Novo-Levofloxacin	NOP	3.5070
	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. LU Authorization Period: 1 year.		
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 per year. LU Authorization Period: 1 year.		
339		Step-Down: Step-down therapy after parenteral therapy or hospital / emergency department discharge. LU Authorization Period: 1 year.		
977		Exceptional cases of allergy or intolerance to all other appropriate therapies. LU Authorization Period: 1 year.		

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

08:00 ANTI-INFECTIVE AGENTS

08:40:00 MISCELLANEOUS ANTI-INFECTIVES

LINEZOLID

176	600mg Tab 02243684	Zyvoxam	PHA	70.6390 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.		
		LU Authorization Period: 1 year.		
	363	Vancomycin resistant Enterococcus species (VRE) infections* in patients switching from IV linezolid.		
		LU Authorization Period: 1 year.		
	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.		
		LU Authorization Period: 1 year.		

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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

08:40:00 MISCELLANEOUS ANTI-INFECTIVES

MOXIFLOXACIN HYDROCHLORIDE

177	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.			
		LU Authorization Period: 1 year.			
	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.			
		LU Authorization Period: 1 year.			
	339	<u>Step-Down:</u> Step-down therapy after parenteral therapy or hospital / emergency department discharge.			
		LU Authorization Period: 1 year.			
	977	Exceptional cases of allergy or intolerance to all other appropriate therapies.			
		LU Authorization Period: 1 year.			

NORFLOXACIN

178	400mg Tab				1.3716	2.74
	00643025	Noroxin	MSD		2.1795	4.36
	02229524	Apo-Norflox	APX		1.3716	2.74
	02237682	Novo-Norfloxacin	NOP		1.3716	2.74
	02246596	PMS-Norfloxacin	PMS		1.3716	2.74

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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

179	200mg Tab			1.3041	2.61
	01968424	Floxin (Not a Benefit)	JNO		
	02231529	Apo-Oflox	APX	1.3041	2.61
	02243474	Novo-Ofloxacin	NOP	1.3041	2.61
180	300mg Tab			1.5323	3.06
	01968416	Floxin	JNO	2.4322	4.86
	02231531	Apo-Oflox	APX	1.5323	3.06
	02243475	Novo-Ofloxacin	NOP	1.5323	3.06
181	400mg Tab			1.5323	3.06
	01968408	Floxin	JNO	2.4322	4.86
	02231532	Apo-Oflox	APX	1.5323	3.06
	02243476	Novo-Ofloxacin	NOP	1.5323	3.06
	Reason for Use Code	Clinical criteria			
	340	For the treatment of patients with: <u>SST/BJ (Gram negative bacteria):</u> Skin/soft tissue and bone/joint infection due to gram negative bacteria; severe diabetic foot infection. LU Authorization Period: 1 year.			
	341	<u>GU Tract:</u> Urinary tract infection / prostatitis / epididymitis; sexually transmitted disease. LU Authorization Period: 1 year.			
	338	<u>COPD with risk:</u> 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 per year. LU Authorization Period: 1 year.			
	335	<u>GI:</u> Traveller's diarrhea; enteric fever syndromes. LU Authorization Period: 1 year.			
	339	<u>Step-Down:</u> Step-down therapy after parenteral therapy or hospital / emergency department discharge. LU Authorization Period: 1 year.			
	977	Exceptional cases of allergy or intolerance to all other appropriate therapies. LU Authorization Period: 1 year.			

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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

SULFAMETHOXAZOLE & TRIMETHOPRIM

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

182	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
183	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
184	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

185	100mg Tab			.1891	.38
	00675229	Proloprim	BWE	.2701	.54
	02243116	Apo-Trimethoprim	APX	.1891	.38
186	200mg Tab			.3885	.39
	00677590	Proloprim	BWE	.5550	.56
	02243117	Apo-Trimethoprim	APX	.3885	.39

TRIMETHOPRIM & SULFADIAZINE

187	9mg/mL & 41mg/mL Oral Susp			.1355	
	00745618	# Coptin	BFI	.1355	
188	90mg & 410mg Tab			.4951	.99
	00656933	# Coptin	BFI	.4951	.99

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

10:00 ANTINEOPLASTIC AGENTS

ALTRETAMINE

189	50mg Cap 02126230	Hexalen	LIL	3.3600 3.3600

AMETHOPTERIN

190	2.5mg Tab 02170698	Methotrexate	WAY	.6325 .6325
	02182963	Apo-Methotrexate	MAY	.6325
	02244798	Ratio-Methotrexate Sodium	RPH	.6325

AMETHOPTERIN (SODIUM)

191	50mg/2mL Inj Sol-2mL Pk 02170671	Methotrexate	WAY	17.8400 17.8400

ANASTROZOLE

192	1mg Tab 02224135	Arimidex	AZC	4.9500 4.9500
	Reason for Use Code	Clinical criteria		
	365	For the treatment of metastatic breast cancer in hormone receptor positive post-menopausal women.		
		LU Authorization Period: Indefinite.		
	396	As an alternative to tamoxifen for the adjuvant treatment of postmenopausal women with hormone receptor positive breast cancer.		
		LU Authorization Period: Indefinite.		

BICALUTAMIDE

193	50mg Tab 02184478	Casodex	AZC	6.4400 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

194	6.3mg Implant Kit 02228955	Suprefact Depot	AVE	670.0000
				670.0000
195	9.45mg Implant Kit 02240749	Suprefact Depot	AVE	990.0000
				990.0000
196	1mg/mL Inj Sol-5.5mL Pk 02225166	Suprefact	AVE	46.8750
				46.8750
197	1mg/mL Nas Sp-10mL Pk 02225158	Suprefact	AVE	62.8000
				62.8000

BUSULFAN

198	2mg Tab 00004618	Myleran	BWE	1.2852
				1.2852

CAPECITABINE

199	150mg Tab 02238453	Xeloda	HLR	1.8300
				1.8300
200	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.		
		NOTE: Not to be used in patients who have failed 5-flurouracil.		
		LU Authorization Period: Indefinite.		
	360	For the treatment of metastatic breast cancer in combination with docetaxel in women who experience disease progression on or after an anthracycline.		
		LU Authorization Period: Indefinite.		

CHLORAMBUCIL

201	2mg Tab 00004626	Leukeran	BWE	1.2116
				1.2116

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

10:00 ANTINEOPLASTIC AGENTS

CLADRIBINE

202	1mg/mL Inj				48.5000
	02022117	Leustatin	OMC		48.5000
	Reason for Use Code	Clinical criteria			
	99	For hairy cell leukemia, as a single 7-day treatment course.			
		LU Authorization Period: 1 year.			

CYCLOPHOSPHAMIDE

203	200mg Inj Pd-Vial Pk				5.7630
	02241797	Procytox	BAX		5.7630
204	1000mg Inj Pd-Vial Pk				13.4436
	02241799	Procytox	BAX		13.4436
205	25mg Tab				.3520
	00344877	Cytosan	BQU		.3520
	02241795	Procytox	BAX		.3520
206	50mg Tab				.4740
	00344885	Cytosan	BQU		.4740
	02241796	Procytox	BAX		.4740

CYPROTERONE ACETATE

207	50mg Tab				1.4085
	00704431	Androcur	BEX		1.4085
	02229723	Gen-Cyproterone	GEN		1.5092
	02232872	Novo-Cyproterone	NOP		1.4085
	02245898	Apo-Cyproterone	APX		1.4085

CYTARABINE

208	100mg Inj Pd-Vial Pk				9.4780
	00386715	Cytosar	UPJ		9.4780
209	500mg Inj Pd-Vial Pk				41.9280
	00194727	Cytosar	UPJ		41.9280
210	1g Inj Pd-Vial Pk				76.4700
	00646296	Cytosar	UPJ		76.4700
211	2g Inj Pd-Vial Pk				151.1200
	00646318	Cytosar	UPJ		151.1200

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

10:00 ANTINEOPLASTIC AGENTS

DACARBAZINE

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

DAUNORUBICIN

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

ESTRAMUSTINE PHOSPHATE DISODIUM

214	140mg Cap 00780278	Emcyt	KAP	3.0070 3.0070

ETOPOSIDE

215	50mg Cap 00616192	Vepesid	BQU	30.5025 30.5025

EXEMESTANE

216	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.		
		LU Authorization Period: Indefinite.		

FLUDARABINE PHOSPHATE

217	10mg Tab 02246226	Fludara	BEX	37.0000 37.0000
	Reason for Use Code 379	Clinical criteria		
		For second line therapy of patients with chronic lymphocytic leukemia (CLL) who have failed or are intolerant to chlorambucil.		
		LU Authorization Period: Indefinite.		

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

10:00 ANTINEOPLASTIC AGENTS

FLUOROURACIL					
218	500mg/10mL Inj Sol-10mL Pk				3.4400
	00012882	Fluorouracil	HLR		3.4400
FLUTAMIDE					
219	250mg Tab				1.3530
	00637726	Euflex	SCH		1.3530
	02230089	Novo-Flutamide	NOP		1.3530
	02230104	PMS-Flutamide	PMS		1.3530
	02238560	Apo-Flutamide	APX		1.3530
GOSERELIN ACETATE					
220	3.6mg Depot Inj				381.7500
	02049325	Zoladex	AZC		381.7500
221	10.8mg Depot Inj				1087.9900
	02225905	Zoladex LA	AZC		1087.9900
HYDROXYUREA					
222	500mg Cap				1.0203
	00465283	Hydrea	BQU		1.0203
	02242920	Gen-Hydroxyurea	GEN		1.0203
	02247937	Apo-Hydroxyurea	APX		1.0203

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

10:00 ANTINEOPLASTIC AGENTS

INTERFERON ALFA-2A

223	3mu/Vial Inj Sol-1mL Pk				34.0000
	02217015	Roferon-A	HLR		34.0000
224	18mu/Vial Inj Sol-3mL Pk				204.0000
	02217066	Roferon-A	HLR		204.0000
225	9mu/Vial Pd for Inj				102.0000
	01911996	Roferon-A	HLR		102.0000
226	18mu/Vial Pd for Inj				204.0000
	01912003	Roferon-A	HLR		204.0000
	Reason for Use Code	Clinical criteria			
	28	For hairy cell leukemia.			
		LU Authorization Period: Indefinite.			
	29	For Kaposi's Sarcoma.			
		LU Authorization Period: Indefinite.			

INTERFERON ALFA-2B

227	15mu/mL 18mu MD Pen Kit				203.9400
	02240693	Intron A	SCH		203.9400
228	25mu/mL 30mu MD Pen Kit				339.9000
	02240694	Intron A	SCH		339.9000
229	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.			
		LU Authorization Period: Indefinite.			
	29	For Kaposi's Sarcoma.			
		LU Authorization Period: Indefinite.			

L-ASPARAGINASE

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

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

10:00 ANTINEOPLASTIC AGENTS

LETROZOLE

231	2.5mg Tab				4.9500
	02231384	Femara	NOV		4.9500
	Reason for Use Code	Clinical criteria			
	365	For the treatment of metastatic breast cancer in hormone receptor positive post-menopausal women.			
		LU Authorization Period: Indefinite.			

LEUPROLIDE ACETATE

232	7.5mg Inj Pref Syr-Kit				343.5800
	02248239	Eligard	SAO		343.5800
233	22.5mg Inj Pref Syr-Kit				891.0000
	02248240	Eligard	SAO		891.0000
234	30mg Inj Pref Syr-Kit				1285.2000
	02248999	Eligard	SAO		1285.2000
235	3.75mg Inj-Kit				304.5000
	00884502	Lupron Depot PDS	ABB		304.5000
236	7.5mg Inj-Kit				387.9700
	00836273	Lupron Depot PDS	ABB		387.9700
237	11.25mg Inj-Kit				913.5000
	02239834	Lupron Depot PDS	TAP		913.5000
238	22.5mg Inj-Kit				1071.0000
	02230248	Lupron Depot PDS	ABB		1071.0000
239	30mg Inj-Kit				1428.0000
	02239833	Lupron Depot PDS	TAP		1428.0000

LOMUSTINE (CCNU)

240	10mg Cap				4.1900
	00360430	CeeNU	BQU		4.1900
241	40mg Cap				7.2125
	00360422	CeeNU	BQU		7.2125
242	100mg Cap				11.9075
	00360414	CeeNU	BQU		11.9075

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

10:00 ANTINEOPLASTIC AGENTS

MEGESTROL ACETATE

243	40mg Tab				.9054
	00386391	Megace	BQU		1.3430
	02176092	Lin-Megestrol	LON		.9054
	02185415	Nu-Megestrol	NXP		.9054
	02195917	Apo-Megestrol	APX		.9054
244	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

245	2mg Tab				1.3606
	00004715	Alkeran	BWE		1.3606

MERCAPTOPURINE

246	50mg Tab				1.8340
	00004723	Purinethol	BWE		1.8340

Note: Decrease dose of mercaptopurine to 25-33% of initial dose if allopurinol used concomitantly.

METHOTREXATE SODIUM

247	20mg/2mL Inj Sol-2mL Pk				12.5000
	02182947	Methotrexate Sodium	FAU		12.5000

NILUTAMIDE

248	50mg Tab				1.7000
	02221861	Anandron	AVE		1.7000
249	100mg Tab				2.0000
	02221888	Anandron	AVE		2.0000

PROCARBAZINE HCL

250	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.)

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

10:00 ANTINEOPLASTIC AGENTS

STREPTOZOCIN

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

TAMOXIFEN CITRATE

252	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
253	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

TEMOZOLOMIDE

254	5mg Cap			7.1300
	02241093	Temodal	SCH	7.1300
255	20mg Cap			28.5200
	02241094	Temodal	SCH	28.5200
256	100mg Cap			142.6000
	02241095	Temodal	SCH	142.6000
257	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.		
		LU Authorization Period: Indefinite.		

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

10:00 ANTINEOPLASTIC AGENTS

THIOGUANINE					
258	40mg Tab				3.7456
	00282081	Lanvis	BWE		3.7456
VINBLASTINE SULFATE					
259	Inj Pd-10mg Pk				49.8212
	00015431	Velbe	LIL		49.8212
VINCRIStINE SULFATE					
260	1mg/mL Inj Sol				7.1300
	00611182	Oncovin (Not a Benefit)	LIL		
	02143305	Vincristine Sulfate	NOP		7.1300

+ = 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

12:00 AUTONOMIC AGENTS

12:04:00 PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

BETHANECHOL CHLORIDE

261	10mg Tab				.2315
	01947958	Duvoid	SHI		.2315
262	25mg Tab				.3750
	01947931	Duvoid	SHI		.3750
263	50mg Tab				.4925
	01947923	Duvoid	SHI		.4925

CARBACHOL

264	2mg Tab				.3727
	00885568	Carbachol	GLA		.3727

DONEPEZIL HCL

265	5mg Tab				4.5900
	02232043	Aricept	PFI		4.5900
266	10mg Tab				4.5900
	02232044	Aricept	PFI		4.5900

Reason for Use Code
347
348

Clinical criteria
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.
LU Authorization Period: 1 year.
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.
LU Authorization Period: 1 year.

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

267	4mg Tab				2.2950
	02244298	Reminyl	JNO		2.2950
268	8mg Tab				2.2950
	02244299	Reminyl	JNO		2.2950
269	12mg Tab				2.2950
	02244300	Reminyl	JNO		2.2950
	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.			
		LU Authorization Period: 1 year.			
	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.			
		LU Authorization Period: 1 year.			

NEOSTIGMINE BROMIDE

270	15mg Tab				.1484
	00869945	Prostigmin	ICN		.1484

PYRIDOSTIGMINE BROMIDE

271	180mg LA Tab				.3379
	00869953	Mestinon	ICN		.3379
272	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

273	1.5mg Cap				2.2950
	02242115	Exelon		NOV	2.2950
274	3mg Cap				2.2950
	02242116	Exelon		NOV	2.2950
275	4.5mg Cap				2.2950
	02242117	Exelon		NOV	2.2950
276	6mg Cap				2.2950
	02242118	Exelon		NOV	2.2950
	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.			
		LU Authorization Period: 1 year.			
	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.			
		LU Authorization Period: 1 year.			

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

277	2mg/2mL Inj Sol-2mL Pk				3.3110
	00016128	Cogentin		MSD	4.7300
	02238903	Benztropine Omega		OMG	3.3110
278	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

279	50mg Tab				.1855
	01927744	Parsitan	AVE		.1855

IPRATROPIUM BROMIDE

280	250mcg/mL Inh Sol-20mL Pk				11.0600
	00731439	Atrovent	BOE		17.5700
	02097141	Ratio-Ipratropium	RPH		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;			
		LU Authorization Period: Indefinite.			
	257	Patients with cystic fibrosis in whom nebulizer therapy is indicated;			
		LU Authorization Period: Indefinite.			
	258	Patients with severe mental or physical disabilities;			
		LU Authorization Period: Indefinite.			
	259	Patients who have previously used nebulizer therapy within the last 12 month period.			
		LU Authorization Period: Indefinite.			

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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

281	125mcg/mL Inh Sol-2mL UDV Pk				.7550
	02026759	Atrovent UDV	BOE		1.3180
	02097176	Ratio-Ipratropium UDV	RPH		.7550
	02231135	PMS-Ipratropium	PMS		.7550
	02243827	Apo-Ipravent	APX		.7550
282	250mcg/mL Inh Sol-2mL UDV Pk				1.5100
	01950681	Atrovent UDV	BOE		2.6360
	02097168	Ratio-Ipratropium UDV	RPH		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;			
		LU Authorization Period: Indefinite.			
	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;			
		LU Authorization Period: Indefinite.			
	267	Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have severe mental or physical disabilities;			
		LU Authorization Period: Indefinite.			
	268	Patients who have previously used nebulizer therapy within the last 12 month period.			
		LU Authorization Period: Indefinite.			

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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

283	Inh-200 Dose Pk 00576158	# Atrovent	BOE	15.7500 15.7500
284	20mcg/Metered Dose Inh-200 Dose Pk 02247686	Atrovent HFA	BOE	15.7500 15.7500

IPRATROPIUM BROMIDE/SALBUTAMOL

285	20mcg/100mcg/md 02163721	Aero Inh Combivent	BOE	18.6500 18.6500

286	500mcg/2.5mg/2.5mL 02231675 02243789	Inh Sol-2.5mL Pk Combivent UDV Ratio-IPRA SAL UDV	BOE RPH	1.0276 1.4680 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; LU Authorization Period: Indefinite.
257	Patients with cystic fibrosis in whom nebulizer therapy is indicated; LU Authorization Period: Indefinite.
258	Patients with severe mental or physical disabilities; LU Authorization Period: Indefinite.
259	Patients who have previously used nebulizer therapy within the last 12 month period. LU Authorization Period: Indefinite.

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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

287	1mg/mL O/L				.0622
	01924753	Ditropan	PGP		.0888
	02223376	PMS-Oxybutynin	PMS		.0622
	02231089	Apo-Oxybutynin	APX		.0622
288	5mg Tab				.2485
	01924761	Ditropan	PGP		.3945
	02158590	Nu-Oxybutyn	NXP		.2485
	02163543	Apo-Oxybutynin	APX		.2485
	02220059	Oxybutyn	ICN		.2485
	02230394	Novo-Oxybutynin	NOP		.2485
	02230800	Gen-Oxybutynin	GEN		.2485
	02240550	PMS-Oxybutynin	PMS		.2485

PROCYCLIDINE HCL

289	0.5mg/mL O/L				.0307
	00004405	Kemadrin	BWE		.0307
290	2.5mg Tab				.0274
	00649392	PMS-Procyclidine	PMS		.0274
291	5mg Tab				.0255
	00004758	Kemadrin	BWE		.0255
	00587354	PMS-Procyclidine	PMS		.0255

TIOTROPIUM BROMIDE MONOHYDRATE

292	18mcg Cap				2.1000
	02246793	Spiriva	BOE		2.1000

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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: 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

293	0.4mg/mL O/L				.0203
	00014656	Artane (Not a Benefit)	LED		
	00885398	PMS-Trihexyphenidyl	PMS		.0203
294	2mg Tab				.0100
	00015040	Artane (Not a Benefit)	LED		
	00545058	Apo-Trihex	APX		.0100
295	5mg Tab				.0087
	00015059	Artane (Not a Benefit)	LED		
	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

296	100mcg/6mcg Pd Inh-120 Dose Pk				60.0000
	02245385	Symbicort 100 Turbuhaler	AZC		60.0000
297	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.			
		LU Authorization Period: Indefinite.			

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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.

EPINEPHRINE HCL

299	30mg/30mL Inj Sol-30mL Pk			9.8500
	00155357	Adrenalin	PDA	9.8500

EPINEPHRINE HCL (RACEMIC)

300	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;		
		LU Authorization Period: Indefinite.		
	257	Patients with cystic fibrosis in whom nebulizer therapy is indicated;		
		LU Authorization Period: Indefinite.		
	258	Patients with severe mental or physical disabilities;		
		LU Authorization Period: Indefinite.		
	259	Patients who have previously used nebulizer therapy within the last 12 month period.		
		LU Authorization Period: Indefinite.		

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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

301	Inh Pd-200 Dose Pk			9.8300
	02006383	Berotec	BOE	9.8300
	Reason for Use Code	Clinical criteria		
	08	For patients who have not responded to other less expensive inhaled beta-2 adrenergic agonists.		
		LU Authorization Period: Indefinite.		

302	0.1% Inh Sol-20mL Pk			14.0600
	00541389	Berotec	BOE	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;		
		LU Authorization Period: Indefinite.		
	257	Patients with cystic fibrosis in whom nebulizer therapy is indicated;		
		LU Authorization Period: Indefinite.		
	258	Patients with severe mental or physical disabilities;		
		LU Authorization Period: Indefinite.		
	259	Patients who have previously used nebulizer therapy within the last 12 month period.		
		LU Authorization Period: Indefinite.		

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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

303	2.5mg Tab				.2306
	00454796	# Berotec		BOE	.2306

FORMOTEROL FUMARATE

304	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.			
		LU Authorization Period: Indefinite.			

FORMOTEROL FUMARATE DIHYDRATE

305	6mcg/Metered Dose Pd Inh-60 Dose Pk				31.7500
	02237225	Oxeze Turbuhaler		AZC	31.7500
306	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.			
		LU Authorization Period: Indefinite.			

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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

307	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; LU Authorization Period: Indefinite.		
	261	Patients who have a tracheostomy; LU Authorization Period: Indefinite.		
	262	Patients with cystic fibrosis in whom nebulizer therapy is indicated; LU Authorization Period: Indefinite.		
	263	Patients with severe mental or physical disabilities; LU Authorization Period: Indefinite.		
	264	Patients who have previously used nebulizer therapy within the last 12 month period. LU Authorization Period: Indefinite.		

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ORCIPRENALINE SULFATE

308	Inh Pd-300 Dose Pk			12.8000
	00254134	# Alupent	BOE	12.8000

309	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;
LU Authorization Period: Indefinite.

257 Patients with cystic fibrosis in whom nebulizer therapy is indicated;
LU Authorization Period: Indefinite.

258 Patients with severe mental or physical disabilities;
LU Authorization Period: Indefinite.

259 Patients who have previously used nebulizer therapy within the last 12 month period.
LU Authorization Period: Indefinite.

310	2mg/mL O/L			.0381
	00249920	Alupent	BOE	.0604
	02152568	Ratio-Orciprenaline	RPH	.0381
	02192675	Tanta Orciprenaline	TAN	.0453
	02236783	Apo-Orciprenaline	APX	.0381

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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 DIN	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

311	20mg Tab				.2349
	00003891	# Alupent		BOE	.2349

PSEUDOEPHEDRINE HCL

312	6mg/mL O/L				
	00004561	Sudafed (Not a Benefit)		BWE	
	00425516	Robidrine (Not a Benefit)		WHB	
313	60mg Tab				
	00004766	Sudafed (Not a Benefit)		BWE	
	00342726	Robidrine (Not a Benefit)		WHB	

SALBUTAMOL

314	200mcg/Cart Inh Pd				.1701
	02212315	Ventolin Rotacaps		GLW	.1701
315	400mcg/Cart Inh Pd				.2364
	02212323	Ventolin Rotacaps		GLW	.2364

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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

12:12:00 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.

SALBUTAMOL

316	1mg/mL Inh Sol-2.5mL Pk			.6083
	01926934	Gen-Salbutamol Sterinebs P.F.	GEN	.6083
	01986864	Ratio-Salbutamol Respirator Sol P.F.	RPH	.6083
	02208229	PMS-Salbutamol	PMS	.6083
	02213419	Ventolin Nebules P.F.	GLW	.9655
	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;		
		LU Authorization Period: Indefinite.		
	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;		
		LU Authorization Period: Indefinite.		
	267	Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have severe mental or physical disabilities;		
		LU Authorization Period: Indefinite.		
	268	Patients who have previously used nebulizer therapy within the last 12 month period.		
		LU Authorization Period: Indefinite.		

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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.

SALBUTAMOL

317	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;		
		LU Authorization Period: Indefinite.		
	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;		
		LU Authorization Period: Indefinite.		
	267	Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have severe mental or physical disabilities;		
		LU Authorization Period: Indefinite.		
	268	Patients who have previously used nebulizer therapy within the last 12 month period.		
		LU Authorization Period: Indefinite.		

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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

12:12:00 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.

SALBUTAMOL

318	5mg/mL Inh Sol-10mL Pk			5.9031
	00860808	Ratio-Salbutamol Respirator Solution	RPH	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; LU Authorization Period: Indefinite.		
	257	Patients with cystic fibrosis in whom nebulizer therapy is indicated; LU Authorization Period: Indefinite.		
	258	Patients with severe mental or physical disabilities; LU Authorization Period: Indefinite.		
	259	Patients who have previously used nebulizer therapy within the last 12 month period. LU Authorization Period: Indefinite.		

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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.

SALBUTAMOL

319	100mcg/Metered Dose Inh-200 Dose Pk			4.6400
	00790419	Apo-Salvent (Not a Benefit)	APX	
	00851841	Ratio-Salbutamol Inhaler (Not a Benefit)	RPH	
	00874086	Novo-Salmol (Not a Benefit)	NOP	
	02213478	Ventolin (Not a Benefit)	GLW	
	02232570	Airomir HFA	MMH	4.6500
	02244914	Ratio-Salbutamol HFA	RPH	4.6400
	02245669	Apo-Salvent CFC Free	APX	4.6400
320	0.25mg/5mL Inj Sol			1.0298
	00894257	Ventolin	GLA	1.0298
321	0.4mg/mL O/L			.0476
	02091186	PMS-Salbutamol	PMS	.0476
	02212390	Ventolin	GLW	.0680
322	2mg Tab			.0649
	00637793	Salbutamol	EVM	.0649
	01961039	Ventolin (Not a Benefit)	GLA	
	02146843	Apo-Salvent	APX	.0649
	02165368	Nu-Salbutamol	NXP	.0649
323	4mg Tab			.1072
	00637807	Salbutamol	EVM	.1073
	01932691	Ventolin (Not a Benefit)	GLA	
	02146851	Apo-Salvent	APX	.1072
	02165376	Nu-Salbutamol	NXP	.1072

SALBUTAMOL SULFATE

324	200mcg/Blister Pd Inh-120 Dose Pk			20.4100
	02214997	Ventodisk	GLW	20.4100
325	400mcg/Blister Pd Inh-120 Dose Pk			28.3600
	02215004	Ventodisk	GLW	28.3600

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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.

SALMETEROL XINAFOATE

326	50mcg/Blister Diskhaler-60 Disk Pk			49.8000
	02214261	SereVent Diskhaler Disks	GLW	49.8000
327	25mcg/Metered Dose Inh-120 Dose Pk			49.8000
	02211742	SereVent	GLW	49.8000
328	50mcg Pd Inh-60 Dose Pk			49.8000
	02231129	SereVent Diskus	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.		
		<u>NOTE:</u> This drug is not for relief of acute symptoms.		
		LU Authorization Period: Indefinite.		
	391	For patients with moderate to severe COPD with persistent respiratory symptoms despite an adequate trial of, or an intolerance to, a regularly scheduled short-acting bronchodilator AND a long-acting anticholinergic.		
		LU Authorization Period: Indefinite.		

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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.

SALMETEROL XINAFOATE & FLUTICASONE PROPIONATE

329	25/125mcg/Metered Dose Inh-120 Dose Pk			85.8000
	02245126 Advair 125	GSK		85.8000
330	25/250mcg/Metered Dose Inh-120 Dose Pk			121.8000
	02245127 Advair 250	GSK		121.8000
331	50/100mcg Inh-60 Dose Pk			71.7000
	02240835 Advair Diskus	GSK		71.7000
332	50/250mcg Inh-60 Dose Pk			85.8000
	02240836 Advair Diskus	GLW		85.8000
333	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.
	LU Authorization Period: Indefinite.

TERBUTALINE SULFATE

334	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	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

335	Tab				.6240
	00176222	Cafergot-PB		NOV	.6240

ERGOTAMINE TARTRATE

336	2mg SL Tab				.7330
	00328952	Ergomar		AVE	.7330

ERGOTAMINE TARTRATE & CAFFEINE

337	1mg & 100mg Tab				.5385
	00176095	Cafergot		NOV	.5385

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).

PIZOTYLINE

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 DIN	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
	02236507	Ratio-Baclofen	RPH		.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
	02236508	Ratio-Baclofen	RPH		.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		
	02177145	Apo-Cyclobenzaprine (Not a Benefit)	APX		
	02212048	PMS-Cyclobenzaprine (Not a Benefit)	PMS		
	02231353	Gen-Cycloprine (Not a Benefit)	GEN		
	02236506	Ratio-Flexitec (Not a Benefit)	RPH		

DANTROLENE SODIUM

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

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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	
	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

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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

352	2500IU/0.2mL Inj Pref Syr			4.7500
	02132621	Fragmin	PHA	4.7500
353	5000IU/0.2mL Inj Pref Syr			9.4500
	02132648	Fragmin	PHA	9.4500
354	10000IU/0.4mL Inj Pref Syr			19.0000
	09853790	Fragmin	PMJ	19.0000
355	12500IU/0.5mL Inj Pref Syr			23.7500
	09853820	Fragmin	PMJ	23.7500
356	15000IU/0.6mL Inj Pref Syr			28.5000
	09853880	Fragmin	PMJ	28.5000
357	18000IU/0.72mL Inj Pref Syr			34.2000
	09853910	Fragmin	PMJ	34.2000
358	10000IU/mL Inj Sol-1mL Pk			15.0000
	02132664	Fragmin	PHA	15.0000
359	2500IU/mL Inj Sol-4mL Pk			15.0000
	02132656	Fragmin	PMJ	15.0000
360	25000IU/mL Multidose 3.8mL 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 <i>maximum of three weeks</i> ; LU Authorization Period: 1 year.		
	187	For DVT in pregnant or lactating females; LU Authorization Period: 1 year.		
	188	For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated; LU Authorization Period: 1 year.		
	189	For DVT in patients who have failed treatment with warfarin. LU Authorization Period: 1 year.		

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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

361	100mg/mL Inj Sol-3mL Vial Pk 02236564	Lovenox	AVE	60.0000 60.0000
362	30mg/0.3mL Pref Syr-0.3mL Pk 02012472	Lovenox	AVE	6.0400 6.0400
363	40mg/0.4mL Pref Syr-0.4mL Pk 02236883	Lovenox	AVE	8.0000 8.0000
364	60mg/0.6mL Pref Syr-0.6mL Pk 09852468	Lovenox	AVE	12.0000 12.0000
365	80mg/0.8mL Pref Syr-0.8mL Pk 09852476	Lovenox	AVE	16.0000 16.0000
366	120mg/0.8mL Pref Syr-0.8mL Pk 09857137	Lovenox HP	AVE	24.0000 24.0000
367	100mg/mL Pref Syr-1mL Pk 09852484	Lovenox	AVE	20.0000 20.0000
368	150mg/mL Pref Syr-1mL Pk 02242692	Lovenox HP	AVE	30.0000 30.0000
	Reason for Use Code	Clinical criteria		
	186	For acute treatment of deep venous thrombosis (DVT), for a <i>maximum of three weeks</i> ; LU Authorization Period: 1 year.		
	187	For DVT in pregnant or lactating females; LU Authorization Period: 1 year.		
	188	For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated; LU Authorization Period: 1 year.		
	189	For DVT in patients who have failed treatment with warfarin. LU Authorization Period: 1 year.		
	323	For the acute treatment of pulmonary embolism, maximum of three weeks. LU Authorization Period: 1 year.		

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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

FONDAPARINUX SODIUM

369	2.5mg Inj-0.5mL Pk			14.0000
	02245531	Arixtra	OGS	14.0000
	Reason for Use Code	Clinical criteria		
	378	For the post-operative prophylaxis of venous thromboembolic events in patients undergoing orthopedic surgery of the lower limbs such as hip fracture, hip replacement or knee surgery.		
		NOTE: Limited to 9 days of reimbursement.		
		LU Authorization Period: 1 year.		

HEPARIN CALCIUM

370	25000IU/mL Inj Sol-0.8mL Pk			6.6000
	00740527	Calcilean	OGN	6.6000

HEPARIN SODIUM

371	10000USP U/10mL Inj Sol-10mL Pk			2.7000
	00740519	Hepalean	ORG	2.7000
372	25000USP U/mL Inj Sol-2mL Pk			11.4000
	00740535	Hepalean	ORG	11.4000
373	50000USP U/5mL Inj Sol-5mL Pk			4.7900
	00740497	Hepalean	ORG	4.7900

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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

20:00 BLOOD FORMATION AND COAGULATION

20:12:00 COAGULANTS AND ANTI-COAGULANTS

NADROPARIN CALCIUM

374	9500IU/mL Pref Syr-0.2mL Pk 02236913	Fraxiparine	SAO	8.9500 8.9500
375	9500IU/mL Pref Syr-0.3mL Pk 09853936	Fraxiparine	SAO	8.9500 8.9500
376	9500IU/mL Pref Syr-0.4mL Pk 09853944	Fraxiparine	SAO	8.9500 8.9500
377	9500IU/mL Pref Syr-0.6mL Pk 09853952	Fraxiparine	SAO	8.9500 8.9500
378	19000IU/mL Pref Syr-0.6mL Pk 02240114	Fraxiparine Forte	SAO	17.9000 17.9000
379	9500IU/mL Pref Syr-0.8mL Pk 09853979	Fraxiparine	SAO	8.9500 8.9500
380	19000IU/mL Pref Syr-0.8mL Pk 09854100	Fraxiparine Forte	SAO	17.9000 17.9000
381	9500IU/mL Pref Syr-1.0mL Pk 09853987	Fraxiparine	SAO	8.9500 8.9500
382	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 <i>maximum of three weeks</i> ; LU Authorization Period: 1 year.		
	187	For DVT in pregnant or lactating females; LU Authorization Period: 1 year.		
	188	For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated; LU Authorization Period: 1 year.		
	189	For DVT in patients who have failed treatment with warfarin. LU Authorization Period: 1 year.		

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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

383	1mg Tab				.1237
	00010383	Sintrom		NOV	.1237
384	4mg Tab				.3890
	00010391	Sintrom		NOV	.3890

TINZAPARIN SODIUM

385	10000IU/mL Inj-2mL Pk				32.0000
	02167840	Innohep		LEO	32.0000
386	20000IU/mL Inj-2mL Pk				64.0000
	02229515	Innohep		LEO	64.0000
387	3500IU/0.35mL Inj Pref Syr				5.6450
	02229755	Innohep		LEO	5.6450
388	4500IU/0.45mL Inj Pref Syr				7.2580
	09853898	Innohep		LEO	7.2580
389	10000IU/0.5mL Inj Pref Syr				16.0000
	02231478	Innohep		LEO	16.0000
390	14000IU/0.7mL Inj Pref Syr				22.4000
	09853901	Innohep		LEO	22.4000
391	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> ; LU Authorization Period: 1 year.			
	187	For DVT in pregnant or lactating females; LU Authorization Period: 1 year.			
	188	For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated; LU Authorization Period: 1 year.			
	189	For DVT in patients who have failed treatment with warfarin. LU Authorization Period: 1 year.			
	323	For the acute treatment of pulmonary embolism, <i>maximum of three weeks</i> . LU Authorization Period: 1 year.			

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	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.

392	1mg Tab				.1782
	01918311	Coumadin	BQU		.2829
	02242680	Taro-Warfarin	TAR		.1782
	02242924	Apo-Warfarin	APX		.1782
	02244462	Gen-Warfarin	GEN		.1782
393	2mg Tab				.1885
	01918338	Coumadin	BQU		.2992
	02242681	Taro-Warfarin	TAR		.1885
	02242925	Apo-Warfarin	APX		.1885
	02244463	Gen-Warfarin	GEN		.1885
394	2.5mg Tab				.1509
	01918346	Coumadin	BQU		.2395
	02242682	Taro-Warfarin	TAR		.1509
	02242926	Apo-Warfarin	APX		.1509
	02244464	Gen-Warfarin	GEN		.1509
395	3mg Tab				.2337
	02240205	Coumadin	DUP		.3709
	02242683	Taro-Warfarin	TAR		.2337
	02245618	Apo-Warfarin	APX		.2337
396	4mg Tab				.2337
	02007959	Coumadin	BQU		.3709
	02242684	Taro-Warfarin	TAR		.2337
	02242927	Apo-Warfarin	APX		.2337
	02244465	Gen-Warfarin	GEN		.2337
397	5mg Tab				.1766
	00010308	Warfilone	FRS		.1766
398	5mg Tab				.1512
	01918354	Coumadin	BQU		.2400
	02242685	Taro-Warfarin	TAR		.1512
	02242928	Apo-Warfarin	APX		.1512
	02244466	Gen-Warfarin	GEN		.1512

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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.

399	10mg Tab			.2713
	01918362	Coumadin	BQU	.4306
	02242687	Taro-Warfarin	TAR	.2713
	02242929	Apo-Warfarin	APX	.2713
	02244467	Gen-Warfarin	GEN	.2713

20:24:00 HEMORRHEOLOGIC AGENTS

PENTOXIFYLLINE

400	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.		
		LU Authorization Period: Indefinite.		

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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

ACEBUTOLOL HCL

401	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
	02257599	Rhoxal-Acebutolol	RHO	.1630	.33
402	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
	02257602	Rhoxal-Acebutolol	RHO	.2440	.49
403	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
	02257610	Rhoxal-Acebutolol	RHO	.4848	.97

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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

AMIODARONE HCL

404	200mg Tab				1.2971
	02036282	Cordarone	WAY	2.0589	
	02239835	Novo-Amiodarone	NOP	1.2971	
	02240071	Ratio-Amiodarone	RPH	1.2971	
	02240604	Gen-Amiodarone	GEN	1.2971	
	02242472	PMS-Amiodarone	PMS	1.2971	
	02243836	Rhoxal-Amiodarone	RHO	1.2971	
	02246194	Apo-Amiodarone	APX	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.

AMLODIPINE

405	5mg Tab			1.2800	1.28
	00878928	Norvasc	PFI	1.2800	1.28
406	10mg Tab			1.9000	1.90
	00878936	Norvasc	PFI	1.9000	1.90

ATENOLOL

407	50mg Tab			.3513	.35
	00773689	Apo-Atenol	APX	.3513	.35
	00886114	Nu-Atenol	NXP	.3513	.35
	01912062	Novo-Atenol	NOP	.3513	.35
	02039532	Tenormin	AZC	.5579	.56
	02146894	Gen-Atenolol	GEN	.3515	.35
	02171791	Ratio-Atenolol	RPH	.3515	.35
	02231731	Rho-Atenolol	RHP	.3515	.35
	02237600	PMS-Atenolol	PMS	.3513	.35
	02255545	Co-Atenolol	COB	.3515	.35

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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

ATENOLOL

408	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	Ratio-Atenolol	RPH	.5777	.58
	02231733	Rho-Atenolol	RHP	.5777	.58
	02237601	PMS-Atenolol	PMS	.5777	.58
	02255553	Co-Atenolol	COB	.5777	.58

BISOPROLOL FUMARATE

409	5mg Tab				.2205
	02241148	Monacor	CRY	.3500	
	02247439	Rhoxal-Bisoprolol	RHO	.2205	
	02256134	Apo-Bisoprolol	APX	.2205	
410	10mg Tab				.3654
	02241149	Monacor	CRY	.5800	
	02247440	Rhoxal-Bisoprolol	RHO	.3654	
	02256177	Apo-Bisoprolol	APX	.3654	

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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

411	3.125mg Tab			.8001	1.60
	02229650	Coreg	SMJ	1.2700	2.54
	02245914	PMS-Carvedilol	PMS	.8001	1.60
	02246529	Novo-Carvedilol	NOP	.8001	1.60
	02247933	Apo-Carvedilol	APX	.8001	1.60
	02252309	Ratio-Carvedilol	RPH	.8001	1.60
412	6.25mg Tab			.8001	1.60
	02229651	Coreg	SMJ	1.2700	2.54
	02245915	PMS-Carvedilol	PMS	.8001	1.60
	02246530	Novo-Carvedilol	NOP	.8001	1.60
	02247934	Apo-Carvedilol	APX	.8001	1.60
	02252317	Ratio-Carvedilol	RPH	.8001	1.60
413	12.5mg Tab			.8001	1.60
	02229652	Coreg	SMJ	1.2700	2.54
	02245916	PMS-Carvedilol	PMS	.8001	1.60
	02246531	Novo-Carvedilol	NOP	.8001	1.60
	02247935	Apo-Carvedilol	APX	.8001	1.60
	02252325	Ratio-Carvedilol	RPH	.8001	1.60
414	25mg Tab			.8001	1.60
	02229653	Coreg	SMJ	1.2700	2.54
	02245917	PMS-Carvedilol	PMS	.8001	1.60
	02246532	Novo-Carvedilol	NOP	.8001	1.60
	02247936	Apo-Carvedilol	APX	.8001	1.60
	02252333	Ratio-Carvedilol	RPH	.8001	1.60
	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 less than or equal to 35%; and d) At least one episode of symptomatic CHF within a 12 month period while receiving optimal management.			
		LU Authorization Period: Indefinite.			

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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.

415	0.05mg/mL Inj Sol-1mL Pk 00004456	Lanoxin	BWE	3.2650 3.2650
416	0.5mg/2mL Inj Sol-2mL Pk 00004464	Lanoxin	BWE	3.2650 3.2650
417	0.05mg/mL O/L 02242320	Lanoxin	VRO	.1552 .1552
418	0.0625mg Tab 02242321	Lanoxin	VRO	.0945 .0945
419	0.125mg Tab 02242322	Lanoxin	VRO	.0858 .0858
420	0.25mg Tab 02242323	Lanoxin	VRO	.0858 .0858

DILTIAZEM HCL

421	120mg ER Cap 02231150	Tiazac	BIO	.8085 .8085	.81 .81
422	180mg ER Cap 02231151	Tiazac	BIO	1.0732 1.0732	1.07 1.07
423	240mg ER Cap 02231152	Tiazac	BIO	1.4235 1.4235	1.42 1.42
424	300mg ER Cap 02231154	Tiazac	BIO	1.7794 1.7794	1.78 1.78
425	360mg ER Cap 02231155	Tiazac	BIO	2.1464 2.1464	2.15 2.15
426	120mg ER Tab 02256738	Tiazac XC	BIO	.7681 .7681	
427	180mg ER Tab 02256746	Tiazac XC	BIO	1.0195 1.0195	
428	240mg ER Tab 02256754	Tiazac XC	BIO	1.3523 1.3523	

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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

429	300mg ER Tab 02256762	Tiazac XC	BIO	1.3523 1.3523	
430	360mg ER Tab 02256770	Tiazac XC	BIO	1.3523 1.3523	
431	120mg LA Cap 02097249	Cardizem CD	CRY	.8021 1.2731	.80 1.27
	02229781	Ratio-Diltiazem CD	RPH	.8021	.80
	02230997	Apo-Diltiaz CD	APX	.8021	.80
	02242538	Novo-Diltazem CD	NOP	.8021	.80
	02243338	Rhoxal-Diltiazem CD	RHO	.8021	.80
	02254808	Gen-Diltiazem CD	GEN	.8021	.80
432	180mg LA Cap 02097257	Cardizem CD	CRY	1.0646 1.6899	1.06 1.69
	02229782	Ratio-Diltiazem CD	RPH	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
	02254816	Gen-Diltiazem CD	GEN	1.0646	1.06
433	240mg LA Cap 02097265	Cardizem CD	CRY	1.4121 2.2415	1.41 2.24
	02229783	Ratio-Diltiazem CD	RPH	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
	02254824	Gen-Diltiazem CD	GEN	1.4121	1.41
434	300mg LA Cap 02097273	Cardizem CD	CRY	1.7652 2.8019	1.77 2.80
	02229526	Apo-Diltiaz CD	APX	1.7652	1.77
	02229784	Ratio-Diltiazem CD	RPH	1.7652	1.77
	02242541	Novo-Diltazem CD	NOP	1.7652	1.77
	02243341	Rhoxal-Diltiazem CD	RHO	1.7652	1.77
	02254832	Gen-Diltiazem CD	GEN	1.7652	1.77
435	60mg LA Cap 02097214	Cardizem-SR (Not a Benefit)	CRY	.3635 .3635	.36 .36
	02222957	Apo-Diltiaz SR	APX	.3635	.36
	02229406	# Novo-Diltazem SR	NOP	.3635	.36
	02231743	# Gen-Diltiazem SR	GEN	.3635	.36

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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

436	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
437	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
438	30mg Tab			.2075	
	00771376	Apo-Diltiaz	APX	.2075	
	00862924	Novo-Diltazem	NOP	.2075	
	00886068	Nu-Diltiaz	NXP	.2075	
	02097370	Cardizem	CRY	.3732	
	02146916	Gen-Diltiazem	GEN	.2075	
439	60mg Tab			.3637	
	00771384	Apo-Diltiaz	APX	.3637	
	00862932	Novo-Diltazem	NOP	.3637	
	00886076	Nu-Diltiaz	NXP	.3637	
	02097389	Cardizem	CRY	.6547	
	02146924	Gen-Diltiazem	GEN	.3637	

DISOPYRAMIDE

440	100mg Cap			.2094	
	02030799	Norpace	RBT	.2095	
	02224801	Rythmodan	AVE	.2094	
441	150mg Cap			.2960	
	02030802	Norpace	RBT	.2960	
	02224828	Rythmodan	AVE	.2960	

FLECAINIDE ACETATE

442	50mg Tab			.4925	
	01966197	Tambocor	MMH	.4925	

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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

24:04:00 CARDIAC DRUGS

FLECAINIDE ACETATE

443	100mg Tab				.9850
	01966200	Tambocor	MMH		.9850

METOPROLOL TARTRATE

444	100mg LA Tab				.2450
	00658855	Lopresor SR	NOV		.2450
445	200mg LA Tab				.4446
	00534560	Lopresor SR	NOV		.4446
446	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
	02247875	Rhoxal-Metoprolol (Type L)	RHO		.1225 .25
447	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
	02247876	Rhoxal-Metoprolol (Type L)	RHO		.2223 .44

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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

MEXILETINE HCL

448	100mg Cap				.3488
	00599956	# Mexitil	BOE		.4983
	02230359	Novo-Mexiletine	NOP		.3488
449	200mg Cap				.4671
	00599964	# Mexitil	BOE		.6673
	02230360	Novo-Mexiletine	NOP		.4671

NADOLOL

450	40mg Tab				.2465	.25
	00607126	Corgard	BQU		.2465	.25
	00782505	Apo-Nadol	APX		.2465	.25
	00851663	Ratio-Nadolol	RPH		.2465	.25
	02126753	Novo-Nadolol	NOP		.2465	.25
451	80mg Tab				.3515	.70
	00463256	Corgard	BQU		.3515	.70
	00782467	Apo-Nadol	APX		.3515	.70
	00851671	Ratio-Nadolol	RPH		.3515	.70
	02126761	Novo-Nadolol	NOP		.3515	.70
452	160mg Tab				.6595	.66
	00523372	Corgard	BQU		.6595	.66
	00782475	Apo-Nadol	APX		.6595	.66
	00851698	Ratio-Nadolol	RPH		.6595	.66

NIFEDIPINE

453	5mg Cap				.2440	
	00725110	Apo-Nifed	APX		.2440	
	02047462	Novo-Nifedin	NOP		.2440	
	02155869	Adalat (Not a Benefit)	BAH			
	02235897	PMS-Nifedipine	PMS		.2440	
454	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.

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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					
455	250mg Cap				.1763
	00029076	Pronestyl	BQU		.1763
	00713325	Apo-Procaïnamide	APX		.1763
456	375mg Cap				.2301
	00296031	Pronestyl	BQU		.2301
	00713333	Apo-Procaïnamide	APX		.2301
457	500mg Cap				.3060
	00353523	Pronestyl	BQU		.3060
	00713341	Apo-Procaïnamide	APX		.3060
458	250mg LA Tab				.1500
	00638692	Procan SR	PFI		.1500
459	500mg LA Tab				.3000
	00638676	Procan SR	PFI		.3000
460	500mg LA Tab				.4720
	00639885	Pronestyl SR	BQU		.4720
461	750mg LA Tab				.4500
	00638684	Procan SR	PFI		.4500

PROPAFENONE HCL					
462	150mg Tab				.4275
	00603708	Rythmol	KNO		.6790
	02243324	Apo-Propafenone	APX		.4275
	02243727	PMS-Propafenone	PMS		.4275
	02245372	Gen-Propafenone	GEN		.4275
463	300mg Tab				.7537
	00603716	Rythmol	KNO		1.1970
	02243325	Apo-Propafenone	APX		.7537
	02243728	PMS-Propafenone	PMS		.7537
	02245373	Gen-Propafenone	GEN		.7537

PROPRANOLOL					
464	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

465	20mg Tab				.0346	
	00663719	Apo-Propranolol	APX	.0346		
	00740675	Novo-Pranol	NOP	.0346		
	02042193	Inderal (Not a Benefit)	WAY			
466	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			
467	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			
468	120mg Tab				.1059	.21
	00504335	Apo-Propranolol	APX	.1059		.21
	00549657	Novo-Pranol	NOP	.1059		.21
	02042223	Inderal (Not a Benefit)	WAY			

QUINIDINE GLUCONATE

469	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

470	200mg Tab				.0590	
	00004782	Quinidine (Not a Benefit)	BWE			
	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	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

SOTALOL HCL

471	160mg Tab			.6492	
	00483923	# Sotacor	BQU	.6492	
	02084236	Ratio-Sotalol	RPH	.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	
	02257858	Rhoxal-Sotalol	RHO	.6492	

TIMOLOL MALEATE

472	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
473	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
474	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

475	80mg Tab				.2735	.82
	00554316	Isoptin (Not a Benefit)	KNO			
	00782483	Apo-Verap	APX	.2735	.82	
	00886033	Nu-Verap	NXP	.2735	.82	
	02237921	Gen-Verapamil	GEN	.2735	.82	
476	120mg Tab				.4250	1.28
	00554324	Isoptin (Not a Benefit)	KNO			
	00782491	Apo-Verap	APX	.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

477	10mg Tab				1.6000	
	02230711	Lipitor	PFI	1.6000		
478	20mg Tab				2.0000	
	02230713	Lipitor	PFI	2.0000		
479	40mg Tab				2.1500	
	02230714	Lipitor	PFI	2.1500		
480	80mg Tab				2.1500	
	02243097	Lipitor	PFI	2.1500		

BEZAFIBRATE

481	400mg SR Tab				1.6000	
	02083523	Bezalip	HLR	1.6000		
482	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

483	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
484	Oral Pd-Pouch Pk			.6407
	00464880	Questran 9g Pk	BQU	.6407
	00890960	PMS-Cholestyramine Sugar Free 5g Pk	PMS	.6407
	01918486	Questran Light 4g Pk	BQU	.6407
	02210320	PMS-Cholestyramine 9g Pk	PMS	.6407
	09853502	Novo-Cholamine Light 5.5g Pk	NOP	.6407

CLOFIBRATE

485	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.

486	Gran-5g Pk			.8183
	00642975	Colestid Regular	PMJ	.8183
487	Gran-60 Dose Pk			46.0000
	09853499	Colestid Orange	PMJ	46.0000
488	Gran-7.5g Pk			.8183
	02132699	Colestid Orange	PMJ	.8183

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24:00 CARDIOVASCULAR DRUGS

24:06:00 ANTILIPEMIC DRUGS

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EZETIMIBE

489	10mg Tab				1.5800
	02247521	Ezetrol	MFS		1.5800
	Reason for Use Code	Clinical criteria			
	380	For use in combination with a HMG-CoA reductase inhibitor ('statin') in patients with hypercholesterolemia who have not reached target LDL levels despite the use of maximally tolerated doses.			
		LU Authorization Period: Indefinite.			
	381	For use as monotherapy in the management of hypercholesterolemia in patients who are intolerant to HMG-CoA reductase inhibitors or where HMG-CoA reductase inhibitors are contraindicated.			
		LU Authorization Period: Indefinite.			

FENOFIBRATE

490	100mg Cap				.4325
	00885827	Lipidil (Not a Benefit)	JOU		
	02223600	Nu-Fenofibrate	NXP		.4325
	02225980	Apo-Fenofibrate	APX		.4325
491	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
	02250039	Ratio-Fenofibrate MC	RPH		1.0890
492	160mg Tab				1.2100
	02241602	Lipidil Supra	FOU		1.2100

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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.

FLUVASTATIN SODIUM

493	20mg Cap				.7500
	02061562	Lescol	NOV		.7500
494	40mg Cap				1.0500
	02061570	Lescol	NOV		1.0500
495	80mg ER Tab				1.3000
	02250527	Lescol XL	NOV		1.3000

GEMFIBROZIL

496	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

LOVASTATIN

497	20mg Tab				1.0907
	00795860	Mevacor	MSD		1.7313
	02220172	Apo-Lovastatin	APX		1.0907
	02243127	Gen-Lovastatin	GEN		1.0907
	02245822	Ratio-Lovastatin	RPH		1.0907
	02246013	PMS-Lovastatin	PMS		1.0907
	02246542	Novo-Lovastatin	NOP		1.0907
	02247056	Rhoxal-Lovastatin	RHO		1.0907
	02248572	Co-Lovastatin	COB		1.0907
498	40mg Tab				2.0117
	00795852	Mevacor	MSD		3.1935
	02220180	Apo-Lovastatin	APX		2.0117
	02243129	Gen-Lovastatin	GEN		2.0118
	02245823	Ratio-Lovastatin	RPH		2.0117
	02246014	PMS-Lovastatin	PMS		2.0117
	02246543	Novo-Lovastatin	NOP		2.0117
	02247057	Rhoxal-Lovastatin	RHO		2.0117
	02248573	Co-Lovastatin	COB		2.0117

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24:00 CARDIOVASCULAR DRUGS

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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.

PRAVASTATIN SODIUM

499	10mg Tab				.9530
	00893749	Pravachol	BQU		1.5133
	02237373	Lin-Pravastatin	LON		.9530
	02243506	Apo-Pravastatin	APX		.9530
	02244350	Nu-Pravastatin	NXP		.9530
	02246930	Ratio-Pravastatin	RPH		.9530
	02247008	Novo-Pravastatin	NOP		.9530
	02247655	PMS-Pravastatin	PMS		.9530
	02247856	Rhoxal-Pravastatin	RHO		.9530
500	20mg Tab				1.1243
	00893757	Pravachol	BQU		1.7850
	02237374	Lin-Pravastatin	LON		1.1243
	02243507	Apo-Pravastatin	APX		1.1243
	02244351	Nu-Pravastatin	NXP		1.1243
	02246931	Ratio-Pravastatin	RPH		1.1243
	02247009	Novo-Pravastatin	NOP		1.1243
	02247656	PMS-Pravastatin	PMS		1.1243
	02247857	Rhoxal-Pravastatin	RHO		1.1243
501	40mg Tab				1.3543
	02222051	Pravachol	BQU		2.1500
	02237375	Lin-Pravastatin	LON		1.3543
	02243508	Apo-Pravastatin	APX		1.3543
	02244352	Nu-Pravastatin	NXP		1.3543
	02246932	Ratio-Pravastatin	RPH		1.3543
	02247010	Novo-Pravastatin	NOP		1.3543
	02247657	PMS-Pravastatin	PMS		1.3543
	02247858	Rhoxal-Pravastatin	RHO		1.3543

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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 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.

ROSUVASTATIN CALCIUM

502	10mg Tab			1.3600
	02247162	Crestor	AZC	1.3600
503	20mg Tab			1.7000
	02247163	Crestor	AZC	1.7000
504	40mg Tab			1.9900
	02247164	Crestor	AZC	1.9900

SIMVASTATIN

505	5mg Tab			.5670
	00884324	Zocor	FRS	.9000
	02246582	Gen-Simvastatin	GEN	.5670
	02247011	Apo-Simvastatin	APX	.5670
	02247067	Ratio-Simvastatin	RPH	.5670
	02247827	Rhoxal-Simvastatin	RHO	.5670
	02248103	Co-Simvastatin	COB	.5670
	02250144	Novo-Simvastatin	NOP	.5670
	02252619	PMS-Simvastatin	PMS	.5670
506	10mg Tab			1.1214
	00884332	Zocor	FRS	1.7800
	02246583	Gen-Simvastatin	GEN	1.1214
	02247012	Apo-Simvastatin	APX	1.1214
	02247068	Ratio-Simvastatin	RPH	1.1214
	02247828	Rhoxal-Simvastatin	RHO	1.1214
	02248104	Co-Simvastatin	COB	1.1214
	02250152	Novo-Simvastatin	NOP	1.1214
	02252635	PMS-Simvastatin	PMS	1.1214
507	20mg Tab			1.3860
	00884340	Zocor	FRS	2.2000
	02246737	Gen-Simvastatin	GEN	1.3860
	02247013	Apo-Simvastatin	APX	1.3860
	02247069	Ratio-Simvastatin	RPH	1.3860
	02247830	Rhoxal-Simvastatin	RHO	1.3860
	02248105	Co-Simvastatin	COB	1.3860
	02250160	Novo-Simvastatin	NOP	1.3860
	02252643	PMS-Simvastatin	PMS	1.3860

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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

508	40mg Tab				1.3860
	00884359	Zocor	FRS	2.2000	
	02246584	Gen-Simvastatin	GEN	1.3860	
	02247014	Apo-Simvastatin	APX	1.3860	
	02247070	Ratio-Simvastatin	RPH	1.3860	
	02247831	Rhoxal-Simvastatin	RHO	1.3860	
	02248106	Co-Simvastatin	COB	1.3860	
	02250179	Novo-Simvastatin	NOP	1.3860	
	02252651	PMS-Simvastatin	PMS	1.3860	
509	80mg Tab				1.3860
	02240332	Zocor	FRS	2.2000	
	02246585	Gen-Simvastatin	GEN	1.3860	
	02247015	Apo-Simvastatin	APX	1.3860	
	02247071	Ratio-Simvastatin	RPH	1.3860	
	02247833	Rhoxal-Simvastatin	RHO	1.3860	
	02248107	Co-Simvastatin	COB	1.3860	
	02250187	Novo-Simvastatin	NOP	1.3860	
	02252678	PMS-Simvastatin	PMS	1.3860	

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

ATENOLOL & CHLORTHALIDONE

510	50 & 25mg Tab				.4343
	02049961	Tenoretic 50/25	AZC	.6204	
	02248763	Apo-Atenidone	APX	.4343	
511	100 & 25mg Tab				.7118
	02049988	Tenoretic 100/25	AZC	1.0168	
	02248764	Apo-Atenidone	APX	.7118	

BENAZEPRIL

512	5mg Tab				.5750	.58
	00885835	Lotensin	CIB	.5750	.58	
513	10mg Tab				.6800	.68
	00885843	Lotensin	NOV	.6800	.68	

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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)

BENAZEPRIL

514	20mg Tab				.7800	.78
	00885851	Lotensin	NOV		.7800	.78

CANDESARTAN CILEXETIL

515	8mg Tab				1.0800	
	02239091	Atacand	AZC		1.0800	
516	16mg Tab				1.0800	
	02239092	Atacand	AZC		1.0800	

CANDESARTAN CILEXETIL & HYDROCHLOROTHIAZIDE

517	16mg/12.5mg Tab				1.0800	
	02244021	Atacand Plus	AZC		1.0800	

CAPTOPRIL

518	12.5mg Tab				.2120	.64
	00695661	Capoten	BQU		.2120	.64
	00851639	Ratio-Captopril	RPH		.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
	02242788	Captopril	ZYN		.2120	.64
519	25mg Tab				.3000	.90
	00546283	Capoten	BQU		.3000	.90
	00851833	Ratio-Captopril	RPH		.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
	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

520	50mg Tab			.5590	1.68
	00546291	Capoten	BQU	.5590	1.68
	00851647	Ratio-Captopril	RPH	.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
	02242790	Captopril	ZYN	.5590	1.68
521	100mg Tab			1.0395	
	00546305	Capoten	BQU	1.0395	
	00851655	Ratio-Captopril	RPH	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

522	1mg Tab			.4130	
	01911465	Inhibace	HLR	.5900	
	02266350	+ Novo-Cilazapril	NOP	.4130	
523	2.5mg Tab			.4760	.48
	01911473	Inhibace	HLR	.6800	.68
	02266369	+ Novo-Cilazapril	NOP	.4760	.48
524	5mg Tab			.5530	.55
	01911481	Inhibace	HLR	.7900	.79
	02266377	+ Novo-Cilazapril	NOP	.5530	.55

CILAZAPRIL & HYDROCHLOROTHIAZIDE

525	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.

526	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
527	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

528	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	Ratio-Doxazosin	RPH	.3465	.35
	02244527	PMS-Doxazosin	PMS	.3465	.35
529	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	Ratio-Doxazosin	RPH	.4158	.42
	02244528	PMS-Doxazosin	PMS	.4158	.42
530	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	Ratio-Doxazosin	RPH	.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

531	2.5mg Tab			.6753	.68
	00851795	Vasotec	FRS	.6753	.68
532	5mg Tab			.7988	.80
	00708879	Vasotec	FRS	.7988	.80
533	10mg Tab			.9600	.96
	00670901	Vasotec	FRS	.9600	.96
534	20mg Tab			1.1583	1.16
	00670928	Vasotec	FRS	1.1583	1.16

EPROSARTAN MESYLATE

535	400mg Tab			.6800	
	02240432	Teveten	SPH	.6800	
536	600mg Tab			1.0200	
	02243942	Teveten	SPH	1.0200	

EPROSARTAN MESYLATE & HYDROCHLOROTHIAZIDE

537	600mg & 12.5mg Tab			1.0200	
	02253631	Teveten Plus	SPH	1.0200	

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.

538	2.5mg ER Tab			.4939	
	02057778	Plendil	AZC	.4939	
539	5mg ER Tab			.6600	.66
	00851779	Plendil	AZC	.6600	.66
540	10mg ER Tab			.9900	.99
	00851787	Plendil	AZC	.9900	.99
541	2.5mg SR Tab			.4936	
	02221985	Renedil	AVE	.4936	
542	5mg SR Tab			.6600	.66
	02221993	Renedil	AVE	.6600	.66
543	10mg SR Tab			.9893	.99
	02222000	Renedil	AVE	.9893	.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)

FOSINOPRIL SODIUM

544	10mg Tab				.4977	.50
	01907107	Monopril	BQU		.7900	.79
	02242733	Lin-Fosinopril	LON		.4977	.50
	02247802	Novo-Fosinopril	NOP		.4977	.50
	02255944	+ PMS-Fosinopril	PMS		.4977	.50
	02262401	Gen-Fosinopril	GEN		.4977	.50
	02266008	+ Apo-Fosinopril	APX		.4977	.50
545	20mg Tab				.5985	.60
	01907115	Monopril	BQU		.9500	.95
	02242734	Lin-Fosinopril	LON		.5985	.60
	02247803	Novo-Fosinopril	NOP		.5985	.60
	02255952	+ PMS-Fosinopril	PMS		.5985	.50
	02262428	Gen-Fosinopril	GEN		.5985	.60
	02266016	+ Apo-Fosinopril	APX		.5985	.50

GUANETHIDINE MONOSULFATE

546	25mg Tab				.3902	
	00005517	Ismelin	CIB		.3902	

HYDRALAZINE HCL

547	20mg/mL Inj Sol-1mL Pk				4.0300	
	00723754	Apresoline	CIB		4.0300	
548	10mg Tab				.0922	.37
	00005525	Apresoline (Not a Benefit)	NOV			
	00441619	Apo-Hydralazine	APX		.0922	.37
	01913204	Nu-Hydral	NXP		.0922	.37
549	25mg Tab				.1644	.66
	00005533	Apresoline (Not a Benefit)	CIB			
	00441627	Apo-Hydralazine	APX		.1644	.66
	00759473	Novo-Hylazin	NOP		.1644	.66
550	50mg Tab				.2527	1.01
	00005541	Apresoline (Not a Benefit)	NOV			
	00441635	Apo-Hydralazine	APX		.2527	1.01
	00759481	Novo-Hylazin	NOP		.2527	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

551	75mg Tab			1.0800
	02237923	Avapro	SAO	1.0800
552	150mg Tab			1.0800
	02237924	Avapro	SAO	1.0800
553	300mg Tab			1.0800
	02237925	Avapro	SAO	1.0800

IRBESARTAN & HYDROCHLOROTHIAZIDE

554	150 & 12.5mg Tab			1.0800
	02241818	Avalide	SAS	1.0800
555	300 & 12.5mg Tab			1.0800
	02241819	Avalide	SAS	1.0800

LABETALOL HCL

556	100mg/20mL Inj Sol-20mL Pk			17.9960
	02091518	Trandate	SHI	17.9960
557	100mg Tab			.1647
	02106272	Trandate	SHI	.2353
	02243538	Apo-Labetalol	APX	.1647
558	200mg Tab			.2913
	02106280	Trandate	SHI	.4161
	02243539	Apo-Labetalol	APX	.2913

LISINOPRIL

559	5mg Tab			.5050	.51
	00839388	Prinivil	MSD	.5388	.54
	09853685	Apo-Lisinopril	APX	.5050	.51
560	10mg Tab			.5664	.57
	00839396	Prinivil	MSD	.6474	.65
	09853960	Apo-Lisinopril	APX	.5664	.57
561	20mg Tab			.6806	.68
	00839418	Prinivil	MSD	.7779	.78
	09854010	Apo-Lisinopril	APX	.6806	.68

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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)

LISINOPRIL

562	5mg Tab				.5050	.51
	02049333	Zestril	AZC	.6735		.67
	02217481	Apo-Lisinopril	APX	.5050		.51
563	10mg Tab				.5664	.57
	02049376	Zestril	AZC	.8092		.81
	02217503	Apo-Lisinopril	APX	.5664		.57
564	20mg Tab				.6806	.68
	02049384	Zestril	AZC	.9724		.97
	02217511	Apo-Lisinopril	APX	.6806		.68

LISINOPRIL & HYDROCHLOROTHIAZIDE

565	10mg & 12.5mg Tab				.8092	
	02103729	Zestoretic	AZC	.8092		
566	10mg & 12.5mg Tab				.6474	
	02108194	Prinzide	MSD	.6474		
567	20mg & 12.5mg Tab				.7779	
	00884413	Prinzide	MSD	.7779		
568	20mg & 12.5mg Tab				.9724	
	02045737	Zestoretic	AZC	.9724		

LOSARTAN POTASSIUM

569	25mg Tab				1.1000	
	02182815	Cozaar	FRS	1.1000		
570	50mg Tab				1.1000	
	02182874	Cozaar	FRS	1.1000		
571	100mg Tab				1.1000	
	02182882	Cozaar	FRS	1.1000		

LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE

572	50mg/12.5mg Tab				1.1000	
	02230047	Hyzaar	FRS	1.1000		
573	100mg/25mg Tab				1.1000	
	02241007	Hyzaar DS	FRS	1.1000		

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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)

METHYLDOPA

574	125mg Tab				.0340	.14
	00016551	Aldomet (Not a Benefit)	MSD			
	00360252	Apo-Methyldopa	APX	.0340	.14	
575	250mg Tab				.0579	.23
	00016578	Aldomet	MSD	.1589	.64	
	00360260	Apo-Methyldopa	APX	.0579	.23	
	00717509	Nu-Medopa	NXP	.0579	.23	
576	500mg Tab				.1150	.23
	00016586	Aldomet (Not a Benefit)	MSD			
	00426830	Apo-Methyldopa	APX	.1150	.23	
	00717576	Nu-Medopa	NXP	.1150	.23	

METHYLDOPA & HYDROCHLOROTHIAZIDE

577	250mg & 15mg Tab				.0678	
	00140589	Aldoril-15 (Not a Benefit)	MSD			
	00441708	Apo-Methazide-15	APX	.0678		
578	250mg & 25mg Tab				.0701	
	00140597	Aldoril-25 (Not a Benefit)	MSD			
	00441716	Apo-Methazide-25	APX	.0701		

MINOXIDIL

579	2.5mg Tab				.3162	
	00514497	Loniten	UPJ	.3162		
580	10mg Tab				.6971	
	00514500	Loniten	UPJ	.6971		

NIFEDIPINE

581	20mg ER Tab				.7500	
	02237618	Adalat XL	BAH	.7500		
582	30mg ER Tab				.9300	.93
	02155907	Adalat XL	BAH	.9300	.93	
583	60mg ER Tab				1.4590	1.46
	02155990	Adalat XL	BAH	1.4590	1.46	

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24:00 CARDIOVASCULAR DRUGS

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

NIFEDIPINE					
584	10mg LA Tab				
	02155885	Adalat PA 10 (Not a Benefit)	BAH	.2245	.45
	02197448	Apo-Nifed PA	APX	.2245	.45
585	20mg LA Tab			.3900	.78
	02155893	Adalat PA 20 (Not a Benefit)	BAH		
	02181525	Apo-Nifed PA	APX	.3900	.78
OXPRENOLOL HCL					
586	80mg LA Tab			.3917	
	00534579	Slow-Trasicor	NOV	.3917	
587	160mg LA Tab			.7835	
	00534587	Slow-Trasicor	NOV	.7835	
588	40mg Tab			.2584	
	00402575	Trasicor	NOV	.2584	
589	80mg Tab			.3916	
	00402583	Trasicor	NOV	.3916	
PERINDOPRIL ERBUMINE					
590	2mg Tab			.6000	
	02123274	Coversyl	SEV	.6000	
591	4mg Tab			.7500	
	02123282	Coversyl	SEV	.7500	
592	8mg Tab			1.0500	
	02246624	Coversyl	SEV	1.0500	
PINDOLOL					
593	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

+ = 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
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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

594	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
595	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

PINDOLOL & HYDROCHLOROTHIAZIDE

596	10mg & 25mg Tab				.6924	
	00568627	Viskazide 10/25	NOV		.6924	
597	10mg & 50mg Tab				.6924	
	00568635	Viskazide 10/50	NOV		.6924	

PRAZOSIN HCL

598	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
599	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

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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

600	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

QUINAPRIL HCL

601	5mg Tab				.8216	.82
	01947664	Accupril	PFI	.8216		.82
602	10mg Tab				.8216	.82
	01947672	Accupril	PFI	.8216		.82
603	20mg Tab				.8216	.82
	01947680	Accupril	PFI	.8216		.82
604	40mg Tab				.8216	.82
	01947699	Accupril	PFI	.8216		.82

QUINAPRIL HCL & HYDROCHLOROTHIAZIDE

605	10mg & 12.5mg Tab				.8214	
	02237367	Accuretic	PFI	.8214		
606	20mg & 12.5mg Tab				.8214	
	02237368	Accuretic	PFI	.8214		
607	20mg & 25mg Tab				.8214	
	02237369	Accuretic	PFI	.8214		

RAMIPRIL

608	1.25mg Cap				.6500	
	02221829	Altace	HMR	.6500		
609	2.5mg Cap				.7500	
	02221837	Altace	HMR	.7500		
610	5mg Cap				.7500	
	02221845	Altace	HMR	.7500		
611	10mg Cap				.9500	
	02221853	Altace	HMR	.9500		

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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)**

RESERPINE

612	0.25mg Tab 00005665	# Serpasil	NOV	.1123 .1123

SODIUM NITROPRUSSIDE DIHYDRATE

613	Inj Pd-50mg Pk 00336459	Nipride	HLR	14.8700 14.8700

TELMISARTAN

614	40mg Tab 02240769	Micardis	BOE	1.0700 1.0700
615	80mg Tab 02240770	Micardis	BOE	1.0700 1.0700

TELMISARTAN & HYDROCHLOROTHIAZIDE

616	80mg/12.5mg Tab 02244344	Micardis Plus	BOE	1.0700 1.0700

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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)

TERAZOSIN HCL

617	1mg Tab			.3490	.35
	00818658	Hytrin	ABB	.5540	.55
	02218941	Ratio-Terazosin	RPH	.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
618	2mg Tab			.4436	.44
	00818682	Hytrin	ABB	.7042	.70
	02218968	Ratio-Terazosin	RPH	.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
619	5mg Tab			.6025	.60
	00818666	Hytrin	ABB	.9564	.96
	02218976	Ratio-Terazosin	RPH	.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
620	10mg Tab			.8820	.88
	00818674	Hytrin	ABB	1.4000	1.40
	02218984	Ratio-Terazosin	RPH	.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
621	7x1mg, 7x2mg, 14x5mg Tab-Starter Pk			22.2000	
	02187876	Hytrin	ABB	22.2000	

TIMOLOL MALEATE & HYDROCHLOROTHIAZIDE

622	10mg & 25mg Tab			.4289	.43
	00509353	Timolide	FRS	.4289	.43

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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)

TRANDOLAPRIL

623	1mg Cap				.6700
	02231459	Mavik	ABB		.6700
624	2mg Cap				.7700
	02231460	Mavik	ABB		.7700
625	4mg Cap				.9500
	02239267	Mavik	ABB		.9500

VALSARTAN

626	80mg Cap				1.0500	1.05
	02236808	# Diovan	NOV		1.0500	1.05
627	160mg Cap				1.0500	1.05
	02236809	# Diovan	NOV		1.0500	1.05
628	80mg Tab				1.0500	
	02244781	Diovan	NOV		1.0500	
629	160mg Tab				1.0500	
	02244782	Diovan	NOV		1.0500	

VALSARTAN & HYDROCHLOROTHIAZIDE

630	80mg/12.5mg Tab				1.0500	
	02241900	Diovan-HCT	NOV		1.0500	
631	160mg/12.5mg Tab				1.0500	
	02241901	Diovan-HCT	NOV		1.0500	
632	160mg/25mg Tab				1.0500	
	02246955	Diovan-HCT	NOV		1.0500	

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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)

VERAPAMIL HCL

633	180mg LA Tab			.6558	.66
	01934317	Isoptin SR	KNO	1.0409	1.04
	02210355	Gen-Verapamil SR	GEN	.6558	.66
	02246894	Apo-Verap SR	APX	.6558	.66
634	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
	02246895	Apo-Verap SR	APX	.8720	.87
635	180mg SR Tab			.7800	.78
	02231676	# Chronovera	PHA	.7800	.78
636	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.

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

637	200mg/25mg Cap			.7750	
	02242119	Aggrenox	BOE	.7750	
	Reason for Use Code	Clinical criteria			
	349	For the secondary prevention of stroke.			
		LU Authorization Period: Indefinite.			

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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).

ISOSORBIDE DINITRATE

638	20mg LA Tab				
	00740721	Cedocard SR (Not a Benefit)	PMS		
	00786683	Coradur-SR (Not a Benefit)	GLA		
639	5mg SL Tab				.0334
	00670944	Apo-ISDN	APX		.0334
	02042606	Isordil (Not a Benefit)	WAY		
640	10mg Tab				.0160
	00441686	Apo-ISDN	APX		.0160
	00458686	Novo-Sorbide	NOP		.0160
	02042622	Isordil (Not a Benefit)	WAY		
641	30mg Tab				.0345
	00441694	Apo-ISDN	APX		.0345
	00458694	Novo-Sorbide	NOP		.0345
	02042614	Isordil (Not a Benefit)	WAY		

NIMODIPINE

642	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).			
		LU Authorization Period: 1 year.			
	43	As prophylaxis of ischemia if surgery is delayed.			
		LU Authorization Period: 1 year.			

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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

643	2% Oint				.1940
	01926454	Nitrol	RPP		.1940
644	0.4mg/Hr/20 Sq Cm	Patch			.6400
	00852384	Transderm-Nitro	NOV		.6400
645	0.4mg/Hr/20 Sq Cm	Patch			.6400
	01911902	Nitro-Dur	SCH		.6400
646	0.6mg/Hr/30 Sq Cm	Patch			.6400
	02046156	Transderm-Nitro	NOV		.6400
647	0.6mg/Hr/30 Sq Cm	Patch			.6400
	01911929	Nitro-Dur	SCH		.6400
648	0.4mg/Hr/13.3 Sq Cm	Patch			.6400
	02163527	Minitrans	MMH		.6400
649	0.4mg/Hr/14 Sq Cm	Patch			.6400
	02230733	Trinipatch	SAO		.6400
650	0.6mg/Hr/20 Sq Cm	Patch			.6400
	02163535	Minitrans	MMH		.6400
651	0.6mg/Hr/21 Sq Cm	Patch			.6400
	02230734	Trinipatch	SAO		.6400
652	0.3mg SL Tab				.0267
	00037613	Nitrostat	PFI		.0267
653	*0.6mg SL Tab				.0278
	00037621	Nitrostat	PFI		.0278
654	0.4mg/Metered Dose	Spray-200 Dose Pk			8.4600
	01926721	Nitrolingual (Not a Benefit)	AVE		
	02243588	Gen-Nitro SL	GEN		8.4600
655	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

656	*325mg Ent Tab				.0125
	00010332	Entrophen	FRS		.0234
	00216666	Novasen	NOP		.0125
	02046253	ASAdol	PGO		.0125
657	*650mg Ent Tab				.0242
	00010340	Entrophen	FRS		.0320
	00229296	Novasen	NOP		.0242
658	*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

659	100mg Cap 02239941	Celebrex	PHA	.6250 .6250
660	200mg Cap 02239942	Celebrex	PHA	1.2500 1.2500
	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. LU Authorization Period: 1 year.		
	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. LU Authorization Period: 1 year.		

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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.

DICLOFENAC SODIUM

661	25mg Ent Tab				.1902
	00514004	Voltaren (Not a Benefit)	GEI		
	00808539	Novo-Difenac	NOP		.1902
	00839175	Apo-Diclo	APX		.1902
	00886017	Nu-Diclo	NXP		.1902
	02231502	PMS-Diclofenac	PMS		.1902
662	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
663	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
664	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

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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.

DICLOFENAC SODIUM

665	50mg Sup				.6237
	00632724	Voltaren	NOV		.9900
	02174677	Novo-Difenac	NOP		.6237
	02231506	PMS-Diclofenac	PMS		.6237
	02241224	Sab-Diclofenac	SIL		.6237
666	100mg Sup				.8397
	00632732	Voltaren	NOV		1.3330
	02174685	Novo-Difenac	NOP		.8397
	02231508	PMS-Diclofenac	PMS		.8397
	02241225	Sab-Diclofenac	SIL		.8397

DICLOFENAC SODIUM & MISOPROSTOL

667	50mg & 200mcg Tab				.5540
	01917056	Arthrotec 50	PHA		.5540
668	75mg & 200mcg Tab				.7540
	02229837	Arthrotec 75	PHA		.7540

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

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DIFLUNISAL

669	250mg Tab				.4235
	00587699	Dolobid	FRS		.5648
	02039486	Apo-Diflunisal	APX		.4235
	02048493	Novo-Diflunisal	NOP		.4235
670	500mg Tab				.5180
	00576131	Dolobid (Not a Benefit)	FRS		
	02039494	Apo-Diflunisal	APX		.5180
	02048507	Novo-Diflunisal	NOP		.5180

FENOPROFEN

671	600mg Tab				.5187
	00345504	Nalfon	LIL		.5187

FLOCTAFENINE

672	200mg Tab				.2541
	02017628	Idarac (Not a Benefit)	SAO		
	02244680	Apo-Floctafenine	APX		.2541
673	400mg Tab				.4424
	02017636	Idarac (Not a Benefit)	SAO		
	02244681	Apo-Floctafenine	APX		.4424

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FLURBIPROFEN

674	50mg Tab				.3061
	02223066	Froben	KNO		.3061
675	50mg Tab				.2564
	00647942	Ansaid	UPJ		.4442
	01912046	Apo-Flurbiprofen	APX		.2564
	02020661	Nu-Flurbiprofen	NXP		.2564
	02100509	Novo-Flurprofen	NOP		.2564
676	100mg Tab				.4009
	02223074	Froben	KNO		.4009
677	100mg Tab				.3508
	00600792	Ansaid	UPJ		.6078
	00675199	Ratio-Flurbiprofen	RPH		.3508
	01912038	Apo-Flurbiprofen	APX		.3508
	02020688	Nu-Flurbiprofen	NXP		.3508
	02100517	Novo-Flurprofen	NOP		.3508

IBUPROFEN

678	200mg Tab				.0243
	00441643	Apo-Ibuprofen	APX		.0243
	00629324	Novo-Profen	NOP		.0243

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IBUPROFEN

679	300mg Tab			.0284
	00327794	Motrin (Not a Benefit)	UPJ	
	00441651	Apo-Ibuprofen	APX	.0284
	00629332	Novo-Profen	NOP	.0284
680	400mg Tab			.0372
	00364142	Motrin	UPJ	.1871
	00506052	Apo-Ibuprofen	APX	.0372
	00629340	Novo-Profen	NOP	.0372
681	600mg Tab			.0465
	00484911	Motrin (Not a Benefit)	UPJ	
	00585114	Apo-Ibuprofen	APX	.0465
	00629359	Novo-Profen	NOP	.0465

INDOMETHACIN

682	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	Ratio-Indomethacin	RPH	.0871
	02204541	Rhodacine	RHO	.0871

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INDOMETHACIN

683	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	Ratio-Indomethacin	RPH		.1511
	02204568	Rhodacine	RHO		.1511
684	50mg Sup				.6636
	00594466	Indocid (Not a Benefit)	MSD		
	01934147	Ratio-Indomethacin	RPH		.6636
	02146932	Rhodacine	RHO		.6636
	02176130	Novo-Methacin	NOP		.6636
	02231799	Sab-Indomethacin	SIL		.6636
685	100mg Sup				.8919
	00016233	Indocid (Not a Benefit)	MSD		
	01934139	Ratio-Indomethacin	RPH		.8919
	02146940	Rhodacine	RHO		.8919
	02176149	Novo-Methacin	NOP		.8919
	02231800	Sab-Indomethacin	SIL		.8919

KETOPROFEN

686	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

687	50mg Ent Tab				.1662
	00761672	Rhodis-EC	RHP		.1662
	00790435	Apo-Keto-E	APX		.1662
	01926381	Orudis E-50 (Not a Benefit)	RPP		
	02150816	PMS-Ketoprofen E-50	PMS		.1662
688	100mg Ent Tab				.3078
	00761680	Rhodis-EC	RHP		.3078
	00842664	Apo-Keto-E	APX		.3078
	01926365	Orudis E-100 (Not a Benefit)	RPP		
	02150824	PMS-Ketoprofen E-100	PMS		.3078
689	200mg LA Tab				.6156
	01926373	Orudis SR-200 (Not a Benefit)	RPP		
	02031175	Rhodis SR	RHP		.6156
	02172577	Apo-Keto SR	APX		.6156
690	100mg Sup				.9930
	00761699	Rhodis	RHP		.9930
	01926411	Orudis	AVE		1.4697
	02015951	PMS-Ketoprofen	PMS		.9930
	02156083	Novo-Keto	NOP		.9930

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MEFENAMIC ACID

691	250mg Cap			.3308
	00155225	Ponstan	PFI	.5251
	02229452	Apo-Mefenamic	APX	.3308
	02229569	Nu-Mefenamic	NXP	.3308
	02231208	PMS-Mefenamic Acid	PMS	.3308

MELOXICAM

692	7.5mg Tab			.4914
	02242785	Mobicox	BOE	.7800
	02247889	Ratio-Meloxicam	RPH	.4914
	02248267	PMS-Meloxicam	PMS	.4914
	02248973	Apo-Meloxicam	APX	.4914
	02250012	Co-Meloxicam	COB	.4914
	02255987	Gen-Meloxicam	GEN	.4914
	02258315	Novo-Meloxicam	NOP	.4914
693	15mg Tab			.5670
	02242786	Mobicox	BOE	.9000
	02248031	Ratio-Meloxicam	RPH	.5670
	02248268	PMS-Meloxicam	PMS	.5670
	02248974	Apo-Meloxicam	APX	.5670
	02250020	Co-Meloxicam	COB	.5670
	02255995	Gen-Meloxicam	GEN	.5670
	02258323	Novo-Meloxicam	NOP	.5670

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NAPROXEN

694	25mg/mL O/L				.0573
	02162431	Naprosyn	HLR		.0573
695	750mg SR Tab				.7604
	02162466	Naprosyn SR (Not a Benefit)	HLR		
	02177072	Apo-Naproxen SR	APX		.7604
	02231327	Novo-Naprox	NOP		.7604
696	500mg Sup				.7927
	00756814	Ratio-Naproxen	RPH		.8810
	02017237	PMS-Naproxen	PMS		.7927
	02162458	Naprosyn	HLR		.9550
	02229690	Rhodiaprox	RHP		.7927
	02230477	Naproxen	SIL		.7927
697	125mg Tab				.0543
	00299413	Naprosyn (Not a Benefit)	SYN		
	00522678	Apo-Naproxen	APX		.0543
	00565369	Novo-Naprox	NOP		.0543
	00865621	Nu-Naprox	NXP		.0543
698	250mg Tab				.1068
	00522651	Apo-Naproxen	APX		.1068
	00565350	Novo-Naprox	NOP		.1068
	00615315	Ratio-Naproxen	RPH		.1068
	00865648	Nu-Naprox	NXP		.1068
	02162474	Naprosyn	HLR		.3796

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NAPROXEN

699	375mg Tab			.1458
	00600806	Apo-Naproxen	APX	.1458
	00615323	Ratio-Naproxen	RPH	.1458
	00627097	Novo-Naprox	NOP	.1458
	00865656	Nu-Naprox	NXP	.1458
	02162482	Naprosyn	HLR	.4996
700	500mg Tab			.2110
	00589861	Novo-Naprox	NOP	.2110
	00592277	Apo-Naproxen	APX	.2110
	00615331	Ratio-Naproxen	RPH	.2110
	00865664	Nu-Naprox	NXP	.2110
	02162490	Naprosyn	HLR	.8977

PHENYLBUTAZONE

701	100mg Tab			
	00021660	Novo-Butazone (Not a Benefit)	NOP	
	00312789	Apo-Phenylbutazone (Not a Benefit)	APX	

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PIROXICAM

702	10mg Cap				.4147
	00525596	Feldene (Not a Benefit)	PFI		
	00642886	Apo-Piroxicam	APX	.4147	
	00695718	Novo-Pirocam	NOP	.4147	
	00836249	PMS-Piroxicam	PMS	.4147	
	00865761	Nu-Pirox	NXP	.4147	
	02171813	Gen-Piroxicam	GEN	.4147	
703	20mg Cap				.7158
	00525618	Feldene (Not a Benefit)	PFI		
	00642894	Apo-Piroxicam	APX	.7158	
	00695696	Novo-Pirocam	NOP	.7158	
	00836230	PMS-Piroxicam	PMS	.7158	
	00865788	Nu-Pirox	NXP	.7158	
	02171821	Gen-Piroxicam	GEN	.7158	
704	10mg Sup				.7410
	00632708	Feldene (Not a Benefit)	PFI		
	02154420	PMS-Piroxicam	PMS	.7410	
705	20mg Sup				1.0878
	00632716	Feldene	PFI	1.7266	
	02154463	PMS-Piroxicam	PMS	1.0878	

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SULINDAC

706	150mg Tab				.3824
	00456888	Clinoril (Not a Benefit)	FRS		
	00745588	Novo-Sundac	NOP	.3824	
	00778354	Apo-Sulin	APX	.3824	
	02042576	Nu-Sulindac	NXP	.3824	
707	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

708	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	
709	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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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.

ACETAMINOPHEN & CODEINE PHOSPHATE

710	160mg & 8mg/5mL O/L				.0538
	00816027	PMS-Acetaminophen With Codeine	PMS		.0538
	02163942	Tylenol With Codeine	JNO		.0769
711	300mg & 30mg Tab				.0455
	00608882	Ratio-Emtec	RPH		.0455
	00666130	Empracet-30	BWE		.0455
712	300mg & 60mg Tab				.1384
	00621463	Ratio-Lenoltec No.4	RPH		.1384
	00666149	Empracet-60 (Not a Benefit)	BWE		
	02163918	Tylenol No.4	JNO		.1384

ACETAMINOPHEN COMPOUND WITH CODEINE

713	15mg Tab				.0288
	00293504	Atasol-15	HOR		.0310
	00653241	Ratio-Lenoltec No.2	RPH		.0288
	02163934	Tylenol No.2	JNO		.0288
714	30mg Tab				.0288
	00293512	Atasol-30	HOR		.0310
	00653276	Ratio-Lenoltec No.3	RPH		.0288
	02163926	Tylenol No.3	JNO		.0288

ACETYLSALICYLIC ACID COMPOUND WITH CODEINE

715	15mg Tab				.0454
	00095508	AC & C	DCL		.0454
	00108103	282 (Not a Benefit)	FRS		
716	30mg Tab				.0657
	00095516	AC & C	DCL		.0657
	00219843	292	FRS		.1000

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28:08:08 ANALGESICS OPIATE AGONISTS

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CODEINE PHOSPHATE

717	5mg/mL O/L			.0196
	00093114	Codeine	DCL	.0196
	00779474	Ratio-Codeine	RPH	.0196
718	15mg Tab			.0542
	00593435	Ratio-Codeine	RPH	.0542
	00779458	Codeine	ROG	.0542
719	30mg Tab			.0773
	00593451	Ratio-Codeine	RPH	.0773
	00779466	Codeine	ROG	.0773

CODEINE SULFATE TRIHYDRATE & MONOHYDRATE

720	50mg CR Tab			.2812
	02230302	Codeine Contin	PFP	.2812
721	100mg CR Tab			.5624
	02163748	Codeine Contin	PFP	.5624
722	150mg CR Tab			.8500
	02163780	Codeine Contin	PFP	.8500
723	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.

LU Authorization Period: 1 year.

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:08 ANALGESICS OPIATE AGONISTS

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FENTANYL TRANSDERMAL SYSTEM

724	25mcg/hr Trans Patch				8.5000
	01937383	Duragesic 25	JNO		8.5000
725	50mcg/hr Trans Patch				16.0000
	01937391	Duragesic 50	JNO		16.0000
726	75mcg/hr Trans Patch				22.5000
	01937405	Duragesic 75	JNO		22.5000
727	100mcg/hr Trans Patch				28.0000
	01937413	Duragesic 100	JNO		28.0000
	Reason for Use Code	Clinical criteria			
	201	For the treatement of chronic pain in patients who cannot tolerate, or have failed treatment with a listed long-acting opioid.			
		LU Authorization Period: 1 year.			

HYDROMORPHONE HCL

728	3mg CR Cap				.6000
	02125323	Hydromorph Contin	PFP		.6000
729	6mg CR Cap				.9000
	02125331	Hydromorph Contin	PFP		.9000
730	12mg CR Cap				1.5600
	02125366	Hydromorph Contin	PFP		1.5600
731	18mg CR Cap				2.2500
	02243562	Hydromorph Contin	PFP		2.2500
732	24mg CR Cap				2.8800
	02125382	Hydromorph Contin	PFP		2.8800
733	30mg CR Cap				3.4500
	02125390	Hydromorph Contin	PFP		3.4500

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:08 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.

HYDROMORPHONE HCL

734	20mg/mL Inj				3.6680
	02145936	Hydromorphone HP-20	SIL		3.6680
	02146118	Dilaudid-HP-Plus	KNO		3.6680
735	2mg/mL Inj Sol-1mL Pk				.9450
	00627100	Dilaudid	KNO		.9500
	02145901	Hydromorphone	SIL		.9450
736	10mg/mL Inj Sol-1mL Pk				2.3380
	00622133	Dilaudid-HP	KNO		2.3380
	02145928	Hydromorphone HP-10	SIL		2.3380
737	50mg/mL Inj-1mL Pk				9.7335
	02145863	Dilaudid-XP	KNO		9.7335
	02146126	Hydromorphone HP-50	SIL		9.7335
738	1mg/mL Oral Sol				.0931
	00786535	Dilaudid	KNO		.0931
739	250mg Pd Vial Pk				67.5750
	02085895	Dilaudid Sterile Powder	KNO		67.5750
740	3mg Sup				2.6000
	00125105	Dilaudid	KNO		2.6000
741	1mg Tab				.0959
	00705438	Dilaudid	KNO		.0959
	00885444	PMS-Hydromorphone	PMS		.0959
742	2mg Tab				.1417
	00125083	Dilaudid	KNO		.1417
	00885436	PMS-Hydromorphone	PMS		.1417
743	4mg Tab				.2240
	00125121	Dilaudid	KNO		.2240
	00885401	PMS-Hydromorphone	PMS		.2240
744	8mg Tab				.3528
	00786543	Dilaudid	KNO		.3528
	00885428	PMS-Hydromorphone	PMS		.3528

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28:08:08 ANALGESICS OPIATE AGONISTS

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MEPERIDINE HCL

745	50mg Tab				.1034
	02138018	Demerol	SAO		.1034
	Reason for Use Code	Clinical criteria			
	270	Limited to 2 weeks supply for acute pain.			
		LU Authorization Period: 1 year.			

MORPHINE HCL

746	1mg/mL O/L				.0200
	00486582	M.O.S. (Not a Benefit)	ICN		
	00607762	Ratio-Morphine	RPH		.0200
747	5mg/mL O/L				.0842
	00514217	M.O.S.	ICN		.0842
	00607770	Ratio-Morphine	RPH		.0842
748	10mg/mL O/L				.1838
	00632503	M.O.S.	ICN		.1838
	00690783	Ratio-Morphine	RPH		.1838
749	20mg/mL O/L				.5241
	00632481	M.O.S.	ICN		.5241
	00690791	Ratio-Morphine	RPH		.5241
750	50mg/mL O/L				1.2427
	00690236	M.O.S. Conc 50	ICN		1.2427
751	10mg Tab				.1700
	00690198	M.O.S.-10	ICN		.1700
752	20mg Tab				.3243
	00690201	M.O.S.-20	ICN		.3243
753	40mg Tab				.4214
	00690228	M.O.S.-40	ICN		.4214
754	60mg Tab				.5851
	00690244	M.O.S.-60	ICN		.5851

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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.

MORPHINE SULFATE

755	10mg ER Cap 02019930	M-Eslon	AVE	.2900 .2900
756	15mg ER Cap 02177749	M-Eslon	AVE	.3550 .3550
757	30mg ER Cap 02019949	M-Eslon	AVE	.5970 .5970
758	60mg ER Cap 02019957	M-Eslon	AVE	1.0684 1.0684
759	100mg ER Cap 02019965	M-Eslon	AVE	1.9100 1.9100
760	200mg ER Cap 02177757	M-Eslon	AVE	3.8200 3.8200
761	15mg/mL Inj Sol Amp 00392561 00850330	Morphine Sulfate #Morphine Sulfate Injection USP	SIL ABB	.3670 .3670 .4900
762	50mg/mL Inj Sol-1mL Pk 00617288	Morphine HP-50	SIL	3.1400 3.1400
763	1mg/mL O/L 00591467	Statex	PMS	.0200 .0200
764	5mg/mL O/L 00591475	Statex	PMS	.0803 .0803
765	20mg/mL Oral Drops 00621935	Statex	PMS	.3857 .3857
766	10mg SR Cap 02242163	Kadian	FAU	.3400 .3400
767	20mg SR Cap 02184435	Kadian	FAU	.6800 .6800

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MORPHINE SULFATE

768	50mg SR Cap 02184443	Kadian	FAU	1.2500 1.2500
769	100mg SR Cap 02184451	Kadian	FAU	2.1800 2.1800
770	15mg SR Tab 02015439 02244790 02245284	MS Contin Ratio-Morphine SR PMS-Morphine Sulfate	PFP RPH PMS	.3751 .5954 .3751 .3751
771	30mg SR Tab 02014297 02244791 02245285	MS Contin Ratio-Morphine SR PMS-Morphine Sulfate	PFP RPH PMS	.5664 .8990 .5664 .5664
772	60mg SR Tab 02014300 02244792 02245286	MS Contin Ratio-Morphine SR PMS-Morphine Sulfate	PFP RPH PMS	.9984 1.5848 .9984 .9984
773	100mg SR Tab 02014319	MS Contin	PFP	2.4164 2.4164
774	200mg SR Tab 02014327	MS Contin	PFP	4.4920 4.4920
775	20mg Tab 02014238	MS-IR	PFP	.3018 .3018
776	30mg Tab 02014254	MS-IR	PFP	.3876 .3876
777	5mg Tab 00594652	Statex	PMS	.1100 .1100
778	10mg Tab 00594644	Statex	PMS	.1700 .1700

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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.

MORPHINE SULFATE

779	25mg Tab 00594636	Statex	PMS	.2250 .2250
780	50mg Tab 00675962	Statex	PMS	.3450 .3450

OXYCODONE HCL

781	10mg SR Tab 02202441	Oxycontin	PFP	.8000 .8000
782	20mg SR Tab 02202468	Oxycontin	PFP	1.2000 1.2000
783	40mg SR Tab 02202476	Oxycontin	PFP	2.0800 2.0800
784	80mg SR Tab 02202484	Oxycontin	PFP	3.8400 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.		
		LU Authorization Period: 1 year.		

OXYCODONE HCL & ACETAMINOPHEN

785	5mg & 325mg Tab 00580201	Percocet (Not a Benefit)	BQU	.0960
	00608165	Ratio-Oxycocet	RPH	.0960
	01916548	Endocet	EDM	.0960

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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 & ACETYLSALICYLIC ACID

786	5mg & 325mg Tab				.1116
	00580236	Percodan (Not a Benefit)	BQU		
	00608157	Ratio-Oxycodan	RPH		.1116
	01916483	Endodan	EDM		.1116

28:08:92 ANALGESICS MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

ACETAMINOPHEN

787	16mg/mL O/L				.0306
	01934805	# Robigesic	WHB		.0306
788	80mg/mL O/L				.1197
	00631353	Atasol	HOR		.1840
	00642401	Temptra (Not a Benefit)	MJS		
	02027801	Pediatric	TCH		.1197
789	120mg Sup				.4168
	01919385	Abenol	SMJ		.4168
	02230434	ACET 120	PMS		.4168
790	325mg Sup				.5138
	01919393	Abenol	SMJ		.5483
	02230436	ACET 325	PMS		.5138
791	650mg Sup				.5906
	01919407	Abenol	SMJ		.6300
	02230437	ACET 650	PMS		.5906
792	*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	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:92 ANALGESICS MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

ACETAMINOPHEN

793	*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

794	100mg Chew Tab				.0856
	00369810	Tegretol	NOV		.1223
	02231542	PMS-Carbamazepine	PMS		.0856
	02244403	Taro-Carbamazepine	TAR		.0856
795	200mg Chew Tab				.1689
	00665088	Tegretol	NOV		.2413
	02231540	PMS-Carbamazepine	PMS		.1689
	02244404	Taro-Carbamazepine	TAR		.1689

796	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
797	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.

LU Authorization Period: Indefinite.

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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

798	100mg/5mL Oral Susp			.0578
	02194333	Tegretol	NOV	.0578
799	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

800	10mg Tab			.2153
	02221799	Frisium	AVE	.3417
	02238334	Novo-Clobazam	NOP	.2153
	02238797	Ratio-Clobazam	RPH	.2153
	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.		
		LU Authorization Period: Indefinite.		

CLONAZEPAM

801	0.5mg Tab			.1166
	00382825	Rivotril	HLR	.1850
	02048701	PMS-Clonazepam	PMS	.1166
	02103656	Ratio-Clonazepam	RPH	.1166
	02173344	Nu-Clonazepam	NXP	.1166
	02177889	Apo-Clonazepam	APX	.1166
	02207818	PMS-Clonazepam-R	PMS	.1166
	02230950	Gen-Clonazepam	GEN	.1166
	02233960	Rhoxal-Clonazepam	RHO	.1166
	02239024	Novo-Clonazepam	NOP	.1166

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12:00 ANTICONVULSANTS

CLONAZEPAM

802	2mg Tab				.2010
	00382841	Rivotril	HLR		.3190
	02048736	PMS-Clonazepam	PMS		.2010
	02103737	Ratio-Clonazepam	RPH		.2010
	02173352	Nu-Clonazepam	NXP		.2010
	02177897	Apo-Clonazepam	APX		.2010
	02230951	Gen-Clonazepam	GEN		.2010
	02233985	Rhoxal-Clonazepam	RHO		.2010
	02239025	Novo-Clonazepam	NOP		.2010

DIVALPROEX SODIUM

803	125mg Ent Tab				.1377
	00596418	Epival	ABB		.2186
	02239517	Nu-Divalproex	NXP		.1377
	02239698	Apo-Divalproex	APX		.1377
	02239701	Novo-Divalproex	NOP		.1377
	02244138	PMS-Divalproex	PMS		.1377
	02265133	+ Gen-Divalproex	GEN		.1377
804	250mg Ent Tab				.2475
	00596426	Epival	ABB		.3928
	02239518	Nu-Divalproex	NXP		.2475
	02239699	Apo-Divalproex	APX		.2475
	02239702	Novo-Divalproex	NOP		.2475
	02244139	PMS-Divalproex	PMS		.2475
	02265141	+ Gen-Divalproex	GEN		.2475
805	500mg Ent Tab				.4952
	00596434	Epival	ABB		.7861
	02239519	Nu-Divalproex	NXP		.4952
	02239700	Apo-Divalproex	APX		.4952
	02239703	Novo-Divalproex	NOP		.4952
	02244140	PMS-Divalproex	PMS		.4952
	02265168	+ Gen-Divalproex	GEN		.4952

ETHOSUXIMIDE

806	250mg Cap				.2812
	00022799	Zarontin	PFI		.2812

+ = 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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12:00 ANTICONVULSANTS

ETHOSUXIMIDE

807	50mg/mL O/L				.0562
	00023485	Zarontin	PFI		.0562

GABAPENTIN

808	100mg Cap				.2520
	02084260	Neurontin	PFI		.4000
	02243446	PMS-Gabapentin	PMS		.2520
	02244304	Apo-Gabapentin	APX		.2520
	02244513	Novo-Gabapentin	NOP		.2520
	02248259	Gen-Gabapentin	GEN		.2520
	02256142	+ Co-Gabapentin	COB		.2520
	02260883	+ Ratio-Gabapentin	RPH		.2520
809	300mg Cap				.6130
	02084279	Neurontin	PFI		.9730
	02243447	PMS-Gabapentin	PMS		.6130
	02244305	Apo-Gabapentin	APX		.6130
	02244514	Novo-Gabapentin	NOP		.6130
	02248260	Gen-Gabapentin	GEN		.6130
	02256150	+ Co-Gabapentin	COB		.6130
	02260891	+ Ratio-Gabapentin	RPH		.6130
810	400mg Cap				.7305
	02084287	Neurontin	PFI		1.1595
	02243448	PMS-Gabapentin	PMS		.7305
	02244306	Apo-Gabapentin	APX		.7305
	02244515	Novo-Gabapentin	NOP		.7305
	02248261	Gen-Gabapentin	GEN		.7305
	02256169	+ Co-Gabapentin	COB		.7305
	02260905	+ Ratio-Gabapentin	RPH		.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.
	LU Authorization Period: Indefinite.

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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

28:12:00 ANTICONVULSANTS

LAMOTRIGINE

811	25mg Tab				.2088
	02142082	Lamictal	GLA		.3315
	02243352	Ratio-Lamotrigine	RPH		.2088
	02245208	Apo-Lamotrigine	APX		.2088
	02246897	PMS-Lamotrigine	PMS		.2088
	02248232	Novo-Lamotrigine	NOP		.2088
	02265494	+ Gen-Lamotrigine	GEN		.2088
812	100mg Tab				.8354
	02142104	Lamictal	GLA		1.3260
	02243353	Ratio-Lamotrigine	RPH		.8354
	02245209	Apo-Lamotrigine	APX		.8354
	02246898	PMS-Lamotrigine	PMS		.8354
	02248233	Novo-Lamotrigine	NOP		.8354
	02265508	+ Gen-Lamotrigine	GEN		.8354
813	150mg Tab				1.2530
	02142112	Lamictal	GLA		1.9890
	02245210	Apo-Lamotrigine	APX		1.2530
	02246899	PMS-Lamotrigine	PMS		1.2530
	02246963	Ratio-Lamotrigine	RPH		1.2530
	02248234	Novo-Lamotrigine	NOP		1.2530
	02265516	+ Gen-Lamotrigine	GEN		1.2530
	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.			
		LU Authorization Period: Indefinite.			

METHSUXIMIDE

814	300mg Cap				.3110
	00022802	Celontin	PFI		.3110

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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

28:12:00 ANTICONVULSANTS

PHENOBARBITAL

815	4mg/mL O/L				.0148
	00588180	Phenobarbital	DCL		.0148
816	30mg Tab				.0058
	00023809	Phenobarbital (Not a Benefit)	PDA		
	00093521	# Phenobarbital	DCL		.0058
817	60mg Tab				.0135
	00023817	Phenobarbital (Not a Benefit)	PDA		
	00093556	# Phenobarbital	DCL		.0135

PHENYTOIN (DIPHENYLHYDANTOIN)

818	6mg/mL O/L				.0375
	00023442	Dilantin	PDA		.0375
819	25mg/mL O/L				.0444
	00023450	Dilantin	PDA		.0444
820	50mg Tab				.0682
	00023698	Dilantin	PDA		.0682

PHENYTOIN (DIPHENYLHYDANTOIN) SODIUM

821	30mg Cap				.0497
	00022772	Dilantin	PDA		.0497
822	100mg Cap				.0621
	00022780	Dilantin	PDA		.0621

PRIMIDONE

823	125mg Tab				.0378
	00399310	Apo-Primidone	APX		.0378
	02042363	Mysoline	WAY		.0582
824	250mg Tab				.0606
	00396761	Apo-Primidone	APX		.0606
	02042355	Mysoline	WAY		.0916

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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

TOPIRAMATE

825	15mg Sprinkle Cap			1.0000
	02239907	Topamax Sprinkle	JNO	1.0000
826	25mg Sprinkle Cap			1.0500
	02239908	Topamax Sprinkle	JNO	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.		
		LU Authorization Period: Indefinite.		

827	25mg Tab			1.0500
	02230893	Topamax	JNO	1.0500
828	100mg Tab			1.9900
	02230894	Topamax	JNO	1.9900
829	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.		
		LU Authorization Period: Indefinite.		

VALPROATE SODIUM

830	50mg/mL O/L			.0577
	00443832	Depakene	ABB	.0916
	02140063	Ratio-Valproic	RPH	.0577
	02236807	PMS-Valproic Acid	PMS	.0577
	02238042	Deproic	TCH	.0577
	02238370	Apo-Valproic	APX	.0577

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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

28:12:00 ANTICONVULSANTS

VALPROIC ACID

831	250mg Cap			.2584
	00443840	Depakene	ABB	.4124
	02100630	Novo-Valproic	NOP	.2584
	02140047	Ratio-Valproic	RPH	.2598
	02184648	Gen-Valproic	GEN	.2584
	02230768	PMS-Valproic Acid	PMS	.2584
	02237830	Nu-Valproic	NXP	.2584
	02238048	Apo-Valproic	APX	.2584
	02239714	Rhoxal-Valproic	RHO	.2584
832	500mg Ent Cap			.5197
	00507989	Depakene	ABB	.8249
	02140055	Ratio-Valproic EC	RPH	.5197
	02229628	PMS-Valproic Acid	PMS	.5197
	02239713	Rhoxal-Valproic	RHO	.5197

VIGABATRIN

833	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. LU Authorization Period: Indefinite.		

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

AMITRIPTYLINE

834	2mg/mL O/L			.0402
	00016306	Elavil	MSD	.0402
835	10mg Tab			.0059
	00016322	Elavil (Not a Benefit)	MSD	
	00335053	Apo-Amitriptyline	APX	.0059

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

AMITRIPTYLINE

836	25mg Tab				.0079
	00016330	Elavil (Not a Benefit)	MSD		
	00335061	Apo-Amitriptyline	APX		.0079
837	50mg Tab				.0169
	00016349	Elavil (Not a Benefit)	MSD		
	00335088	Apo-Amitriptyline	APX		.0169

BUPROPION HCL

838	100mg Tab				.5333
	02237824	Wellbutrin SR	GLW		.5333
839	150mg Tab				.5600
	02237825	Wellbutrin SR	GLW		.8000
	02260239	Novo-Bupropion SR	NOP		.5600
	Reason for Use Code	Clinical criteria			
	315	For the treatment of depression.			
		LU Authorization Period: Indefinite.			

CITALOPRAM HYDROBROMIDE

840	20mg Tab				.8750
	02239607	Celexa	VLH		1.2500
	02246056	Apo-Citalopram	APX		.8750
	02246594	Gen-Citalopram	GEN		.8750
	02248010	PMS-Citalopram	PMS		.8750
	02248050	Co-Citalopram	COB		.8750
	02248170	Rhoxal-Citalopram	RHO		.8750
	02251558	Novo-Citalopram	NOP		.8750
	02252112	Ratio-Citalopram	RPH		.8750
841	40mg Tab				.8750
	02239608	Celexa	VLH		1.2500
	02246057	Apo-Citalopram	APX		.8750
	02246595	Gen-Citalopram	GEN		.8750
	02248011	PMS-Citalopram	PMS		.8750
	02248051	Co-Citalopram	COB		.8750
	02248171	Rhoxal-Citalopram	RHO		.8750
	02251566	Novo-Citalopram	NOP		.8750
	02252120	Ratio-Citalopram	RPH		.8750

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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

CLOMIPRAMINE HCL

842	10mg Tab				.1626
	00330566	Anafranil	NOV		.2581
	02040786	Apo-Clomipramine	APX		.1626
	02139340	Gen-Clomipramine	GEN		.1626
	02230256	Novo-Clopamine	NOP		.1626
	02244816	Co-Clomipramine	COB		.1626
843	25mg Tab				.2215
	00324019	Anafranil	NOV		.3516
	02040778	Apo-Clomipramine	APX		.2215
	02139359	Gen-Clomipramine	GEN		.2215
	02244817	Co-Clomipramine	COB		.2215
844	50mg Tab				.4078
	00402591	Anafranil	NOV		.6474
	02040751	Apo-Clomipramine	APX		.4078
	02130173	Novo-Clopamine	NOP		.4078
	02139367	Gen-Clomipramine	GEN		.4078
	02244818	Co-Clomipramine	COB		.4078

DESIPRAMINE

845	25mg Tab				.2544
	00010448	Pertofrane	GEI		.3769
	01946269	PMS-Desipramine	PMS		.2544
	01948784	Ratio-Desipramine	RPH		.2544
	02099128	Norpramin	HMR		.3458
	02211947	Nu-Desipramine	NXP		.2544
	02216256	Apo-Desipramine	APX		.2544
846	50mg Tab				.4110
	01946277	PMS-Desipramine	PMS		.4110
	01948792	Ratio-Desipramine	RPH		.4110
	02099136	Norpramin	HMR		.6096
	02211955	Nu-Desipramine	NXP		.4110
	02216264	Apo-Desipramine	APX		.4110
	02223333	Novo-Desipramine	NOP		.4110

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

DESIPRAMINE

847	75mg Tab				.6334
	01946242	PMS-Desipramine	PMS		.6334
	01948806	Ratio-Desipramine	RPH		.6334
	02099144	Norpramin	HMR		.9392
	02211963	Nu-Desipramine	NXP		.6334
	02216272	Apo-Desipramine	APX		.6334

DOXEPIN HCL

848	10mg Cap				.1185
	00024325	Sinequan	PFI		.2397
	02049996	Apo-Doxepin	APX		.1185
849	25mg Cap				.1430
	00024333	Sinequan	PFI		.2940
	02050005	Apo-Doxepin	APX		.1430
850	50mg Cap				.2228
	00024341	Sinequan	PFI		.5455
	02050013	Apo-Doxepin	APX		.2228
851	75mg Cap				.4774
	00400750	Sinequan	PFI		.7833
	01913441	Novo-Doxepin	NOP		.4774
	02050021	Apo-Doxepin	APX		.4774
852	100mg Cap				.6270
	00326925	Sinequan	PFI		1.0320
	01913468	Novo-Doxepin	NOP		.6270
	02050048	Apo-Doxepin	APX		.6270
853	150mg Cap				.9474
	00584274	Sinequan	PFI		1.4218
	01913476	Novo-Doxepin	NOP		.9474
	02050056	Apo-Doxepin	APX		.9474

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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.

854	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	Ratio-Fluoxetine	RPH	1.0112
	02242178	Co-Fluoxetine	RDC	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.

855	50mg Tab			.4952
	01919342	Luvox	SPH	.7860
	02218453	Ratio-Fluvoxamine	RPH	.4952
	02231192	Nu-Fluvoxamine	NXP	.4952
	02231329	Apo-Fluvoxamine	APX	.4952
	02239953	Novo-Fluvoxamine	NOP	.4952
	02240682	PMS-Fluvoxamine	PMS	.4952
	02247054	Rhoxal-Fluvoxamine	RHO	.4952
	02255529	Co-Fluvoxamine	COB	.4952
856	100mg Tab			.8902
	01919369	Luvox	SPH	1.4130
	02218461	Ratio-Fluvoxamine	RPH	.8902
	02231193	Nu-Fluvoxamine	NXP	.8902
	02231330	Apo-Fluvoxamine	APX	.8902
	02239954	Novo-Fluvoxamine	NOP	.8902
	02240683	PMS-Fluvoxamine	PMS	.8902
	02247055	Rhoxal-Fluvoxamine	RHO	.8902
	02255537	Co-Fluvoxamine	COB	.8902

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

IMIPRAMINE

857	10mg Tab				.0059
	00010464	Tofranil (Not a Benefit)	NOV		
	00360201	Apo-Imipramine	APX		.0059
858	25mg Tab				.0107
	00010472	Tofranil	NOV		.2290
	00312797	Apo-Imipramine	APX		.0107
859	50mg Tab				.0186
	00010480	Tofranil	NOV		.4257
	00326852	Apo-Imipramine	APX		.0186

MAPROTILINE HCL

860	10mg Tab				.2022
	00641855	Ludiomil	NOV		.2022
861	25mg Tab				.2065
	00360481	Ludiomil (Not a Benefit)	CIB		
	02158612	Novo-Maprotiline	NOP		.2065
862	50mg Tab				.3910
	00360503	Ludiomil	NOV		.5215
	02158620	Novo-Maprotiline	NOP		.3910
863	75mg Tab				.5340
	00360511	Ludiomil	NOV		.7123
	02158639	Novo-Maprotiline	NOP		.5340

MIRTAZAPINE

864	15mg Orally Disintegrating Tab				.3900
	02248542	Remeron RD	ORG		.3900
865	30mg Orally Disintegrating Tab				.7800
	02248543	Remeron RD	ORG		.7800
866	45mg Orally Disintegrating Tab				1.1700
	02248544	Remeron RD	ORG		1.1700
867	30mg Tab				.7812
	02243910	Remeron	OGN		1.2400
	02248762	PMS-Mirtazapine	PMS		.7812
	02250608	Rhoxal-Mirtazapine	RHO		.7812
	02256118	Gen-Mirtazapine	GEN		.7812
	02259354	Novo-Mirtazapine	NOP		.7812

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

MOCLOBEMIDE

868	100mg Tab				.2520
	00899348	Manerix (Not a Benefit)	HLR		
	02232148	Apo-Moclobemide	APX		.2520
	02239746	Novo-Moclobemide	NOP		.2520
869	150mg Tab				.3654
	00899356	Manerix	HLR		.5800
	02218410	Ratio-Moclobemide	RPH		.3654
	02232150	Apo-Moclobemide	APX		.3654
	02239747	Novo-Moclobemide	NOP		.3654
	02243218	PMS-Moclobemide	PMS		.3654
870	300mg Tab				.7176
	02166747	Manerix	HLR		1.1390
	02239748	Novo-Moclobemide	NOP		.7176
	02240456	Apo-Moclobemide	APX		.7176
	02243219	PMS-Moclobemide	PMS		.7176

NORTRIPTYLINE

871	10mg Cap				.1260
	00015229	Aventyl	PHE		.2000
	02177692	PMS-Nortriptyline	PMS		.1260
	02223139	Nu-Nortriptyline	NXP		.1260
	02223511	Apo-Nortriptyline	APX		.1260
	02231686	Gen-Nortriptyline	GEN		.1260
	02231781	Novo-Nortriptyline	NOP		.1260
	02240789	Ratio-Nortriptyline	RPH		.1260
872	25mg Cap				.2547
	00015237	Aventyl	PHE		.4043
	02177706	PMS-Nortriptyline	PMS		.2547
	02223147	Nu-Nortriptyline	NXP		.2547
	02223538	Apo-Nortriptyline	APX		.2547
	02231687	Gen-Nortriptyline	GEN		.2547
	02231782	Novo-Nortriptyline	NOP		.2547
	02240790	Ratio-Nortriptyline	RPH		.2547

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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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

PAROXETINE HCL

873	20mg Tab				1.0017
	01940481	Paxil	SMJ		1.5900
	02240908	Apo-Paroxetine	APX		1.0017
	02247751	PMS-Paroxetine	PMS		1.0017
	02247811	Ratio-Paroxetine	RPH		1.0017
	02248013	Gen-Paroxetine	GEN		1.1130
	02248557	Novo-Paroxetine	NOP		1.0017
	02254751	Rhoxal-Paroxetine	RHO		1.0017
	02262754	+ Co-Paroxetine	COB		1.0017
874	30mg Tab				1.0647
	01940473	Paxil	SMJ		1.6900
	02240909	Apo-Paroxetine	APX		1.0647
	02247752	PMS-Paroxetine	PMS		1.0647
	02247812	Ratio-Paroxetine	RPH		1.0647
	02248014	Gen-Paroxetine	GEN		1.1830
	02248558	Novo-Paroxetine	NOP		1.0647
	02254778	Rhoxal-Paroxetine	RHO		1.0647
	02262762	+ Co-Paroxetine	COB		1.0647

PHENELZINE SULFATE

875	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

876	10mg Tab				.3473
	00322741	Triptil	MSD		.3473

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.

877	25mg Cap				.5040
	02132702	Zoloft	PFI		.8000
	02238280	Apo-Sertraline	APX		.5040
	02240485	Novo-Sertraline	NOP		.5040
	02242519	Gen-Sertraline	GEN		.5040
	02244838	PMS-Sertraline	PMS		.5040
	02245159	Rhoxal-Sertraline	RHO		.5040
	02245787	Ratio-Sertraline	RPH		.5040

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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.

878	50mg Cap			1.0080
	01962817	Zoloft	PFI	1.6000
	02238281	Apo-Sertraline	APX	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
	02245788	Ratio-Sertraline	RPH	1.0080
879	100mg Cap			1.1025
	01962779	Zoloft	PFI	1.7500
	02238282	Apo-Sertraline	APX	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
	02245789	Ratio-Sertraline	RPH	1.1025

TRANLYCYPROMINE SULFATE

880	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.

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

TRAZODONE HYDROCHLORIDE

881	50mg Tab				.2214
	00579351	Desyrel	BQU		.2214
	01937227	PMS-Trazodone	PMS		.2214
	02053187	Ratio-Trazodone	RPH		.2214
	02144263	Novo-Trazodone	NOP		.2214
	02147637	Apo-Trazodone	APX		.2214
	02230284	Trazorel	ICN		.2214
	02231683	Gen-Trazodone	GEN		.2214
882	100mg Tab				.3956
	00579378	Desyrel	BQU		.3956
	01937235	PMS-Trazodone	PMS		.3956
	02053195	Ratio-Trazodone	RPH		.3956
	02144271	Novo-Trazodone	NOP		.3956
	02147645	Apo-Trazodone	APX		.3956
	02230285	Trazorel	ICN		.3956
	02231684	Gen-Trazodone	GEN		.3956
883	150mg Tab				.5812
	00702277	Desyrel Dividose	BQU		.5812
	02053209	Ratio-Trazodone	RPH		.5812
	02144298	Novo-Trazodone	NOP		.5812
	02147653	Apo-Trazodone D	APX		.5812

TRIMIPRAMINE

884	75mg Cap				.5197
	00761656	Rhotrimine	RHP		.5197
	01926349	Surmontil (Not a Benefit)	RPP		
	02070987	Apo-Trimip	APX		.5197
885	12.5mg Tab				.0820
	00740799	Apo-Trimip	APX		.0820
	00761605	Rhotrimine	RHP		.0820
	01926357	Surmontil (Not a Benefit)	RPP		
886	25mg Tab				.1040
	00740802	Apo-Trimip	APX		.1040
	00761613	Rhotrimine	RHP		.1040
	01926322	Surmontil (Not a Benefit)	RPP		
	02020602	Nu-Trimipramine	NXP		.1040

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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

TRIMIPRAMINE

887	50mg Tab				.1999
	00740810	Apo-Trimip	APX		.1999
	00761621	Rhotrimine	RHP		.1999
	01926330	Surmontil (Not a Benefit)	RPP		
	02020610	Nu-Trimipramine	NXP		.1999
888	100mg Tab				.3418
	00740829	Apo-Trimip	APX		.3418
	00761648	Rhotrimine	RHP		.3418
	01926284	Surmontil (Not a Benefit)	RPP		
	02020629	Nu-Trimipramine	NXP		.3418

VENLAFAXINE HCL

889	37.5mg ER Cap				.7800
	02237279	Effexor XR	WAY		.7800
890	75mg ER Cap				1.5600
	02237280	Effexor XR	WAY		1.5600
891	150mg ER Cap				1.6500
	02237282	Effexor XR	WAY		1.6500

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

ALPRAZOLAM

892	0.25mg Tab				.0760
	00548359	Xanax	UPJ		.1694
	00677485	Ratio-Alprazolam	RPH		.0760
	00865397	Apo-Alpraz	APX		.0760
	01913239	Nu-Alpraz	NXP		.0760
	01913484	Novo-Alprazol	NOP		.0760
	02137534	Gen-Alprazolam	GEN		.0760
893	0.5mg Tab				.0920
	00548367	Xanax	UPJ		.2029
	00677477	Ratio-Alprazolam	RPH		.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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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

BROMAZEPAM

894	1.5mg Tab				.0693
	00682314	Lectopam	HLR		.1030
	02171856	Nu-Bromazepam	NXP		.0693
	02177153	Apo-Bromazepam	APX		.0693
	02192705	Gen-Bromazepam	GEN		.0693
895	3mg Tab				.0882
	00518123	Lectopam	HLR		.1400
	02171864	Nu-Bromazepam	NXP		.0882
	02177161	Apo-Bromazepam	APX		.0882
	02192713	Gen-Bromazepam	GEN		.0882
	02230584	Novo-Bromazepam	NOP		.0882
896	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

897	5mg Cap				.0124
	00012629	Librium (Not a Benefit)	HLR		
	00522724	Apo-Chlordiazepoxide	APX		.0124
898	10mg Cap				.0146
	00012637	Librium (Not a Benefit)	HLR		
	00522988	Apo-Chlordiazepoxide	APX		.0146
899	25mg Cap				.0193
	00012645	Librium (Not a Benefit)	HLR		
	00522996	Apo-Chlordiazepoxide	APX		.0193

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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

CHLORPROMAZINE

900	50mg/2mL Inj Sol-2mL Pk 01929984	Largactil	AVE	.9700 .9700
901	5mg/mL O/L 01929968	Largactil	AVE	.0238 .0238
902	20mg/mL O/L 01929976	Largactil	AVE	.0346 .0346
903	40mg/mL O/L 01929992	Largactil	AVE	.2702 .2702
904	100mg Sup 01930001	Largactil	AVE	1.8050 1.8050
905	25mg Tab 00232823 01929917	Novo-Chlorpromazine Largactil (Not a Benefit)	NOP RPP	.0092 .0092
906	50mg Tab 00232807 01929925	Novo-Chlorpromazine Largactil (Not a Benefit)	NOP RPP	.0141 .0141
907	100mg Tab 00232831 01929933	Novo-Chlorpromazine Largactil (Not a Benefit)	NOP RPP	.0221 .0221

CLORAZEPATE DIPOTASSIUM

908	3.75mg Cap 00264938 00628190 00860689	Tranxene Novo-Clopate Apo-Clorazepate	ABB NOP APX	.0694 .1554 .0694 .0694
909	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

910	15mg Cap				.2617
	00264911	Tranxene	ABB		.3430
	00628212	Novo-Clopate	NOP		.2617
	00860697	Apo-Clorazepate	APX		.2617

DIAZEPAM

911	5mg/mL Rect Gel-2x5mg Pk				134.5000
	02238162	Diastat	ELA		134.5000
912	5mg/mL Rect Gel-2x10mg Pk				134.5000
	09853340	Diastat	ELA		134.5000
913	5mg/mL Rect Gel-2x15mg Pk				134.5000
	09853430	Diastat	ELA		134.5000
914	2mg Tab				.0055
	00013277	Valium (Not a Benefit)	HLR		
	00405329	Apo-Diazepam	APX		.0055
915	5mg Tab				.0061
	00013285	Valium (Not a Benefit)	HLR		
	00362158	Apo-Diazepam	APX		.0061
916	10mg Tab				.0069
	00013293	Valium (Not a Benefit)	HLR		
	00405337	Apo-Diazepam	APX		.0069

FLUPENTHIXOL DECANOATE

917	200mg/2mL Inj Sol-2mL Pk				67.4500
	02156040	Fluanxol Depot	VLH		67.4500
918	200mg/10mL Inj Sol-10mL Pk				67.4500
	02156032	Fluanxol Depot	VLH		67.4500

FLUPENTHIXOL DIHYDROCHLORIDE

919	0.5mg Tab				.2330
	02156008	Fluanxol	VLH		.2330
920	3mg Tab				.5033
	02156016	Fluanxol	VLH		.5033

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

FLUPHENAZINE DECANOATE

921	100mg/mL Inj Sol-1mL Pk				29.7800
	00755575	Modecate Concentrate	BQU		29.7800
922	125mg/5mL Inj Susp-5mL Pk				23.1600
	00349917	Modecate	BQU		23.1600
	02091275	PMS-Fluphenazine Decanoate	PMS		23.1600

FLUPHENAZINE HCL

923	0.5mg/mL O/L				.0310
	00245240	Moditen HCL	BQU		.0310
924	1mg Tab				.0899
	00405345	Apo-Fluphenazine	APX		.0899
925	2mg Tab				.1077
	00410632	Apo-Fluphenazine	APX		.1077
926	5mg Tab				.1618
	00029408	Moditen HCL (Not a Benefit)	BQU		
	00405361	Apo-Fluphenazine	APX		.1618

HALOPERIDOL

927	5mg/mL Inj Sol-1mL Pk				2.4900
	00017574	Haldol (Not a Benefit)	OMC		
	00808652	Haloperidol	SIL		2.4900
928	2mg/mL O/L				.1073
	00017582	Haldol (Not a Benefit)	OMC		
	00552429	Ratio-Haloperidol	RPH		.1073
	00587702	Apo-Haloperidol	APX		.1073

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

HALOPERIDOL

929	0.5mg Tab				.0360
	00017655	Haldol (Not a Benefit)	OMC		
	00363685	Novo-Peridol	NOP		.0360
	00396796	Apo-Haloperidol	APX		.0360
930	1mg Tab				.0614
	00017663	Haldol (Not a Benefit)	OMC		
	00363677	Novo-Peridol	NOP		.0614
	00396818	Apo-Haloperidol	APX		.0614
931	2mg Tab				.1050
	00017671	Haldol (Not a Benefit)	OMC		
	00363669	Novo-Peridol	NOP		.1050
	00396826	Apo-Haloperidol	APX		.1050
932	5mg Tab				.1487
	00017698	Haldol (Not a Benefit)	OMC		
	00363650	Novo-Peridol	NOP		.1487
	00396834	Apo-Haloperidol	APX		.1487
933	10mg Tab				.1330
	00381772	Haldol (Not a Benefit)	OMC		
	00463698	Apo-Haloperidol	APX		.1330
	00713449	Novo-Peridol	NOP		.1330
934	20mg Tab				.6304
	00499579	Haldol (Not a Benefit)	OMC		
	00768820	Novo-Peridol	NOP		.6304

HALOPERIDOL DECANOATE

935	100mg/mL Oily Inj Sol-1mL Pk				11.6648
	00599093	Haldol-LA (Not a Benefit)	OMC		
	02130300	Haloperidol LA	SIL		11.6648
936	50mg/mL Oily Inj Sol-5mL Pk				29.5190
	00599085	Haldol-LA (Not a Benefit)	OMC		
	02130297	Haloperidol LA	SIL		29.5190
937	100mg/mL Oily Inj Sol-5mL Pk				58.3240
	00980803	Haldol-LA (Not a Benefit)	OMC		
	09853758	Haloperidol LA	SIL		58.3240

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

HYDROXYZINE HCL

938	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	
939	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	
940	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

941	0.5mg Tab				.0359
		00655740	Apo-Lorazepam	APX	.0359
		00711101	Novo-Lorazem	NOP	.0359
		00728187	PMS-Lorazepam	PMS	.0359
		00865672	Nu-Loraz	NXP	.0359
		02041413	Ativan	WAY	.0359
942	1mg Tab				.0447
		00637742	Novo-Lorazem	NOP	.0447
		00655759	Apo-Lorazepam	APX	.0447
		00728195	PMS-Lorazepam	PMS	.0447
		00865680	Nu-Loraz	NXP	.0447
		02041421	Ativan	WAY	.0447
943	2mg Tab				.0699
		00637750	Novo-Lorazem	NOP	.0699
		00655767	Apo-Lorazepam	APX	.0699
		00728209	PMS-Lorazepam	PMS	.0699
		00865699	Nu-Loraz	NXP	.0699
		02041448	Ativan	WAY	.0699

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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

MESORIDAZINE

944	25mg Tab				.3546
	00027456	Serentil		NOV	.3546

OLANZAPINE

945	5mg Rapid Dissolve Tab				3.3750
	02243086	Zyprexa Zydys		LIL	3.3750
946	10mg Rapid Dissolve Tab				6.6750
	02243087	Zyprexa Zydys		LIL	6.6750
947	15mg Rapid Dissolve Tab				10.1250
	02243088	Zyprexa Zydys		LIL	10.1250
948	2.5mg Tab				1.6875
	02229250	Zyprexa		LIL	1.6875
949	5mg Tab				3.3750
	02229269	Zyprexa		LIL	3.3750
950	7.5mg Tab				5.0625
	02229277	Zyprexa		LIL	5.0625
951	10mg Tab				6.7500
	02229285	Zyprexa		LIL	6.7500
952	15mg Tab				10.1250
	02238850	Zyprexa		LIL	10.1250

OXAZEPAM

953	10mg Tab				.0100
	00402680	Apo-Oxazepam		APX	.0100
	02043653	Serax (Not a Benefit)		WAY	
954	15mg Tab				.0105
	00402745	Apo-Oxazepam		APX	.0105
	02043661	Serax (Not a Benefit)		WAY	
955	30mg Tab				.0135
	00402737	Apo-Oxazepam		APX	.0135
	02043688	Serax (Not a Benefit)		WAY	

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= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

PERICYAZINE

956	5mg Cap				.1674
	01926780	Neuleptil	AVE		.1674
957	10mg Cap				.2394
	01926772	Neuleptil	AVE		.2394
958	10mg/mL O/L				.2835
	01926756	Neuleptil	AVE		.2835

PERPHENAZINE

959	3.2mg/mL O/L				.2201
	00028169	Trilafon Conc.	SCH		.2201
960	2mg Tab				.0158
	00028290	Trilafon (Not a Benefit)	SCH		
	00335134	Apo-Perphenazine	APX		.0158
961	4mg Tab				.0168
	00028304	Trilafon (Not a Benefit)	SCH		
	00335126	Apo-Perphenazine	APX		.0168
962	8mg Tab				.0201
	00028312	Trilafon (Not a Benefit)	SCH		
	00335118	Apo-Perphenazine	APX		.0201
963	16mg Tab				.0291
	00028320	Trilafon (Not a Benefit)	SCH		
	00335096	Apo-Perphenazine	APX		.0291

PIMOZIDE

964	2mg Tab				.2279
	00313815	Orap	PMS		.2279
	02245432	Apo-Pimozide	APX		.2279
965	4mg Tab				.4136
	00313823	Orap	PMS		.4136
	02245433	Apo-Pimozide	APX		.4136

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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

PIPOTIAZINE PALMITATE

966	25mg/mL Inj Sol-1mL Pk				12.1400
	01926667	Piportil L4		AVE	12.1400
967	50mg/mL Inj Sol-1mL Pk				20.5733
	00990507	Piportil L4		RPP	20.5733
968	100mg/2mL Inj Sol-2mL Pk				39.1000
	01926675	Piportil L4		AVE	39.1000

PROCHLORPERAZINE

969	10mg/2mL Inj Sol-2mL Pk				.9940
	00789747	Prochlorperazine Mesylate		SIL	.9940
	01927779	Stemetil		AVE	.9940
970	1mg/mL O/L				.0508
	01927787	Stemetil		AVE	.0508
971	10mg Sup				.8300
	01927795	Stemetil		AVE	.8300
972	5mg Tab				.1055
	00886440	Apo-Prochlorazine		APX	.1055
	01927752	Stemetil		AVE	.1055
	01964399	Nu-Prochlor		NXP	.1055
973	10mg Tab				.1290
	00886432	Apo-Prochlorazine		APX	.1290
	01927760	Stemetil		AVE	.1290
	01964402	Nu-Prochlor		NXP	.1290

QUETIAPINE

974	25mg Tab				.4800
	02236951	Seroquel		AZC	.4800
975	100mg Tab				1.2800
	02236952	Seroquel		AZC	1.2800
976	150mg Tab				1.9800
	02240862	Seroquel		AZC	1.9800
977	200mg Tab				2.5700
	02236953	Seroquel		AZC	2.5700
978	300mg Tab				3.7500
	02244107	Seroquel		AZC	3.7500

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

RISPERIDONE

979	1mg/mL O/L 02236950	Risperdal	JNO	1.1040 1.1040
980	0.5mg Orally Disintegrating Tab 02247704	Risperdal M-Tab	JNO	.6950 .6950
981	1mg Orally Disintegrating Tab 02247705	Risperdal M-Tab	JNO	.9600 .9600
982	2mg Orally Disintegrating Tab 02247706	Risperdal M-Tab	JNO	1.9166 1.9166
983	0.25mg Tab 02240551	Risperdal	JNO	.4150 .4150
984	0.5mg Tab 02240552	Risperdal	JNO	.6950 .6950
985	1mg Tab 02025280	Risperdal	JNO	.9600 .9600
986	2mg Tab 02025299	Risperdal	JNO	1.9166 1.9166
987	3mg Tab 02025302	Risperdal	JNO	2.8750 2.8750
988	4mg Tab 02025310	Risperdal	JNO	3.8333 3.8333

THIORIDAZINE

989	2mg/mL O/L 00027375	Mellaril	NOV	.0343 .0343
990	30mg/mL O/L 00027359 00775320	Mellaril (Not a Benefit) PMS-Thioridazine	SAN PMS	.1044 .1044
991	10mg Tab 00360228	Apo-Thioridazine	APX	.0143 .0143
992	25mg Tab 00360198	Apo-Thioridazine	APX	.0268 .0268

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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

THIORIDAZINE

993	50mg Tab				.0486
	00360236	Apo-Thioridazine	APX		.0486
994	100mg Tab				.0974
	00360244	Apo-Thioridazine	APX		.0974

THIOTHIXENE

995	2mg Cap				.1856
	00024430	Navane	PFI		.1856
996	5mg Cap				.3193
	00024449	Navane	PFI		.3193
997	10mg Cap				.4111
	00024457	Navane	PFI		.4111

TRIFLUOPERAZINE

998	1mg Tab				.0065
	00345539	Apo-Trifluoperazine	APX		.0065
	01918206	Stelazine (Not a Benefit)	SMJ		
999	2mg Tab				.0072
	00312754	Apo-Trifluoperazine	APX		.0072
	01918214	Stelazine (Not a Benefit)	SMJ		
1000	5mg Tab				.0103
	00312746	Apo-Trifluoperazine	APX		.0103
	01918222	Stelazine (Not a Benefit)	SMJ		

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

TRIFLUOPERAZINE

1001	10mg Tab				.0171
	00326836	Apo-Trifluoperazine	APX		.0171
	01918230	Stelazine (Not a Benefit)	SMJ		

28:16:12 PSYCHOTHERAPEUTIC AGENTS OTHER PSYCHOTROPICS

LITHIUM CARBONATE

1002	150mg Cap				.0532
	00461733	Carbolith	ICN		.0844
	02216132	PMS-Lithium Carbonate	PMS		.0532
	02242837	Apo-Lithium Carbonate	APX		.0532
1003	150mg Cap				.0532
	02013231	Lithane	PFI		.0826
	09857532	Apo-Lithium Carbonate	APX		.0532
1004	300mg Cap				.0558
	00236683	Carbolith	ICN		.0886
	02216140	PMS-Lithium Carbonate	PMS		.0558
	02242838	Apo-Lithium Carbonate	APX		.0558
1005	300mg Cap				.0558
	00406775	Lithane	PFI		.0943
	09857540	Apo-Lithium Carbonate	APX		.0558

LOXAPINE HCL

1006	25mg/mL O/L				.5232
	02170000	Loxapac (Not a Benefit)	WAY		
	02239101	PMS-Loxapine	PMS		.5232

LOXAPINE SUCCINATE

1007	5mg Tab				.1500
	02170019	Loxapac (Not a Benefit)	WAY		
	02230837	PMS-Loxapine	PMS		.1500
	02237534	Nu-Loxapine	NXP		.1500
	02237651	Apo-Loxapine	APX		.1500

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:12 PSYCHOTHERAPEUTIC AGENTS OTHER PSYCHOTROPICS

LOXAPINE SUCCINATE

1008	10mg Tab				.2498
	02170027	Loxapac (Not a Benefit)	WAY		
	02230838	PMS-Loxapine	PMS		.2498
	02237535	Nu-Loxapine	NXP		.2498
	02237652	Apo-Loxapine	APX		.2498
1009	25mg Tab				.3872
	02170132	Loxapac (Not a Benefit)	WAY		
	02230839	PMS-Loxapine	PMS		.3872
	02237536	Nu-Loxapine	NXP		.3872
	02237653	Apo-Loxapine	APX		.3872
1010	50mg Tab				.5162
	02170035	Loxapac (Not a Benefit)	WAY		
	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

1011	5mg Tab				.2626
	01924516	Dexedrine	SMJ		.2626

METHYLPHENIDATE HCL

1012	20mg LA Tab				.4806
	00632775	Ritalin SR	NOV		.4806
1013	10mg Tab				.1590
	00005606	Ritalin	NOV		.2524
	00584991	PMS-Methylphenidate	PMS		.1590
	02230321	Ratio-Methylphenidate	RPH		.1590
	02249324	+ Apo-Methylphenidate	APX		.1590

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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.

AMOBARBITAL SODIUM

1014	60mg Cap				.0960
	00015148	Amytal Sodium	LIL		.0960
1015	200mg Cap				.2114
	00015156	Amytal Sodium	LIL		.2114

BUTABARBITAL SODIUM

1016	15mg Tab				.0790
	00581305	Butisol Sodium	HOR		.0790
1017	30mg Tab				.1052
	00581291	Butisol Sodium	HOR		.1052
1018	100mg Tab				.1893
	00581313	Butisol Sodium	HOR		.1893

FLURAZEPAM

1019	15mg Cap				.0368
	00012696	Dalmane	ICN		.1227
	00521698	Apo-Flurazepam	APX		.0368
1020	30mg Cap				.0419
	00012718	Dalmane	ICN		.1436
	00521701	Apo-Flurazepam	APX		.0419

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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.

METHOTRIMEPAZINE

1021	25mg/mL Inj Sol-1mL Pk			2.3710
	01927698	Nozinan	AVE	2.3710
1022	5mg/mL O/L			.0561
	01927728	Nozinan	AVE	.0561
1023	40mg/mL O/L			.4102
	01927701	Nozinan	AVE	.4102
1024	2mg Tab			.0505
	01927647	Nozinan	AVE	.0505
	02238403	Apo-Methoprazine	APX	.0505
1025	5mg Tab			.0528
	01927655	Nozinan	AVE	.0528
	02232903	PMS-Methotrimprazine	PMS	.0528
	02238404	Apo-Methoprazine	APX	.0528
1026	25mg Tab			.1131
	01927663	Nozinan	AVE	.1131
	02232904	PMS-Methotrimprazine	PMS	.1131
	02238405	Apo-Methoprazine	APX	.1131
1027	50mg Tab			.1541
	01927671	Nozinan	AVE	.1541
	02232905	PMS-Methotrimprazine	PMS	.1541
	02238406	Apo-Methoprazine	APX	.1541

NITRAZEPAM

1028	5mg Tab			.0857
	00511528	Mogadon	ICN	.1360
	02229654	Nitrazadon	ICN	.0857
	02245230	Apo-Nitrazepam	APX	.0857
1029	10mg Tab			.1282
	00511536	Mogadon	ICN	.2035
	02229655	Nitrazadon	ICN	.1282
	02245231	Apo-Nitrazepam	APX	.1282

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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.

PENTOBARBITAL SODIUM

1030	100mg Cap 00000086	Nembutal	ABB	.2038 .2038

SECOBARBITAL SODIUM

1031	100mg Cap 00015288	Seconal	LIL	.1069 .1069

TEMAZEPAM

1032	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	Ratio-Temazepam	RPH	.1102
	02244814	Co-Temazepam	COB	.1102
1033	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	Ratio-Temazepam	RPH	.1326
	02244815	Co-Temazepam	COB	.1326

TRIAZOLAM

1034	0.125mg Tab			.0556
	00512559	Halcion	UPJ	.1575
	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

1035	0.25mg Tab				.0700
	00443158	Halcion	UPJ		.1948
	00808571	Apo-Triazo	APX		.0700
	01913506	Gen-Triazolam	GEN		.0700

28:92:00 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

ENTACAPONE

1036	200mg Tab				1.4000
	02243763	Comtan	NOV		1.4000
	Reason for Use Code	Clinical criteria			
	367	For the treatment of patients with Parkinson's disease with 25% of the waking day in the off state despite maximally tolerated doses of levodopa.			
		LU Authorization Period: Indefinite.			

PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE

1037	0.25mg Tab				.9900
	02237145	Mirapex	BOE		.9900
1038	1mg Tab				1.9800
	02237146	Mirapex	BOE		1.9800
1039	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

1040	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 DIN	MANUFACTURER	DBP	DAILY COST

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:12:00 REPLACEMENT AGENTS

CALCIUM CARBONATE

1041	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	
1042	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

1043	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

1044	Eq To 84mg Elemental Calcium Tab			
	00021253	Calcium Lactate (Not a Benefit)	NOP	
	00179671	Calcium Lactate (Not a Benefit)	SDR	

ELECTROLYTE & DEXTROSE

1045	O/L			.0052
	00630365	Pedialyte Regular	ABB	.0052
	00981095	Pedialyte Flavored	ABB	.0052

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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

ELECTROLYTE & DEXTROSE

1046	Oral Pd-1 Sach Pk				.5970
	01931563	Gastrolyte		RPP	.5970

PEG-ELECTROLYTES

1047	Pd-4L Pk				12.0000
	00677442	Colyte		ZYN	12.0000
	00777838	PegLyte		PMS	12.0000

POLYETHYLENE GLYCOL & ELECTROLYTES

1048	Pd-1 Kit				15.4000
	02147793	Klean-Prep		RIV	15.4000
1049	Sol-1L Pk				5.0141
	00777846	PegLyte		PMS	5.0141

POTASSIUM CHLORIDE

1051	*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
1052	2.66mEq/mL O/L				.0267
	02064502	Kaochlor-20 Concentrate		PMJ	.0267
1053	20mEq/Pouch	Oral Pd-3g Pk			.2916
	00481211	K-Lor		ABB	.2916
1054	25mEq/Pouch	Oral Pd-7.8g Pk			.4783
	02089580	K-Lyte/CI		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

1055	*1.33mEq/mL O/L				.0180
	02063840	Kaon	PMJ		.0304
	02074087	PMS-Potassium Gluconate	PMS		.0180

40:18:00 POTASSIUM-REMOVING RESINS

POLYSTYRENE SODIUM SULFONATE

1057	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

1058	5mg Tab			.2002	
	00487805	Midamor	MSD	.2860	
	02249510	Apo-Amiloride	APX	.2002	

AMILORIDE HCL & HYDROCHLOROTHIAZIDE

1059	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

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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

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

1060	50mg Tab				.0192	.02
	00010413	Hygroton	GEI		.1307	.13
	00360279	Apo-Chlorthalidone	APX		.0192	.02
1061	100mg Tab				.0397	
	00360287	Apo-Chlorthalidone	APX		.0397	

ETHACRYNIC ACID

1062	50mg Tab				.3170	
	00016497	Edecrin	MSD		.3170	

FUROSEMIDE

1063	10mg/mL O/L				.2171	
	02224720	Lasix	AVE		.2171	
1064	20mg Tab				.0070	
	00337730	Novo-Semide	NOP		.0070	
	00396788	Apo-Furosemide	APX		.0070	
	02224690	Lasix	AVE		.0690	
1065	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

1066	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.			
		LU Authorization Period: Indefinite.			

HYDROCHLOROTHIAZIDE

1067	25mg Tab				.0060	.01
	00016500	HydroDIURIL (Not a Benefit)	MSD			
	00021474	Novo-Hydrazide	NOP		.0060	.01
	00326844	Apo-Hydro 25	APX		.0060	.01
1068	50mg Tab				.0066	
	00016519	HydroDIURIL (Not a Benefit)	MSD			
	00021482	Novo-Hydrazide	NOP		.0066	
	00312800	Apo-Hydro 50	APX		.0066	

HYDROCHLOROTHIAZIDE & SPIRONOLACTONE

1069	25mg & 25mg Tab				.0859	.04
	00180408	Aldactazide-25	SEA		.0859	.04
	00613231	Novo-Spirozine-25	NOP		.0859	.04
1070	50mg & 50mg Tab				.2236	
	00594377	Aldactazide-50	SEA		.2236	
	00657182	Novo-Spirozine-50	NOP		.2236	

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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

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HYDROCHLOROTHIAZIDE & TRIAMTERENE

1071	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 (Not a Benefit)	SMJ		

INDAPAMIDE

1072	1.25mg Tab			.1877	
	02179709	Lozide	SEV	.2979	
	02227339	Indapamide Hemihydrate	PRO	.2085	
	02239619	PMS-Indapamide	PMS	.1877	
	02240067	Gen-Indapamide	GEN	.1877	
	02245246	Apo-Indapamide	APX	.1877	
1073	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

1074	2.5mg Tab			.1460	
	00888400	Zaroxolyn	FIS	.1460	
1075	5mg Tab			.1865	
	00888419	Zaroxolyn	FIS	.1865	

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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.

MIDODRINE HCL

1076	2.5mg Tab				.4284
	01934392	Amatine	SHI		.4284
1077	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 less than or equal to 20mm Hg from supine to standing position), in whom conventional nonpharmacologic and pharmacologic (i.e. fludrocortisone) therapies have proven ineffective or are poorly tolerated.			
		LU Authorization Period: Indefinite.			

SPIRONOLACTONE

Note: Spironolactone can double digoxin blood levels within two weeks, and commonly causes mastalgia and gynaecomastia in men.

1078	25mg Tab				.0692
	00028606	Aldactone	SEA		.0692
	00613215	Novo-Spiroton	NOP		.0692
1079	100mg Tab				.2120
	00285455	Aldactone	SEA		.2120
	00613223	Novo-Spiroton	NOP		.2120

TRIAMTERENE

1080	50mg Tab				.1809
	01919563	Dyrenium	SMJ		.1809
1081	100mg Tab				.2340
	01919571	Dyrenium	SMJ		.2340

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

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:40:00 URICOSURIC DRUGS

PROBENECID

1082	500mg Tab				.1884
	00016616	Benemid	MSD		.2258
	00294926	Benuryl	ICN		.1884

SULFINPYRAZONE

1083	100mg Tab				.0396
	00010510	Anturan (Not a Benefit)	GEI		
	00441759	Apo-Sulfinpyrazone	APX		.0396
1084	200mg Tab				.0661
	00010529	Anturan (Not a Benefit)	GEI		
	00441767	Apo-Sulfinpyrazone	APX		.0661

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

48:00 COUGH PREPARATIONS

48:04:00 ANTITUSSIVES

DEXTROMETHORPHAN HBR

1085	*3mg/mL O/L				.0088
	00436895	Balminil DM	TCH		.0088

HYDROCODONE BITARTRATE

1086	1mg/mL O/L				.0358
	01916580	Hycodan	BQU		.0358

48:08:00 EXPECTORANTS

GUAIFENESIN

1087	*20mg/mL O/L				
	00026468	Robitussin (Not a Benefit)	WHB		
	00026794	Guaifenesin (Not a Benefit)	ROG		
	00990930	Guaifenesin Sugar Free (Not a Benefit)	ROG		

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

1088	500U/g Oph Oint 3g Pk 00327476	Baciguent	UPJ	2.3500 2.3500

CHLORAMPHENICOL

1089	1% Oph Oint-3.5g Pk 00024066	Chloromycetin	PDA	3.5234 3.5234
1090	0.25% Oph Sol 01980556	Pentamycetin	SIL	.5100 .5100

FRAMYCETIN SULFATE

1091	0.5% Oph Oint-5g Pk 02224895	Soframycin	ERF	5.2000 5.2000
1092	0.5% Oph Sol 02224887	Soframycin	ERF	.9500 .9500

FRAMYCETIN SULFATE & GRAMICIDIN & DEXAMETHASONE

1093	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.

GENTAMICIN & BETAMETHASONE SODIUM PHOSPHATE

1094	3mg & 1mg/mL Oph/Ot Drops 00682217	Garasone	SCH	1.1965 1.1965
	02244999	Sab-Pentasone	SIL	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.

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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

GENTAMICIN SULFATE

1095	0.3% Oph Oint-3.5g Pk				4.0000
	00028339	Garamycin	SCH		4.0000
1096	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
1097	0.3% Ot Sol				1.0320
	00512184	Garamycin	SCH		1.0320
	02229441	Gentamicin Sulfate	SIL		1.0323

POLYMYXIN B SULFATE & BACITRACIN (ZINC)

1098	10000U & 500U/g Oph Oint 3.5g Pk				3.7700
	00299219	Polysporin	BWE		3.7700

POLYMYXIN B SULFATE & GRAMICIDIN

1099	10000U & 0.025mg/mL Oph/Ot Sol				.4400
	00035343	Polysporin	BWE		.4400

POLYMYXIN B SULFATE & NEOMYCIN SULFATE & BACITRACIN (ZINC)

1100	10000U & 5mg & 400U/g Oph Oint-3.5g Pk				7.5000
	00694398	Neosporin	BWE		7.5000

POLYMYXIN B SULFATE & NEOMYCIN SULFATE & GRAMICIDIN

1101	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

1102	10000U & 5mg & 10mg/mL Ot Sol			1.1450
	01912828	Cortisporin	BWE	1.1450

TOBRAMYCIN

1103	0.3% Oph Oint			2.3629
	00614254	Tobrex	ALC	2.3629
1104	0.3% Oph Sol			1.0480
	00513962	Tobrex	ALC	1.6666
	02239148	# Tobramycin	RIV	1.0499
	02239577	PMS-Tobramycin	PMS	1.0480
	02241755	Sab-Tobramycin	SIL	1.0480
	02245698	Apo-Tobramycin	APX	1.0480

TOBRAMYCIN & DEXAMETHASONE

1105	0.3% & 0.1% Oph Oint			2.9142
	00778915	TobraDex	ALC	2.9142
1106	0.3% & 0.1% Oph Susp			1.9686
	00778907	TobraDex	ALC	1.9686

52:04:08 ANTI-INFECTIVES SULFONAMIDES

SULFACETAMIDE (SODIUM)

1107	10% Oph Oint-3.5g Pk			3.3400
	00252522	Cetamide	ALC	3.3400
1108	10% Oph Sol			.0807
	00001287	Bleph-10 (Not a Benefit)	ALL	
	00028053	Sulamyd	SCH	.0807
1109	30% Oph Sol			.3347
	00028061	Sulamyd	SCH	.3347

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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

52:04:12 ANTI-INFECTIVES OTHER ANTI-INFECTIVES OFLOXACIN

1110	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.			
		LU Authorization Period: 1 year.			

TRIFLURIDINE

1111	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

1112	50mcg Nas Sp-200 Dose Pk				12.2600
	00872318	Ratio-Beclomethasone AQ	RPH		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

1113	100mcg/Metered Dose 02035324	Nas Aero-200 Dose Rhinocort Turbuhaler	AZC	22.0500 22.0500
1114	64mcg/Metered Dose 02231923	Nas Sp-120 Dose Pk Rhinocort Aqua	AZC	9.9200 9.9200
1115	100mcg/Metered Dose 01974432 02230648	Nas Sp-165 Dose Pk Rhinocort Aqua (Not a Benefit) Gen-Budesonide AQ	AST GEN	12.7400 12.7400

DEXAMETHASONE

1116	0.1% Oph Oint-3.5g Pk 00042579	Maxidex	ALC	8.3500 8.3500
1117	0.1% Oph Susp 00042560	Maxidex	ALC	1.5400 1.5400
1118	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

1119	0.02% & 1% Ot Sol 00074454	Locacorten-Vioform	NOV	1.2300 1.2300

FLUNISOLIDE

1120	0.025% Nas Sp-25mL Pk 00878790 02162687 02239288	Ratio-Flunisolide Nasal Mist Rhinalar Apo-Flunisolide	RPH HLR NXP	12.4700 12.4700 19.8000 12.4740

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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

1121	0.1% Oph Susp 00247855	FML	ALL	2.0222 2.0222

FLUOROMETHOLONE ACETATE

1122	0.1% Oph Susp 00756784	Flarex	ALC	1.7400 1.7400

KETOROLAC TROMETHAMINE

1123	0.5% Oph Sol 01968300	Acular	ALL	2.0160 3.2000
	02245821	Apo-Ketorolac	APX	2.0160
	02247461	Ratio-Ketorolac	RPH	2.0160

LODOXAMIDE TROMETHAMINE

1124	0.1% Oph Sol 00893560	Alomide	ALC	1.0250 1.0250

PREDNISOLONE ACETATE

1125	0.12% Oph Susp 00299405	Pred Mild	ALL	1.2940 1.2940
1126	1% Oph Susp 00301175	Pred Forte (Not a Benefit)	ALL	.5796
	00700401	Ophtho-Tate	KNR	.5800
	02023768	Diopred	DKT	.5796

PREDNISOLONE SODIUM PHOSPHATE

1127	1% Oph Sol 02133318	# Inflamase Forte	CBV	1.4000 1.4000

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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

52:16:00 LOCAL ANESTHETICS

BENZYDAMINE HCL

1128	0.15% Oral Rinse				.0290
	01966065	Tantum	MMH		.0661
	02229777	PMS-Benzydamine	PMS		.0290
	02229799	Novo-Benzydamine	NOP		.0290
	02230170	Ratio-Benzydamine	RPH		.0290
	02239044	Apo-Benzydamine	APX		.0290
	Reason for Use Code	Clinical criteria			
	240	For the symptomatic relief of treatment induced mucositis in cancer patients.			
		LU Authorization Period: 1 year.			

LIDOCAINE HCL

1129	2% O/L				.0525
	00001686	Xylocaine Viscous	AST		.0525

52:20:00 MIOTICS

CARBACHOL

1130	1.5% Oph Sol				.6733
	00000655	Isopto Carbachol	ALC		.6733
1131	3% Oph Sol				.8100
	00000663	Isopto Carbachol	ALC		.8100

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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

52:20:00 MIOTICS

PILOCARPINE HCL

1132	4% Oph Gel				2.4980
	00575240	Pilopine HS	ALC		2.4980
1133	0.5% Oph Sol				.3067
	00000833	Isopto Carpine	ALC		.3067
1134	1% Oph Sol				.1743
	00000841	Isopto Carpine	ALC		.2766
	02023725	Diocarpine	DKT		.1743
	02213036	#Pilocarpine HCL	RIV		.1743
1135	2% Oph Sol				.1932
	00000868	Isopto Carpine	ALC		.3066
	02023741	Diocarpine	DKT		.1932
	02213044	#Pilocarpine HCL	RIV		.1932
1136	4% Oph Sol				.2205
	00000884	Isopto Carpine	ALC		.3500
	02023733	Diocarpine	DKT		.2205
	02213052	#Pilocarpine HCL	RIV		.2205
1137	6% Oph Sol				.4580
	00000892	Isopto Carpine	ALC		.4580

TIMOLOL MALEATE & PILOCARPINE HCL

1138	0.5% & 2% Oph Sol				3.1220
	01905082	# Timpilo 2	MSD		3.1220
1139	0.5% & 4% Oph Sol				3.1220
	01905090	# Timpilo 4	MSD		3.1220

+ = NEW LISTING

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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

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:24:00 MYDRIATICS

ATROPINE SULFATE

1140	1% Oph Oint-3.5g Pk			4.8000
	00252484	Atropine Sulfate	ALC	4.8000
1141	1% Oph Sol			.6280
	00035017	Isopto Atropine	ALC	.6280
	01948598	Atropine (Not a Benefit)	NOV	

DIPIVEFRIN HCL

1142	0.1% Oph Sol			.9960
	00529117	Propine	ALL	1.5810
	02032376	Ratio-Dipivefrin	RPH	.9960
	02237868	PMS-Dipivefrin	PMS	.9960

EPINEPHRINE HCL

1143	1% Oph Sol			.8680
	00001104	# Epifrin	ALL	.8680

52:32:00 VASOCONSTRICTORS

NAPHAZOLINE HCL

1144	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

1145	250mg Tab			.0267
	00545015	Apo-Acetazolamide	APX	.0267
	02238072	Diamox (Not a Benefit)	WAY	

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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

BETAXOLOL HCL

1146	0.25% Oph Susp			2.2280
	01908448	Betoptic S	ALC	2.2280

BIMATOPROST

1147	0.03% Oph Sol-2.5mL Pk			26.0000
	02245860	Lumigan	ALL	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; LU Authorization Period: Indefinite.		
	172	As a second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents. LU Authorization Period: Indefinite.		
	387	For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective. LU Authorization Period: Indefinite.		

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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

BRIMONIDINE

1148	0.15% Oph Sol			2.3100
	02248151	Alphagan P	ALL	2.3100
1149	0.2% Oph Sol			2.3100
	02236876	Alphagan	ALL	3.3000
	02243026	Ratio-Brimonidine	RPH	2.3100
	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;		
		LU Authorization Period: Indefinite.		
	172	As a second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents.		
		LU Authorization Period: Indefinite.		
	387	For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.		
		LU Authorization Period: Indefinite.		

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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

BRIMONIDINE TARTRATE & TIMOLOL MALEATE

1150	0.2% & 0.5% Oph-Sol 5mL Pk			19.7000
	02248347	Combigan	ALL	19.7000
	Reason for Use Code	Clinical criteria		
	310	As second-line therapy for patients who do not have an adequate intraocular pressure lowering response to monotherapy with ophthalmic beta-blocking agents.		
		LU Authorization Period: Indefinite.		
	393	For use as initial therapy in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.		
		LU Authorization Period: Indefinite.		

BRINZOLAMIDE

1151	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;		
		LU Authorization Period: Indefinite.		
	172	As a second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents.		
		LU Authorization Period: Indefinite.		
	387	For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.		
		LU Authorization Period: Indefinite.		

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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 DIN	MANUFACTURER	DBP	DAILY COST

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS DEXTRAN 70 & HYDROXYPROPYL METHYLCELLULOSE

1152	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.			
		LU Authorization Period: Indefinite.			

DEXTRAN 70 & HYDROXYPROPYL METHYLCELLULOSE & POLYQUAD

1153	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.			
		LU Authorization Period: Indefinite.			

DICLOFENAC SODIUM

1154	0.1% Oph Sol				3.1600
	01940414	Voltaren Ophtha	NOV		3.1600

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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

DORZOLAMIDE HCL

1155	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;		
		LU Authorization Period: Indefinite.		
	172	As a second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents.		
		LU Authorization Period: Indefinite.		
	387	For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.		
		LU Authorization Period: Indefinite.		

DORZOLAMIDE HCL & TIMOLOL MALEATE

1156	2% & 0.5% Oph Sol			5.0000
	02240113	Cosopt	FRS	5.0000
	Reason for Use Code	Clinical criteria		
	310	As second-line therapy for patients who do not have an adequate intraocular pressure lowering response to monotherapy with ophthalmic beta-blocking agents.		
		LU Authorization Period: Indefinite.		
	393	For use as initial therapy in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.		
		LU Authorization Period: Indefinite.		

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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

1157	0.03% Oph Sol			4.6140
	00766046	Ocufen	ALL	4.6140

IPRATROPIUM BROMIDE

1158	0.03% Nasal Spray			.6477
	02163705	Atrovent	BOE	.9280
	02239627	PMS-Ipratropium	PMS	.6477
	02240072	Ratio-Ipratropium	RPH	.6477
	Reason for Use Code	Clinical criteria		
	03	For the treatment of non-allergic vasomotor rhinitis		
		LU Authorization Period: 1 year.		

LATANOPROST

1159	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;		
		LU Authorization Period: Indefinite.		
	172	As a second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents.		
		LU Authorization Period: Indefinite.		
	387	For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.		
		LU Authorization Period: Indefinite.		

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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

LATANOPROST & TIMOLOL MALEATE

1160	50mcg/mL & 5mg/mL Oph Sol-2.5mL Pk			30.6000
	02246619	Xalacom	PHA	30.6000
	Reason for Use Code	Clinical criteria		
	310	As second-line therapy for patients who do not have an adequate intraocular pressure lowering response to monotherapy with ophthalmic beta-blocking agents.		
		LU Authorization Period: Indefinite.		
	393	For use as initial therapy in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.		
		LU Authorization Period: Indefinite.		

LEVOBUNOLOL HCL

1161	0.25% Oph Sol			1.1760
	00751286	Betagan	ALL	1.8667
	02031159	Ratio-Levobunolol	RPH	1.1760
	02231714	# Levobunolol Hydrochloride	RIV	1.1760
	02241575	Apo-Levobunolol	APX	1.1760
	02241715	Sab-Levobunolol	SIL	1.1760
1162	0.5% Oph Sol			1.5550
	00637661	Betagan	ALL	2.4690
	02031167	Ratio-Levobunolol	RPH	1.5555
	02231715	# Levobunolol Hydrochloride	RIV	1.5555
	02237991	PMS-Levobunolol	PMS	1.5550
	02241574	Apo-Levobunolol	APX	1.5550
	02241716	Sab-Levobunolol	SIL	1.5555

LEVOBUNOLOL HCL & DIPIVIFREN HCL

1163	0.5% & 0.1% Oph Sol			2.9500
	02209071	# Probeta	ALL	2.9500

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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

METHAZOLAMIDE

1164	50mg Tab				.2729
	02238071	Neptazane (Not a Benefit)	WAY		
	02245882	Apo-Methazolamide	APX		.2729

METHYLCELLULOSE

1165	*0.5% Oph-Sol				.3040
	00000809	Isopto Tears	ALC		.3040
1166	*1% Oph-Sol				.3767
	00000817	Isopto Tears	ALC		.3767
1167	*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.			
		LU Authorization Period: Indefinite.			

PETROLATUM/MINERAL OIL

1168	55%/42.5% Oph Oint-3.5g Pk				4.9600
	00210889	Lacri-Lube	ALL		4.9600
1169	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.			
		LU Authorization Period: Indefinite.			

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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

POLYVINYL ALCOHOL

1170	1% Oph-Sol				.3540
	02133253	Hypotears	NOV		.3540
1171	1.4% Oph-Sol				.4073
	00045616	Liquifilm Tears	ALL		.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.			
		LU Authorization Period: Indefinite.			

POLYVINYL ALCOHOL & POLYVINYLPYRROLIDONE

1172	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.			
		LU Authorization Period: Indefinite.			

SODIUM CROMOGLYCAT

1173	2% Nas Sol-26mL Pk				13.7600
	00605255	Rynacrom (Not a Benefit)	FIS		
	01950541	PMS-Sodium Cromoglycate	PMS	13.7600	
	02231326	Gen-Cromoglycate	GEN	13.7600	
	02231390	Apo-Cromolyn	APX	13.7600	
1174	2% Oph Sol				.9500
	02009277	Cromolyn	PMS	.9500	
	02230621	Opticrom	ALL	.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

1175	0.25% Oph Gellan Sol			3.2600
	02171880	Timoptic-XE	MSD	3.2600

Note: Timolol maleate can potentiate bronchospasm in asthmatic patients and should not be used in patients with a history of asthma.

1176	0.5% Oph Gellan Sol			3.9000
	02171899	Timoptic-XE	MSD	3.9000

Note: Timolol maleate can potentiate bronchospasm in asthmatic patients and should not be used in patients with a history of asthma.

1177	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

Note: Timolol maleate can potentiate bronchospasm in asthmatic patients and should not be used in patients with a history of asthma.

1178	0.5% Oph Sol			1.8600
	00451207	Timoptic	MSD	3.0250
	00755834	Apo-Timop	APX	1.8600
	00893781	Gen-Timolol	GEN	1.8600
	02083345	PMS-Timolol	PMS	1.8600
	02166720	Timolol Maleate	SIL	1.8600
	02240249	Ratio-Timolol Maleate	RPH	1.8600

Note: Timolol maleate can potentiate bronchospasm in asthmatic patients and should not be used in patients with a history of asthma.

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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 TRAVOPROST

1179	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; LU Authorization Period: Indefinite.		
	172	As a second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents. LU Authorization Period: Indefinite.		
	387	For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective. LU Authorization Period: Indefinite.		

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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

1180	600mg & 300mg	Chew Tab dpp			
	00621544	Diovol EX (Not a Benefit)		HOR	
	02162350	Maalox TC (Not a Benefit)		NOV	
1181	*40mg & 40mg/mL	O/L dpp			
	00261173	Neutralca-S (Not a Benefit)		DES	
	02163136	Maalox (Not a Benefit)		NOV	
1182	120mg & 60mg/mL	O/L dpp			
	00491217	Diovol EX (Not a Benefit)		HOR	
	02162369	Maalox TC (Not a Benefit)		NOV	
1183	400mg & 400mg	Tab dpp			
	00483605	Gelusil Extra Strength (Not a Benefit)		PDA	
	02208253	Maalox (Not a Benefit)		NOV	

MAGNESIUM HYDROXIDE

1184	*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

1185	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;		
		LU Authorization Period: 1 year.		
111		Bowel resection, including short bowel syndrome;		
		LU Authorization Period: 1 year.		
112		Inflammatory Bowel Diseases, i.e. Crohn's Disease and Ulcerative Colitis;		
		LU Authorization Period: 1 year.		
113		Cancer, including chemotherapy or radiation therapy;		
		LU Authorization Period: 1 year.		
114		HIV/AIDS;		
		LU Authorization Period: 1 year.		
115		Acute diarrhea in patients in congregated housing, i.e. Long Term Care Facilities (LTCF), or for patients receiving Home Care;		
		LU Authorization Period: 1 year.		
224		Fecal incontinence.		
		LU Authorization Period: 1 year.		

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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

1186	2mg Caplet				.2466
	00860743	Imodium	JAN		.3806
	02132591	Novo-Loperamide	NOP		.2466
	02212005	Apo-Loperamide	APX		.2466
	02228351	PMS-Loperamide	PMS		.2466
	02229552	Diarr-eze	PMS		.2466
	02233998	Rhoxal-Loperamide	RHO		.2466
	02257564	+ Rhoxal-Loperamide	RHO		.2466
	Reason for Use Code	Clinical criteria			
		For the treatment of diarrhea associated with:			
	110	An ileostomy or a colostomy;			
		LU Authorization Period: 1 year.			
	111	Bowel resection, including short bowel syndrome;			
		LU Authorization Period: 1 year.			
	112	Inflammatory Bowel Diseases, i.e. Crohn's Disease and Ulcerative Colitis;			
		LU Authorization Period: 1 year.			
	113	Cancer, including chemotherapy or radiation therapy;			
		LU Authorization Period: 1 year.			
	114	HIV/AIDS;			
		LU Authorization Period: 1 year.			
	115	Acute diarrhea in patients in congregated housing, i.e. Long Term Care Facilities (LTCF), or for patients receiving Home Care;			
		LU Authorization Period: 1 year.			
	224	Fecal incontinence.			
		LU Authorization Period: 1 year.			

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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

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

1187	2mg/mL Enema				.3633
	00286265	# Dulcolax	BOE		.3633
1188	*5mg Ent Tab				.0132
	00254142	Dulcolax	BOE		.1174
	00545023	Apo-Bisacodyl	APX		.0132
1189	5mg Sup				.8973
	00003867	Dulcolax	BOE		.8973
1190	*10mg Sup				.2907
	00003875	Dulcolax	BOE		.6687
	00404802	Ratio-Bisacodyl	RPH		.2907

DOCUSATE CALCIUM (DIOCTYL CALCIUM SULFOSUCCINATE)

1191	240mg Cap				.1287
	00664553	PMS-Docusate Calcium	PMS		.1287
	02224666	Surfak (Not a Benefit)	HMR		

DOCUSATE SODIUM (DIOCTYL SODIUM SULFOSUCCINATE)

1192	*100mg Cap				.0383
	00464767	Colace	BQU		.1306
	00716731	Docusate Sodium	TAR		.0383
	01994344	Soflax	PMS		.0383
1193	4mg/mL O/L				.0232
	02006758	Soflax Syrup	PMS		.0232
	02086018	Colace	SHI		.0232
1194	10mg/mL O/L				.1772
	02090163	Colace	SHI		.1772

GRAIN & CITRUS FIBRE

1195	*Tab				.0342
	00595829	Novo-Fibre	NOP		.0342
	00779768	Fibyrax (Not a Benefit)	LED		

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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.

LACTULOSE

1196	40% Jelly-Unidose Pk 00739561	GEL-OSE	JOU	.4534 .4534
1197	667mg/mL O/L 00703486	PMS-Lactulose	PMS	.0147 .0147

MINERAL OIL

1198	Enema 00107875	Fleet	FRS	.0326 .0326
1199	O/L 00093947	Mineral Oil	DCL	.0057 .0057

PSYLLIUM MUCILLOID

1200	Gran 02162245	Prodiem Plain	NOV	.0238 .0238
1201	*Oral Pd 00599875 01912879	Mucillium Metamucil Sugar Free (Not a Benefit)	PMS PGI	.0466 .0466
	02174812	Metamucil Fibre Therapy- Original Texture	PGI	.0829

SENNOSIDES A & B

1202	15mg/3g Gran 00026042	Senokot	PFP	.0380 .0380
1203	30mg Sup 00026107	Senokot	PFP	.5400 .5400
1204	1.7mg/mL Syrup 00367729	Senokot	PFP	.0311 .0311

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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.

SENNOSIDES A & B

1205	*8.6mg Tab				.0595
	00026158	Senokot	PFP		.0595
	00604402	Glysennid	NOV		.0636
1206	*12mg Tab				.0745
	00027502	Glysennid	NOV		.0745

SODIUM BIPHOSPHATE & SODIUM PHOSPHATE

1207	160mg & 60mg/mL	Ped Rect Sol			.0440
	00108065	Fleet	FRS		.0440
1208	*160mg & 60mg/mL	Rect Sol			.0063
	00009911	Fleet	FRS		.0236
	00528463	ABCO Sodium Phosphate Enema	MMZ		.0063
	02096900	Enemol	DPC		.0149

SODIUM CITRATE & SODIUM LAURYL SULFOACETATE

1209	Micro Enema-5mL Pk				1.0731
	02063905	Microlax	PMJ		1.0731

STERCULIA GUM

1210	62% W/W Gran 1 Sach Pk				.1756
	02147831	Normacol	RIV		.1756

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

56:00 GASTROINTESTINAL DRUGS

56:16:00 DIGESTANTS

PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE

1211	8000 & 30000 & 30000 USP Units	Cap		.1775
	00263818	Cotazym	ORG	.1775
1212	4000 & 11000 & 11000 USP Units	Ent Microsph Cap		.1743
	02181215	Cotazym ECS 4	ORG	.1743
1213	8000 & 30000 & 30000 USP Units	Ent Microsph Cap		.3203
	00502790	Cotazym ECS 8	ORG	.3203
1214	20000 & 55000 & 55000 USP Units	Ent Microsph Cap		.8396
	00821373	Cotazym ECS 20	ORG	.8396
	Reason for Use Code	Clinical criteria		
	124	Replacement therapy for pancreatic insufficiency secondary to pancreatic surgery (resection); LU Authorization Period: Indefinite.		
	125	Replacement therapy for pancreatic insufficiency due to chronic pancreatitis; LU Authorization Period: Indefinite.		
	126	Replacement therapy for pancreatic insufficiency due to carcinoma of the pancreas; LU Authorization Period: Indefinite.		
	225	Replacement therapy for pancreatic insufficiency due to cystic fibrosis. LU Authorization Period: Indefinite.		

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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

56:00 GASTROINTESTINAL DRUGS

56:16:00 DIGESTANTS

PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE

1215	4000 & 12000 & 12000 USP Units	Ent Microsph Cap		.3440
	00789445	Pancrease MT4	JNO	.3440
	Reason for Use Code	Clinical criteria		
	124	Replacement therapy for pancreatic insufficiency secondary to pancreatic surgery (resection); LU Authorization Period: Indefinite.		
	125	Replacement therapy for pancreatic insufficiency due to chronic pancreatitis; LU Authorization Period: Indefinite.		
	126	Replacement therapy for pancreatic insufficiency due to carcinoma of the pancreas. LU Authorization Period: Indefinite.		

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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

56:00 GASTROINTESTINAL DRUGS

56:16:00 DIGESTANTS

PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE

1216	5000 & 16600 & 18750 USP Units	Ent Minimicrosph Cap		.1670
	02239007	Creon 5	SPH	.1670
1217	10000 & 33200 & 37500 USP Units	Ent Minimicrosph Cap		.2670
	02200104	Creon 10	SPH	.2670
1218	20000 & 66400 & 75000 USP Units	Ent Minimicrosph Cap		.7923
	02239008	Creon 20	SPH	.7923
1219	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);		
		LU Authorization Period: Indefinite.		
	125	Replacement therapy for pancreatic insufficiency due to chronic pancreatitis;		
		LU Authorization Period: Indefinite.		
	126	Replacement therapy for pancreatic insufficiency due to carcinoma of the pancreas;		
		LU Authorization Period: Indefinite.		
	225	Replacement therapy for pancreatic insufficiency due to cystic fibrosis.		
		LU Authorization Period: Indefinite.		

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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

1220	16800 & 70000 & 70000 USP U/0.7g Pd-114g Pk			38.0800
	02230020	Viokase	BFI	38.0800
1221	4500 & 20000 & 25000 USP Units SR Cap			.3612
	02242374	Pancrease	JNO	.3612
1222	8000 & 30000 & 30000 USP Units Tab			.1599
	02230019	Viokase	BFI	.1599
1223	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);		
		LU Authorization Period: Indefinite.		
	125	Replacement therapy for pancreatic insufficiency due to chronic pancreatitis;		
		LU Authorization Period: Indefinite.		
	126	Replacement therapy for pancreatic insufficiency due to carcinoma of the pancreas.		
		LU Authorization Period: Indefinite.		

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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

1224	2.5mg Cap			1.9100
	00611190	Marinol	SPH	1.9100
1225	5mg Cap			3.8200
	00611204	Marinol	SPH	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. LU Authorization Period: 1 year.		
	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). LU Authorization Period: 1 year.		

DIMENHYDRINATE

1226	*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

1227	50mg Tab				13.0000
	02231378	Anzemet	AVE		13.0000
1228	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.			
		LU Authorization Period: 1 year.			
	230	For patients receiving intravenous chemotherapy who have not experienced adequate control with other available anti-emetics.			
		LU Authorization Period: 1 year.			
	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.			
		LU Authorization Period: 1 year.			

DOXYLAMINE SUCCINATE AND PYRIDOXINE HCL

1229	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

1230	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.			
		LU Authorization Period: 1 year.			
	92	For patients receiving intravenous chemotherapy or radiation therapy who have not experienced adequate control with other available anti-emetics.			
		LU Authorization Period: 1 year.			
	93	For patients receiving intravenous chemotherapy or radiation therapy who experience intolerable side effects with other anti-emetics.			
		LU Authorization Period: 1 year.			
	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.			
		LU Authorization Period: 1 year.			

MECLIZINE HCL

1231	25mg Tab				.2662
	00220442	Bonamine	PFI		.2662

NABILONE

1232	0.5mg Cap				3.1025
	02256193	+ Cesamet	VAL		3.1025
1233	1mg Cap				6.2052
	00548375	Cesamet	ICN		6.2052

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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

1234	4mg/5mL O/L				1.8280
	02229639	Zofran	GLW		1.8280
1235	4mg Tab				11.9767
	02213567	Zofran	GLW		11.9767
1236	4mg Tab				11.9767
	02239372	Zofran ODT	GLW		11.9767
1237	8mg Tab				18.2803
	02213575	Zofran	GLW		18.2803
1238	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.			
		LU Authorization Period: 1 year.			
	216	For patients receiving intravenous chemotherapy or radiation therapy who have not experienced adequate control with other available anti-emetics.			
		LU Authorization Period: 1 year.			
	217	For patients receiving intravenous chemotherapy or radiation therapy who experience intolerable side effects with other anti-emetics.			
		LU Authorization Period: 1 year.			
	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.			
		LU Authorization Period: 1 year.			

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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

5-AMINOSALICYLIC ACID

1239	500mg Del-Release Tab				.5569
	02099683	Pentasa	FEI		.5569
1240	1g/100mL Enema				3.7000
	02153521	Pentasa	FEI		3.7000
1241	4g/100mL Enema				4.4600
	02153556	Pentasa	FEI		4.4600
1242	500mg Ent Tab				.4840
	02112787	Salofalk	BFI		.4840
1243	500mg Ent Tab				.5310
	01914030	Mesasal	SMJ		.5310
1244	4g Rect Susp-Pk				5.9629
	02112809	Salofalk	BFI		5.9629
1245	500mg Sup				1.0893
	02112760	Salofalk	BFI		1.0893
1246	1000mg Sup				1.6000
	02242146	+ Salofalk	BFI		1.6000
1247	1g Sup				1.6300
	02153564	Pentasa	FEI		1.6300
1248	400mg Tab				.4950
	01997580	Asacol	PGP		.4950

BETAMETHASONE DISODIUM PHOSPHATE

1249	5mg/100mL Enema-100mL Pk				7.9457
	02060884	Betnesol	SHI		7.9457

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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.

1250	60mg/mL O/L			.1124
	01916750	Tagamet	SMJ	.1606
	02243085	Apo-Cimetidine	APX	.1124
1251	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
1252	300mg Tab			.0860
	00487872	Apo-Cimetidine	APX	.0860
	00546240	Peptol	HOR	.0860
	00582417	Novo-Cimetidine	NOP	.0860
	00865818	Nu-Cimet	NXP	.0860
	01916815	Tagamet (Not a Benefit)	SMJ	
	02227444	Gen-Cimetidine	GEN	.0860
	02229718	PMS-Cimetidine	PMS	.0860
1253	400mg Tab			.1350
	00568449	Peptol	HOR	.1350
	00600059	Apo-Cimetidine	APX	.1350
	00603678	Novo-Cimetidine	NOP	.1350
	00865826	Nu-Cimet	NXP	.1350
	01916785	Tagamet (Not a Benefit)	SMJ	
	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.

1254	600mg Tab			.1720
	00584282	Peptol	HOR	.1720
	00600067	Apo-Cimetidine	APX	.1720
	00603686	Novo-Cimetidine	NOP	.1720
	00865834	Nu-Cimet	NXP	.1720
	01916777	Tagamet (Not a Benefit)	SMJ	
	02227460	Gen-Cimetidine	GEN	.1720
	02229720	PMS-Cimetidine	PMS	.1720
1255	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

1256	10mg Tab			.1496
	00855820	Motilium (Not a Benefit)	JAN	
	01912070	Ratio-Domperidone	RPH	.1496
	02103613	Apo-Domperidone	APX	.1496
	02157195	Novo-Domperidone	NOP	.1496
	02231477	Nu-Domperidone	NXP	.1496
	02236466	PMS-Domperidone	PMS	.1496

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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

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.

1257	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
	02240622	Rhoxal-Famotidine	RHO		.5896
	02242327	Ratio-Famotidine	RPH		.5896
1258	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
	02240623	Rhoxal-Famotidine	RHO		1.0612
	02242328	Ratio-Famotidine	RPH		1.0612

HYDROCORTISONE

1259	100mg/60mL Enema-60mL Pk				5.1429
	00230316	Hycort	ICN		5.1429
	02112736	Cortenema	BFI		6.0529

HYDROCORTISONE ACETATE

1260	10% Rect Aero-15g Pk				71.3500
	00579335	Cortifoam	RCA		71.3500

LACTULOSE

1261	666.7mg/mL O/L				.0145
	00854409	Acilac	TCH		.0145
	02091925	Cephulac (Not a Benefit)	MRR		
	02242814	+ Apo-Lactulose Solution	APX		.0145

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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

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

LANSOPRAZOLE

1262	15mg DR Cap				2.0000
	02165503	Prevacid	ABB		2.0000
1263	30mg DR Cap				2.0000
	02165511	Prevacid	ABB		2.0000
	Reason for Use Code	Clinical criteria			
		Gastroesophageal Reflux Disease (GERD)			
293		For the treatment of erosive GERD or upper GI malignancy; OR For the treatment of non-erosive GERD after failure of H2-receptor antagonist therapy.			
		Patients with GERD should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation of need for PPI with endoscopy, a trial of PPI withdrawal, or stepdown therapy to H2-receptor antagonist therapy.			
		Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.			
		LU Authorization Period: 1 Year			
		H. pylori-positive Peptic Ulcers			
295		For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, urea breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Retreatment of H. pylori-positive peptic ulcers must be documented by persistent H. pylori infection on urea breath test or endoscopy.			
		Maximum duration: 7 days (for retreatment, a four-week period must elapse since the end of the previous treatment).			
		LU Authorization Period: 1 Year			
		Confirmed Peptic Ulcers or NSAID-induced Ulcer Prophylaxis:			
297		For the treatment of confirmed peptic ulcers and NSAID-induced ulcers; OR For the prophylaxis of NSAID-induced ulcers for patients at increased risk of GI bleeding.			
		Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.			
		LU Authorization Period: 1 Year			

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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
	Other Gastrointestinal Disorders
401	For the treatment of gastroduodenal Crohn’s disease, short-gut syndrome, scleroderma, or pancreatitis. Note: There is a lack of published evidence to support double-dose PPI therapy in this setting. LU Authorization Period: 1 Year
	Severe Conditions:
402	For the treatment of severe esophagitis, Zollinger-Ellison syndrome, esophageal stricture, persistent symptoms of GERD or persistent erosive esophagitis, or upon hospital discharge following a gastrointestinal bleed. For patients receiving double-dose therapy, the need to continue treatment at higher doses should be reassessed after eight weeks. For re-treatment at higher doses, a four-week period should have elapsed from the end of the previous treatment. Reassessment could include a procedural assessment of the condition or step-down therapy to lower-dose proton pump inhibitor (PPI) therapy. LU Authorization Period: 1 Year

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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

1264	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 LU Authorization Period: 1 Year		
	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.		
		LU Authorization Period: 1 Year		

METOCLOPRAMIDE HCL

1266	5mg Tab			.0556
	00842826	Apo-Metoclop	APX	.0556
	02099195	Maxeran (Not a Benefit)	HMR	
	02143275	Nu-Metoclopramide	NXP	.0556
	02230431	PMS-Metoclopramide	PMS	.0556
1267	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

1268	100mcg Tab				.1714
	00813966	Cytotec	SEA		.2720
	02240754	Novo-Misoprostol	NOP		.1714
	02244022	Apo-Misoprostol	APX		.1714
1269	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.

1270	150mg Cap				.5287
	00778338	Axid	PHE		.8392
	02177714	PMS-Nizatidine	PMS		.5287
	02220156	Apo-Nizatidine	APX		.5287
	02240457	Novo-Nizatidine	NOP		.5287
	02246046	Gen-Nizatidine	GEN		.5287
1271	300mg Cap				.9580
	00778346	Axid	PHE		1.5206
	02177722	PMS-Nizatidine	PMS		.9580
	02220164	Apo-Nizatidine	APX		.9580
	02240458	Novo-Nizatidine	NOP		.9580
	02246047	Gen-Nizatidine	GEN		.9580

OLSALAZINE SODIUM

1272	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

1273	20mg Cap				1.2500
	00846503	Losec (Not a Benefit)	AST		
	02245058	Apo-Omeprazole	APX		1.2500
	Reason for Use Code	Clinical criteria			
		Gastroesophageal Reflux Disease (GERD)			
293		For the treatment of erosive GERD or upper GI malignancy; OR For the treatment of non-erosive GERD after failure of H2-receptor antagonist therapy.			
		Patients with GERD should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation of need for PPI with endoscopy, a trial of PPI withdrawal, or stepdown therapy to H2-receptor antagonist therapy.			
		Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.			
		LU Authorization Period: 1 Year			
		H. pylori-positive Peptic Ulcers			
295		For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, urea breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Retreatment of H. pylori-positive peptic ulcers must be documented by persistent H. pylori infection on urea breath test or endoscopy.			
		Maximum duration: 7 days (for retreatment, a four-week period must elapse since the end of the previous treatment).			
		LU Authorization Period: 1 Year			
		Confirmed Peptic Ulcers or NSAID-induced Ulcer Prophylaxis:			
297		For the treatment of confirmed peptic ulcers and NSAID-induced ulcers; OR For the prophylaxis of NSAID-induced ulcers for patients at increased risk of GI bleeding.			
		Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.			
		LU Authorization Period: 1 Year			
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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
	Other Gastrointestinal Disorders
401	For the treatment of gastroduodenal Crohn’s disease, short-gut syndrome, scleroderma, or pancreatitis. Note: There is a lack of published evidence to support double-dose PPI therapy in this setting. LU Authorization Period: 1 Year
	Severe Conditions:
402	For the treatment of severe esophagitis, Zollinger-Ellison syndrome, esophageal stricture, persistent symptoms of GERD or persistent erosive esophagitis, or upon hospital discharge following a gastrointestinal bleed. For patients receiving double-dose therapy, the need to continue treatment at higher doses should be reassessed after eight weeks. For re-treatment at higher doses, a four-week period should have elapsed from the end of the previous treatment. Reassessment could include a procedural assessment of the condition or step-down therapy to lower-dose proton pump inhibitor (PPI) therapy. LU Authorization Period: 1 Year

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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 MAGNESIUM

1274	20mg DR Tab				2.2000
	02190915	Losec	AZC		2.2000
Reason for Use Code	Clinical criteria				
	Gastroesophageal Reflux Disease (GERD)				
293	For the treatment of erosive GERD or upper GI malignancy; OR For the treatment of non-erosive GERD after failure of H2-receptor antagonist therapy.				
	Patients with GERD should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation of need for PPI with endoscopy, a trial of PPI withdrawal, or stepdown therapy to H2-receptor antagonist therapy.				
	Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.				
	LU Authorization Period: 1 Year				
	H. pylori-positive Peptic Ulcers				
295	For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, urea breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Retreatment of H. pylori-positive peptic ulcers must be documented by persistent H. pylori infection on urea breath test or endoscopy.				
	Maximum duration: 7 days (for retreatment, a four-week period must elapse since the end of the previous treatment).				
	LU Authorization Period: 1 Year				
	Confirmed Peptic Ulcers or NSAID-induced Ulcer Prophylaxis:				
297	For the treatment of confirmed peptic ulcers and NSAID-induced ulcers; OR For the prophylaxis of NSAID-induced ulcers for patients at increased risk of GI bleeding.				
	Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.				
	LU Authorization Period: 1 Year				
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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 MAGNESIUM (cont'd)

Reason for Use Code	Clinical criteria
	Other Gastrointestinal Disorders
401	For the treatment of gastroduodenal Crohn’s disease, short-gut syndrome, scleroderma, or pancreatitis. Note: There is a lack of published evidence to support double-dose PPI therapy in this setting. LU Authorization Period: 1 Year
	Severe Conditions:
402	For the treatment of severe esophagitis, Zollinger-Ellison syndrome, esophageal stricture, persistent symptoms of GERD or persistent erosive esophagitis, or upon hospital discharge following a gastrointestinal bleed. For patients receiving double-dose therapy, the need to continue treatment at higher doses should be reassessed after eight weeks. For re-treatment at higher doses, a four-week period should have elapsed from the end of the previous treatment. Reassessment could include a procedural assessment of the condition or step-down therapy to lower-dose proton pump inhibitor (PPI) therapy. LU Authorization Period: 1 Year

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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

1275	40mg Ent Tab				1.9000
	02229453	Pantoloc	SPH		1.9000
	Reason for Use Code	Clinical criteria			
		Gastroesophageal Reflux Disease (GERD)			
293		For the treatment of erosive GERD or upper GI malignancy; OR For the treatment of non-erosive GERD after failure of H2-receptor antagonist therapy.			
		Patients with GERD should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation of need for PPI with endoscopy, a trial of PPI withdrawal, or stepdown therapy to H2-receptor antagonist therapy.			
		Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.			
		LU Authorization Period: 1 Year			
		H. pylori-positive Peptic Ulcers			
295		For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, urea breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Retreatment of H. pylori-positive peptic ulcers must be documented by persistent H. pylori infection on urea breath test or endoscopy.			
		Maximum duration: 7 days (for retreatment, a four-week period must elapse since the end of the previous treatment).			
		LU Authorization Period: 1 Year			
		Confirmed Peptic Ulcers or NSAID-induced Ulcer Prophylaxis:			
297		For the treatment of confirmed peptic ulcers and NSAID-induced ulcers; OR For the prophylaxis of NSAID-induced ulcers for patients at increased risk of GI bleeding.			
		Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.			
		LU Authorization Period: 1 Year			

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56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

PANTOPRAZOLE SODIUM (cont'd)

Reason for Use Code	Clinical criteria
	Other Gastrointestinal Disorders
401	For the treatment of gastroduodenal Crohn’s disease, short-gut syndrome, scleroderma, or pancreatitis. Note: There is a lack of published evidence to support double-dose PPI therapy in this setting. LU Authorization Period: 1 Year
	Severe Conditions:
402	For the treatment of severe esophagitis, Zollinger-Ellison syndrome, esophageal stricture, persistent symptoms of GERD or persistent erosive esophagitis, or upon hospital discharge following a gastrointestinal bleed. For patients receiving double-dose therapy, the need to continue treatment at higher doses should be reassessed after eight weeks. For re-treatment at higher doses, a four-week period should have elapsed from the end of the previous treatment. Reassessment could include a procedural assessment of the condition or step-down therapy to lower-dose proton pump inhibitor (PPI) therapy. LU Authorization Period: 1 Year

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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

1276	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.

1277	50mg/2mL Inj Sol-2mL Pk				2.5620
	02212366	Zantac	GLW		2.5620
1278	15mg/mL Oral Sol				.1305
	02212374	Zantac	GLW		.1864
	02242940	Novo-Ranidine	NOP		.1305
1279	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
	02242453	PMS-Ranitidine	PMS		.4042
	02243229	Rhoxal-Ranitidine	RHO		.4042
	02248570	Co-Ranitidine	COB		.4042
1280	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
	02242454	PMS-Ranitidine	PMS		.7787
	02243230	Rhoxal-Ranitidine	RHO		.7787
	02248571	Co-Ranitidine	COB		.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					
1281	1g/5mL Oral Susp				.0934
	02103567	Sulcrate Suspension Plus	AVE		.0934
1282	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					
1283	3mg Cap				1.2582
	01916823	Ridaura		PMS	1.2582
AUROTHIOGLUCOSE					
1284	50mg/mL Inj Sol-10mL Pk				107.1000
	00855774	Solganal		SCH	107.1000
SODIUM AUROTHIOMALATE					
1285	10mg/mL Inj Sol-1mL Pk				9.0133
	01927620	Myochrysine		AVE	9.0133
1286	25mg/mL Inj Sol-1mL Pk				10.9367
	01927612	# Myochrysine		AVE	10.9367
1287	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					
1288	125mg Cap				.4898
	00497894	Cuprimine	MSD		.4898
1289	250mg Cap				.7343
	00016055	Cuprimine	MSD		.7343
1290	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

1291	50mcg/Metered Dose Aero Inh-200 Dose Pk 02242029	QVAR	MMH	28.3500 28.3500
1292	100mcg/Metered Dose Aero Inh-200 Dose Pk 02242030	QVAR	MMH	56.7000 56.7000

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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.

BUDESONIDE

1294	0.125mg/mL Inh Susp			.2000
	02229099	Pulmicort Nebuamp	AZC	.2000
1295	0.25mg/mL Inh Susp			.4000
	01978918	Pulmicort Nebuamp	AZC	.4000
1296	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;		
		LU Authorization Period: Indefinite.		
	261	Patients who have a tracheostomy;		
		LU Authorization Period: Indefinite.		
	262	Patients with cystic fibrosis in whom nebulizer therapy is indicated;		
		LU Authorization Period: Indefinite.		
	263	Patients with severe mental or physical disabilities;		
		LU Authorization Period: Indefinite.		
	264	Patients who have previously used nebulizer therapy within the last 12 month period.		
		LU Authorization Period: Indefinite.		

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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.

BUDESONIDE

1297	100mcg/Metered Dose 00852074	Pd Inh-200 Dose Pk Pulmicort Turbuhaler	AZC	29.5500 29.5500
1298	200mcg/Metered Dose 00851752	Pd Inh-200 Dose Pk Pulmicort Turbuhaler	AZC	59.1000 59.1000
1299	400mcg/Metered Dose 00851760	Pd Inh-200 Dose Pk Pulmicort Turbuhaler	AZC	106.3500 106.3500

CORTISONE ACETATE

1300	5mg Tab 00016438	Cortone	MSD	.1124 .1124

DEXAMETHASONE

1301	0.5mg Tab 00016462 01964976 02240684 02261081	Decadron PMS-Dexamethasone Ratio-Dexamethasone + Apo-Dexamethasone	MSD PMS RPH APX	.1970 .3127 .1970 .1970 .1970
1302	4mg Tab 00354309 01964070 02240687 02250055	Decadron PMS-Dexamethasone Ratio-Dexamethasone Apo-Dexamethasone	MSD PMS RPH APX	.7673 1.2184 .7673 .7673 .7673

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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 21-PHOSPHATE

1303	4mg/mL Inj Sol				1.6900
	00213624	Decadron (Not a Benefit)	MSD		
	00664227	Dexamethasone Sodium	SIL	1.6900	
	01977547	Dexamethasone Sodium	CYI	1.6900	

FLUDROCORTISONE ACETATE

1304	0.1mg Tab				.2170
	02086026	Florinef	SHI	.2170	

FLUTICASONE PROPIONATE

1305	50mcg/Metered Dose Inh-120 Dose Pk				21.9000
	02244291	Flovent HFA	GSK	21.9000	
1306	125mcg/Metered Dose Inh-120 Dose Pk				36.0000
	02244292	Flovent HFA	GSK	36.0000	
1307	250mcg/Metered Dose Inh-120 Dose Pk				72.0000
	02244293	Flovent HFA	GSK	72.0000	
1308	250mcg/Blister Pd Inh-60 Dose Pk				36.0000
	02237246	Flovent Diskus	GLW	36.0000	
1309	500mcg/Blister Pd Inh-60 Dose Pk				72.0000
	02237247	Flovent Diskus	GLW	72.0000	

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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.

HYDROCORTISONE

1310	10mg Tab 00030910	Cortef	PHA	.1438 .1438
1311	20mg Tab 00030929	Cortef	UPJ	.2445 .2445

METHYLPREDNISOLONE

1312	4mg Tab 00030988	Medrol	UPJ	.3252 .3252

METHYLPREDNISOLONE ACETATE

1313	40mg/mL Inj Susp-1mL Pk 00030759	Depo-Medrol	UPJ	4.6920 4.6920
1314	80mg/mL Inj Susp-1mL Pk 00030767	Depo-Medrol	UPJ	9.0000 9.0000
1315	100mg/5mL Inj Susp-5mL Pk 01934325	Depo-Medrol	UPJ	10.3000 10.3000

PREDNISOLONE SODIUM PHOSPHATE

1316	6.7mg/5mL O/L 02230619	Pediapred Oral Liquid	AVE	.0671 .0958
	02245532	PMS-Prednisolone	PMS	.0671

PREDNISONE

1317	1mg Tab 00271373	Winpred	ICN	.1035 .1035
	00598194	Apo-Prednisone	APX	.1035
1318	5mg Tab 00021695	Novo-Prednisone	NOP	.0090 .0090
	00210188	Deltasone (Not a Benefit)	UPJ	
	00312770	Apo-Prednisone	APX	.0090

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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

1319	50mg Tab				.1005
	00232378	Novo-Prednisone	NOP		.1005
	00252417	Deltasone	UPJ		.1826
	00550957	Apo-Prednisone	APX		.1005

TRIAMCINOLONE ACETONIDE

1320	40mg/mL Inj Susp-1mL Pk				4.7700
	00990876	Kenalog-40	WSQ		6.8200
	02229550	Triamcinolone Acetonide	SIL		4.7700
1321	50mg/5mL Inj Susp-5mL Pk				10.2800
	01999761	Kenalog-10	WSQ		14.6900
	02229540	Triamcinolone Acetonide	SIL		10.2800
1322	200mg/5mL Inj Susp-5mL Pk				16.7090
	01999869	Kenalog-40	WSQ		23.8700
	09857128	Triamcinolone Acetonide	SIL		16.7090

68:08:00 ANDROGENS

DANAZOL

1323	50mg Cap				.7127
	02018144	Cyclomen	SAO		.7127
1324	100mg Cap				1.0575
	02018152	Cyclomen	SAO		1.0575
1325	200mg Cap				1.6899
	02018160	Cyclomen	SAO		1.6899

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

68:00 HORMONES AND SUBSTITUTES

68:08:00 ANDROGENS

NAFARELIN ACETATE

1326	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

1327	1% 2.5g Foil Packet			3.7600
	02245345	AndroGel	SPH	3.7600
1328	1% 5.0g Foil Packet			3.7600
	02245346	AndroGel	SPH	3.7600
1329	12.2mg Transdermal Patch			1.8800
	02239653	Androderm	PAL	1.8800
	Reason for Use Code	Clinical criteria		
	397	For male patients with confirmed low morning serum testosterone levels associated with documented, symptomatic hypothalamic, pituitary or testicular disease, or in HIV-infected patients.		
		NOTE: Older males with nonspecific symptoms of fatigue, malaise, depression who have a low normal random testosterone level do not satisfy these criteria.		
		LU Authorization Period: 1 year.		

TESTOSTERONE CYPIONATE

1330	100mg/mL Oily Inj Sol-10mL Pk			23.2100
	00030783	Depo-Testosterone	UPJ	23.2100

TESTOSTERONE ENANTHATE

1331	1000mg/5mL Oily Inj Sol-5mL Pk			22.8500
	00029246	Delatestryl	THE	22.8500

TESTOSTERONE UNDECANOATE

1332	40mg Cap			.9400
	00782327	Andriol	ORG	.9400

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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

CONJUGATED EQUINE ESTROGEN & MEDROXYPROGESTERONE ACETATE

1333	0.625mg/2.5mg Tab-28 Day Pk 02242878	Premplus	WAY	7.0000 7.0000
1334	0.625mg/5mg Tab-28 Day Pk 02242879	Premplus	WAY	7.0000 7.0000

CONJUGATED ESTROGENS

1335	0.3mg Tab 02043394	Premarin	WAY	.1058 .1058
1336	0.625mg Tab 00265470 02043408	C.E.S. Premarin	ICN WAY	.0774 .0774 .1215
1337	1.25mg Tab 00265489 02043424	C.E.S. Premarin	ICN WAY	.1293 .1293 .2163
1338	0.625mg/g Vag Cr 02043440	Premarin	WAY	.3445 .3445

ESTRADERM 50 & ESTRAGEST

1339	250/50 Transdermal Patch 02108186	Estracomb	NOV	20.6500 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. LU Authorization Period: 1 year.		
	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. LU Authorization Period: 1 year.		

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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

1340	2mg Vag Ring				60.0000
	02168898	Estring	PMJ		60.0000

ESTRADIOL 17-B

1341	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. LU Authorization Period: 1 year.		
	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. LU Authorization Period: 1 year.		

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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

1342	25ug Patch				2.2800
	00756849	Estraderm	NOV		2.2800
1343	50ug Patch				2.4375
	00756857	Estraderm	NOV		2.4375
1344	100ug Patch				2.7500
	00756792	Estraderm	NOV		2.7500
1345	37.5mcg Patch				2.2800
	02243999	Estradot	NOV		2.2800
1346	50mcg Patch				2.4375
	02244000	Estradot	NOV		2.4375
1347	75mcg Patch				2.6163
	02244001	Estradot	NOV		2.6163
1348	100mcg Patch				2.7500
	02244002	Estradot	NOV		2.7500
1349	50mcg Patch				2.4375
	02237808	Oesclim	FOU		2.4375
1350	50mcg/day Patch				1.7050
	02204428	Vivelle (Not a Benefit)	NOV		
	02246967	Rhoxal-Estradiol Derm-50	RHO		1.7050
1351	75mcg/day Patch				1.8300
	02204436	Vivelle (Not a Benefit)	NOV		
	02246968	Rhoxal-Estradiol Derm-75	RHO		1.8300
1352	100mcg/day Patch				1.9250
	02204444	Vivelle (Not a Benefit)	NOV		
	02246969	Rhoxal-Estradiol Derm-100	RHO		1.9250
1353	50mcg/day Transdermal Patch				4.8750
	02231509	Climara 50	BEX		4.8750
1354	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.			
		LU Authorization Period: 1 year.			
	18	For patients in whom an oral estrogen product has been tried and caused an adverse effect.			
		LU Authorization Period: 1 year.			

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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

1355	25mcg Vag Tab			2.2000
	02241332	Vagifem	NOO	2.2000

ESTRADIOL 17-B & NORETHINDRONE ACETATE+ESTRADIOL 17-B

1356	4.33mg plus 2.7mg/0.62mg Trans Patch-28 Day Pk			20.6500
	02243529	Estalis-Sequi 140/50	NOV	20.6500
1357	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.		
		LU Authorization Period: 1 year.		
	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.		
		LU Authorization Period: 1 year.		

ESTROPIPATE (CALCULATED AS SODIUM ESTRONE SULFATE 1.25MG)

1358	1.5mg Tab			.2804
	02089769	Ogen 1.25	UPJ	.2804

ESTROPIPATE (CALCULATED AS SODIUM ESTRONE SULFATE 2.5MG)

1359	3mg Tab			.4435
	02089777	Ogen 2.5	UPJ	.4435

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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

NORETHINDRONE ACETATE & ESTRADIOL 17-B

1360	2.7mg/0.62mg Patch				2.7250
	02241835	Estalis Transdermal Pad 140/50mcg		NOV	2.7250
1361	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.			
		LU Authorization Period: 1 year.			
	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.			
		LU Authorization Period: 1 year.			

STILBOESTROL

1362	0.5mg Tab				.2600
	02100304	# Stilboestrol		SHI	.2600
1363	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

1364	50mg Tab				.2259
	02190885	Prandase		BAH	.2259
1365	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;			
		LU Authorization Period: Indefinite.			
	176	In patients who require combination therapy with more than one oral hypoglycemic agent to control their serum glucose concentrations.			
		LU Authorization Period: Indefinite.			

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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.

GLYBURIDE

1366	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
	02248008	Rhoxal-Glyburide	RHO	.0393

1367	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
	02248009	Rhoxal-Glyburide	RHO	.0683

METFORMIN HCL

1368	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	Ratio-Metformin	RPH	.1216
	02246820	Rhoxal-Metformin FC	RHO	.1216
	02257726	Co-Metformin	COB	.1216

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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 (ZINC CRYSTALLINE) HUMAN BIOSYNTHETIC (RDNA ORIGIN)

1369	1000U/10mL Inj Sol-10mL Pk				15.5100
	00586714	Humulin Regular	LIL		15.5100
1370	100U/mL Inj Sol-5X3mL Pk				32.1600
	09853766	Humulin R	LIL		32.1600

INSULIN (ZINC CRYSTALLINE) PORK

1371	1000U/10mL Inj Sol-10mL Pk				18.7900
	00513644	Iletin II Regular	LIL		18.7900

INSULIN ASPART

1372	100U/mL Inj Sol-10mL Pk				22.9700
	02245397	NovoRapid	NOO		22.9700
1373	100U/mL Inj Sol-5x3mL Pk				45.9700
	02244353	NovoRapid	NOO		45.9700

Reason for Use Code	Clinical criteria
388	For the treatment of patients with Type 1 diabetes mellitus. LU Authorization Period: Indefinite.
389	For the treatment of patients with Type 2 diabetes mellitus using insulin in an intensive regimen with 3 or more injections per day or an insulin pump. LU Authorization Period: Indefinite.
390	For the treatment of patients with Type 2 diabetes mellitus who are either experiencing recurrent hypoglycemia OR are unable to achieve adequate post-prandial glucose control while on a less intensive regimen of regular insulin (1-2 injections per day). LU Authorization Period: Indefinite.

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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

68:20:10 ANTI-DIABETIC AGENTS INSULINS (RAPID ACTING)

INSULIN HUMAN BIOSYNTHETIC

1374	1000U/10mL Inj Sol-10mL Pk			16.0300
	02024233	Novolin ge Toronto	NOO	16.0300
1375	100U/mL Inj Sol-5X3mL Pk			32.0600
	09853774	Novolin ge Toronto Penfill	NOO	32.0600

INSULIN LISPRO

1376	100U/mL Inj Sol-10mL Pk			23.0000
	02229704	Humalog	LIL	23.0000
1377	100U/mL Inj Sol-5x1.5mL Pk			23.0000
	02229705	Humalog	LIL	23.0000
1378	100U/mL Inj Sol-5x3mL Pk			46.0000
	09853715	Humalog	LIL	46.0000
	Reason for Use Code	Clinical criteria		
	388	For the treatment of patients with Type 1 diabetes mellitus.		
		LU Authorization Period: Indefinite.		
	389	For the treatment of patients with Type 2 diabetes mellitus using insulin in an intensive regimen with 3 or more injections per day or an insulin pump.		
		LU Authorization Period: Indefinite.		
	390	For the treatment of patients with Type 2 diabetes mellitus who are either experiencing recurrent hypoglycemia OR are unable to achieve adequate post-prandial glucose control while on a less intensive regimen of regular insulin (1-2 injections per day).		
		LU Authorization Period: Indefinite.		

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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

1379	1000U/10mL Inj Susp-10mL Pk 02024225	Novolin ge NPH	NOO	16.0300 16.0300
1380	100U/mL Inj Susp-5X3mL Pk 09853782	Novolin ge NPH Penfill	NOO	32.0600 32.0600

INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC (RDNA ORIGIN)

1381	1000U/10mL Inj Susp-10mL Pk 00587737	Humulin NPH	LIL	15.5100 15.5100
1382	100U/mL Inj Susp-5X3mL Pk 09853804	Humulin N	LIL	32.1600 32.1600

INSULIN (ISOPHANE) PORK

1383	1000U/10mL Inj Susp-10mL Pk 00514551	Iletin II NPH	LIL	18.7900 18.7900

68:20:12 ANTI-DIABETIC AGENTS INSULINS (INTERMEDIATE ACTING)

INSULIN ZINC SUSPENSION MEDIUM HUMAN BIOSYNTHETIC (RDNA ORIGIN)

1384	1000U/10mL Inj Susp-10mL Pk 00646148	Humulin L Lente	LIL	15.5100 15.5100

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

68:00 HORMONES AND SUBSTITUTES

68:20:14 ANTI-DIABETIC AGENTS INSULINS (LONG ACTING)

INSULIN ZINC SUSPENSION PROLONGED, HUMAN BIOSYNTHETIC (RDNA ORIGIN)

1385	1000U/10mL Inj Susp-10mL Pk				15.5100
	00733075	Humulin-U Ultralente	LIL		15.5100

68:20:16 ANTI-DIABETIC AGENTS INSULINS (PRE-MIXED)

INSULIN (10% NEUTRAL & 90% ISOPHANE) HUMAN BIOSYNTHETIC

1386	100U/mL Inj Susp-5X3mL Pk				32.0600
	02024292	Novolin ge 10/90 Penfill	NOO		32.0600

INSULIN (20% NEUTRAL & 80% ISOPHANE) HUMAN BIOSYNTHETIC

1387	100U/mL Inj Susp-5X3mL Pk				32.0600
	02024306	Novolin ge 20/80 Penfill	NOO		32.0600

INSULIN (30% NEUTRAL & 70% ISOPHANE) HUMAN BIOSYNTHETIC

1388	1000U/10mL Inj Susp-10mL Pk				16.0300
	02024217	Novolin ge 30/70	NOO		16.0300

1389	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

1390	100U/mL Inj Susp-5X3mL Pk			32.0600
	02024314	Novolin ge 40/60 Penfill	NOO	32.0600

INSULIN (50% NEUTRAL & 50% ISOPHANE) HUMAN BIOSYNTHETIC

1391	100U/mL Inj Susp-5X3mL Pk			32.0600
	02024322	Novolin ge 50/50 Penfill	NOO	32.0600

INSULIN HUMAN BIOSYNTHETIC 20% & ISOPHANE 80%

1392	100U/mL Inj Susp-5X3mL Pk			32.1600
	09853847	Humulin 20/80 Cartridge	LIL	32.1600

INSULIN HUMAN BIOSYNTHETIC 30% & ISOPHANE 70%

1393	1000U/10mL Inj Susp-10mL Pk			15.5100
	00795879	Humulin 30/70	LIL	15.5100

1394	100U/mL Inj Susp-5X3mL Pk			32.1600
	09853855	Humulin 30/70	LIL	32.1600

INSULIN LISPRO & INSULIN LISPRO PROTAMINE

1395	25% & 75% Inj Susp-3mL Pk			9.2000
	02240294	Humalog Mix25	LIL	9.2000

Reason for Use Code

226

Clinical criteria

For insulin requiring diabetic patients who are either experiencing recurrent hypoglycemia OR are unable to achieve adequate post-prandial glucose control while using 2 or more doses of mixed insulin per day.

LU Authorization Period: Indefinite.

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

68:00 HORMONES AND SUBSTITUTES

68:24:00 PARATHYROID AGENTS

CALCITONIN SALMON

1396	100IU/mL Inj Sol-1mL Pk				7.8200
	02007134	Caltine 100	FEI		7.8200
1397	400IU/2mL Inj Sol-2mL Pk				41.6700
	01926691	Calcimar	AVE		41.6700

68:28:00 PITUITARY AGENTS

DESMOPRESSIN ACETATE

1398	0.1mg/mL Nas Sol-2.5mL Pk				47.2000
	00402516	DDAVP	FEI		47.2000
1399	1.5mg/mL Nas Sp-2.5mL Pk				386.0000
	02237860	Octostim	FEI		386.0000
1400	10mcg/Metered Dose Nas Sp-2.5mL Pk				33.0400
	00836362	DDAVP	FEI		47.2000
	02242465	Apo-Desmopressin	APX		33.0400
1401	0.1mg Tab				1.3217
	00824305	DDAVP	FEI		1.3217
1402	0.2mg Tab				2.6434
	00824143	DDAVP	FEI		2.6434

THYROTROPIN ALFA

1403	0.9mg/mL Inj Pd-2x1.1mg Vial Pk				1,324.0000
	02246016	Thyrogen	GZM		1,324.0000
	Reason for Use Code	Clinical criteria			
	368	For use in the monitoring of patients with well-differentiated thyroid cancer.			
		LU Authorization Period: Indefinite.			

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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

DESOGESTREL & ETHINYL ESTRADIOL

1404	0.15mg & 0.03mg	Tab-21 Pk			11.7300
	02042487	Marvelon 21		ORG	11.7300
1405	0.15mg & 0.03mg	Tab-21 Pk			10.8500
	02042541	Ortho-Cept		JNO	10.8500
1406	0.15mg & 0.03mg	Tab-28 Pk			11.7300
	02042479	Marvelon 28		ORG	11.7300
1407	0.15mg & 0.03mg	Tab-28Pk			10.8500
	02042533	Ortho-Cept		JNO	10.8500

ETHINYL ESTRADIOL & ETHYNODIOL DIACETATE

1408	0.03mg & 2mg	Tab-21 Pk			11.2985
	00469327	Demulen 30		SEA	11.2985
1409	0.03mg & 2mg	Tab-28 Pk			12.0890
	00471526	Demulen 30		SEA	12.0890

ETHINYL ESTRADIOL & LEVONORGESTREL

1410	20mcg & 100mcg	Tab-21 Pk			11.5000
	02236974	Alesse		WAY	11.5000
1411	3 Phase	Tab-21 Pk			11.3300
	02043726	Triphasil		WAY	11.3300
1412	0.03mg & 0.15mg	Tab-21 Pk			11.2800
	02042320	Min-Ovral		WAY	11.2800
1413	3 Phase	Tab-21 Pk			10.7800
	00707600	Triquilar 21		BEX	10.7800
1414	20mcg & 100mcg	Tab-28 Pk			11.5000
	02236975	Alesse		WAY	11.5000
1415	3 Phase	Tab-28 Pk			11.3300
	02043734	Triphasil		WAY	11.3300
1416	0.03mg & 0.15mg	Tab-28 Pk			11.2800
	02042339	Min-Ovral		WAY	11.2800
1417	3 Phase	Tab-28 Pk			10.7800
	00707503	Triquilar 28		BEX	10.7800

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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 & NORETHINDRONE

1418	0.035mg & 0.5mg Tab-21 Pk 00317047	Ortho 0.5/35	OMC	10.8500 10.8500
1419	0.035mg & 1mg Tab-21 Pk 00372846	Ortho 1/35	OMC	10.8500 10.8500
1420	3 Phase Tab-21 Pk 00602957	Ortho 7/7/7	OMC	10.8500 10.8500
1421	0.035mg & 0.5mg Tab-21 Pk 02187086	Brevicon	SEA	10.3600 10.3600
1422	0.035mg & 1mg Tab-21 Pk 02189054	Brevicon 1/35	SEA	10.3600 10.3600
1423	3 Phase Tab-21 Pk 02187108	Synphasic	SEA	10.2200 10.2200
1424	0.035mg & 0.5mg Tab-28 Pk 00340731	Ortho 0.5/35	OMC	10.8500 10.8500
1425	0.035mg & 1mg Tab-28 Pk 00372838	Ortho 1/35	OMC	10.8500 10.8500
1426	3 Phase Tab-28 Pk 00602965	Ortho 7/7/7	OMC	10.8500 10.8500
1427	0.035mg & 0.5mg Tab-28 Pk 02187094	Brevicon	SEA	10.3600 10.3600
1428	0.035mg & 1mg Tab-28 Pk 02189062	Brevicon 1/35	SEA	10.3600 10.3600
1429	3 Phase Tab-28 Pk 02187116	Synphasic	SEA	10.2200 10.2200

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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 ACETATE

1430	0.02mg & 1mg Tab-21 Pk				11.6814
	00315966	Minestrin 1/20	PFI		11.6814
1431	0.03mg & 1.5mg Tab-21 Pk				11.6820
	00297143	Loestrin 1.5/30	PFI		11.6820
1432	0.02mg & 1mg Tab-28 Pk				11.6814
	00343838	Minestrin 1/20	PFI		11.6814
1433	0.03mg & 1.5mg Tab-28 Pk				11.6820
	00353027	Loestrin 1.5/30	PFI		11.6820

ETHINYL ESTRADIOL & NORGESTREL

1434	0.05mg & 0.25mg Tab-21 Pk				11.6900
	02043033	Ovral	WAY		11.6900
1435	0.05mg & 0.25mg Tab-28 Pk				11.6900
	02043041	Ovral	WAY		11.6900

LEVONORGESTREL

1436	52mg Insert				290.0000
	02243005	Mirena	BEX		290.0000
1436A	0.75mg Tab-2 Tabs Pk				15.9500
	02241674	Plan B	WCC		15.9500

MEDROXYPROGESTERONE ACETATE

1437	150mg/mL Inj				24.9500
	00585092	Depo-Provera	PHA		24.9500
1438	50mg/mL Inj Sol-5mL Pk				23.2600
	00030848	Depo-Provera	PHA		23.2600
1439	2.5mg Tab				.0794
	00708917	Provera	UPJ		.1260
	02148552	Ratio-MPA	RPH		.0794
	02221284	Novo-Medrone	NOP		.0794
	02229838	Gen-Medroxy	GEN		.0794
	02244726	Apo-Medroxy	APX		.0794
	02246627	PMS-Medroxyprogesterone	PMS		.0794

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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

MEDROXYPROGESTERONE ACETATE

1440	5mg Tab				.1569
	00030937	Provera	UPJ		.2492
	02148560	Ratio-MPA	RPH		.1569
	02221292	Novo-Medrone	NOP		.1569
	02229839	Gen-Medroxy	GEN		.1569
	02244727	Apo-Medroxy	APX		.1569
	02246628	PMS-Medroxyprogesterone	PMS		.1569
1441	10mg Tab				.3169
	00729973	Provera	UPJ		.5031
	02148579	Ratio-MPA	RPH		.3169
	02221306	Novo-Medrone	NOP		.3169
	02229840	Gen-Medroxy	GEN		.3169
	02246629	PMS-Medroxyprogesterone	PMS		.3169
1442	10mg Tab				.5031
	02010933	Provera-Pak	UPJ		.5031
1443	100mg Tab				1.2204
	00030945	Provera	UPJ		1.2204

MESTRANOL & NORETHINDRONE

1444	0.05mg & 1mg Tab-21 Pk				10.8500
	00022608	# Ortho-Novum 1/50	OMC		10.8500

NORETHINDRONE

1445	0.35mg Tab-28 Pk				10.8500
	00037605	Micronor	OMC		10.8500

NORGESTIMATE & ETHINYL ESTRADIOL

1446	3 Phase Tab-21 Pk				10.8500
	02028700	Tri-Cyclen	JNO		10.8500
1447	0.25mg & 0.035mg Tab-21 Pk				10.8500
	01968440	Cyclen	OMC		10.8500
1448	3 Phase Tab-28 Pk				10.8500
	02029421	Tri-Cyclen	JNO		10.8500
1449	0.25mg & 0.035mg Tab-28 Pk				10.8500
	01992872	Cyclen	OMC		10.8500

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

68:00 HORMONES AND SUBSTITUTES

68:36:00 THYROIDS

LEVOTHYROXINE (SODIUM)

1450	0.025mg Tab				.0515
	02172062	Synthroid	KNO		.0515
1451	0.05mg Tab				.0249
	02172070	Synthroid	KNO		.0385
	02213192	Eltroxin	GLW		.0249
1452	0.075mg Tab				.0556
	02172089	Synthroid	KNO		.0556
1453	0.088mg Tab				.0556
	02172097	Synthroid	KNO		.0556
1454	0.1mg Tab				.0305
	02172100	Synthroid	KNO		.0512
	02213206	Eltroxin	GLW		.0305
1455	0.112mg Tab				.0587
	02171228	Synthroid	KNO		.0587
1456	0.125mg Tab				.0597
	02172119	Synthroid	KNO		.0597
1457	0.15mg Tab				.0339
	02172127	Synthroid	KNO		.0550
	02213214	Eltroxin	GLW		.0339
1458	0.175mg Tab				.0638
	02172135	Synthroid	KNO		.0638
1459	0.2mg Tab				.0359
	02172143	Synthroid	KNO		.0587
	02213222	Eltroxin	GLW		.0359
1460	0.3mg Tab				.0549
	02172151	Synthroid	KNO		.0800
	02213230	Eltroxin	GLW		.0549

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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

THYROID					
1461	30mg Tab				.0354
	00023949	Thyroid	PDA		.0354
1462	60mg Tab				.0440
	00023957	Thyroid	PDA		.0440
1463	125mg Tab				.0561
	00023965	Thyroid	PDA		.0561

68:38:00 ANTI-THYROIDS

METHIMAZOLE					
1464	5mg Tab				.1145
	00015741	Tapazole	PAL		.1145

PROPYLTHIOURACIL					
1465	50mg Tab				.1145
	00010200	Propyl-Thyracil	PAL		.1145
1466	100mg Tab				.1792
	00010219	Propyl-Thyracil	PAL		.1792

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

76:00 OXYTOCICS

ERGONOVINE MALEATE

1467	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

1468	500U/g Oint				.0994
	00031046	Baciguent	UPJ		.1540
	02060833	Bacitracin	SHI		.0994

CLINDAMYCIN PHOSPHATE & BENZOYL PEROXIDE

1469	1% & 5% Gel				.8620
	02243158	Clindoxyl	STI		.8620

ERYTHROMYCIN

1470	1.5% Lot				.1535
	01910086	# Staticin	WSQ		.1535

ERYTHROMYCIN & ETHYL ALCOHOL

1471	2% & 44% Top Sol				.1398
	01902628	Sans-Acne	GAC		.1398

FUSIDIC ACID

1472	2% Cr				.5618
	00586668	Fucidin	LEO		.5618

MUPIROCIN

1473	2% Cr				.4933
	02239757	Bactroban	SMJ		.4933
1474	2% Oint				.4963
	01916947	Bactroban	SMJ		.4963

NEOMYCIN SULFATE

1475	0.5% Oint				.1792
	00031070	Myciguent	UPJ		.1792

SODIUM FUSIDATE

1476	2% Oint				.5618
	00586676	Fucidin	LEO		.5618

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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.

CLOTRIMAZOLE

1477	10mg/g Cr				.0884
	00812382	Clotrimaderm	TAR		.0884
	02131676	# Myclo-Derm	BOE		.1140
	02150867	Canesten	BAY		.0884
1478	500mg & 1% Tab & Cr				10.4100
	02150948	Canesten 1-Combi Pak	BAY		10.4100
1479	10mg/mL Top Sol				.2690
	02131668	# Myclo-Derm	BOE		.2690
	02150875	Canesten	BAY		.2690
1480	10mg/g Vag Cr-App				.1750
	00812366	Clotrimaderm Vaginal Cream	TAR		.1750
	02131641	# Myclo-Gyne	BOE		.1812
	02150891	Canesten	BAY		.1812
1481	20mg/g Vag Cr-App				.3500
	00812374	Clotrimaderm Vaginal Cream	TAR		.3500
	02150905	Canesten 3	BAY		.3624
1482	100mg Vag Tab				1.5100
	02131633	# Myclo-Gyne	BOE		1.5100
	02150832	Canesten	BAY		1.5100
1483	200mg Vag Tab				3.0200
	02130211	Canesten 3	MIT		3.0200
1484	500mg Vag Tab				9.0600
	02130203	Canesten 1	MIT		9.0600

ECONAZOLE NITRATE

1485	1% Cr				.4167
	02011948	Ecostatin	WSQ		.4167
1486	150mg Vag Sup				5.5933
	02010267	Ecostatin	WSQ		5.5933

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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

84:04:08 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

1487	150mg Cap				9.1850
	02141442	Diflucan-150	PFI		14.5800
	02241895	Apo-Fluconazole-150	APX		9.1850
	02243645	Novo-Fluconazole-150	NOP		9.1850
	02245697	Gen-Fluconazole	GEN		9.1854
	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.			
		LU Authorization Period: 1 year.			

KETOCONAZOLE

1488	2% Cr				.3167
	00703974	Nizoral	JAN		.4530
	02245662	Ketoderm	OPI		.3167

MICONAZOLE NITRATE

1489	2% Cr				.2970
	00497797	Monistat Derm	OMC		.2970
	02085852	Micatin	MCL		.2970
1490	2% Vag Cr-App 35g Pk				9.7800
	02084309	Monistat 7	MCL		9.7800
1491	400mg Vag Sup				3.2600
	02126605	Monistat 3	MCL		3.2600
1492	2% Cr-9g & 400mg Vag Sup-3 Pk				11.2200
	02126249	Monistat 3 Dual Pak	MCL		11.2200
1493	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

1494	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.

1495	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.

1496	25000U/g Vag Cr				.0492
	00295973	Mycostatin (Not a Benefit)	BQU		
	00716901	Nyaderm	TAR		.0492
1497	100000U/g Vag Cr				.2553
	02194163	Nilstat	TCH		.2553
1498	100000U Vag Tab				.1500
	02194171	Nilstat	TCH		.1500

TERBINAFINE HCL

1499	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

1500	0.4% Cr				.2726
	00894729	Terazol 7	OMC		.3894
	02247651	+ Taro-Terconazole	TAR		.2726
1501	80mg Vag Ovule				5.8407
	00894710	Terazol 3	OMC		5.8407

TIOCONAZOLE

1502	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

1503	0.63% & 5.04% Aero Spray				.0800
	02229874	Scabene	MET		.0800

LINDANE (GAMMA BENZENE HEXACHLORIDE)

1504	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

1505	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.			
		LU Authorization Period: 1 year.			

1506	1% Cr Rinse				.0955
	00771368	Nix	BWE		.0955
1507	1% Cr Rinse				.0780
	02231480	Kwellada-P	RCA		.0780
1508	5% Lot				.2484
	02231348	Kwellada-P	RCA		.2484

PYRETHRINS PIPERONYL BUTOXIDE & PETROLEUM DISTILLATE

1509	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	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04:16 ANTI-INFECTIVES OTHER ANTI-INFECTIVES

METRONIDAZOLE

1510	0.75% Cr				.4933
	02226839	MetroCream	GAC		.4933
1511	1% Cr				.4937
	02242919	Rosasol	STI		.4937
1512	1% Top Cr				.4933
	02156091	Noritate	DER		.4933
1513	0.75% Top Gel				.5810
	02092832	Metrogel	GAC		.5810
1514	0.75% Top Lot-60mL Pk				29.6000
	02248206	MetroLotion	GAC		29.6000
1515	10% Vag Cr-App				.2017
	01926861	Flagyl	AVE		.2017
1516	500mg Vag Tab-App				.4420
	01926888	Flagyl	RPP		.4420

METRONIDAZOLE & NYSTATIN

1517	500mg & 100000U/g	Vag Cr-App			.4058
	01926845	Flagystatin	AVE		.4058
1518	500mg & 100000U	Vag Sup			2.2318
	01926829	Flagystatin	AVE		2.2318

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

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04:16 ANTI-INFECTIVES OTHER ANTI-INFECTIVES

POVIDONE - IODINE

1519	*10% Top Sol				
	00158348	Betadine (Not a Benefit)	PFP		
	00172944	Proviiodine (Not a Benefit)	ROG		
1520	10% Vag Gel				
	00026034	Betadine (Not a Benefit)	PFP		
	00026611	Proviiodine (Not a Benefit)	ROG		
1521	10% Vag Sol				
	00026093	Betadine (Not a Benefit)	PFP		
	00252824	Proviiodine (Not a Benefit)	ROG		

SILVER SULFADIAZINE

1522	1% Cr				.1320
	00323098	Flamazine	SNE		.1320
1523	1% Cr-50g Pk				10.9600
	09854037	Flamazine	SNE		10.9600

SULFANILAMIDE & AMINACRINE HCL & ALLANTOIN

1524	Vag Cr				.2528
	02103036	AVC	HMR		.2528

84:06:00 ANTI-INFLAMMATORY

AMCINONIDE

1525	0.1% Cr				.2737
	02192284	Cyclocort	STI		.3910
	02246714	Amcort	OPI		.2737
	02247098	Ratio-Amcinonide	RPH		.2737
1526	0.1% Lot				.2272
	02192276	Cyclocort	STI		.3246
	02247097	Ratio-Amcinonide	RPH		.2272
1527	0.1% Oint				.2737
	02192268	Cyclocort	STI		.3910
	02247096	Ratio-Amcinonide	RPH		.2737

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84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06:00 ANTI-INFLAMMATORY

BECLOMETHASONE DIPROPIONATE

1528	0.025% Cr				.4038
	02089602	Propaderm	SHI		.4038
1529	0.025% Lot				.3650
	02089610	Propaderm	SHI		.3650
1530	0.025% Oint				.4038
	01927957	Propaderm	GLA		.4038

BETAMETHASONE BENZOATE

1531	0.025% Gel				.3857
	00335347	Beben	PDA		.3857

BETAMETHASONE DIPROPIONATE

1532	0.05% Cr				.2048
	00323071	Diprosone	SCH		.2048
	01925350	Taro-Sone	TAR		.2048
1533	0.05% Lot				.1980
	00417246	Diprosone	SCH		.1980
	00809187	Ratio-Topisone	RPH		.1980
	01944444	# Taro-Sone	TAR		.1980
1534	0.05% Oint				.2152
	00344923	Diprosone	SCH		.2152
	00805009	Ratio-Topisone	RPH		.2152
	01944436	Taro-Sone	TAR		.2152

BETAMETHASONE DIPROPIONATE IN A BASE CONTAINING PROPYLENE GLYCOL

1535	0.05% Oint				.5186
	00629367	Diprolene	SCH		.5186
	00849669	Ratio-Topilene	RPH		.5186

Note: No more than 50 grams per week of ultrapotent steroids for a maximum of 2 weeks is recommended.

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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 DIPROPIONATE IN PROPYLENE GLYCOL BASE

1536	0.05% Cr				.5186
	00688622	Diprolene Glycol	SCH		.5186
	00849650	Ratio-Topilene	RPH		.5186

Note: No more than 50 grams per week of ultrapotent steroids for a maximum of 2 weeks is recommended.

BETAMETHASONE VALERATE

1537	0.05% Cr				.0153
	00011916	Betnovate-1/2 (Not a Benefit)	GLA		
	00027898	Celestoderm-V/2	SCH		.0153
	00535427	Ratio-Ectosone Mild	RPH		.0153
	00716618	Betaderm	TAR		.0153
1538	0.1% Cr				.0228
	00011924	Betnovate (Not a Benefit)	GLA		
	00027901	Celestoderm-V	SCH		.0228
	00535435	Ratio-Ectosone Regular	RPH		.0228
	00716626	Betaderm	TAR		.0228
1539	0.05% Lot				.1900
	00653209	Ratio-Ectosone Mild	RPH		.1900
	02100185	Betnovate-1/2 (Not a Benefit)	RBT		
1540	0.1% Lot				.2500
	00750050	Ratio-Ectosone Regular	RPH		.2500
	02100193	Betnovate	SHI		.2500
1541	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 DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06:00 ANTI-INFLAMMATORY

BETAMETHASONE VALERATE

1542	0.1% Oint				.0228
	00012386	Betnovate (Not a Benefit)	GLA		
	00028363	Celestoderm-V	SCH		.0228
	00716650	Betaderm	TAR		.0228
1543	0.1% Scalp Lot				.0853
	00027944	Valisone	SCH		.0853
	00653217	Ratio-Ectosone	RPH		.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.

1544	0.05% Cr				.4067
	01910272	Ratio-Clobetasol	RPH		.4067
	02024187	Gen-Clobetasol	GEN		.4067
	02093162	Novo-Clobetasol	NOP		.4067
	02213265	Dermovate	OPI		.6512
	02232191	PMS-Clobetasol	PMS		.4067
	02245523	Clobetasol Propionate	TAR		.4067
1545	0.05% Oint				.4067
	01910280	Ratio-Clobetasol	RPH		.4067
	02026767	Gen-Clobetasol	GEN		.4067
	02126192	Novo-Clobetasol	NOP		.4067
	02213273	Dermovate	OPI		.6512
	02232193	PMS-Clobetasol	PMS		.4067
	02245524	Clobetasol Propionate	TAR		.4067
1546	0.05% Scalp Lot				.3565
	01910299	Ratio-Clobetasol	RPH		.3565
	02213281	Dermovate	OPI		.5685
	02216213	Gen-Clobetasol	GEN		.3565
	02232195	PMS-Clobetasol	PMS		.3565
	02245522	Clobetasol Propionate	TAR		.3565

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84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06:00 ANTI-INFLAMMATORY

CLOBETASONE BUTYRATE

1547	0.05% Cr				.3817
	02214415	Eumovate	GLW		.3817
1548	0.05% Oint				.3817
	02214423	Eumovate	GLW		.3817

DESONIDE

1549	0.05% Cr				.2610
	02048639	Desocort	GAC		.2900
	02154862	Tridesilon	CPL		.3880
	02229315	PMS-Desonide	PMS		.2610
1550	0.05% Lot				.1450
	02115514	Desocort	GAC		.1450
1551	0.05% Oint				.2610
	02115522	Desocort	GAC		.2900
	02154870	Tridesilon	CPL		.3867
	02229323	PMS-Desonide	PMS		.2610

DIFLORASONE DIACETATE

1552	0.05% Cr				.3063
	00481807	Florone	UPJ		.3063
1553	0.05% Oint				.3063
	00481793	Florone	UPJ		.3063

DIFLUCORTOLONE VALERATE

1554	0.1% Cr				.3633
	00587826	Nerisone	STI		.3633
1555	0.1% Oily Cr				.3633
	00587818	Nerisone	STI		.3633
1556	0.1% Oint				.3633
	00587834	Nerisone	STI		.3633

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84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06:00 ANTI-INFLAMMATORY

FLUOCINOLONE ACETONIDE

1557	0.01% Cr				.0428
	00030414	Synalar Mild	SYN		.2387
	00716782	# Fluoderm	TAR		.0428
1558	0.025% Cr				.0533
	00030422	Synalar Regular	SYN		.4045
	00716790	# Fluoderm	TAR		.0533
1559	0.01% Emol Cr				.2495
	00424927	Synamol Mild	SYN		.2495
1560	0.025% Emol Cr				.4110
	00424935	Synamol Regular	SYN		.4110
1561	0.01% Oint				.2495
	00030392	Synalar Mild	SYN		.2495
1562	0.01% Oint				.0476
	00716804	Fluoderm	TAR		.0476
1563	0.025% Oint				.4110
	02162512	Synalar Regular	MEC		.4110
1564	0.025% Oint				.0587
	00716812	# Fluoderm	TAR		.0587
1565	0.01% Top Sol				.3903
	02162504	Synalar Solution	MEC		.3903

FLUOCINONIDE

1566	0.05% Cr				.2617
	00716863	Lyderm	OPI		.2617
	02161923	Lidex	MEC		.4400
1567	0.05% Emol Cr				.2433
	00598933	Tiamol	OPI		.2433
	02163152	Lidemol	MEC		.4668
1568	0.05% Gel				.3418
	02161974	Topsyn	MEC		.4883
	02236997	Lyderm	OPI		.3418

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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

1569	0.05% Oint				.3370
	02161966	Lidex		MEC	.4816
	02236996	Lyderm		OPI	.3370

FLUOCINONIDE & PROCINONIDE & CIPROCINONIDE

1570	Emol Cr				.3256
	00781371	Trisyn		BAK	.3256

HALCINONIDE

1571	0.025% Cr				.2430
	00404179	Halog Mild		WSQ	.2430
1572	0.1% Cr				.3898
	02011921	Halog		WSQ	.3898
1573	0.1% Oint				.3898
	02010283	Halog		WSQ	.3898
1574	0.1% Sol				.4013
	02010291	Halog		WSQ	.4013

HYDROCORTISONE

1575	0.5% Cr				.0189
	00513288	Cortate		SCH	.0189
1576	1% Cr				.0182
	00192597	Emo-Cort		TCD	.1582
	00502200	Cortate		SCH	.0182
1577	2.5% Cr				.1837
	00595799	Emo-Cort		TCD	.1837
1578	1% Lot				.1461
	00192600	Emo-Cort		TCD	.1461
1579	2.5% Lot				.1933
	00595802	Emo-Cort		TCD	.1933

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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

HYDROCORTISONE

1580	0.5% Oint				.0166
	00513261	Cortate	SCH		.0189
	00716685	# Cortoderm	TAR		.0166
1581	1% Oint				.0195
	00502197	Cortate	SCH		.0195
	00716693	# Cortoderm	TAR		.0195

HYDROCORTISONE & UREA

1582	1% & 10% Cr				.1533
	00364134	Calmurid-HC	GAC		.1533

HYDROCORTISONE ACETATE

1583	1% Cr				.0182
	00477699	Corticreme (Not a Benefit)	ROG		
	00716839	Hyderm	TAR		.0182

HYDROCORTISONE ACETATE & UREA

1584	1% & 10% Cr				.1618
	00503134	Uremol-HC	TCD		.1618
1585	1% & 10% Lot				.0894
	00560022	Uremol-HC	TCD		.0894

HYDROCORTISONE VALERATE

1586	0.2% Cr				.1212
	01910124	Westcort	WSQ		.1212
	02242984	Hydroval	TAR		.1212
1587	0.2% Oint				.1212
	01910132	Westcort	WSQ		.1212
	02242985	Hydroval	TAR		.1212

METHYLPREDNISOLONE

1588	0.25% Cr				.2040
	00031062	Medrol	UPJ		.2040

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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

MOMETASONE FUROATE

1589	0.1% Cr				.5542
	00851744	Elocom	SCH		.5542
1590	0.1% Lot				.3979
	00871095	Elocom	SCH		.3979
1591	0.1% Oint				.3879
	00851736	Elocom	SCH		.5542
	02244769	PMS-Mometasone	PMS		.3879
	02248130	Ratio-Mometasone	RPH		.3879

TRIAMCINOLONE ACETONIDE

1592	0.025% Cr				.0353
	00716952	# Triaderm	TAR		.0353
	02194074	Aristocort D	STI		.0353
1593	0.1% Cr				.0533
	00029114	Kenalog (Not a Benefit)	WSQ		
	00716960	Triaderm	TAR		.0533
	02194058	Aristocort R	STI		.0844
1594	0.1% Oint				.0826
	01999796	Kenalog	WSQ		.3003
	02194031	Aristocort R	STI		.0826

TRIAMCINOLONE ACETONIDE 0.1% IN ORABASE

1595	Oral Top Oint				.9110
	01964054	Oracort	TAR		.9110
	01999788	Kenalog-Orabase	WSQ		1.2147

84:24:00 EMOLLIENTS, DEMULCENTS AND PROTECTANTS

ZINC OXIDE

1596	*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 DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:28:00 KERATOLYTIC AGENTS

ANTHRALIN

1597	0.1% Cr				.2246
	00537594	Anthranol	MEI		.2246
1598	0.2% Cr				.2368
	00537608	Anthranol	MEI		.2368
1599	0.4% Cr				.2476
	00537616	Anthranol	MEI		.2476
1600	1% Oint				.3058
	00566756	Anthraforte 1	MEI		.3058
1601	2% Oint				.3226
	00566748	Anthraforte 2	MEI		.3226
1602	3% Oint				.3370
	00617164	Anthraforte 3	STI		.3370

BENZOYL PEROXIDE

1603	5% Lot				.1216
	00236063	Benoxyl	STI		.1410
	00374326	Oxyderm	ICN		.1216
1604	10% Lot				.1469
	00370568	Benoxyl	STI		.1714
	00432938	Oxyderm	ICN		.1469
1605	20% Lot				.1898
	00187585	Benoxyl	STI		.2004
	00374318	Oxyderm	ICN		.1898

BENZOYL PEROXIDE IN ACETONE-CONTAINING GEL

1606	5% Gel				.1158
	00406821	AcetOxyl	STI		.1158
1607	10% Gel				.1375
	00406848	AcetOxyl	STI		.1375

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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

1608	5% Gel				.1058
	00263702	Panoxyl	STI		.1137
	02162113	5-Benzagel	NOV		.1058
1609	10% Gel				.1375
	00263699	Panoxyl	STI		.1375
	02220385	10-Benzagel	DER		.1392
1610	15% Gel				.1663
	00403571	Panoxyl	STI		.1663
1611	20% Gel				.1792
	00373036	Panoxyl	STI		.1792

BENZOYL PEROXIDE IN WATER-BASED GEL

1612	5% Gel				.0783
	01908863	Desquam-X5	WSQ		.0783
	01925180	Benzac W5	GAC		.0987
	02214849	Panoxyl Aquagel	STI		.1137
1613	10% Gel				.0983
	01908871	Desquam-X10	WSQ		.0983
	01925997	# Benzac W10	GAC		.1237
	02223856	Panoxyl Aquagel (Not a Benefit)	STI		
1614	20% Gel				.1792
	02223864	Panoxyl Aquagel	STI		.1792

SALICYLIC ACID

1615	6% Gel				.0984
	01909134	Keralyt	WSQ		.0984

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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

84:28:00 KERATOLYTIC AGENTS

TRETINOIN

1616	0.01% Cr				.2840
	00657204	Stieva-A	STI		.2840
1617	0.025% Cr				.2840
	00578576	Stieva-A	STI		.2840
1618	0.05% Cr				.2840
	00518182	Stieva-A	STI		.2840
	01926519	Vitamin A Acid	RPP		.2840
1619	0.01% Gel				.2840
	00587958	Stieva-A	STI		.2840
	01926462	Vitamin A Acid	RPP		.2840
1620	0.025% Gel				.2840
	00587966	Stieva-A	STI		.2840
1621	0.05% Gel				.2840
	01926489	Vitamin A Acid	RPP		.2840
1622	0.025% Sol				.1780
	00578568	Stieva-A	STI		.1780
1623	0.05% Top Sol				.1780
	00518174	#Stieva-A	STI		.1780
	Reason for Use Code	Clinical criteria			
	269	For the treatment of acne vulgaris.			
		LU Authorization Period: 1 year.			

TRETINOIN & ERYTHROMYCIN

1624	0.025% & 4% Top Gel				.5200
	01905112	Stievamycin Gel	STI		.5200

84:32:00 KERATOPLASTIC AGENTS

COAL TAR EXTRACT

1625	2% Gel				.0729
	01909185	Estar	WSQ		.0729

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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

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.

1626	10mg Cap				1.5467
	02070847	Soriatane	HLR		1.5467
1627	25mg Cap				2.7167
	02070863	Soriatane	HLR		2.7167

CALCIPOTRIOL

1628	50mcg/g Cr				.6923
	02150956	Dovonex	LEO		.6923
1629	50mcg/g Oint				.6923
	01976133	Dovonex	LEO		.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.			
		LU Authorization Period: Indefinite.			

FLUOROURACIL

1631	5% Cr				.4240
	00330582	Efudex	HLR		.4240

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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

84:36:00 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.

1632	10mg Cap				1.4766
	00582344	Accutane	HLR		1.4766
1633	40mg Cap				3.0133
	00582352	Accutane	HLR		3.0133

METHOXSALEN

1634	10mg Cap				.5436
	01946374	Oxsoralen	ICN		.5436
1635	10mg SG Cap				.4755
	00646237	UltraMOP	CDX		.4755

PIMECROLIMUS

1636	1% Cr				1.9600
	02247238	Elidel	NOV		1.9600

Reason for Use Code Clinical criteria

383

For use in combination with moisturizers or oral antihistamines in patients with atopic dermatitis who have failed or are intolerant to an 8 week trial of an intermediate potency topical steroid.

Therapy should be reassessed at 6 months.

LU Authorization Period: 1 year.

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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

ZINC SULFATE

1637	*0.5% Oint				.0782
	00621447	Anuzinc	SIL		.0782
	01945939	Anusol	PDA		.0966
1638	*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					
1639	225mg SR Tab				.1970
	02014270	Phyllocontin	PFP		.1970
1640	350mg SR Tab				.2510
	02014289	Phyllocontin-350	PFP		.2510

OXTRIPHYLLINE					
1641	400mg LA Tab				.2260
	00503436	Choledyl SA	PDA		.2260
1642	10mg/mL O/L				.0110
	00476390	Choledyl	PDA		.0311
	00792934	PMS-Oxtriphylline	PMS		.0110
1643	20mg/mL O/L				.0229
	00476366	Choledyl	PDA		.0334
	00792942	PMS-Oxtriphylline	PMS		.0229
1644	100mg Tab				.0213
	00441724	Apo-Oxtriphylline	APX		.0213
1645	200mg Tab				.0242
	00441732	Apo-Oxtriphylline	APX		.0242
	00476412	Choledyl	PDA		.0422
1646	300mg Tab				.0318
	00511692	Apo-Oxtriphylline	APX		.0318

THEOPHYLLINE ANHYDROUS					
1647	50mg LA Cap				.1707
	00551422	Somophyllin-12	FIS		.1707

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

86:00 SPASMOLYTICS

THEOPHYLLINE ANHYDROUS					
1648	100mg LA Tab				.1910
	00460982	# Theo-Dur	AZC		.1910
1649	200mg LA Tab				.2124
	00460990	# Theo-Dur	AZC		.2124
1650	300mg LA Tab				.1400
	00461008	# Theo-Dur	AZC		.2572
	02230087	Novo-Theophyl SR	NOP		.1400
1651	5.3mg/mL O/L				.0047
	00307548	Theophylline	ROG		.0055
	00575151	PMS-Theophylline	PMS		.0047
	01966219	Theolair Alcohol Free Oral Liquid	MMH		.0191
1652	400mg SR Tab				.4570
	02014165	Uniphyl	PFP		.4570
1653	600mg SR Tab				.5534
	02014181	Uniphyl	PFP		.5534

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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

1654	50000IU Cap				.0740
	00021075	Vitamin A	NOP		.0740
	01937960	Aquasol A (Not a Benefit)	RPR		

88:08:00 VITAMIN B

CYANOCOBALAMIN

1655	*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

FOLIC ACID

1656	5mg Tab				.0060
	00014966	Folvite (Not a Benefit)	LED		
	00426849	Apo-Folic	APX		.0060

LEUCOVORIN CALCIUM

1657	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.

1658	50mg Tab dpp 00268593 00274496	Niacin-ICN (Not a Benefit)	ICN	
		Novo-Niacin (Not a Benefit)	NOP	
1659	100mg Tab dpp 00268585	Niacin-ICN	ICN	.0295
				.0295

PYRIDOXINE HCL

1660	25mg Tab dpp 00232475 00268607 00416185	Vitamin B6	LEA	.0188
		Vitamin B6-ICN	ICN	.0188
		Vitamin B6 (Not a Benefit)	RPR	

THIAMINE HCL

1661	50mg Tab dpp 00268631 00610267	Vitamin B1-ICN (Not a Benefit)	ICN	
		Vitamin B1 (Not a Benefit)	LEA	

88:12:00 VITAMIN C

ASCORBIC ACID

1662	*100mg Tab 00021970 00466646	Novo-C (Not a Benefit)	NOP	
		Apo-C (Not a Benefit)	APX	
1663	*250mg Tab 00021237 00036161 00094641 00466638	Novo-C (Not a Benefit)	NOP	
		Vitamin C (Not a Benefit)	RPR	
		Ascorbic Acid (Not a Benefit)	DCL	
		Apo-C (Not a Benefit)	APX	

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

88:00 VITAMINS

88:12:00 VITAMIN C

ASCORBIC ACID

1664	*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		
1665	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

1666	0.25mcg Cap dpp				.4090
	00474517	One-Alpha	LEO		.4090
1667	1mcg Cap dpp				1.2243
	00474525	One-Alpha	LEO		1.2243

CALCITRIOL

1668	0.25mcg Cap dpp				.8790
	00481823	Rocaltrol	HLR		.8790
1669	0.5mcg Cap dpp				1.3980
	00481815	Rocaltrol	HLR		1.3980

DIHYDROTACHYSTEROL

1670	0.125mg Cap				.8590
	02017601	Hytakerol	SAO		.8590

ERGOCALCIFEROL

1671	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					
1672	50000IU Cap				.2006
	00009830	Ostoforte	FRS		.2006

88:28:00 MULTIVITAMINS

HEXAVITAMINS USP					
1673	*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

1674	10mg Tab				1.1057
	02201011	Fosamax	FRS		1.7550
	02247373	Novo-Alendronate	NOP		1.1057
	02248728	Apo-Alendronate	APX		1.1057
1675	70mg Tab				6.1950
	02245329	Fosamax	FRS		8.8500
	02248730	+ Apo-Alendronate	APX		6.1950
	Reason for Use Code	Clinical criteria			
		For the treatment of osteoporosis in patients who have:			
	369	Two out of the following three criteria: BMD at least 3.0 standard deviations below the young adult mean, age of 75 or greater, prior osteoporosis-related fracture.			
		LU Authorization Period: Indefinite.			
		OR			
	370	Failed* or, experienced intractable side effects, or have a contraindication to, cyclical etidronate (Didrocal) therapy.			
		*Failure is defined as: continued loss of bone mineral density (loss of more than 3%) after two years of therapy; or a new osteoporosis related fracture after one year of therapy.			
		LU Authorization Period: Indefinite.			

ALFUZOSIN HCL

1676	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.			
		LU Authorization Period: Indefinite.			
	352	For the management of benign prostatic hyperplasia where other formulary alpha blockers have produced intolerable side effects.			
		LU Authorization Period: Indefinite.			

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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

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.

1677	100mg Tab				.0169
	00004588	Zyloprim (Not a Benefit)	BWE		
	00364282	Novo-Purol	NOP	.0169	
	00402818	Apo-Allopurinol	APX	.0169	
	00415731	Purinol	HOR	.0169	
1678	200mg Tab				.0334
	00415758	Purinol	HOR	.0334	
	00479799	Apo-Allopurinol	APX	.0334	
	00506370	Zyloprim (Not a Benefit)	BWE		
	00565342	Novo-Purol	NOP	.0334	
1679	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.

1680	100mg Cap				.5179
	01914006	Symmetrel (Not a Benefit)	BQU		
	01990403	PMS-Amantadine HCL	PMS	.5179	
	02034468	Endantadine	DUP	.5179	
	02139200	Gen-Amantadine	GEN	.5179	
1681	10mg/mL O/L				.0810
	01913999	Symmetrel	BQU	.0810	
	02022826	PMS-Amantadine	PMS	.0810	

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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

ANAGRELIDE HCL

1682	0.5mg Cap				3.3491
	02260107	+ Rhoxal-Anagrelide	RHO		3.3491
	Reason for Use Code	Clinical criteria			
	400	For the treatment of essential thrombocytosis in patients who are intolerant of or who have failed hydroxyurea therapy.			
		LU Authorization Period: 5 years.			

AZATHIOPRINE

1683	50mg Tab				.5418
	00004596	Imuran	BWE		.8600
	02231491	Gen-Azathioprine	GEN		.5418
	02236799	Ratio-Azathioprine	RPH		.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.

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

BOTULINUM TOXIN TYPE A

1684	100U/Vial Pd Inj-100U Vial 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.		
		LU Authorization Period: 1 year.		
	130	To reduce the subjective symptoms and objective signs of cervical dystonia (spasmodic torticollis) in adults.		
		LU Authorization Period: 1 year.		

BROMOCRIPTINE

1685	5mg Cap			.9711
	00568643	Parlodel	NOV	1.5415
	02230454	Apo-Bromocriptine	APX	.9711
	02236949	PMS-Bromocriptine	PMS	.9711
1686	2.5mg Tab			.5453
	00371033	Parlodel	NOV	.8655
	02087324	Apo-Bromocriptine	APX	.5453
	02231702	PMS-Bromocriptine	PMS	.5453

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

CLODRONATE DISODIUM

1687	400mg Cap			1.2083
	01927078	Ostac	HLR	1.7523
	02245828	Clasteon	ABI	1.2083
	Reason for Use Code	Clinical criteria		
	280	For the control and prophylaxis of hypercalcemia of malignancy. LU Authorization Period: Indefinite.		
	358	For the treatment of bony metastases in patients with breast cancer. LU Authorization Period: Indefinite.		
	359	For the prevention and treatment of osteolytic lesions in patients with multiple myeloma. LU Authorization Period: Indefinite.		

CLODRONATE DISODIUM TETRAHYDRATE

1688	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. LU Authorization Period: Indefinite.		
	358	For the treatment of bony metastases in patients with breast cancer. LU Authorization Period: Indefinite.		
	359	For the prevention and treatment of osteolytic lesions in patients with multiple myeloma. LU Authorization Period: Indefinite.		

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

CLOPIDOGREL BISULFATE

1689	75mg Tab				2.4000
	02238682	Plavix	SAO		2.4000
	Reason for Use Code	Clinical criteria			
	375	For patients immediately post-hospitalization* for non-ST segment elevation acute coronary syndrome (ACS)**; Note: approval for 12 months LU Authorization Period: 1 year.			
		OR			
	376	For patients immediately pre- or post- percutaneous coronary intervention (PCI)*** Note: approval for 12 months *The first prescription must be written by a physician based at the hospital where the patient was hospitalized. **ACS, as defined by the CURE study, includes hospitalized patients with unstable angina or non-ST segment elevation myocardial infraction. ***Therapy may be initiated up to 10 days prior to PCI. Network note: The Special Authorization Number (SAN) that corresponds to the hospital where the patient was hospitalized must be submitted with the first Limited Use claim. LU Authorization Period: 1 year.			

COLCHICINE

1690	0.6mg Tab				.2663
	00000396	Colchicine	ABB		.2663

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

CYCLOSPORINE

1691	10mg Cap				.6112
	02237671	Neoral	NOV		.6112
1692	25mg Cap				1.4217
	02150689	Neoral	NOV		1.4217
1693	50mg Cap				2.7717
	02150662	Neoral	NOV		2.7717
1694	100mg Cap				3.8813
	02150670	Neoral	NOV		5.5450
	02242821	Rhoxal-Cyclosporine	RHO		3.8813
1695	100mg/mL O/L				3.4500
	02150697	Neoral	NOV		4.9290
	02244324	Apo-Cyclosporine	APX		3.4500
	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;			
		LU Authorization Period: Indefinite.			
	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).			
		LU Authorization Period: Indefinite.			

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

DUTASTERIDE

1696	0.5mg Cap				1.5483
	02247813	+ Avodart	GSK		1.5483
	Reason for Use Code	Clinical criteria			
	384	For use in combination with an alpha blocker for the treatment of men with symptomatic* Benign Prostate Hyperplasia.			
		LU Authorization Period: Indefinite.			
	385	For monotherapy, as a second line agent in patients with symptomatic* Benign Prostatic Hyperplasia following treatment failure or intolerance to an alpha blocker.			
		*Symptomatic is defined as having moderate (about half the time) to severe (almost always) symptoms related to the prostate in at least 4 of the following domains:			
		1. feeling of incomplete emptying of the bladder after voiding			
		2. needing to urinate again less than 2 hours after previous void			
		3. stopping and starting urine several times while voiding			
		4. difficulty postponing urination			
		5. weak urinary stream			
		6. pushing or straining to begin voiding			
		7. the need to get up to void at least 3 times in night.			
		LU Authorization Period: Indefinite.			

ETIDRONATE DISODIUM

1697	200mg Tab				.8257
	01997629	Didronel	PGP		1.3108
	02245330	Gen-Etidronate	GEN		.9176
	02248686	Co-Etidronate	COB		.8257
	Reason for Use Code	Clinical criteria			
	236	For the treatment of Paget's disease;			
		LU Authorization Period: Indefinite.			
	237	For the management of hypercalcemia of malignancy.			
		LU Authorization Period: Indefinite.			

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

ETIDRONATE DISODIUM/CALCIUM CARBONATE

1698	400mg/500mg Tab-90 Tablets Kit				36.7000
	02176017	Didrocal	PGP		36.7000

FINASTERIDE

1699	5mg Tab				1.6300
	02010909	Proscar	FRS		1.6300
	Reason for Use Code	Clinical criteria			
	384	For use in combination with an alpha blocker for the treatment of men with symptomatic* Benign Prostatic Hyperplasia.			
		LU Authorization Period: Indefinite.			
	385	For monotherapy, as a second line agent in patients with symptomatic* Benign Prostatic Hyperplasia following treatment failure or intolerance to an alpha blocker.			
		* Symptomatic is defined as having moderate (about half the time) to severe (almost always) symptoms related to the prostate in at least 4 of the following domains:			
		1. feeling of incomplete emptying of the bladder after voiding			
		2. needing to urinate again less than 2 hours after previous void			
		3. stopping and starting urine several times while voiding			
		4. difficulty postponing urination			
		5. weak urinary stream			
		6. pushing or straining to begin voiding			
		7. the need to get up to void at least 3 times in the night.			
		LU Authorization Period: Indefinite.			

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

FLUNARIZINE HCL

1700	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.			
		LU Authorization Period: 1 year.			
	61	For patients who have tried propranolol and experienced significant adverse effects.			
		LU Authorization Period: 1 year.			
	62	For patients in whom propranolol is contraindicated.			
		CAUTIONS: Contraindicated in patients with clinical depression and in patients with extrapyramidal disorders.			
		LU Authorization Period: 1 year.			

GLUCAGON RDNA ORIGIN

1701	1mg/Vial Inj Pd-Vial Pk				82.1900
	02243297	Glucagon	LIL		82.1900

LACTASE ENZYME

1702	Liq-6.5mL Pk				6.0200
	97903981	Lactaid	MCL		6.0200
1703	Liq-15.5mL Pk				11.7100
	97904163	Lactaid	MCL		11.7100
1704	Tab				.1271
	01936859	Lactaid	MCL		.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.			
		LU Authorization Period: Indefinite.			

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

LEFLUNOMIDE

1705	10mg Tab				6.0417
	02241888	Arava	AVE		9.5900
	02256495	Apo-Leflunomide	APX		6.0417
	02261251	Novo-Leflunomide	NOP		6.0417
1706	20mg Tab				6.0417
	02241889	Arava	AVE		9.5900
	02256509	Apo-Leflunomide	APX		6.0417
	02261278	Novo-Leflunomide	NOP		6.0417
	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).			
		LU Authorization Period: Indefinite.			

LEVODOPA & BENSERAZIDE

1707	50mg & 12.5mg Cap				.2549
	00522597	Prolopa 50-12.5	HLR		.2549
1708	100mg & 25mg Cap				.4200
	00386464	Prolopa 100-25	HLR		.4200
1709	200mg & 50mg Cap				.7050
	00386472	Prolopa 200-50	HLR		.7050

LEVODOPA & CARBIDOPA

1710	100mg & 10mg Tab				.2365
	00355658	Sinemet	MSD		.3754
	02126176	Endo Levodopa/Carbid	DUP		.2365
	02182831	Nu-Levocarb	NXP		.2365
	02195933	Apo-Levocarb	APX		.2365
	02244494	Novo-Levocarbidopa	NOP		.2365
1711	100mg & 25mg Tab				.3532
	00513997	Sinemet	MSD		.5606
	02126168	Endo Levodopa/Carbid	DUP		.3532
	02182823	Nu-Levocarb	NXP		.3532
	02195941	Apo-Levocarb	APX		.3532
	02244495	Novo-Levocarbidopa	NOP		.3532

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

LEVODOPA & CARBIDOPA

1712	100mg & 25mg Tab				.5723
	02028786	Sinemet CR	DUP		.5723
1713	200mg & 50mg Tab				.7385
	00870935	Sinemet CR	DUP		1.0550
	02245211	Apo-Levocarb CR	APX		.7385
	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.			
		LU Authorization Period: Indefinite.			
	65	For patients presently requiring anti-parkinsonian drug administration (levodopa/carbidopa) more than three times daily.			
		LU Authorization Period: Indefinite.			

1714	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

MONTELUKAST SODIUM

1715	4mg Chew Tab				1.2680
	02243602	Singulair	FRS		1.2680
	Reason for Use Code	Clinical criteria			
	382	For the treatment of asthma in patients aged 2-5 years old.			
		LU Authorization Period: 1 year.			

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

MYCOPHENOLATE MOFETIL

1716	200mg/mL Pd for Oral Susp-175mL Pk			288.6800
	02242145	CellCept	HLR	288.6800
1717	250mg SG Cap			2.0620
	02192748	CellCept	HLR	2.0620
1718	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, cardiac or hepatic transplants.		
		LU Authorization Period: Indefinite.		

NEDOCROMIL SODIUM

1719	2mg/Metered 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.		
		LU Authorization Period: Indefinite.		

PERGOLIDE MESYLATE

1720	0.05mg Tab			.2480
	02123320	Permax	BJH	.2480
1721	0.25mg Tab			.9110
	02123339	Permax	BJH	.9110
1722	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.

1723	100mg Tab				.1180
	00271489	Phenazo	ICN		.1180
	00476714	Pyridium	PDA		.1180
1724	200mg Tab				.1636
	00454583	Phenazo	ICN		.1636
	00476722	Pyridium (Not a Benefit)	PDA		

RALOXIFENE HCL

1725	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:			
	373	Failed or , experienced intractable side effects, or have a contraindication to, alendronate OR risedronate.			
		Failure is defined as: continued loss of bone mineral density (loss of more than 3%) after two years of therapy; or a new osteoporosis related fracture after one year of therapy.			
		LU Authorization Period: Indefinite.			

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

RISEDRONATE SODIUM

1726	5mg Tab				1.6600
	02242518	Actonel	PGP		1.6600
	Reason for Use Code	Clinical criteria			
	369	For the treatment of osteoporosis in patients who have: Two out of the following three criteria: BMD at least 3.0 standard deviations below the young adult mean, age of 75 or greater, prior osteoporosis-related fracture. LU Authorization Period: Indefinite.			
	370	OR Failed* or , experienced intractable side effects, or have a contraindication to, cyclical etidronate (Didrocal) therapy. *Failure is defined as: continued loss of bone mineral density (loss of more than 3%) after two years of therapy; or a new osteoporosis related fracture after one year of therapy. LU Authorization Period: Indefinite.			

1727	30mg Tab				10.7500
	02239146	Actonel	PGP		10.7500
	Reason for Use Code	Clinical criteria			
	319	For the treatment of Paget's disease. LU Authorization Period: Indefinite.			

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

RISEDRONATE SODIUM

1728	35mg Tab			8.8500
	02246896	Actonel	PGP	8.8500
	Reason for Use Code	Clinical criteria		
		For the treatment of osteoporosis in patients who have:		
	369	Two out of the following three criteria: BMD at least 3.0 standard deviations below the young adult mean, age of 75 or greater, prior osteoporosis-related fracture.		
		LU Authorization Period: Indefinite.		
		OR		
	370	Failed* or , experienced intractable side effects, or have a contraindication to, cyclical etidronate (Didrocal) therapy.		
		*Failure is defined as: continued loss of bone mineral density (loss of more than 3%) after two years of therapy; or a new osteoporosis related fracture after one year of therapy.		
		LU Authorization Period: Indefinite.		

ROPINIROLE

1729	0.25mg Tab			.2500
	02232565	ReQuip	SMJ	.2500
1730	1mg Tab			1.0000
	02232567	ReQuip	SMJ	1.0000
1731	2mg Tab			1.1000
	02232568	ReQuip	SMJ	1.1000
1732	5mg Tab			3.1000
	02232569	ReQuip	SMJ	3.1000

SELEGILINE HCL

1733	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

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

SIROLIMUS

1734	1mg/mL O/L				6.8100
	02243237	Rapamune	WAY		6.8100
1735	1mg Tab				6.8100
	02247111	Rapamune	WAY		6.8100
	Reason for Use Code	Clinical criteria			
	392	For the prophylaxis of organ rejection in patients receiving allogeneic renal transplants.			
		LU Authorization Period: Indefinite.			

SODIUM CROMOGLYCAT

1736	1% Inh Sol-2mL Pk				.4846
	00534609	Intal (Not a Benefit)	AVE		
	02046113	PMS-Sodium Cromoglycate	PMS		.4846
	02219468	Gen-Cromoglycate	GEN		.4846
	02231431	Apo-Cromolyn	APX		.4846
	02231671	Nu-Cromolyn	NXP		.4846
1737	Inh-200 Dose Pk				39.5000
	00555649	# Intal	AVE		39.5000
1738	20mg/Cart Pd Inh				.4614
	00261238	Intal Spincaps	AVE		.4614

SODIUM FLUORIDE

1739	20mg Tab				.3245
	02099225	Fluotic	AVE		.3245
	Reason for Use Code	Clinical criteria			
	20	For the treatment of otosclerosis.			
		LU Authorization Period: Indefinite.			
	21	For the treatment of otospongiosis.			
		LU Authorization Period: Indefinite.			

+ = 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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

TACROLIMUS

1741	5mg/mL Amp 02176009	Prograf	FUJ	124.5000 124.5000
1742	1mg Cap 02175991	Prograf	FUJ	2.4500 2.4500
1743	5mg Cap 02175983	Prograf	FUJ	12.2500 12.2500
	Reason for Use Code	Clinical criteria		
	173	For solid organ transplant and bone marrow transplant. LU Authorization Period: Indefinite.		

TACROLIMUS

1744	0.03% Oint 02244149	Protopic	FUJ	2.1500 2.1500
1745	0.1% Oint 02244148	Protopic	FUJ	2.3000 2.3000
	Reason for Use Code	Clinical criteria		
	383	For use in combination with moisturizers or oral antihistamines in patients with atopic dermatitis who have failed or are intolerant to an 8 week trial of an intermediate potency topical steroid. Therapy should be reassessed at 6 months. LU Authorization Period: 1 year.		

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

TAMSULOSIN HCL

1746	0.4mg Cap				.9500
	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.			
		LU Authorization Period: Indefinite.			
	352	For the management of benign prostatic hyperplasia where other formulary alpha blockers have produced intolerable side effects.			
		LU Authorization Period: Indefinite.			

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

TICLOPIDINE HCL

1747	250mg Tab				.6885
	02162776	Ticlid	HLR		1.0929
	02236848	Novo-Ticlopidine	NOP		.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. (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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

TICLOPIDINE HCL

	(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; LU Authorization Period: Indefinite.
220	Where ASA is contraindicated; LU Authorization Period: Indefinite.
221	Who continue to have TIA or stroke symptoms while being treated with ASA. LU Authorization Period: Indefinite.

TOLTERODINE L-TARTRATE

1748	2mg SR Cap 02244612	Detrol LA	PFI	1.7500
1749	4mg SR Cap 02244613	Detrol LA	PFI	1.7500
1750	1mg Tab 02239064	Detrol	PFI	.8750
1751	2mg Tab 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 An adequate trial of oxybutynin with gradual dose escalation has shown to be either ineffective or resulted in unacceptable side effects. Note: If after a trial of 2 weeks patients continue to experience similar side effects and no greater efficacy than oxybutynin, continued therapy with this more costly agent should be reassessed. LU Authorization Period: Indefinite.		

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

URSODIOL

1752	250mg Tab				1.2336
	02238984	Urso		BFI	1.2336
	Reason for Use Code	Clinical criteria			
	273	For the treatment of primary biliary cirrhosis.			
		LU Authorization Period: Indefinite.			

1753	500mg Tab				2.3400
	02245894	Urso DS		BFI	2.3400
	Reason for Use Code	Clinical criteria			
	273	For the treatment of primary biliary cirrhosis.			
		LU Authorization Period: Indefinite.			
	386	For the treatment of primary sclerosing cholangitis.			
		LU Authorization Period: Indefinite.			

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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	26
3TC 150mg Tab	02192683	GLW	26
3TC 300mg Tab	02247825	GSK	26
5-AMINOSALICYLIC ACID			225
5-Benzagel 5% Gel	02162113	NOV	290
10-Benzagel 10% Gel	02220385	DER	290
282 15mg Tab (Not a Benefit)	00108103	FRS	135
292 30mg Tab	00219843	FRS	135
ABACAVIR & LAMIVUDINE & ZIDOVUDINE			22
ABACAVIR SULFATE			22
ABCO Sodium Phosphate Enema 160mg & 60mg/mL Rect Sol	00528463	MMZ	216
Abenol 120mg Sup	01919385	SMJ	143
Abenol 325mg Sup	01919393	SMJ	143
Abenol 650mg Sup	01919407	SMJ	143
AC & C 15mg Tab	00095508	DCL	135
AC & C 30mg Tab	00095516	DCL	135
ACARBOSE			257
Accupril 5mg Tab	01947664	PFI	114
Accupril 10mg Tab	01947672	PFI	114
Accupril 20mg Tab	01947680	PFI	114
Accupril 40mg Tab	01947699	PFI	114
Accuretic 10mg & 12.5mg Tab	02237367	PFI	114
Accuretic 20mg & 12.5mg Tab	02237368	PFI	114
Accuretic 20mg & 25mg Tab	02237369	PFI	114
Accutane 10mg Cap	00582344	HLR	293
Accutane 40mg Cap	00582352	HLR	293
ACEBUTOLOL HCL			85
ACET 120 120mg Sup	02230434	PMS	143
ACET 325 325mg Sup	02230436	PMS	143
ACET 650 650mg Sup	02230437	PMS	143
ACETAMINOPHEN			143
Acetaminophen 325mg Tab	00589241	DPC	143
ACETAMINOPHEN & CODEINE PHOSPHATE			135
ACETAMINOPHEN COMPOUND WITH CODEINE			135
Acetaminophen Extra Strength 500mg Tab	00589233	DPC	144
ACETAZOLAMIDE			199
AcetOxyl 5% Gel	00406821	STI	289
AcetOxyl 10% Gel	00406848	STI	289
ACETYLSALICYLIC ACID			121
ACETYLSALICYLIC ACID COMPOUND WITH CODEINE			135
Acilac 666.7mg/mL O/L	00854409	TCH	228
ACITRETIN			292
Actonel 5mg Tab	02242518	PGP	315
Actonel 30mg Tab	02239146	PGP	315

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Actonel 35mg Tab	02246896	PGP	316
Acular 0.5% Oph Sol	01968300	ALL	196
ACYCLOVIR			23
Adalat 5mg Cap (Not a Benefit)	02155869	BAH	93
Adalat 10mg Cap (Not a Benefit)	02155877	BAH	93
Adalat PA 10 10mg LA Tab (Not a Benefit)	02155885	BAH	112
Adalat PA 20 20mg LA Tab (Not a Benefit)	02155893	BAH	112
Adalat XL 20mg ER Tab	02237618	BAH	111
Adalat XL 30mg ER Tab	02155907	BAH	111
Adalat XL 60mg ER Tab	02155990	BAH	111
Adrenalin 30mg/30mL Inj Sol-30mL Pk	00155357	PDA	61
Advair 125 25/125mcg/Metered Dose Inh-120 Dose Pk	02245126	GSK	72
Advair 250 25/250mcg/Metered Dose Inh-120 Dose Pk	02245127	GSK	72
Advair Diskus 50/100mcg Inh-60 Dose Pk	02240835	GSK	72
Advair Diskus 50/250mcg Inh-60 Dose Pk	02240836	GLW	72
Advair Diskus 50/500mcg Inh-60 Dose Pk	02240837	GLW	72
Agenerase 50mg Cap	02243541	GLW	24
Agenerase 150mg Cap	02243542	GLW	24
Agenerase 15mg/mL O/L	02243543	GLW	24
Aggrenox 200mg/25mg Cap	02242119	BOE	118
Airomir HFA 100mcg/Metered Dose Inh-200 Dose Pk	02232570	MMH	70
Albalon 0.1% Oph Sol (Not a Benefit)	00001147	ALL	199
Albert-Glyburide 2.5mg Tab	01900927	ALT	258
Albert-Glyburide 5mg Tab	01900935	ALT	258
Albert-Pentoxifylline 400mg SR Tab	01968432	ALT	84
Albert-Tiafen 200mg Tab	01924613	ALT	134
Albert-Tiafen 300mg Tab	01924621	ALT	134
Alcomicin 0.3% Oph Sol	00436771	ALC	192
Aldactazide-25 25mg & 25mg Tab	00180408	SEA	185
Aldactazide-50 50mg & 50mg Tab	00594377	SEA	185
Aldactone 25mg Tab	00028606	SEA	187
Aldactone 100mg Tab	00285455	SEA	187
Aldomet 125mg Tab (Not a Benefit)	00016551	MSD	111
Aldomet 250mg Tab	00016578	MSD	111
Aldomet 500mg Tab (Not a Benefit)	00016586	MSD	111
Aldoril-15 250mg & 15mg Tab (Not a Benefit)	00140589	MSD	111
Aldoril-25 250mg & 25mg Tab (Not a Benefit)	00140597	MSD	111
ALENDRONATE			301
Alesse 20mcg & 100mcg Tab-21 Pk	02236974	WAY	265
Alesse 20mcg & 100mcg Tab-28 Pk	02236975	WAY	265
ALFACALCIDOL			299
ALFUZOSIN HCL			301
Alkeran 2mg Tab	00004715	BWE	50
Allerdryl 25mg Cap (Not a Benefit)	00370517	ICN	1

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Allerdryl 50mg Cap (Not a Benefit)	00271411	ICN	1
ALLOPURINOL			302
Alomide 0.1% Oph Sol	00893560	ALC	196
Alphagan 0.2% Oph Sol	02236876	ALL	201
Alphagan P 0.15% Oph Sol	02248151	ALL	201
ALPRAZOLAM			161
Altace 1.25mg Cap	02221829	HMR	114
Altace 2.5mg Cap	02221837	HMR	114
Altace 5mg Cap	02221845	HMR	114
Altace 10mg Cap	02221853	HMR	114
Alti-Bromazepam 6mg Tab	02167824	ALT	162
Alti-Cefuroxime 250mg Tab	02242656	ALT	17
Alti-Cefuroxime 500mg Tab	02242657	ALT	17
Alti-Salbutamol Sulphate 2mg/mL Inh Sol-2.5mL Pk	02239366	ALT	68
ALTRETAMINE			43
ALUMINUM HYDROXIDE & MAGNESIUM HYDROXIDE			211
Alupent Inh Pd-300 Dose Pk	00254134	BOE	65
Alupent 5% Inh Sol-10mL Pk	00003859	BOE	65
Alupent 2mg/mL O/L	00249920	BOE	65
Alupent 20mg Tab	00003891	BOE	66
AMANTADINE HCL			302
Amatine 2.5mg Tab	01934392	SHI	187
Amatine 5mg Tab	01934406	SHI	187
AMCINONIDE			280
Amcort 0.1% Cr	02246714	OPI	280
AMETHOPTERIN			43
AMETHOPTERIN (SODIUM)			43
AMILORIDE HCL			183
AMILORIDE HCL & HYDROCHLOROTHIAZIDE			183
AMINOPHYLLINE			295
AMINOSALICYLATE SODIUM			20
AMIODARONE HCL			86
AMITRIPTYLINE			151
AMLODIPINE			86
AMOBARBITAL SODIUM			175
AMOXICILLIN			10
AMOXICILLIN & CLAVULANIC ACID			11
Amoxil 250mg Cap (Not a Benefit)	02041294	WAY	10
Amoxil 500mg Cap (Not a Benefit)	02041308	WAY	10
Amoxil 25mg/mL O/L (Not a Benefit)	02041316	WAY	10
Amoxil 50mg/mL O/L (Not a Benefit)	02042592	WAY	10
AMPHOTERICIN B			3
AMPICILLIN			12
AMPRENAVIR			24

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Amytal Sodium 60mg Cap	00015148	LIL	175
Amytal Sodium 200mg Cap	00015156	LIL	175
Anafranil 10mg Tab	00330566	NOV	153
Anafranil 25mg Tab	00324019	NOV	153
Anafranil 50mg Tab	00402591	NOV	153
ANAGRELIDE HCL			303
Anandron 50mg Tab	02221861	AVE	50
Anandron 100mg Tab	02221888	AVE	50
ANASTROZOLE			43
Ancef 500mg Inj Pd-Vial Pk	01919636	SMJ	16
Andriol 40mg Cap	00782327	ORG	251
Androcur 50mg Tab	00704431	BEX	45
Androderm 12.2mg Transdermal Patch	02239653	PAL	251
AndroGel 1% 2.5g Foil Packet	02245345	SPH	251
AndroGel 1% 5.0g Foil Packet	02245346	SPH	251
Ansaid 50mg Tab	00647942	UPJ	126
Ansaid 100mg Tab	00600792	UPJ	126
Anthraforte 1 1% Oint	00566756	MEI	289
Anthraforte 2 2% Oint	00566748	MEI	289
Anthraforte 3 3% Oint	00617164	STI	289
ANTHRALIN			289
Anthranol 0.1% Cr	00537594	MEI	289
Anthranol 0.2% Cr	00537608	MEI	289
Anthranol 0.4% Cr	00537616	MEI	289
Anturan 100mg Tab (Not a Benefit)	00010510	GEI	188
Anturan 200mg Tab (Not a Benefit)	00010529	GEI	188
Anusol 0.5% Oint	01945939	PDA	294
Anuzinc 0.5% Oint	00621447	SIL	294
Anuzinc 10mg Sup	00621439	SIL	294
Anzemet 50mg Tab	02231378	AVE	222
Anzemet 100mg Tab	02231379	AVE	222
Apo-Acebutolol 100mg Tab	02147602	APX	85
Apo-Acebutolol 200mg Tab	02147610	APX	85
Apo-Acebutolol 400mg Tab	02147629	APX	85
Apo-Acetaminophen 325mg Tab	00544981	APX	143
Apo-Acetaminophen 500mg Tab	00545007	APX	144
Apo-Acetazolamide 250mg Tab	00545015	APX	199
Apo-Acyclovir 800mg Tab	02207656	APX	23
Apo-Alendronate 10mg Tab	02248728	APX	301
Apo-Alendronate 70mg Tab	02248730	APX	301
Apo-Allopurinol 100mg Tab	00402818	APX	302
Apo-Allopurinol 200mg Tab	00479799	APX	302
Apo-Allopurinol 300mg Tab	00402796	APX	302
Apo-Alpraz 0.25mg Tab	00865397	APX	161

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Alpraz 0.5mg Tab	00865400	APX	161
Apo-Amiloride 5mg Tab	02249510	APX	183
Apo-Amilzide 5mg & 50mg Tab	00784400	APX	183
Apo-Amiodarone 200mg Tab	02246194	APX	86
Apo-Amitriptyline 10mg Tab	00335053	APX	151
Apo-Amitriptyline 25mg Tab	00335061	APX	152
Apo-Amitriptyline 50mg Tab	00335088	APX	152
Apo-Amoxi 250mg Cap	00628115	APX	10
Apo-Amoxi 500mg Cap	00628123	APX	10
Apo-Amoxi 25mg/mL O/L	00628131	APX	10
Apo-Amoxi 50mg/mL O/L	00628158	APX	10
Apo-Amoxi Clav 25mg & 6.25mg/mL O/L	02243986	APX	11
Apo-Amoxi Clav 50mg & 12.5mg/mL O/L	02243987	APX	11
Apo-Amoxi Clav 250mg & 125mg Tab	02243350	APX	11
Apo-Amoxi Clav 500mg & 125mg Tab	02243351	APX	11
Apo-Amoxi Clav 875mg & 125mg Tab	02245623	APX	11
Apo-Ampi 250mg Cap	00603279	APX	12
Apo-Ampi 500mg Cap	00603295	APX	12
Apo-Atenidone 50 & 25mg Tab	02248763	APX	103
Apo-Atenidone 100 & 25mg Tab	02248764	APX	103
Apo-Atenol 50mg Tab	00773689	APX	86
Apo-Atenol 100mg Tab	00773697	APX	87
Apo-Azathioprine 50mg Tab	02242907	APX	303
Apo-Baclofen 10mg Tab	02139332	APX	74
Apo-Baclofen 20mg Tab	02139391	APX	74
Apo-Benztropine 2mg Tab	00426857	APX	55
Apo-Benzydamine 0.15% Oral Rinse	02239044	APX	197
Apo-Bisacodyl 5mg Ent Tab	00545023	APX	214
Apo-Bisoprolol 5mg Tab	02256134	APX	87
Apo-Bisoprolol 10mg Tab	02256177	APX	87
Apo-Bromazepam 1.5mg Tab	02177153	APX	162
Apo-Bromazepam 3mg Tab	02177161	APX	162
Apo-Bromazepam 6mg Tab	02177188	APX	162
Apo-Bromocriptine 5mg Cap	02230454	APX	304
Apo-Bromocriptine 2.5mg Tab	02087324	APX	304
Apo-C 100mg Tab (Not a Benefit)	00466646	APX	298
Apo-C 250mg Tab (Not a Benefit)	00466638	APX	298
Apo-C 500mg Tab (Not a Benefit)	00466611	APX	299
Apo-C 1000mg Tab (Not a Benefit)	00466603	APX	299
Apo-Cal 250 Eq To 250mg Elemental Calcium Tab (Not a Benefit)	00682047	APX	181
Apo-Cal 500 Eq To 500mg Elemental Calcium Tab (Not a Benefit)	00682039	APX	181
Apo-Capto 12.5mg Tab	00893595	APX	104
Apo-Capto 25mg Tab	00893609	APX	104
Apo-Capto 50mg Tab	00893617	APX	105

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Capto 100mg Tab	00893625	APX	105
Apo-Carbamazepine 200mg Tab	00402699	APX	145
Apo-Carbamazepine CR 200mg LA Tab	02242908	APX	144
Apo-Carbamazepine CR 400mg LA Tab	02242909	APX	144
Apo-Carvedilol 3.125mg Tab	02247933	APX	88
Apo-Carvedilol 6.25mg Tab	02247934	APX	88
Apo-Carvedilol 12.5mg Tab	02247935	APX	88
Apo-Carvedilol 25mg Tab	02247936	APX	88
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	162
Apo-Chlordiazepoxide 10mg Cap	00522988	APX	162
Apo-Chlordiazepoxide 25mg Cap	00522996	APX	162
Apo-Chlorthalidone 50mg Tab	00360279	APX	184
Apo-Chlorthalidone 100mg Tab	00360287	APX	184
Apo-Cimetidine 60mg/mL O/L	02243085	APX	226
Apo-Cimetidine 200mg Tab	00584215	APX	226
Apo-Cimetidine 300mg Tab	00487872	APX	226
Apo-Cimetidine 400mg Tab	00600059	APX	226
Apo-Cimetidine 600mg Tab	00600067	APX	227
Apo-Cimetidine 800mg Tab	00749494	APX	227
Apo-Ciproflox 250mg Tab	02229521	APX	33
Apo-Ciproflox 500mg Tab	02229522	APX	33
Apo-Ciproflox 750mg Tab	02229523	APX	33
Apo-Citalopram 20mg Tab	02246056	APX	152
Apo-Citalopram 40mg Tab	02246057	APX	152
Apo-Clindamycin 150mg Cap	02245232	APX	18
Apo-Clindamycin 300mg Cap	02245233	APX	18
Apo-Clobazam 10mg Tab	02244638	APX	145
Apo-Clomipramine 10mg Tab	02040786	APX	153
Apo-Clomipramine 25mg Tab	02040778	APX	153
Apo-Clomipramine 50mg Tab	02040751	APX	153
Apo-Clonazepam 0.5mg Tab	02177889	APX	145
Apo-Clonazepam 2mg Tab	02177897	APX	146
Apo-Clonidine 0.1mg Tab	00868949	APX	106
Apo-Clonidine 0.2mg Tab	00868957	APX	106

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Clorazepate 3.75mg Cap	00860689	APX	163
Apo-Clorazepate 7.5mg Cap	00860700	APX	163
Apo-Clorazepate 15mg Cap	00860697	APX	164
Apo-Cloxi 250mg Cap	00618292	APX	12
Apo-Cloxi 500mg Cap	00618284	APX	13
Apo-Cloxi 25mg/mL O/L	00644633	APX	13
Apo-Cromolyn 1% Inh Sol-2mL Pk	02231431	APX	317
Apo-Cromolyn 2% Nas Sol-26mL Pk	02231390	APX	208
Apo-Cyclobenzaprine 10mg Tab (Not a Benefit)	02177145	APX	74
Apo-Cyclosporine 100mg/mL O/L	02244324	APX	307
Apo-Cyproterone 50mg Tab	02245898	APX	45
Apo-Desipramine 25mg Tab	02216256	APX	153
Apo-Desipramine 50mg Tab	02216264	APX	153
Apo-Desipramine 75mg Tab	02216272	APX	154
Apo-Desmopressin 10mcg/Metered Dose Nas Sp-2.5mL Pk	02242465	APX	264
Apo-Dexamethasone 0.5mg Tab	02261081	APX	247
Apo-Dexamethasone 4mg Tab	02250055	APX	247
Apo-Diazepam 2mg Tab	00405329	APX	164
Apo-Diazepam 5mg Tab	00362158	APX	164
Apo-Diazepam 10mg Tab	00405337	APX	164
Apo-Diclo 25mg Ent Tab	00839175	APX	123
Apo-Diclo 50mg Ent Tab	00839183	APX	123
Apo-Diclo SR 75mg LA Tab	02162814	APX	123
Apo-Diclo SR 100mg LA Tab	02091194	APX	123
Apo-Diflunisal 250mg Tab	02039486	APX	125
Apo-Diflunisal 500mg Tab	02039494	APX	125
Apo-Diltiaz 30mg Tab	00771376	APX	91
Apo-Diltiaz 60mg Tab	00771384	APX	91
Apo-Diltiaz CD 120mg LA Cap	02230997	APX	90
Apo-Diltiaz CD 180mg LA Cap	02230998	APX	90
Apo-Diltiaz CD 240mg LA Cap	02230999	APX	90
Apo-Diltiaz CD 300mg LA Cap	02229526	APX	90
Apo-Diltiaz SR 60mg LA Cap	02222957	APX	90
Apo-Diltiaz SR 90mg LA Cap	02222965	APX	91
Apo-Diltiaz SR 120mg LA Cap	02222973	APX	91
Apo-Dimenhydrinate 50mg Tab (Not a Benefit)	00363766	APX	221
Apo-Divalproex 125mg Ent Tab	02239698	APX	146
Apo-Divalproex 250mg Ent Tab	02239699	APX	146
Apo-Divalproex 500mg Ent Tab	02239700	APX	146
Apo-Domperidone 10mg Tab	02103613	APX	227
Apo-Doxazosin 1mg Tab	02240588	APX	106
Apo-Doxazosin 2mg Tab	02240589	APX	106
Apo-Doxazosin 4mg Tab	02240590	APX	106
Apo-Doxepin 10mg Cap	02049996	APX	154

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Doxepin 25mg Cap	02050005	APX	154
Apo-Doxepin 50mg Cap	02050013	APX	154
Apo-Doxepin 75mg Cap	02050021	APX	154
Apo-Doxepin 100mg Cap	02050048	APX	154
Apo-Doxepin 150mg Cap	02050056	APX	154
Apo-Erythro 250mg Tab	00682020	APX	8
Apo-Erythro E-C 250mg Ent Pel Cap	00726672	APX	8
Apo-Erythro-ES 600mg Tab	00637416	APX	9
Apo-Erythro-S 250mg Tab	00545678	APX	9
Apo-Erythro-S 500mg Tab	00688568	APX	9
Apo-Famotidine 20mg Tab	01953842	APX	228
Apo-Famotidine 40mg Tab	01953834	APX	228
Apo-Feno-Micro 200mg Cap	02239864	APX	99
Apo-Fenofibrate 100mg Cap	02225980	APX	99
Apo-Ferrous Gluconate 300mg Tab	00545031	APX	77
Apo-Floctafenine 200mg Tab	02244680	APX	125
Apo-Floctafenine 400mg Tab	02244681	APX	125
Apo-Fluconazole 50mg Tab	02237370	APX	5
Apo-Fluconazole 100mg Tab	02237371	APX	5
Apo-Fluconazole-150 150mg Cap	02241895	APX	275
Apo-Flunarizine 5mg Cap	02246082	APX	310
Apo-Flunisolide 0.025% Nas Sp-25mL Pk	02239288	NXP	195
Apo-Fluoxetine 20mg Cap	02216361	APX	155
Apo-Fluphenazine 1mg Tab	00405345	APX	165
Apo-Fluphenazine 2mg Tab	00410632	APX	165
Apo-Fluphenazine 5mg Tab	00405361	APX	165
Apo-Flurazepam 15mg Cap	00521698	APX	175
Apo-Flurazepam 30mg Cap	00521701	APX	175
Apo-Flurbiprofen 50mg Tab	01912046	APX	126
Apo-Flurbiprofen 100mg Tab	01912038	APX	126
Apo-Flutamide 250mg Tab	02238560	APX	47
Apo-Fluvoxamine 50mg Tab	02231329	APX	155
Apo-Fluvoxamine 100mg Tab	02231330	APX	155
Apo-Folic 5mg Tab	00426849	APX	297
Apo-Fosinopril 10mg Tab	02266008	APX	108
Apo-Fosinopril 20mg Tab	02266016	APX	108
Apo-Furosemide 20mg Tab	00396788	APX	184
Apo-Furosemide 40mg Tab	00362166	APX	184
Apo-Gabapentin 100mg Cap	02244304	APX	147
Apo-Gabapentin 300mg Cap	02244305	APX	147
Apo-Gabapentin 400mg Cap	02244306	APX	147
Apo-Gemfibrozil 300mg Cap	01979574	APX	100
Apo-Glyburide 2.5mg Tab	01913654	APX	258
Apo-Glyburide 5mg Tab	01913662	APX	258

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Haloperidol 2mg/mL O/L	00587702	APX	165
Apo-Haloperidol 0.5mg Tab	00396796	APX	166
Apo-Haloperidol 1mg Tab	00396818	APX	166
Apo-Haloperidol 2mg Tab	00396826	APX	166
Apo-Haloperidol 5mg Tab	00396834	APX	166
Apo-Haloperidol 10mg Tab	00463698	APX	166
Apo-Hexa Tab (Not a Benefit)	00701130	APX	300
Apo-Hydralazine 10mg Tab	00441619	APX	108
Apo-Hydralazine 25mg Tab	00441627	APX	108
Apo-Hydralazine 50mg Tab	00441635	APX	108
Apo-Hydro 25 25mg Tab	00326844	APX	185
Apo-Hydro 50 50mg Tab	00312800	APX	185
Apo-Hydroxyquine 200mg Tab	02246691	APX	30
Apo-Hydroxyurea 500mg Cap	02247937	APX	47
Apo-Hydroxyzine 10mg Cap (Not a Benefit)	00646059	APX	167
Apo-Hydroxyzine 25mg Cap (Not a Benefit)	00646024	APX	167
Apo-Hydroxyzine 50mg Cap (Not a Benefit)	00646016	APX	167
Apo-Ibuprofen 200mg Tab	00441643	APX	126
Apo-Ibuprofen 300mg Tab	00441651	APX	127
Apo-Ibuprofen 400mg Tab	00506052	APX	127
Apo-Ibuprofen 600mg Tab	00585114	APX	127
Apo-Imipramine 10mg Tab	00360201	APX	156
Apo-Imipramine 25mg Tab	00312797	APX	156
Apo-Imipramine 50mg Tab	00326852	APX	156
Apo-Indapamide 1.25mg Tab	02245246	APX	186
Apo-Indapamide 2.5mg Tab	02223678	APX	186
Apo-Indomethacin 25mg Cap	00611158	APX	127
Apo-Indomethacin 50mg Cap	00611166	APX	128
Apo-Ipravent 125mcg/mL Inh Sol-2mL UDV Pk	02243827	APX	57
Apo-Ipravent Inhalation Solution 250mcg/mL Inh Sol-20mL Pk	02126222	APX	56
Apo-Ipravent Sterule 250mcg/mL Inh Sol-2mL UDV Pk	02231494	APX	57
Apo-ISDN 5mg SL Tab	00670944	APX	119
Apo-ISDN 10mg Tab	00441686	APX	119
Apo-ISDN 30mg Tab	00441694	APX	119
Apo-Keto 50mg Cap	00790427	APX	128
Apo-Keto SR 200mg LA Tab	02172577	APX	129
Apo-Keto-E 50mg Ent Tab	00790435	APX	129
Apo-Keto-E 100mg Ent Tab	00842664	APX	129
Apo-Ketoconazole 200mg Tab	02237235	APX	6
Apo-Ketorolac 0.5% Oph Sol	02245821	APX	196
Apo-Labetalol 100mg Tab	02243538	APX	109
Apo-Labetalol 200mg Tab	02243539	APX	109
Apo-Lactulose Solution 666.7mg/mL O/L	02242814	APX	228
Apo-Lamotrigine 25mg Tab	02245208	APX	148

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Lamotrigine 100mg Tab	02245209	APX	148
Apo-Lamotrigine 150mg Tab	02245210	APX	148
Apo-Leflunomide 10mg Tab	02256495	APX	311
Apo-Leflunomide 20mg Tab	02256509	APX	311
Apo-Levobunolol 0.25% Oph Sol	02241575	APX	206
Apo-Levobunolol 0.5% Oph Sol	02241574	APX	206
Apo-Levocarb 100mg & 10mg Tab	02195933	APX	311
Apo-Levocarb 100mg & 25mg Tab	02195941	APX	311
Apo-Levocarb 250mg & 25mg Tab	02195968	APX	312
Apo-Levocarb CR 200mg & 50mg Tab	02245211	APX	312
Apo-Lisinopril 5mg Tab	02217481	APX	110
Apo-Lisinopril 5mg Tab	09853685	APX	109
Apo-Lisinopril 10mg Tab	02217503	APX	110
Apo-Lisinopril 10mg Tab	09853960	APX	109
Apo-Lisinopril 20mg Tab	02217511	APX	110
Apo-Lisinopril 20mg Tab	09854010	APX	109
Apo-Lithium Carbonate 150mg Cap	02242837	APX	173
Apo-Lithium Carbonate 150mg Cap	09857532	APX	173
Apo-Lithium Carbonate 300mg Cap	02242838	APX	173
Apo-Lithium Carbonate 300mg Cap	09857540	APX	173
Apo-Loperamide 2mg Caplet	02212005	APX	213
Apo-Lorazepam 0.5mg Tab	00655740	APX	167
Apo-Lorazepam 1mg Tab	00655759	APX	167
Apo-Lorazepam 2mg Tab	00655767	APX	167
Apo-Lovastatin 20mg Tab	02220172	APX	100
Apo-Lovastatin 40mg Tab	02220180	APX	100
Apo-Loxapine 5mg Tab	02237651	APX	173
Apo-Loxapine 10mg Tab	02237652	APX	174
Apo-Loxapine 25mg Tab	02237653	APX	174
Apo-Loxapine 50mg Tab	02237654	APX	174
Apo-Medroxy 2.5mg Tab	02244726	APX	267
Apo-Medroxy 5mg Tab	02244727	APX	268
Apo-Mefenamic 250mg Cap	02229452	APX	130
Apo-Megestrol 40mg Tab	02195917	APX	50
Apo-Megestrol 160mg Tab	02195925	APX	50
Apo-Meloxicam 7.5mg Tab	02248973	APX	130
Apo-Meloxicam 15mg Tab	02248974	APX	130
Apo-Metformin 500mg Tab	02167786	APX	258
Apo-Methazide-15 250mg & 15mg Tab	00441708	APX	111
Apo-Methazide-25 250mg & 25mg Tab	00441716	APX	111
Apo-Methazolamide 50mg Tab	02245882	APX	207
Apo-Methoprazine 2mg Tab	02238403	APX	176
Apo-Methoprazine 5mg Tab	02238404	APX	176
Apo-Methoprazine 25mg Tab	02238405	APX	176

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Methoprazine 50mg Tab	02238406	APX	176
Apo-Methotrexate 2.5mg Tab	02182963	MAY	43
Apo-Methyldopa 125mg Tab	00360252	APX	111
Apo-Methyldopa 250mg Tab	00360260	APX	111
Apo-Methyldopa 500mg Tab	00426830	APX	111
Apo-Methylphenidate 10mg Tab	02249324	APX	174
Apo-Metoclopramide 5mg Tab	00842826	APX	231
Apo-Metoclopramide 10mg Tab	00842834	APX	231
Apo-Metoprolol 50mg Tab	00618632	APX	92
Apo-Metoprolol 100mg Tab	00618640	APX	92
Apo-Metoprolol (Type L) 50mg Tab	00749354	APX	92
Apo-Metoprolol (Type L) 100mg Tab	00751170	APX	92
Apo-Metronidazole 500mg Cap	02248562	APX	31
Apo-Metronidazole 250mg Tab	00545066	APX	31
Apo-Misoprostol 100mcg Tab	02244022	APX	232
Apo-Misoprostol 200mcg Tab	02244023	APX	232
Apo-Moclobemide 100mg Tab	02232148	APX	157
Apo-Moclobemide 150mg Tab	02232150	APX	157
Apo-Moclobemide 300mg Tab	02240456	APX	157
Apo-Nadolol 40mg Tab	00782505	APX	93
Apo-Nadolol 80mg Tab	00782467	APX	93
Apo-Nadolol 160mg Tab	00782475	APX	93
Apo-Naproxen 125mg Tab	00522678	APX	131
Apo-Naproxen 250mg Tab	00522651	APX	131
Apo-Naproxen 375mg Tab	00600806	APX	132
Apo-Naproxen 500mg Tab	00592277	APX	132
Apo-Naproxen SR 750mg SR Tab	02177072	APX	131
Apo-Nifedipine 5mg Cap	00725110	APX	93
Apo-Nifedipine 10mg Cap	00755907	APX	93
Apo-Nifedipine PA 10mg LA Tab	02197448	APX	112
Apo-Nifedipine PA 20mg LA Tab	02181525	APX	112
Apo-Nitrazepam 5mg Tab	02245230	APX	176
Apo-Nitrazepam 10mg Tab	02245231	APX	176
Apo-Nitrofurantoin 50mg Tab	00319511	APX	32
Apo-Nitrofurantoin 100mg Tab	00312738	APX	32
Apo-Nizatidine 150mg Cap	02220156	APX	232
Apo-Nizatidine 300mg Cap	02220164	APX	232
Apo-Norfloxacin 400mg Tab	02229524	APX	39
Apo-Nortriptyline 10mg Cap	02223511	APX	157
Apo-Nortriptyline 25mg Cap	02223538	APX	157
Apo-Ofloxacin 200mg Tab	02231529	APX	40
Apo-Ofloxacin 300mg Tab	02231531	APX	40
Apo-Ofloxacin 400mg Tab	02231532	APX	40
Apo-Omeprazole 20mg Cap	02245058	APX	233

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Orciprenaline 2mg/mL O/L	02236783	APX	65
Apo-Oxazepam 10mg Tab	00402680	APX	168
Apo-Oxazepam 15mg Tab	00402745	APX	168
Apo-Oxazepam 30mg Tab	00402737	APX	168
Apo-Oxtriphylline 100mg Tab	00441724	APX	295
Apo-Oxtriphylline 200mg Tab	00441732	APX	295
Apo-Oxtriphylline 300mg Tab	00511692	APX	295
Apo-Oxybutynin 1mg/mL O/L	02231089	APX	59
Apo-Oxybutynin 5mg Tab	02163543	APX	59
Apo-Paroxetine 20mg Tab	02240908	APX	158
Apo-Paroxetine 30mg Tab	02240909	APX	158
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	84
Apo-Perphenazine 2mg Tab	00335134	APX	169
Apo-Perphenazine 4mg Tab	00335126	APX	169
Apo-Perphenazine 8mg Tab	00335118	APX	169
Apo-Perphenazine 16mg Tab	00335096	APX	169
Apo-Phenylbutazone 100mg Tab (Not a Benefit)	00312789	APX	132
Apo-Pimozide 2mg Tab	02245432	APX	169
Apo-Pimozide 4mg Tab	02245433	APX	169
Apo-Pindol 5mg Tab	00755877	APX	112
Apo-Pindol 10mg Tab	00755885	APX	113
Apo-Pindol 15mg Tab	00755893	APX	113
Apo-Piroxicam 10mg Cap	00642886	APX	133
Apo-Piroxicam 20mg Cap	00642894	APX	133
Apo-Pravastatin 10mg Tab	02243506	APX	101
Apo-Pravastatin 20mg Tab	02243507	APX	101
Apo-Pravastatin 40mg Tab	02243508	APX	101
Apo-Prazo 1mg Tab	00882801	APX	113
Apo-Prazo 2mg Tab	00882828	APX	113
Apo-Prazo 5mg Tab	00882836	APX	114
Apo-Prednisone 1mg Tab	00598194	APX	249
Apo-Prednisone 5mg Tab	00312770	APX	249
Apo-Prednisone 50mg Tab	00550957	APX	250
Apo-Primidone 125mg Tab	00399310	APX	149
Apo-Primidone 250mg Tab	00396761	APX	149
Apo-Procaainamide 250mg Cap	00713325	APX	94
Apo-Procaainamide 375mg Cap	00713333	APX	94
Apo-Procaainamide 500mg Cap	00713341	APX	94
Apo-Prochlorazine 5mg Tab	00886440	APX	170
Apo-Prochlorazine 10mg Tab	00886432	APX	170
Apo-Propafenone 150mg Tab	02243324	APX	94

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Propafenone 300mg Tab	02243325	APX	94
Apo-Propranolol 10mg Tab	00402788	APX	94
Apo-Propranolol 20mg Tab	00663719	APX	95
Apo-Propranolol 40mg Tab	00402753	APX	95
Apo-Propranolol 80mg Tab	00402761	APX	95
Apo-Propranolol 120mg Tab	00504335	APX	95
Apo-Quinidine Sulfate 200mg Tab	00441740	APX	95
Apo-Ranitidine 150mg Tab	00733059	APX	239
Apo-Ranitidine 300mg Tab	00733067	APX	239
Apo-Salvent 100mcg/Metered Dose Inh-200 Dose Pk (Not a Benefit)	00790419	APX	70
Apo-Salvent 2mg Tab	02146843	APX	70
Apo-Salvent 4mg Tab	02146851	APX	70
Apo-Salvent CFC Free 100mcg/Metered Dose Inh-200 Dose Pk	02245669	APX	70
Apo-Salvent Sterule 1mg/mL Inh Sol-2.5mL Pk	02231488	APX	67
Apo-Salvent Sterule 2mg/mL Inh Sol-2.5mL Pk	02231678	APX	68
Apo-Selegiline 5mg Tab	02230641	APX	316
Apo-Sertraline 25mg Cap	02238280	APX	158
Apo-Sertraline 50mg Cap	02238281	APX	159
Apo-Sertraline 100mg Cap	02238282	APX	159
Apo-Simvastatin 5mg Tab	02247011	APX	102
Apo-Simvastatin 10mg Tab	02247012	APX	102
Apo-Simvastatin 20mg Tab	02247013	APX	102
Apo-Simvastatin 40mg Tab	02247014	APX	103
Apo-Simvastatin 80mg Tab	02247015	APX	103
Apo-Sotalol 160mg Tab	02167794	APX	96
Apo-Sucralfate 1g Tab	02125250	APX	240
Apo-Sulfatrim 40mg & 8mg/mL O/L	00846465	APX	41
Apo-Sulfatrim 400mg & 80mg Tab	00445274	APX	41
Apo-Sulfatrim-DS 800mg & 160mg Tab	00445282	APX	41
Apo-Sulfinpyrazone 100mg Tab	00441759	APX	188
Apo-Sulfinpyrazone 200mg Tab	00441767	APX	188
Apo-Sulin 150mg Tab	00778354	APX	134
Apo-Sulin 200mg Tab	00778362	APX	134
Apo-Tamox 10mg Tab	00812404	APX	51
Apo-Tamox 20mg Tab	00812390	APX	51
Apo-Temazepam 15mg Cap	02225964	APX	177
Apo-Temazepam 30mg Cap	02225972	APX	177
Apo-Terazosin 1mg Tab	02234502	APX	116
Apo-Terazosin 2mg Tab	02234503	APX	116
Apo-Terazosin 5mg Tab	02234504	APX	116
Apo-Terazosin 10mg Tab	02234505	APX	116
Apo-Tetra 250mg Cap	00580929	APX	15
Apo-Thioridazine 10mg Tab	00360228	APX	171
Apo-Thioridazine 25mg Tab	00360198	APX	171

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apo-Thioridazine 50mg Tab	00360236	APX	172
Apo-Thioridazine 100mg Tab	00360244	APX	172
Apo-Tiaprofenic 200mg Tab	02136112	APX	134
Apo-Tiaprofenic 300mg Tab	02136120	APX	134
Apo-Ticlopidine 250mg Tab	02237701	APX	320
Apo-Timol 5mg Tab	00755842	APX	96
Apo-Timol 10mg Tab	00755850	APX	96
Apo-Timol 20mg Tab	00755869	APX	96
Apo-Timop 0.25% Oph Sol	00755826	APX	209
Apo-Timop 0.5% Oph Sol	00755834	APX	209
Apo-Tobramycin 0.3% Oph Sol	02245698	APX	193
Apo-Trazodone 50mg Tab	02147637	APX	160
Apo-Trazodone 100mg Tab	02147645	APX	160
Apo-Trazodone D 150mg Tab	02147653	APX	160
Apo-Triazide 25mg & 50mg Tab	00441775	APX	186
Apo-Triazo 0.125mg Tab	00808563	APX	177
Apo-Triazo 0.25mg Tab	00808571	APX	178
Apo-Trifluoperazine 1mg Tab	00345539	APX	172
Apo-Trifluoperazine 2mg Tab	00312754	APX	172
Apo-Trifluoperazine 5mg Tab	00312746	APX	172
Apo-Trifluoperazine 10mg Tab	00326836	APX	173
Apo-Trihex 2mg Tab	00545058	APX	60
Apo-Trihex 5mg Tab	00545074	APX	60
Apo-Trimethoprim 100mg Tab	02243116	APX	41
Apo-Trimethoprim 200mg Tab	02243117	APX	41
Apo-Trimip 75mg Cap	02070987	APX	160
Apo-Trimip 12.5mg Tab	00740799	APX	160
Apo-Trimip 25mg Tab	00740802	APX	160
Apo-Trimip 50mg Tab	00740810	APX	161
Apo-Trimip 100mg Tab	00740829	APX	161
Apo-Valproic 250mg Cap	02238048	APX	151
Apo-Valproic 50mg/mL O/L	02238370	APX	150
Apo-Verap 80mg Tab	00782483	APX	97
Apo-Verap 120mg Tab	00782491	APX	97
Apo-Verap SR 180mg LA Tab	02246894	APX	118
Apo-Verap SR 240mg LA Tab	02246895	APX	118
Apo-Warfarin 1mg Tab	02242924	APX	83
Apo-Warfarin 2mg Tab	02242925	APX	83
Apo-Warfarin 2.5mg Tab	02242926	APX	83
Apo-Warfarin 3mg Tab	02245618	APX	83
Apo-Warfarin 4mg Tab	02242927	APX	83
Apo-Warfarin 5mg Tab	02242928	APX	83
Apo-Warfarin 10mg Tab	02242929	APX	84
Apresoline 20mg/mL Inj Sol-1mL Pk	00723754	CIB	108

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Apresoline 10mg Tab (Not a Benefit)	00005525	NOV	108
Apresoline 25mg Tab (Not a Benefit)	00005533	CIB	108
Apresoline 50mg Tab (Not a Benefit)	00005541	NOV	108
Aquasol A 50000IU Cap (Not a Benefit)	01937960	RPR	297
Aralen 250mg Tab	02017539	SAO	30
Arava 10mg Tab	02241888	AVE	311
Arava 20mg Tab	02241889	AVE	311
Aricept 5mg Tab	02232043	PFI	53
Aricept 10mg Tab	02232044	PFI	53
Arimidex 1mg Tab	02224135	AZC	43
Aristocort D 0.025% Cr	02194074	STI	288
Aristocort R 0.1% Cr	02194058	STI	288
Aristocort R 0.1% Oint	02194031	STI	288
Arixtra 2.5mg Inj-0.5mL Pk	02245531	OGS	80
Aromasin 25mg Tab	02242705	PHA	46
Artane 0.4mg/mL O/L (Not a Benefit)	00014656	LED	60
Artane 2mg Tab (Not a Benefit)	00015040	LED	60
Artane 5mg Tab (Not a Benefit)	00015059	LED	60
Arthrotec 50 50mg & 200mcg Tab	01917056	PHA	124
Arthrotec 75 75mg & 200mcg Tab	02229837	PHA	124
ASA 325mg Tab	00040851	LEA	121
ASA 325mg Tab	00092754	DCL	121
ASA 325mg Tab (Not a Benefit)	00036145	RPR	121
Asacol 400mg Tab	01997580	PGP	225
ASAdol 325mg Ent Tab	02046253	PGO	121
ASCORBIC ACID			298
Ascorbic Acid 250mg Tab (Not a Benefit)	00094641	DCL	298
Ascorbic Acid 500mg Tab (Not a Benefit)	00094668	DCL	299
Asmavent 5mg/mL Inh Sol-10mL Pk	02048760	TCH	69
Atacand 8mg Tab	02239091	AZC	104
Atacand 16mg Tab	02239092	AZC	104
Atacand Plus 16mg/12.5mg Tab	02244021	AZC	104
Atarax 10mg Cap (Not a Benefit)	00024376	PFI	167
Atarax 25mg Cap (Not a Benefit)	00024384	PFI	167
Atarax 50mg Cap (Not a Benefit)	00024392	PFI	167
Atasol 80mg/mL O/L	00631353	HOR	143
Atasol 325mg Tab (Not a Benefit)	00293482	HOR	143
Atasol Forte 500mg Tab (Not a Benefit)	00013668	HOR	144
Atasol-15 15mg Tab	00293504	HOR	135
Atasol-30 30mg Tab	00293512	HOR	135
ATAZANAVIR SULFATE			24
ATENOLOL			86
ATENOLOL & CHLORTHALIDONE			103
Ativan 0.5mg Tab	02041413	WAY	167

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Ativan 1mg Tab	02041421	WAY	167
Ativan 2mg Tab	02041448	WAY	167
ATORVASTATIN CALCIUM			97
Atromid-S 500mg Cap (Not a Benefit)	00002038	AYE	98
Atropine 1% Oph Sol (Not a Benefit)	01948598	NOV	199
ATROPINE SULFATE			199
Atropine Sulfate 1% Oph Oint-3.5g Pk	00252484	ALC	199
Atrovent 250mcg/mL Inh Sol-20mL Pk	00731439	BOE	56
Atrovent Inh-200 Dose Pk	00576158	BOE	58
Atrovent 0.03% Nasal Spray	02163705	BOE	205
Atrovent HFA 20mcg/Metered Dose Inh-200 Dose Pk	02247686	BOE	58
Atrovent UDV 125mcg/mL Inh Sol-2mL UDV Pk	02026759	BOE	57
Atrovent UDV 250mcg/mL Inh Sol-2mL UDV Pk	01950681	BOE	57
AURANOFIN			241
AUROTHIOGLUCOSE			241
Avalide 150 & 12.5mg Tab	02241818	SAS	109
Avalide 300 & 12.5mg Tab	02241819	SAS	109
Avapro 75mg Tab	02237923	SAO	109
Avapro 150mg Tab	02237924	SAO	109
Avapro 300mg Tab	02237925	SAO	109
AVC Vag Cr	02103036	HMR	280
Avelox 400mg Tab	02242965	BAH	39
Aventyl 10mg Cap	00015229	PHE	157
Aventyl 25mg Cap	00015237	PHE	157
Avodart 0.5mg Cap	02247813	GSK	308
Axid 150mg Cap	00778338	PHE	232
Axid 300mg Cap	00778346	PHE	232
AZATHIOPRINE			303
AZITHROMYCIN			7
Azopt 1% Oph Susp	02238873	ALC	202
BACAMPICILLIN HCL			12
Baciguent 500U/g Oint	00031046	UPJ	273
Baciguent 500U/g Oph Oint 3g Pk	00327476	UPJ	191
BACITRACIN			191, 273
Bacitracin 500U/g Oint	02060833	SHI	273
BACLOFEN			74
Bactrim 400mg & 80mg Tab	00272469	HLR	41
Bactrim Sugar Free 40mg & 8mg/mL O/L	00272485	HLR	41
Bactrim-DS 800mg & 160mg Tab	00371823	HLR	41
Bactroban 2% Cr	02239757	SMJ	273
Bactroban 2% Oint	01916947	SMJ	273
Balminil DM 3mg/mL O/L	00436895	TCH	189
Beben 0.025% Gel	00335347	PDA	281
BECLOMETHASONE DIPROPIONATE			194, 245, 281

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Beconase Aqueous 50mcg Nas Sp-200 Dose Pk (Not a Benefit)	02213702	GLW	194
Benadryl 25mg Cap (Not a Benefit)	00022756	PDA	1
Benadryl 50mg Cap (Not a Benefit)	00022764	PDA	1
BENAZEPRIL			103
Benemid 500mg Tab	00016616	MSD	188
Benoxyl 5% Lot	00236063	STI	289
Benoxyl 10% Lot	00370568	STI	289
Benoxyl 20% Lot	00187585	STI	289
Benuryl 500mg Tab	00294926	ICN	188
Benzac W5 5% Gel	01925180	GAC	290
Benzac W10 10% Gel	01925997	GAC	290
BENZOYL PEROXIDE			289
BENZOYL PEROXIDE IN ACETONE-CONTAINING GEL			289
BENZOYL PEROXIDE IN ALCOHOL-CONTAINING GEL			290
BENZOYL PEROXIDE IN WATER-BASED GEL			290
BENZTROPINE MESYLATE			55
Benztropine Omega 2mg/2mL Inj Sol-2mL Pk	02238903	OMG	55
BENZYDAMINE HCL			197
Berotec Inh Pd-200 Dose Pk	02006383	BOE	62
Berotec 0.1% Inh Sol-20mL Pk	00541389	BOE	62
Berotec 2.5mg Tab	00454796	BOE	63
Betaderm 0.05% Cr	00716618	TAR	282
Betaderm 0.1% Cr	00716626	TAR	282
Betaderm 0.05% Oint	00716642	TAR	282
Betaderm 0.1% Oint	00716650	TAR	283
Betaderm 0.1% Scalp Lot	00716634	TAR	283
Betadine 10% Top Sol (Not a Benefit)	00158348	PFP	280
Betadine 10% Vag Gel (Not a Benefit)	00026034	PFP	280
Betadine 10% Vag Sol (Not a Benefit)	00026093	PFP	280
Betagan 0.25% Oph Sol	00751286	ALL	206
Betagan 0.5% Oph Sol	00637661	ALL	206
Betaloc 50mg Tab	00402605	AZC	92
Betaloc 100mg Tab	00402540	AZC	92
BETAMETHASONE BENZOATE			281
BETAMETHASONE DIPROPIONATE			281
BETAMETHASONE DIPROPIONATE IN A BASE CONTAINING PROPYLENE GLYCOL			281
BETAMETHASONE DIPROPIONATE IN PROPYLENE GLYCOL BASE			282
BETAMETHASONE DISODIUM PHOSPHATE			225
BETAMETHASONE VALERATE			282
Betamethasone Valerate 0.1% Scalp Lot	00726486	PHR	283
BETAXOLOL HCL			200
BETHANECHOL CHLORIDE			53
Betnesol 5mg/100mL Enema-100mL Pk	02060884	SHI	225
Betnovate 0.1% Cr (Not a Benefit)	00011924	GLA	282

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Betnovate 0.1% Lot	02100193	SHI	282
Betnovate 0.1% Oint (Not a Benefit)	00012386	GLA	283
Betnovate-1/2 0.05% Cr (Not a Benefit)	00011916	GLA	282
Betnovate-1/2 0.05% Lot (Not a Benefit)	02100185	RBT	282
Betnovate-1/2 0.05% Oint (Not a Benefit)	00012378	GLA	282
Betoptic S 0.25% Oph Susp	01908448	ALC	200
BEZAFIBRATE			97
Bezalip 400mg SR Tab	02083523	HLR	97
Bezalip 200mg Tab	02084082	HLR	97
Biaxin 125mg/5mL Ped Gran	02146908	ABB	7
Biaxin 250mg/5mL Susp	02244641	ABB	8
Biaxin 250mg Tab	01984853	ABB	8
Biaxin XL 500mg ER Tab	02244756	ABB	7
BICALUTAMIDE			43
BIMATOPROST			200
BISACODYL			214
BISOPROLOL FUMARATE			87
Bleph-10 10% Oph Sol (Not a Benefit)	00001287	ALL	193
Blocadren 5mg Tab (Not a Benefit)	00353914	FRS	96
Blocadren 10mg Tab (Not a Benefit)	00353922	FRS	96
Blocadren 20mg Tab (Not a Benefit)	00495611	FRS	96
Bonamine 25mg Tab	00220442	PFI	223
Bonefos 400mg Cap	01984845	AVE	305
Botox 100U/Vial Pd Inj-100U Vial Pk	01981501	ALL	304
BOTULINUM TOXIN TYPE A			304
Brevicon 0.035mg & 0.5mg Tab-21 Pk	02187086	SEA	266
Brevicon 0.035mg & 0.5mg Tab-28 Pk	02187094	SEA	266
Brevicon 1/35 0.035mg & 1mg Tab-21 Pk	02189054	SEA	266
Brevicon 1/35 0.035mg & 1mg Tab-28 Pk	02189062	SEA	266
Bricanyl Turbuhaler 0.5mg/Dose Inh-200 Dose Pk	00786616	AST	72
BRIMONIDINE			201
BRIMONIDINE TARTRATE & TIMOLOL MALEATE			202
BRINZOLAMIDE			202
BROMAZEPAM			162
BROMOCRIPTINE			304
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BUDESONIDE & FORMOTEROL FUMARATE DIHYDRATE			60
BUPROPION HCL			152
BUSERELIN ACETATE			44
BUSULFAN			44
BUTABARBITAL SODIUM			175
Butisol Sodium 15mg Tab	00581305	HOR	175
Butisol Sodium 30mg Tab	00581291	HOR	175
Butisol Sodium 100mg Tab	00581313	HOR	175

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C.E.S. 0.625mg Tab	00265470	ICN	252
C.E.S. 1.25mg Tab	00265489	ICN	252
Cafergot 1mg & 100mg Tab	00176095	NOV	73
Cafergot-PB Tab	00176222	NOV	73
Calcilean 25000IU/mL Inj Sol-0.8mL Pk	00740527	OGN	80
Calcimar 400IU/2mL Inj Sol-2mL Pk	01926691	AVE	264
CALCIPOTRIOL			292
CALCITONIN SALMON			264
CALCITRIOL			299
CALCIUM CARBONATE			181
CALCIUM GLUCONATE			181
Calcium Gluconate Eq To 60mg Elemental Calcium Tab (Not a Benefit)	00094773	DCL	181
Calcium Gluconate Eq To 60mg Elemental Calcium Tab (Not a Benefit)	00179698	SDR	181
Calcium Gluconate Eq To 60mg Elemental Calcium Tab (Not a Benefit)	00241717	RPR	181
Calcium Gluconate Eq To 60mg Elemental Calcium Tab (Not a Benefit)	00441473	NOP	181
CALCIUM LACTATE			181
Calcium Lactate Eq To 84mg Elemental Calcium Tab (Not a Benefit)	00021253	NOP	181
Calcium Lactate Eq To 84mg Elemental Calcium Tab (Not a Benefit)	00179671	SDR	181
Calcium-250 Eq To 250mg Elemental Calcium Tab (Not a Benefit)	00645958	NOP	181
Calcium-500 Eq To 500mg Elemental Calcium Tab (Not a Benefit)	00645923	NOP	181
Calmurid-HC 1% & 10% Cr	00364134	GAC	287
Caltine 100 100IU/mL Inj Sol-1mL Pk	02007134	FEI	264
CANDESARTAN CILEXETIL			104
CANDESARTAN CILEXETIL & HYDROCHLOROTHIAZIDE			104
Canesten 10mg/g Cr	02150867	BAY	274
Canesten 10mg/mL Top Sol	02150875	BAY	274
Canesten 10mg/g Vag Cr-App	02150891	BAY	274
Canesten 100mg Vag Tab	02150832	BAY	274
Canesten 1 500mg Vag Tab	02130203	MIT	274
Canesten 1-Combi Pak 500mg & 1% Tab & Cr	02150948	BAY	274
Canesten 3 20mg/g Vag Cr-App	02150905	BAY	274
Canesten 3 200mg Vag Tab	02130211	MIT	274
CAPECITABINE			44
Capoten 12.5mg Tab	00695661	BQU	104
Capoten 25mg Tab	00546283	BQU	104
Capoten 50mg Tab	00546291	BQU	105
Capoten 100mg Tab	00546305	BQU	105
CAPTOPRIL			104
Captopril 12.5mg Tab	02242788	ZYN	104

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Captopril 25mg Tab	02242789	ZYN	104
Captopril 50mg Tab	02242790	ZYN	105
Captopril 100mg Tab	02242791	ZYN	105
Capril 100mg Tab	02237864	TCH	105
CARBACHOL			53, 197
Carbachol 2mg Tab	00885568	GLA	53
CARBAMAZEPINE			144
Carbolith 150mg Cap	00461733	ICN	173
Carbolith 300mg Cap	00236683	ICN	173
Cardizem 30mg Tab	02097370	CRY	91
Cardizem 60mg Tab	02097389	CRY	91
Cardizem CD 120mg LA Cap	02097249	CRY	90
Cardizem CD 180mg LA Cap	02097257	CRY	90
Cardizem CD 240mg LA Cap	02097265	CRY	90
Cardizem CD 300mg LA Cap	02097273	CRY	90
Cardizem-SR 60mg LA Cap (Not a Benefit)	02097214	CRY	90
Cardizem-SR 90mg LA Cap (Not a Benefit)	02097222	CRY	91
Cardizem-SR 120mg LA Cap (Not a Benefit)	02097230	CRY	91
Cardura-1 1mg Tab	01958100	AZC	106
Cardura-2 2mg Tab	01958097	AZC	106
Cardura-4 4mg Tab	01958119	AZC	106
CARVEDILOL			88
Casodex 50mg Tab	02184478	AZC	43
Catapres 0.1mg Tab	00259527	BOE	106
Catapres 0.2mg Tab	00291889	BOE	106
Ceclor 250mg Cap	00465186	PHE	15
Ceclor 500mg Cap	00465194	PHE	15
Ceclor 25mg/mL Oral Susp	00465208	PHE	15
Ceclor 50mg/mL Oral Susp	00465216	PHE	16
Ceclor 375mg/5mL Oral Susp	00832804	PHE	16
Cedocard SR 20mg LA Tab (Not a Benefit)	00740721	PMS	119
CeeNU 10mg Cap	00360430	BQU	49
CeeNU 40mg Cap	00360422	BQU	49
CeeNU 100mg Cap	00360414	BQU	49
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
Ceftin 500mg Tab	02212285	GLW	17
CEFTRIAXONE DISODIUM			17

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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	122
Celebrex 200mg Cap	02239942	PHA	122
CELECOXIB			122
Celestoderm-V 0.1% Cr	00027901	SCH	282
Celestoderm-V 0.1% Oint	00028363	SCH	283
Celestoderm-V/2 0.05% Cr	00027898	SCH	282
Celestoderm-V/2 0.05% Oint	00028355	SCH	282
Celexa 20mg Tab	02239607	VLH	152
Celexa 40mg Tab	02239608	VLH	152
CellCept 200mg/mL Pd for Oral Susp-175mL Pk	02242145	HLR	313
CellCept 250mg SG Cap	02192748	HLR	313
CellCept 500mg Tab	02237484	HLR	313
Celontin 300mg Cap	00022802	PFI	148
CEPHALEXIN MONOHYDRATE			17
Cephulac 666.7mg/mL O/L (Not a Benefit)	02091925	MRR	228
Cerevon 100mg Tab	00677981	BWE	77
Cerubidine Inj Pd-20mg Pk	01926683	AVE	46
Cesamet 0.5mg Cap	02256193	VAL	223
Cesamet 1mg Cap	00548375	ICN	223
Cetamide 10% Oph Oint-3.5g Pk	00252522	ALC	193
CHLORAMBUCIL			44
CHLORAMPHENICOL			191
CHLORDIAZEPOXIDE			162
Chloromycetin 1% Oph Oint-3.5g Pk	00024066	PDA	191
CHLOROQUINE PHOSPHATE			30
CHLORPROMAZINE			163
CHLORTHALIDONE			184
Choledyl 10mg/mL O/L	00476390	PDA	295
Choledyl 20mg/mL O/L	00476366	PDA	295
Choledyl 200mg Tab	00476412	PDA	295
Choledyl SA 400mg LA Tab	00503436	PDA	295
CHOLESTYRAMINE RESIN			98
Chronovera 180mg SR Tab	02231676	PHA	118
Chronovera 240mg SR Tab	02231677	PHA	118
CILAZAPRIL			105
CILAZAPRIL & HYDROCHLOROTHIAZIDE			105
CIMETIDINE			226
Cipro 10g/100mL Oral Susp	02237514	BAH	33
Cipro 250mg Tab	02155958	BAH	33

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Cipro 500mg Tab	02155966	BAH	33
Cipro 750mg Tab	02155974	BAH	33
Cipro XL 500mg ER Tab	02247916	BAH	35
Cipro XL 1000mg ER Tab	02251787	BAH	35
CIPROFLOXACIN			33
CIPROFLOXACIN HCL & CIPROFLOXACIN BASE			35
CITALOPRAM HYDROBROMIDE			152
CLADRIBINE			45
CLARITHROMYCIN			7
Clasteon 400mg Cap	02245828	ABI	305
Clavulin 25mg & 6.25mg/mL O/L	01916882	SMJ	11
Clavulin 50mg & 12.5mg/mL O/L	01916874	SMJ	11
Clavulin 250mg & 125mg Tab	01916866	SMJ	11
Clavulin 500mg & 125mg Tab	01916858	SMJ	11
Clavulin (BID) 200mg & 28.5mg/5mL Susp	02238831	SMJ	11
Clavulin (BID) 400mg & 57mg/5mL Susp	02238830	SMJ	11
Clavulin (BID) 875mg & 125mg Tab	02238829	SMJ	11
Climara 50 50mcg/day Transdermal Patch	02231509	BEX	254
Climara 100 100mcg/day Transdermal Patch	02231510	BEX	254
CLINDAMYCIN HCL			18
CLINDAMYCIN PALMITATE			19
CLINDAMYCIN PHOSPHATE			19
CLINDAMYCIN PHOSPHATE & BENZOYL PEROXIDE			273
Clindamycin Phosphate Injection USP 300mg/2mL Inj Sol-2mL Pk	02230540	SIL	19
Clindoxyl 1% & 5% Gel	02243158	STI	273
Clinoril 150mg Tab (Not a Benefit)	00456888	FRS	134
Clinoril 200mg Tab (Not a Benefit)	00432369	FRS	134
CLOBAZAM			145
CLOBETASOL PROPIONATE			283
Clobetasol Propionate 0.05% Cr	02245523	TAR	283
Clobetasol Propionate 0.05% Oint	02245524	TAR	283
Clobetasol Propionate 0.05% Scalp Lot	02245522	TAR	283
CLOBETASONE BUTYRATE			284
CLODRONATE DISODIUM			305
CLODRONATE DISODIUM TETRAHYDRATE			305
CLOFIBRATE			98
CLOMIPRAMINE HCL			153
CLONAZEPAM			145
CLONIDINE HCL			106
CLOPIDOGREL BISULFATE			306
CLORAZEPATE DIPOTASSIUM			163
Clotrimaderm 10mg/g Cr	00812382	TAR	274
Clotrimaderm Vaginal Cream 10mg/g Vag Cr-App	00812366	TAR	274
Clotrimaderm Vaginal Cream 20mg/g Vag Cr-App	00812374	TAR	274

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Co-Atenolol 50mg Tab	02255545	COB	86
Co-Atenolol 100mg Tab	02255553	COB	87
Co-Ciprofloxacin 250mg Tab	02247339	COB	33
Co-Ciprofloxacin 500mg Tab	02247340	COB	33
Co-Ciprofloxacin 750mg Tab	02247341	COB	33
Co-Citalopram 20mg Tab	02248050	APX	152
Co-Citalopram 40mg Tab	02248051	APX	152
Co-Clomipramine 10mg Tab	02244816	COB	153
Co-Clomipramine 25mg Tab	02244817	COB	153
Co-Clomipramine 50mg Tab	02244818	COB	153
Co-Etidronate 200mg Tab	02248686	COB	308
Co-Fluoxetine 20mg Cap	02242178	RDC	155
Co-Fluvoxamine 50mg Tab	02255529	COB	155
Co-Fluvoxamine 100mg Tab	02255537	COB	155
Co-Gabapentin 100mg Cap	02256142	COB	147
Co-Gabapentin 300mg Cap	02256150	COB	147
Co-Gabapentin 400mg Cap	02256169	COB	147
Co-Lovastatin 20mg Tab	02248572	COB	100
Co-Lovastatin 40mg Tab	02248573	COB	100
Co-Meloxicam 7.5mg Tab	02250012	COB	130
Co-Meloxicam 15mg Tab	02250020	COB	130
Co-Metformin 500mg Tab	02257726	COB	258
Co-Paroxetine 20mg Tab	02262754	COB	158
Co-Paroxetine 30mg Tab	02262762	COB	158
Co-Ranitidine 150mg Tab	02248570	COB	239
Co-Ranitidine 300mg Tab	02248571	COB	239
Co-Simvastatin 5mg Tab	02248103	COB	102
Co-Simvastatin 10mg Tab	02248104	COB	102
Co-Simvastatin 20mg Tab	02248105	COB	102
Co-Simvastatin 40mg Tab	02248106	COB	103
Co-Simvastatin 80mg Tab	02248107	COB	103
Co-Temazepam 15mg Cap	02244814	COB	177
Co-Temazepam 30mg Cap	02244815	COB	177
COAL TAR EXTRACT			291
Codeine 5mg/mL O/L	00093114	DCL	136
Codeine 15mg Tab	00779458	ROG	136
Codeine 30mg Tab	00779466	ROG	136
Codeine Contin 50mg CR Tab	02230302	PFP	136
Codeine Contin 100mg CR Tab	02163748	PFP	136
Codeine Contin 150mg CR Tab	02163780	PFP	136
Codeine Contin 200mg CR Tab	02163799	PFP	136
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Cogentin 2mg/2mL Inj Sol-2mL Pk	00016128	MSD	55
Cogentin 2mg Tab	00016357	MSD	55
Colace 100mg Cap	00464767	BQU	214
Colace 4mg/mL O/L	02086018	SHI	214
Colace 10mg/mL O/L	02090163	SHI	214
COLCHICINE			306
Colchicine 0.6mg Tab	00000396	ABB	306
Colestid Orange Gran-7.5g Pk	02132699	PMJ	98
Colestid Orange Gran-60 Dose Pk	09853499	PMJ	98
Colestid Regular Gran-5g Pk	00642975	PMJ	98
COLESTIPOL HCL			98
Colyte Pd-4L Pk	00677442	ZYN	182
Combigan 0.2% & 0.5% Oph-Sol 5mL Pk	02248347	ALL	202
Combivent 20mcg/100mcg/md Aero Inh	02163721	BOE	58
Combivent UDV 500mcg/2.5mg/2.5mL Inh Sol-2.5mL Pk	02231675	BOE	58
Combivir 150mg & 300mg Tab	02239213	GLW	27
Comtan 200mg Tab	02243763	NOV	178
CONJUGATED EQUINE ESTROGEN & MEDROXYPROGESTERONE ACETATE			252
CONJUGATED ESTROGENS			252
Coptin 9mg/mL & 41mg/mL Oral Susp	00745618	BFI	41
Coptin 90mg & 410mg Tab	00656933	BFI	41
Coradur-SR 20mg LA Tab (Not a Benefit)	00786683	GLA	119
Cordarone 200mg Tab	02036282	WAY	86
Coreg 3.125mg Tab	02229650	SMJ	88
Coreg 6.25mg Tab	02229651	SMJ	88
Coreg 12.5mg Tab	02229652	SMJ	88
Coreg 25mg Tab	02229653	SMJ	88
Corgard 40mg Tab	00607126	BQU	93
Corgard 80mg Tab	00463256	BQU	93
Corgard 160mg Tab	00523372	BQU	93
Cortate 0.5% Cr	00513288	SCH	286
Cortate 1% Cr	00502200	SCH	286
Cortate 0.5% Oint	00513261	SCH	287
Cortate 1% Oint	00502197	SCH	287
Cortef 10mg Tab	00030910	PHA	249
Cortef 20mg Tab	00030929	UPJ	249
Cortenema 100mg/60mL Enema-60mL Pk	02112736	BFI	228
Corticreme 1% Cr (Not a Benefit)	00477699	ROG	287
Cortifoam 10% Rect Aero-15g Pk	00579335	RCA	228
CORTISONE ACETATE			247
Cortisporin 10000U & 5mg & 10mg/mL Ot Sol	01912828	BWE	193
Cortoderm 0.5% Oint	00716685	TAR	287
Cortoderm 1% Oint	00716693	TAR	287

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Cortone 5mg Tab	00016438	MSD	247
Cosopt 2% & 0.5% Oph Sol	02240113	FRS	204
COSYNTROPIN ZINC HYDROXIDE			179
Cotazym 8000 & 30000 & 30000 USP Units Cap	00263818	ORG	217
Cotazym ECS 4 4000 & 11000 & 11000 USP Units Ent Microsph Cap	02181215	ORG	217
Cotazym ECS 8 8000 & 30000 & 30000 USP Units Ent Microsph Cap	00502790	ORG	217
Cotazym ECS 20 20000 & 55000 & 55000 USP Units Ent Microsph Cap	00821373	ORG	217
Coumadin 1mg Tab	01918311	BQU	83
Coumadin 2mg Tab	01918338	BQU	83
Coumadin 2.5mg Tab	01918346	BQU	83
Coumadin 3mg Tab	02240205	DUP	83
Coumadin 4mg Tab	02007959	BQU	83
Coumadin 5mg Tab	01918354	BQU	83
Coumadin 10mg Tab	01918362	BQU	84
Coversyl 2mg Tab	02123274	SEV	112
Coversyl 4mg Tab	02123282	SEV	112
Coversyl 8mg Tab	02246624	SEV	112
Cozaar 25mg Tab	02182815	FRS	110
Cozaar 50mg Tab	02182874	FRS	110
Cozaar 100mg Tab	02182882	FRS	110
Creon 5 5000 & 16600 & 18750 USP Units Ent Minimicrosph Cap	02239007	SPH	219
Creon 10 10000 & 33200 & 37500 USP Units Ent Minimicrosph Cap	02200104	SPH	219
Creon 20 20000 & 66400 & 75000 USP Units Ent Minimicrosph Cap	02239008	SPH	219
Creon 25 25000 & 74000 & 62500 USP Units Ent Minimicrosph Cap	01985205	SPH	219
Crestor 10mg Tab	02247162	AZC	102
Crestor 20mg Tab	02247163	AZC	102
Crestor 40mg Tab	02247164	AZC	102
Crixivan 200mg Cap	02229161	FRS	26
Crixivan 400mg Cap	02229196	FRS	26
Cromolyn 2% Oph Sol	02009277	PMS	208
Cuprimine 125mg Cap	00497894	MSD	243
Cuprimine 250mg Cap	00016055	MSD	243
CYANOCOBALAMIN			297
Cyanocobalamin 1mg/mL Inj Sol-10mL Pk	01987003	CYI	297
Cyanocobalamin 1mg/mL Inj Sol-10mL Pk	02052717	TAR	297
Cyclen 0.25mg & 0.035mg Tab-21 Pk	01968440	OMC	268
Cyclen 0.25mg & 0.035mg Tab-28 Pk	01992872	OMC	268
CYCLOBENZAPRINE HCL			74
Cyclocort 0.1% Cr	02192284	STI	280

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Cyclocort 0.1% Lot	02192276	STI	280
Cyclocort 0.1% Oint	02192268	STI	280
Cyclomen 50mg Cap	02018144	SAO	250
Cyclomen 100mg Cap	02018152	SAO	250
Cyclomen 200mg Cap	02018160	SAO	250
CYCLOPHOSPHAMIDE			45
CYCLOSPORINE			307
CYPROTERONE ACETATE			45
CYTARABINE			45
Cytosar 100mg Inj Pd-Vial Pk	00386715	UPJ	45
Cytosar 500mg Inj Pd-Vial Pk	00194727	UPJ	45
Cytosar 1g Inj Pd-Vial Pk	00646296	UPJ	45
Cytosar 2g Inj Pd-Vial Pk	00646318	UPJ	45
Cytotec 100mcg Tab	00813966	SEA	232
Cytotec 200mcg Tab	00632600	SEA	232
Cytovene 500mg/Vial Pd Inj-10mL Pk	00865516	SYN	26
Cytosan 25mg Tab	00344877	BQU	45
Cytosan 50mg Tab	00344885	BQU	45
DACARBAZINE			46
Dagenan 500mg Tab	01944827	AVE	31
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	19
Dalmane 15mg Cap	00012696	ICN	175
Dalmane 30mg Cap	00012718	ICN	175
DALTEPARIN SODIUM			78
DANAZOL			250
Dantrium 25mg Cap	01997602	PGP	74
Dantrium 100mg Cap	01997653	PGP	74
DANTROLENE SODIUM			74
DAUNORUBICIN			46
DDAVP 0.1mg/mL Nas Sol-2.5mL Pk	00402516	FEI	264
DDAVP 10mcg/Metered Dose Nas Sp-2.5mL Pk	00836362	FEI	264
DDAVP 0.1mg Tab	00824305	FEI	264
DDAVP 0.2mg Tab	00824143	FEI	264
Decadron 4mg/mL Inj Sol (Not a Benefit)	00213624	MSD	248
Decadron 0.1% Oph/Ot Sol (Not a Benefit)	00016217	MSD	195
Decadron 0.5mg Tab	00016462	MSD	247
Decadron 4mg Tab	00354309	MSD	247
Delatesteryl 1000mg/5mL Oily Inj Sol-5mL Pk	00029246	THE	251
DELAVIRDINE MESYLATE			24
DELTA-9-TETRAHYDROCANNABINOL			221
Deltasone 5mg Tab (Not a Benefit)	00210188	UPJ	249

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Deltasone 50mg Tab	00252417	UPJ	250
Demerol 50mg Tab	02138018	SAO	139
Demulen 30 0.03mg & 2mg Tab-21 Pk	00469327	SEA	265
Demulen 30 0.03mg & 2mg Tab-28 Pk	00471526	SEA	265
Depakene 250mg Cap	00443840	ABB	151
Depakene 500mg Ent Cap	00507989	ABB	151
Depakene 50mg/mL O/L	00443832	ABB	150
Depen 250mg Tab	00511641	HOR	243
Depo-Medrol 40mg/mL Inj Susp-1mL Pk	00030759	UPJ	249
Depo-Medrol 80mg/mL Inj Susp-1mL Pk	00030767	UPJ	249
Depo-Medrol 100mg/5mL Inj Susp-5mL Pk	01934325	UPJ	249
Depo-Provera 150mg/mL Inj	00585092	PHA	267
Depo-Provera 50mg/mL Inj Sol-5mL Pk	00030848	PHA	267
Depo-Testosterone 100mg/mL Oily Inj Sol-10mL Pk	00030783	UPJ	251
Deproic 50mg/mL O/L	02238042	TCH	150
Dermovate 0.05% Cr	02213265	OPI	283
Dermovate 0.05% Oint	02213273	OPI	283
Dermovate 0.05% Scalp Lot	02213281	OPI	283
DESIPRAMINE			153
DESMOPRESSIN ACETATE			264
Desocort 0.05% Cr	02048639	GAC	284
Desocort 0.05% Lot	02115514	GAC	284
Desocort 0.05% Oint	02115522	GAC	284
DESOGESTREL & ETHINYL ESTRADIOL			265
DESONIDE			284
Desquam-X5 5% Gel	01908863	WSQ	290
Desquam-X10 10% Gel	01908871	WSQ	290
Desyrel 50mg Tab	00579351	BQU	160
Desyrel 100mg Tab	00579378	BQU	160
Desyrel Dividose 150mg Tab	00702277	BQU	160
Detrol 1mg Tab	02239064	PFI	321
Detrol 2mg Tab	02239065	PHA	321
Detrol LA 2mg SR Cap	02244612	PFI	321
Detrol LA 4mg SR Cap	02244613	PFI	321
DEXAMETHASONE			195, 247
DEXAMETHASONE 21-PHOSPHATE			248
Dexamethasone Sodium 4mg/mL Inj Sol	00664227	SIL	248
Dexamethasone Sodium 4mg/mL Inj Sol	01977547	CYI	248
Dexamethasone Sodium 0.1% Oph/Ot Sol	02212978	RIV	195
DEXAMPHETAMINE SULFATE			174
Dexedrine 5mg Tab	01924516	SMJ	174
DEXTRAN 70 & HYDROXYPROPYL METHYLCELLULOSE			203
DEXTRAN 70 & HYDROXYPROPYL METHYLCELLULOSE & POLYQUAD			203
DEXTROMETHORPHAN HBR			189

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Diabeta 2.5mg Tab	02224550	AVE	258
Diabeta 5mg Tab	02224569	AVE	258
Diamox 250mg Tab (Not a Benefit)	02238072	WAY	199
Diarr-eze 2mg Caplet	02229552	PMS	213
Diastat 5mg/mL Rect Gel-2x5mg Pk	02238162	ELA	164
Diastat 5mg/mL Rect Gel-2x10mg Pk	09853340	ELA	164
Diastat 5mg/mL Rect Gel-2x15mg Pk	09853430	ELA	164
DIAZEPAM			164
Diclectin 10mg & 10mg SR Tab	00609129	DUI	222
DICLOFENAC SODIUM			123, 203
DICLOFENAC SODIUM & MISOPROSTOL			124
Didrocal 400mg/500mg Tab-90 Tablets Kit	02176017	PGP	309
Didronel 200mg Tab	01997629	PGP	308
DIFLORASONE DIACETATE			284
Diflucan 50mg Tab	00891800	PFI	5
Diflucan 100mg Tab	00891819	PFI	5
Diflucan P.O.S. 10mg/mL O/L	02024152	PFI	4
Diflucan-150 150mg Cap	02141442	PFI	275
DIFLUCORTOLONE VALERATE			284
DIFLUNISAL			125
DIGOXIN			89
DIHYDROTACHYSTEROL			299
Dilantin 30mg Cap	00022772	PDA	149
Dilantin 100mg Cap	00022780	PDA	149
Dilantin 6mg/mL O/L	00023442	PDA	149
Dilantin 25mg/mL O/L	00023450	PDA	149
Dilantin 50mg Tab	00023698	PDA	149
Dilaudid 2mg/mL Inj Sol-1mL Pk	00627100	KNO	138
Dilaudid 1mg/mL Oral Sol	00786535	KNO	138
Dilaudid 3mg Sup	00125105	KNO	138
Dilaudid 1mg Tab	00705438	KNO	138
Dilaudid 2mg Tab	00125083	KNO	138
Dilaudid 4mg Tab	00125121	KNO	138
Dilaudid 8mg Tab	00786543	KNO	138
Dilaudid Sterile Powder 250mg Pd Vial Pk	02085895	KNO	138
Dilaudid-HP 10mg/mL Inj Sol-1mL Pk	00622133	KNO	138
Dilaudid-HP-Plus 20mg/mL Inj	02146118	KNO	138
Dilaudid-XP 50mg/mL Inj-1mL Pk	02145863	KNO	138
DILTIAZEM HCL			89
DIMENHYDRINATE			221
Dimenhydrinate 50mg Tab (Not a Benefit)	00398381	DCL	221
Diocarpine 1% Oph Sol	02023725	DKT	198
Diocarpine 2% Oph Sol	02023741	DKT	198
Diocarpine 4% Oph Sol	02023733	DKT	198

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Diodex 0.1% Oph/Ot Sol	02023865	DKT	195
Diodoquin 650mg Tab	01997750	GLE	37
Diogent 0.3% Oph Sol	02023822	DKT	192
Diopred 1% Oph Susp	02023768	DKT	196
Diovan 80mg Cap	02236808	NOV	117
Diovan 160mg Cap	02236809	NOV	117
Diovan 80mg Tab	02244781	NOV	117
Diovan 160mg Tab	02244782	NOV	117
Diovan-HCT 80mg/12.5mg Tab	02241900	NOV	117
Diovan-HCT 160mg/12.5mg Tab	02241901	NOV	117
Diovan-HCT 160mg/25mg Tab	02246955	NOV	117
Diovol EX 600mg & 300mg Chew Tab dpp (Not a Benefit)	00621544	HOR	211
Diovol EX 120mg & 60mg/mL O/L dpp (Not a Benefit)	00491217	HOR	211
Dipentum 250mg Cap	00875848	KAP	232
DIPHENHYDRAMINE HCL			1
DIPHENOXYLATE HYDROCHLORIDE & ATROPINE SULFATE			212
DIPIVEFRIN HCL			199
Diprolene 0.05% Oint	00629367	SCH	281
Diprolene Glycol 0.05% Cr	00688622	SCH	282
Diprosone 0.05% Cr	00323071	SCH	281
Diprosone 0.05% Lot	00417246	SCH	281
Diprosone 0.05% Oint	00344923	SCH	281
DIPYRIDAMOLE & ACETYLSALICYLIC ACID			118
DISOPYRAMIDE			91
Ditropan 1mg/mL O/L	01924753	PGP	59
Ditropan 5mg Tab	01924761	PGP	59
DIVALPROEX SODIUM			146
DOCUSATE CALCIUM (DIOCTYL CALCIUM SULFOSUCCINATE)			214
Docusate Sodium 100mg Cap	00716731	TAR	214
DOCUSATE SODIUM (DIOCTYL SODIUM SULFOSUCCINATE)			214
DOLASETRON MESYLATE			222
Dolobid 250mg Tab	00587699	FRS	125
Dolobid 500mg Tab (Not a Benefit)	00576131	FRS	125
DOMPERIDONE MALEATE			227
DONEPEZIL HCL			53
DORZOLAMIDE HCL			204
DORZOLAMIDE HCL & TIMOLOL MALEATE			204
Dovonex 50mcg/g Cr	02150956	LEO	292
Dovonex 50mcg/g Oint	01976133	LEO	292
DOXAZOSIN MESYLATE			106
DOXEPIN HCL			154
DOXYLAMINE SUCCINATE AND PYRIDOXINE HCL			222
Drisdol 8288IU/mL O/L	02017598	SAO	299
DTIC Inj Pd-200mg Pk	02154854	BAH	46

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Dulcolax 2mg/mL Enema	00286265	BOE	214
Dulcolax 5mg Ent Tab	00254142	BOE	214
Dulcolax 5mg Sup	00003867	BOE	214
Dulcolax 10mg Sup	00003875	BOE	214
Duolube 80%/20% Oph Oint-3.5g Pk	02125706	BSH	207
Duragesic 25 25mcg/hr Trans Patch	01937383	JNO	137
Duragesic 50 50mcg/hr Trans Patch	01937391	JNO	137
Duragesic 75 75mcg/hr Trans Patch	01937405	JNO	137
Duragesic 100 100mcg/hr Trans Patch	01937413	JNO	137
Duricef 500mg Cap	00507245	BQU	16
DUTASTERIDE			308
Duvoid 10mg Tab	01947958	SHI	53
Duvoid 25mg Tab	01947931	SHI	53
Duvoid 50mg Tab	01947923	SHI	53
Dyazide 25mg & 50mg Tab (Not a Benefit)	01919547	SMJ	186
Dyrenium 50mg Tab	01919563	SMJ	187
Dyrenium 100mg Tab	01919571	SMJ	187
ECONAZOLE NITRATE			274
Ecostatin 1% Cr	02011948	WSQ	274
Ecostatin 150mg Vag Sup	02010267	WSQ	274
Edecrin 50mg Tab	00016497	MSD	184
EES-200 40mg/mL O/L	00000299	ABB	8
EES-400 80mg/mL O/L	00453617	ABB	8
EES-600 600mg Tab	00583782	ABB	9
EFAVIRENZ			25
Effexor XR 37.5mg ER Cap	02237279	WAY	161
Effexor XR 75mg ER Cap	02237280	WAY	161
Effexor XR 150mg ER Cap	02237282	WAY	161
Efudex 5% Cr	00330582	HLR	292
Elavil 2mg/mL O/L	00016306	MSD	151
Elavil 10mg Tab (Not a Benefit)	00016322	MSD	151
Elavil 25mg Tab (Not a Benefit)	00016330	MSD	152
Elavil 50mg Tab (Not a Benefit)	00016349	MSD	152
Eldepryl 5mg Tab	02123312	BJH	316
ELECTROLYTE & DEXTROSE			181
Elidel 1% Cr	02247238	NOV	293
Eligard 7.5mg Inj Pref Syr-Kit	02248239	SAO	49
Eligard 22.5mg Inj Pref Syr-Kit	02248240	SAO	49
Eligard 30mg Inj Pref Syr-Kit	02248999	SAO	49
Elocom 0.1% Cr	00851744	SCH	288
Elocom 0.1% Lot	00871095	SCH	288
Elocom 0.1% Oint	00851736	SCH	288
Eltroxin 0.05mg Tab	02213192	GLW	269
Eltroxin 0.1mg Tab	02213206	GLW	269

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Eltroxin 0.15mg Tab	02213214	GLW	269
Eltroxin 0.2mg Tab	02213222	GLW	269
Eltroxin 0.3mg Tab	02213230	GLW	269
Emcyt 140mg Cap	00780278	KAP	46
Emo-Cort 1% Cr	00192597	TCD	286
Emo-Cort 2.5% Cr	00595799	TCD	286
Emo-Cort 1% Lot	00192600	TCD	286
Emo-Cort 2.5% Lot	00595802	TCD	286
Empracet-30 300mg & 30mg Tab	00666130	BWE	135
Empracet-60 300mg & 60mg Tab (Not a Benefit)	00666149	BWE	135
ENALAPRIL MALEATE			107
Endantadine 100mg Cap	02034468	DUP	302
Endo Levodopa/Carbid 100mg & 10mg Tab	02126176	DUP	311
Endo Levodopa/Carbid 100mg & 25mg Tab	02126168	DUP	311
Endo Levodopa/Carbid 250mg & 25mg Tab	02126184	DUP	312
Endocet 5mg & 325mg Tab	01916548	EDM	142
Endodan 5mg & 325mg Tab	01916483	EDM	143
Enemol 160mg & 60mg/mL Rect Sol	02096900	DPC	216
ENOXAPARIN			79
ENTACAPONE			178
Entacyl Gran 2g Pk	02100215	SHI	3
Entrophen 325mg Ent Tab	00010332	FRS	121
Entrophen 650mg Ent Tab	00010340	FRS	121
Epifrin 1% Oph Sol	00001104	ALL	199
EPINEPHRINE HCL			61, 199
EPINEPHRINE HCL (RACEMIC)			61
Epival 125mg Ent Tab	00596418	ABB	146
Epival 250mg Ent Tab	00596426	ABB	146
Epival 500mg Ent Tab	00596434	ABB	146
EPROSARTAN MESYLATE			107
EPROSARTAN MESYLATE & HYDROCHLOROTHIAZIDE			107
ERGOCALCIFEROL			299
Ergomar 2mg SL Tab	00328952	AVE	73
ERGONOVINE MALEATE			271
ERGOTAMINE & PENTOBARBITAL COMPOUND			73
ERGOTAMINE TARTRATE			73
ERGOTAMINE TARTRATE & CAFFEINE			73
Ergotrate 0.2mg Tab	00015709	LIL	271
ERYC 250mg Ent Pel Cap	00607142	PDA	8
Erythrocin 250mg Tab	00000434	ABB	9
Erythrocin 500mg Tab	00266515	ABB	9
Erythromid 250mg Tab (Not a Benefit)	00244635	ABB	8
ERYTHROMYCIN			273
ERYTHROMYCIN & ETHYL ALCOHOL			273

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ERYTHROMYCIN BASE			8
ERYTHROMYCIN ESTOLATE			8
ERYTHROMYCIN ETHYLSUCCINATE			8
ERYTHROMYCIN ETHYLSUCCINATE & SULFISOXAZOLE ACETYL			9
ERYTHROMYCIN STEARATE			9
ESDEPALLETHRIN & PIPERONYL BUTOXIDE			277
Estalis Transdermal Pad 140/50mcg 2.7mg/0.62mg Patch	02241835	NOV	256
Estalis Transdermal Pad 250/50mcg 4.8mg/0.51mg Patch	02241837	NOV	256
Estalis-Sequi 140/50 4.33mg plus 2.7mg/0.62mg Trans Patch-28 Day Pk	02243529	NOV	255
Estalis-Sequi 250/50 4.33mg plus 4.8mg/0.51mg Trans Patch-28 Day Pk	02243530	NOV	255
Estar 2% Gel	01909185	WSQ	291
Estracomb 250/50 Transdermal Patch	02108186	NOV	252
Estraderm 25ug Patch	00756849	NOV	254
Estraderm 50ug Patch	00756857	NOV	254
Estraderm 100ug Patch	00756792	NOV	254
ESTRADERM 50 & ESTRAGEST			252
ESTRADIOL			253
ESTRADIOL 17-B			253
ESTRADIOL 17-B & NORETHINDRONE ACETATE+ESTRADIOL 17-B			255
Estradot 37.5mcg Patch	02243999	NOV	254
Estradot 50mcg Patch	02244000	NOV	254
Estradot 75mcg Patch	02244001	NOV	254
Estradot 100mcg Patch	02244002	NOV	254
ESTRAMUSTINE PHOSPHATE DISODIUM			46
Estring 2mg Vag Ring	02168898	PMJ	253
Estroge1 0.06% Metered Dose Pump-Pk	02238704	SCH	253
ESTROPIPATE (CALCULATED AS SODIUM ESTRONE SULFATE 1.25MG)			255
ESTROPIPATE (CALCULATED AS SODIUM ESTRONE SULFATE 2.5MG)			255
ETHACRYNIC ACID			184
ETHAMBUTOL HCL			21
ETHINYL ESTRADIOL & ETHYNODIOL DIACETATE			265
ETHINYL ESTRADIOL & LEVONORGESTREL			265
ETHINYL ESTRADIOL & NORETHINDRONE			266
ETHINYL ESTRADIOL & NORETHINDRONE ACETATE			267
ETHINYL ESTRADIOL & NORGESTREL			267
ETHOPROPAZINE HCL			56
ETHOSUXIMIDE			146
Etibi 100mg Tab	00247960	ICN	21
Etibi 400mg Tab	00247979	ICN	21
ETIDRONATE DISODIUM			308
ETIDRONATE DISODIUM/CALCIUM CARBONATE			309
ETOPOSIDE			46
Euflex 250mg Tab	00637726	SCH	47

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Euglucon 2.5mg Tab	00720933	BOM	258
Euglucon 5mg Tab	00720941	BOM	258
Eumovate 0.05% Cr	02214415	GLW	284
Eumovate 0.05% Oint	02214423	GLW	284
Evista 60mg Tab	02239028	LIL	314
Exelon 1.5mg Cap	02242115	NOV	55
Exelon 3mg Cap	02242116	NOV	55
Exelon 4.5mg Cap	02242117	NOV	55
Exelon 6mg Cap	02242118	NOV	55
EXEMESTANE			46
EZETIMIBE			99
Ezetrol 10mg Tab	02247521	MFS	99
FAMCICLOVIR			25
FAMOTIDINE			228
Famvir 500mg Tab	02177102	NOV	25
Feldene 10mg Cap (Not a Benefit)	00525596	PFI	133
Feldene 20mg Cap (Not a Benefit)	00525618	PFI	133
Feldene 10mg Sup (Not a Benefit)	00632708	PFI	133
Feldene 20mg Sup	00632716	PFI	133
FELODIPINE			107
Femara 2.5mg Tab	02231384	NOV	49
FENOFIBRATE			99
FENOPROFEN			125
FENOTEROL HBR			62
FENTANYL TRANSDERMAL SYSTEM			137
Fer-In-Sol 75mg/mL O/L	00762954	MJS	77
FERROUS FUMARATE			77
FERROUS GLUCONATE			77
Ferrous Gluconate 300mg Tab	00094714	DCL	77
Ferrous Gluconate 300mg Tab (Not a Benefit)	00031097	RPR	77
FERROUS SUCCINATE			77
FERROUS SULFATE			77
Fibyrax Tab (Not a Benefit)	00779768	LED	214
FINASTERIDE			309
Flagyl 500mg Cap	01926853	AVE	31
Flagyl 250mg Tab (Not a Benefit)	01926896	RPP	31
Flagyl 10% Vag Cr-App	01926861	AVE	279
Flagyl 500mg Vag Tab-App	01926888	RPP	279
Flagystatin 500mg & 100000U/g Vag Cr-Ap	01926845	AVE	279
Flagystatin 500mg & 100000U Vag Sup	01926829	AVE	279
Flamazine 1% Cr	00323098	SNE	280
Flamazine 1% Cr-50g Pk	09854037	SNE	280
Flarex 0.1% Oph Susp	00756784	ALC	196
FLECAINIDE ACETATE			91

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Fleet Enema	00107875	FRS	215
Fleet 160mg & 60mg/mL Ped Rect Sol	00108065	FRS	216
Fleet 160mg & 60mg/mL Rect Sol	00009911	FRS	216
Flexeril 10mg Tab (Not a Benefit)	00782742	FRS	74
FLOCTAFENINE			125
Flomax 0.4mg Cap	02238123	BOE	319
Florinef 0.1mg Tab	02086026	SHI	248
Florone 0.05% Cr	00481807	UPJ	284
Florone 0.05% Oint	00481793	UPJ	284
Flovent Diskus 250mcg/Blister Pd Inh-60 Dose Pk	02237246	GLW	248
Flovent Diskus 500mcg/Blister Pd Inh-60 Dose Pk	02237247	GLW	248
Flovent HFA 50mcg/Metered Dose Inh-120 Dose Pk	02244291	GSK	248
Flovent HFA 125mcg/Metered Dose Inh-120 Dose Pk	02244292	GSK	248
Flovent HFA 250mcg/Metered Dose Inh-120 Dose Pk	02244293	GSK	248
Floxin 200mg Tab (Not a Benefit)	01968424	JNO	40
Floxin 300mg Tab	01968416	JNO	40
Floxin 400mg Tab	01968408	JNO	40
Fluanxol 0.5mg Tab	02156008	VLH	164
Fluanxol 3mg Tab	02156016	VLH	164
Fluanxol Depot 200mg/2mL Inj Sol-2mL Pk	02156040	VLH	164
Fluanxol Depot 200mg/10mL Inj Sol-10mL Pk	02156032	VLH	164
FLUCONAZOLE			4, 275
Fludara 10mg Tab	02246226	BEX	46
FLUDARABINE PHOSPHATE			46
FLUDROCORTISONE ACETATE			248
FLUMETHASONE PIVALATE & IODOCHLORHYDROXYQUIN			195
FLUNARIZINE HCL			310
FLUNISOLIDE			195
FLUOCINOLONE ACETONIDE			285
FLUOCINONIDE			285
FLUOCINONIDE & PROCINONIDE & CIPROCINONIDE			286
Fluoderm 0.01% Cr	00716782	TAR	285
Fluoderm 0.025% Cr	00716790	TAR	285
Fluoderm 0.01% Oint	00716804	TAR	285
Fluoderm 0.025% Oint	00716812	TAR	285
FLUOROMETHOLONE			196
FLUOROMETHOLONE ACETATE			196
FLUOROURACIL			47, 292
Fluorouracil 500mg/10mL Inj Sol-10mL Pk	00012882	HLR	47
Fluotic 20mg Tab	02099225	AVE	317
FLUOXETINE HCL			155
FLUPENTHIXOL DECANOATE			164
FLUPENTHIXOL DIHYDROCHLORIDE			164
FLUPHENAZINE DECANOATE			165

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FLUPHENAZINE HCL			165
FLURAZEPAM			175
FLURBIPROFEN			126
FLURBIPROFEN SODIUM			205
FLUTAMIDE			47
FLUTICASONE PROPIONATE			248
FLUVASTATIN SODIUM			100
FLUVOXAMINE MALEATE			155
FML 0.1% Oph Susp	00247855	ALL	196
FOLIC ACID			297
Folvite 5mg Tab (Not a Benefit)	00014966	LED	297
FONDAPARINUX SODIUM			80
Foradil 12mcg/Cap Inh Pd-Device Pk	02230898	NOV	63
FORMOTEROL FUMARATE			63
FORMOTEROL FUMARATE DIHYDRATE			63
Fortovase 200mg Cap	02239083	HLR	29
Fosamax 10mg Tab	02201011	FRS	301
Fosamax 70mg Tab	02245329	FRS	301
FOSINOPRIL SODIUM			108
Fragmin 2500IU/0.2mL Inj Pref Syr	02132621	PHA	78
Fragmin 5000IU/0.2mL Inj Pref Syr	02132648	PHA	78
Fragmin 10000IU/0.4mL Inj Pref Syr	09853790	PMJ	78
Fragmin 12500IU/0.5mL Inj Pref Syr	09853820	PMJ	78
Fragmin 15000IU/0.6mL Inj Pref Syr	09853880	PMJ	78
Fragmin 18000IU/0.72mL Inj Pref Syr	09853910	PMJ	78
Fragmin 10000IU/mL Inj Sol-1mL Pk	02132664	PHA	78
Fragmin 2500IU/mL Inj Sol-4mL Pk	02132656	PMJ	78
Fragmin 25000IU/mL Multidose 3.8mL Pk	02231171	PHA	78
FRAMYCETIN SULFATE			191
FRAMYCETIN SULFATE & GRAMICIDIN & DEXAMETHASONE			191
Fraxiparine 9500IU/mL Pref Syr-0.2mL Pk	02236913	SAO	81
Fraxiparine 9500IU/mL Pref Syr-0.3mL Pk	09853936	SAO	81
Fraxiparine 9500IU/mL Pref Syr-0.4mL Pk	09853944	SAO	81
Fraxiparine 9500IU/mL Pref Syr-0.6mL Pk	09853952	SAO	81
Fraxiparine 9500IU/mL Pref Syr-0.8mL Pk	09853979	SAO	81
Fraxiparine 9500IU/mL Pref Syr-1.0mL Pk	09853987	SAO	81
Fraxiparine Forte 19000IU/mL Pref Syr-0.6mL Pk	02240114	SAO	81
Fraxiparine Forte 19000IU/mL Pref Syr-0.8mL Pk	09854100	SAO	81
Fraxiparine Forte 19000IU/mL Pref Syr-1.0mL Pk	09854118	SAO	81
Frisium 10mg Tab	02221799	AVE	145
Froben 50mg Tab	02223066	KNO	126
Froben 100mg Tab	02223074	KNO	126
Fucidin 2% Cr	00586668	LEO	273
Fucidin 2% Oint	00586676	LEO	273

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Fucidin Leo 250mg Tab	01934252	LEO	20
Fucidin Leo Suspension 49.2mg/mL Oral Susp	00506036	LEO	19
Fulvicin U/F 125mg Tab	00028266	SCH	6
Fulvicin U/F 250mg Tab	00028274	SCH	6
Fulvicin U/F 500mg Tab	00028282	SCH	6
Fungizone Inj Pd-50mg Pk	00029149	BQU	3
FUROSEMIDE			184
FUSIDIC ACID			19, 273
GABAPENTIN			147
GALANTAMINE HYDROBROMIDE			54
GANCICLOVIR SODIUM			26
Garamycin 80mg/2mL Inj Sol-2mL Pk	00223824	SCH	19
Garamycin 0.3% Oph Oint-3.5g Pk	00028339	SCH	192
Garamycin 0.3% Oph Sol	00512192	SCH	192
Garamycin 0.3% Ot Sol	00512184	SCH	192
Garasone 3mg & 1mg/mL Oph/Ot Drops	00682217	SCH	191
Gastrolyte Oral Pd-1 Sach Pk	01931563	RPP	182
GATIFLOXACIN			36
GEL-OSE 40% Jelly-Unidose Pk	00739561	JOU	215
Gelusil Extra Strength 400mg & 400mg Tab dpp (Not a Benefit)	00483605	PDA	211
GEMFIBROZIL			100
Gemfibrozil 300mg Cap	00851922	CIL	100
Gen-Acebutolol 100mg Tab	02237721	GEN	85
Gen-Acebutolol 200mg Tab	02237722	GEN	85
Gen-Acebutolol 400mg Tab	02237723	GEN	85
Gen-Acebutolol (Type S) 100mg Tab	02237885	GEN	85
Gen-Acebutolol (Type S) 200mg Tab	02237886	GEN	85
Gen-Acebutolol (Type S) 400mg Tab	02237887	GEN	85
Gen-Acyclovir 800mg Tab	02242464	GEN	23
Gen-Alprazolam 0.25mg Tab	02137534	GEN	161
Gen-Alprazolam 0.5mg Tab	02137542	GEN	161
Gen-Amantadine 100mg Cap	02139200	GEN	302
Gen-Amiodarone 200mg Tab	02240604	GEN	86
Gen-Amoxicillin 250mg Cap	02238171	GEN	10
Gen-Amoxicillin 500mg Cap	02238172	GEN	10
Gen-Atenolol 50mg Tab	02146894	GEN	86
Gen-Atenolol 100mg Tab	02147432	GEN	87
Gen-Azathioprine 50mg Tab	02231491	GEN	303
Gen-Baclofen 10mg Tab	02088398	GEN	74
Gen-Baclofen 20mg Tab	02088401	GEN	74
Gen-Beclo AQ 50mcg Nas Sp-200 Dose Pk	02172712	GEN	194
Gen-Bromazepam 1.5mg Tab	02192705	GEN	162
Gen-Bromazepam 3mg Tab	02192713	GEN	162
Gen-Bromazepam 6mg Tab	02192721	GEN	162

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Gen-Budesonide AQ 100mcg/Metered Dose Nas Sp-165 Dose Pk	02230648	GEN	195
Gen-Captopril 12.5mg Tab	02163551	GEN	104
Gen-Captopril 25mg Tab	02163578	GEN	104
Gen-Captopril 50mg Tab	02163586	GEN	105
Gen-Captopril 100mg Tab	02163594	GEN	105
Gen-Carbamazepine CR 200mg LA Tab	02241882	GEN	144
Gen-Carbamazepine CR 400mg LA Tab	02241883	GEN	144
Gen-Cimetidine 200mg Tab	02227436	GEN	226
Gen-Cimetidine 300mg Tab	02227444	GEN	226
Gen-Cimetidine 400mg Tab	02227452	GEN	226
Gen-Cimetidine 600mg Tab	02227460	GEN	227
Gen-Ciprofloxacin 250mg Tab	02245647	GEN	33
Gen-Ciprofloxacin 500mg Tab	02245648	GEN	33
Gen-Ciprofloxacin 750mg Tab	02245649	GEN	33
Gen-Citalopram 20mg Tab	02246594	GEN	152
Gen-Citalopram 40mg Tab	02246595	GEN	152
Gen-Clindamycin 150mg Cap	02258331	GEN	18
Gen-Clindamycin 300mg Cap	02258358	GEN	18
Gen-Clobetasol 0.05% Cr	02024187	GEN	283
Gen-Clobetasol 0.05% Oint	02026767	GEN	283
Gen-Clobetasol 0.05% Scalp Lot	02216213	GEN	283
Gen-Clomipramine 10mg Tab	02139340	GEN	153
Gen-Clomipramine 25mg Tab	02139359	GEN	153
Gen-Clomipramine 50mg Tab	02139367	GEN	153
Gen-Clonazepam 0.5mg Tab	02230950	GEN	145
Gen-Clonazepam 2mg Tab	02230951	GEN	146
Gen-Cromoglycate 1% Inh Sol-2mL Pk	02219468	GEN	317
Gen-Cromoglycate 2% Nas Sol-26mL Pk	02231326	GEN	208
Gen-Cycloprine 10mg Tab (Not a Benefit)	02231353	GEN	74
Gen-Cyproterone 50mg Tab	02229723	GEN	45
Gen-Diltiazem 30mg Tab	02146916	GEN	91
Gen-Diltiazem 60mg Tab	02146924	GEN	91
Gen-Diltiazem CD 120mg LA Cap	02254808	GEN	90
Gen-Diltiazem CD 180mg LA Cap	02254816	GEN	90
Gen-Diltiazem CD 240mg LA Cap	02254824	GEN	90
Gen-Diltiazem CD 300mg LA Cap	02254832	GEN	90
Gen-Diltiazem SR 60mg LA Cap	02231743	GEN	90
Gen-Diltiazem SR 90mg LA Cap	02231744	GEN	91
Gen-Diltiazem SR 120mg LA Cap	02231745	GEN	91
Gen-Divalproex 125mg Ent Tab	02265133	GEN	146
Gen-Divalproex 250mg Ent Tab	02265141	GEN	146
Gen-Divalproex 500mg Ent Tab	02265168	GEN	146
Gen-Doxazosin 1mg Tab	02240498	GEN	106
Gen-Doxazosin 2mg Tab	02240499	GEN	106

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Gen-Doxazosin 4mg Tab	02240500	GEN	106
Gen-Etidronate 200mg Tab	02245330	GEN	308
Gen-Famotidine 20mg Tab	02196018	GEN	228
Gen-Famotidine 40mg Tab	02196026	GEN	228
Gen-Fenofibrate Micro 200mg Cap	02240210	GEN	99
Gen-Fluconazole 150mg Cap	02245697	GEN	275
Gen-Fluconazole 50mg Tab	02245292	GEN	5
Gen-Fluconazole 100mg Tab	02245293	GEN	5
Gen-Fluoxetine 20mg Cap	02237814	GEN	155
Gen-Fosinopril 10mg Tab	02262401	GEN	108
Gen-Fosinopril 20mg Tab	02262428	GEN	108
Gen-Gabapentin 100mg Cap	02248259	GEN	147
Gen-Gabapentin 300mg Cap	02248260	GEN	147
Gen-Gabapentin 400mg Cap	02248261	GEN	147
Gen-Gemfibrozil 300mg Cap	02185407	GEN	100
Gen-Glybe 2.5mg Tab	00808733	GEN	258
Gen-Glybe 5mg Tab	00808741	GEN	258
Gen-Hydroxychloroquine 200mg Tab	02252600	GEN	30
Gen-Hydroxyurea 500mg Cap	02242920	GEN	47
Gen-Indapamide 1.25mg Tab	02240067	GEN	186
Gen-Indapamide 2.5mg Tab	02153483	GEN	186
Gen-Ipratropium 250mcg/mL Inh Sol-20mL Pk	02239131	GEN	56
Gen-Ipratropium 250mcg/mL Inh Sol-2mL UDV Pk	02216221	GEN	57
Gen-Lamotrigine 25mg Tab	02265494	GEN	148
Gen-Lamotrigine 100mg Tab	02265508	GEN	148
Gen-Lamotrigine 150mg Tab	02265516	GEN	148
Gen-Lovastatin 20mg Tab	02243127	GEN	100
Gen-Lovastatin 40mg Tab	02243129	GEN	100
Gen-Medroxy 2.5mg Tab	02229838	GEN	267
Gen-Medroxy 5mg Tab	02229839	GEN	268
Gen-Medroxy 10mg Tab	02229840	GEN	268
Gen-Meloxicam 7.5mg Tab	02255987	GEN	130
Gen-Meloxicam 15mg Tab	02255995	GEN	130
Gen-Metformin 500mg Tab	02148765	GEN	258
Gen-Metoprolol (Type B) 50mg Tab	02230448	GEN	92
Gen-Metoprolol (Type B) 100mg Tab	02230449	GEN	92
Gen-Metoprolol (Type L) 50mg Tab	02174545	GEN	92
Gen-Metoprolol (Type L) 100mg Tab	02174553	GEN	92
GEN-Mirtazapine 30mg Tab	02256118	GEN	156
Gen-Nifedipine 10mg Cap	01946307	GEN	93
Gen-Nitro SL 0.4mg/Metered Dose Spray-200 Dose Pk	02243588	GEN	120
Gen-Nizatidine 150mg Cap	02246046	GEN	232
Gen-Nizatidine 300mg Cap	02246047	GEN	232
Gen-Nortriptyline 10mg Cap	02231686	GEN	157

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Gen-Nortriptyline 25mg Cap	02231687	GEN	157
Gen-Oxybutynin 5mg Tab	02230800	GEN	59
Gen-Paroxetine 20mg Tab	02248013	GEN	158
Gen-Paroxetine 30mg Tab	02248014	GEN	158
Gen-Pindolol 5mg Tab	02057808	GEN	112
Gen-Pindolol 10mg Tab	02057816	GEN	113
Gen-Pindolol 15mg Tab	02057824	GEN	113
Gen-Piroxicam 10mg Cap	02171813	GEN	133
Gen-Piroxicam 20mg Cap	02171821	GEN	133
Gen-Propafenone 150mg Tab	02245372	GEN	94
Gen-Propafenone 300mg Tab	02245373	GEN	94
Gen-Ranitidine 150mg Tab	02207761	GEN	239
Gen-Ranitidine 300mg Tab	02207788	GEN	239
Gen-Salbutamol 2mg/mL Inh Sol-2.5mL Pk	02173360	GEN	68
Gen-Salbutamol 5mg/mL Inh Sol-10mL Pk	02232987	GEN	69
Gen-Salbutamol Sterinebs P.F. 1mg/mL Inh Sol-2.5mL Pk	01926934	GEN	67
Gen-Selegiline 5mg Tab	02231036	GEN	316
Gen-Sertraline 25mg Cap	02242519	GEN	158
Gen-Sertraline 50mg Cap	02242520	GEN	159
Gen-Sertraline 100mg Cap	02242521	GEN	159
Gen-Simvastatin 5mg Tab	02246582	GEN	102
Gen-Simvastatin 10mg Tab	02246583	GEN	102
Gen-Simvastatin 20mg Tab	02246737	GEN	102
Gen-Simvastatin 40mg Tab	02246584	GEN	103
Gen-Simvastatin 80mg Tab	02246585	GEN	103
Gen-Sotalol 160mg Tab	02229779	GEN	96
Gen-Tamoxifen 10mg Tab	02088428	GEN	51
Gen-Tamoxifen 20mg Tab	02089858	GEN	51
Gen-Temazepam 15mg Cap	02231615	GEN	177
Gen-Temazepam 30mg Cap	02231616	GEN	177
Gen-Ticlopidine 250mg Tab	02239744	GEN	320
Gen-Timolol 0.25% Oph Sol	00893773	GEN	209
Gen-Timolol 0.5% Oph Sol	00893781	GEN	209
Gen-Trazodone 50mg Tab	02231683	GEN	160
Gen-Trazodone 100mg Tab	02231684	GEN	160
Gen-Triazolam 0.125mg Tab	01995227	GEN	177
Gen-Triazolam 0.25mg Tab	01913506	GEN	178
Gen-Valproic 250mg Cap	02184648	GEN	151
Gen-Verapamil 80mg Tab	02237921	GEN	97
Gen-Verapamil 120mg Tab	02237922	GEN	97
Gen-Verapamil SR 180mg LA Tab	02210355	GEN	118
Gen-Verapamil SR 240mg LA Tab	02210363	GEN	118
Gen-Warfarin 1mg Tab	02244462	GEN	83
Gen-Warfarin 2mg Tab	02244463	GEN	83

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Gen-Warfarin 2.5mg Tab	02244464	GEN	83
Gen-Warfarin 4mg Tab	02244465	GEN	83
Gen-Warfarin 5mg Tab	02244466	GEN	83
Gen-Warfarin 10mg Tab	02244467	GEN	84
GENTAMICIN & BETAMETHASONE SODIUM PHOSPHATE			191
GENTAMICIN SULFATE			19, 192
Gentamicin Sulfate 0.3% Oph Sol	02212927	RIV	192
Gentamicin Sulfate 0.3% Ot Sol	02229441	SIL	192
Glucagon 1mg/Vial Inj Pd-Vial Pk	02243297	LIL	310
GLUCAGON RDNA ORIGIN			310
Glucophage 500mg Tab	02099233	AVE	258
GLYBURIDE			258
Glycon 500mg Tab	02229516	ICN	258
Glysennid 8.6mg Tab	00604402	NOV	216
Glysennid 12mg Tab	00027502	NOV	216
GOSERELIN ACETATE			47
GRAIN & CITRUS FIBRE			214
GRANISETRON HCL			223
Gravol Filmkote 50mg Tab (Not a Benefit)	00013803	HOR	221
GRISEOFULVIN			6
GUAIFENESIN			189
Guaifenesin 20mg/mL O/L (Not a Benefit)	00026794	ROG	189
Guaifenesin Sugar Free 20mg/mL O/L (Not a Benefit)	00990930	ROG	189
GUANETHIDINE MONOSULFATE			108
HALCINONIDE			286
Halcion 0.125mg Tab	00512559	UPJ	177
Halcion 0.25mg Tab	00443158	UPJ	178
Haldol 5mg/mL Inj Sol-1mL Pk (Not a Benefit)	00017574	OMC	165
Haldol 2mg/mL O/L (Not a Benefit)	00017582	OMC	165
Haldol 0.5mg Tab (Not a Benefit)	00017655	OMC	166
Haldol 1mg Tab (Not a Benefit)	00017663	OMC	166
Haldol 2mg Tab (Not a Benefit)	00017671	OMC	166
Haldol 5mg Tab (Not a Benefit)	00017698	OMC	166
Haldol 10mg Tab (Not a Benefit)	00381772	OMC	166
Haldol 20mg Tab (Not a Benefit)	00499579	OMC	166
Haldol-LA 100mg/mL Oily Inj Sol-1mL Pk (Not a Benefit)	00599093	OMC	166
Haldol-LA 50mg/mL Oily Inj Sol-5mL Pk (Not a Benefit)	00599085	OMC	166
Haldol-LA 100mg/mL Oily Inj Sol-5mL Pk (Not a Benefit)	00980803	OMC	166
Halog 0.1% Cr	02011921	WSQ	286
Halog 0.1% Oint	02010283	WSQ	286
Halog 0.1% Sol	02010291	WSQ	286
Halog Mild 0.025% Cr	00404179	WSQ	286
HALOPERIDOL			165
Haloperidol 5mg/mL Inj Sol-1mL Pk	00808652	SIL	165

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HALOPERIDOL DECANOATE			166
Haloperidol LA 100mg/mL Oily Inj Sol-1mL Pk	02130300	SIL	166
Haloperidol LA 50mg/mL Oily Inj Sol-5mL Pk	02130297	SIL	166
Haloperidol LA 100mg/mL Oily Inj Sol-5mL Pk	09853758	SIL	166
Hepalean 25000USP U/mL Inj Sol-2mL Pk	00740535	ORG	80
Hepalean 50000USP U/5mL Inj Sol-5mL Pk	00740497	ORG	80
Hepalean 10000USP U/10mL Inj Sol-10mL Pk	00740519	ORG	80
HEPARIN CALCIUM			80
HEPARIN SODIUM			80
Hexalen 50mg Cap	02126230	LIL	43
Hexavitamins Tab (Not a Benefit)	00269034	NOP	300
HEXAVITAMINS USP			300
Hp-PAC 30mg & 500mg & 500mg Tab/Cap Pk	02238525	TAP	231
Humalog 100U/mL Inj Sol-5x1.5mL Pk	02229705	LIL	260
Humalog 100U/mL Inj Sol-5x3mL Pk	09853715	LIL	260
Humalog 100U/mL Inj Sol-10mL Pk	02229704	LIL	260
Humalog Mix25 25% & 75% Inj Susp-3mL Pk	02240294	LIL	263
Humulin 20/80 Cartridge 100U/mL Inj Susp-5X3mL Pk	09853847	LIL	263
Humulin 30/70 100U/mL Inj Susp-5X3mL Pk	09853855	LIL	263
Humulin 30/70 1000U/10mL Inj Susp-10mL Pk	00795879	LIL	263
Humulin L Lente 1000U/10mL Inj Susp-10mL Pk	00646148	LIL	261
Humulin N 100U/mL Inj Susp-5X3mL Pk	09853804	LIL	261
Humulin NPH 1000U/10mL Inj Susp-10mL Pk	00587737	LIL	261
Humulin R 100U/mL Inj Sol-5X3mL Pk	09853766	LIL	259
Humulin Regular 1000U/10mL Inj Sol-10mL Pk	00586714	LIL	259
Humulin-U Ultralente 1000U/10mL Inj Susp-10mL Pk	00733075	LIL	262
Hycodan 1mg/mL O/L	01916580	BQU	189
Hycort 100mg/60mL Enema-60mL Pk	00230316	ICN	228
Hyderm 1% Cr	00716839	TAR	287
HYDRALAZINE HCL			108
Hydrea 500mg Cap	00465283	BQU	47
HYDROCHLOROTHIAZIDE			185
HYDROCHLOROTHIAZIDE & SPIRONOLACTONE			185
HYDROCHLOROTHIAZIDE & TRIAMTERENE			186
HYDROCODONE BITARTRATE			189
HYDROCORTISONE			228, 249, 286
HYDROCORTISONE & UREA			287
HYDROCORTISONE ACETATE			228, 287
HYDROCORTISONE ACETATE & UREA			287
HYDROCORTISONE VALERATE			287
HydroDIURIL 25mg Tab (Not a Benefit)	00016500	MSD	185
HydroDIURIL 50mg Tab (Not a Benefit)	00016519	MSD	185
Hydromorph Contin 3mg CR Cap	02125323	PFP	137
Hydromorph Contin 6mg CR Cap	02125331	PFP	137

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Hydromorph Contin 12mg CR Cap	02125366	PFP	137
Hydromorph Contin 18mg CR Cap	02243562	PFP	137
Hydromorph Contin 24mg CR Cap	02125382	PFP	137
Hydromorph Contin 30mg CR Cap	02125390	PFP	137
Hydromorphone 2mg/mL Inj Sol-1mL Pk	02145901	SIL	138
HYDROMORPHONE HCL			137
Hydromorphone HP-10 10mg/mL Inj Sol-1mL Pk	02145928	SIL	138
Hydromorphone HP-20 20mg/mL Inj	02145936	SIL	138
Hydromorphone HP-50 50mg/mL Inj-1mL Pk	02146126	SIL	138
Hydroval 0.2% Cr	02242984	TAR	287
Hydroval 0.2% Oint	02242985	TAR	287
HYDROXYCHLOROQUINE SULFATE			30
HYDROXYUREA			47
HYDROXYZINE HCL			167
Hygroton 50mg Tab	00010413	GEI	184
Hypotears 1% Oph-Sol	02133253	NOV	208
Hytakerol 0.125mg Cap	02017601	SAO	299
Hytrin 1mg Tab	00818658	ABB	116
Hytrin 2mg Tab	00818682	ABB	116
Hytrin 5mg Tab	00818666	ABB	116
Hytrin 10mg Tab	00818674	ABB	116
Hytrin 7x1mg, 7x2mg, 14x5mg Tab-Starter Pk	02187876	ABB	116
Hyzaar 50mg/12.5mg Tab	02230047	FRS	110
Hyzaar DS 100mg/25mg Tab	02241007	FRS	110
IBUPROFEN			126
Idarac 200mg Tab (Not a Benefit)	02017628	SAO	125
Idarac 400mg Tab (Not a Benefit)	02017636	SAO	125
Iletin II NPH 1000U/10mL Inj Susp-10mL Pk	00514551	LIL	261
Iletin II Regular 1000U/10mL Inj Sol-10mL Pk	00513644	LIL	259
Ilosone 25mg/mL O/L (Not a Benefit)	00015474	LIL	8
Ilosone 50mg/mL O/L (Not a Benefit)	00210641	LIL	8
IMIPRAMINE			156
Imodium 2mg Caplet	00860743	JAN	213
Imuran 50mg Tab	00004596	BWE	303
INDAPAMIDE			186
Indapamide 2.5mg Tab	02049341	PRO	186
Indapamide Hemihydrate 1.25mg Tab	02227339	PRO	186
Inderal 10mg Tab (Not a Benefit)	02042177	WAY	94
Inderal 20mg Tab (Not a Benefit)	02042193	WAY	95
Inderal 80mg Tab (Not a Benefit)	02042215	WAY	95
Inderal 120mg Tab (Not a Benefit)	02042223	WAY	95
Inderal-40 40mg Tab (Not a Benefit)	02042207	AYE	95
INDINAVIR			26
Indocid 25mg Cap (Not a Benefit)	00016039	MSD	127

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Indocid 50mg Cap (Not a Benefit)	00016047	MSD	128
Indocid 50mg Sup (Not a Benefit)	00594466	MSD	128
Indocid 100mg Sup (Not a Benefit)	00016233	MSD	128
INDOMETHACIN			127
Inflamase Forte 1% Oph Sol	02133318	CBV	196
Inhibace 1mg Tab	01911465	HLR	105
Inhibace 2.5mg Tab	01911473	HLR	105
Inhibace 5mg Tab	01911481	HLR	105
Inhibace Plus 5mg/12.5mg Tab	02181479	HLR	105
Innohep 3500IU/0.35mL Inj Pref Syr	02229755	LEO	82
Innohep 4500IU/0.45mL Inj Pref Syr	09853898	LEO	82
Innohep 10000IU/0.5mL Inj Pref Syr	02231478	LEO	82
Innohep 14000IU/0.7mL Inj Pref Syr	09853901	LEO	82
Innohep 18000IU/0.9mL Inj Pref Syr	09853928	LEO	82
Innohep 10000IU/mL Inj-2mL Pk	02167840	LEO	82
Innohep 20000IU/mL Inj-2mL Pk	02229515	LEO	82
INSULIN (10% NEUTRAL & 90% ISOPHANE) HUMAN BIOSYNTHETIC			262
INSULIN (20% NEUTRAL & 80% ISOPHANE) HUMAN BIOSYNTHETIC			262
INSULIN (30% NEUTRAL & 70% ISOPHANE) HUMAN BIOSYNTHETIC			262
INSULIN (40% NEUTRAL & 60% ISOPHANE) HUMAN BIOSYNTHETIC			263
INSULIN (50% NEUTRAL & 50% ISOPHANE) HUMAN BIOSYNTHETIC			263
INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC			261
INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC (RDNA ORIGIN)			261
INSULIN (ISOPHANE) PORK			261
INSULIN (ZINC CRYSTALLINE) HUMAN BIOSYNTHETIC (RDNA ORIGIN)			259
INSULIN (ZINC CRYSTALLINE) PORK			259
INSULIN ASPART			259
INSULIN HUMAN BIOSYNTHETIC			260
INSULIN HUMAN BIOSYNTHETIC 20% & ISOPHANE 80%			263
INSULIN HUMAN BIOSYNTHETIC 30% & ISOPHANE 70%			263
INSULIN LISPRO			260
INSULIN LISPRO & INSULIN LISPRO PROTAMINE			263
INSULIN ZINC SUSPENSION MEDIUM HUMAN BIOSYNTHETIC (RDNA ORIGIN)			261
INSULIN ZINC SUSPENSION PROLONGED, HUMAN BIOSYNTHETIC (RDNA ORIGIN)			262
Intal 1% Inh Sol-2mL Pk (Not a Benefit)	00534609	AVE	317
Intal Inh-200 Dose Pk	00555649	AVE	317
Intal Spincaps 20mg/Cart Pd Inh	00261238	AVE	317
INTERFERON ALFA-2A			48
INTERFERON ALFA-2B			48
Intron A 15mu/mL 18mu MD Pen Kit	02240693	SCH	48
Intron A 25mu/mL 30mu MD Pen Kit	02240694	SCH	48
Intron A 50mu/mL 60mu MD Pen Kit	02240695	SCH	48
Invirase 200mg Cap	02216965	HLR	29
IDOQUINOL			37

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IPRATROPIUM BROMIDE			56, 205
IPRATROPIUM BROMIDE/SALBUTAMOL			58
IRBESARTAN			109
IRBESARTAN & HYDROCHLOROTHIAZIDE			109
Ismelin 25mg Tab	00005517	CIB	108
ISONIAZID			21
ISOPROTERENOL HCL			64
Isoptin 80mg Tab (Not a Benefit)	00554316	KNO	97
Isoptin 120mg Tab (Not a Benefit)	00554324	KNO	97
Isoptin SR 180mg LA Tab	01934317	KNO	118
Isoptin SR 240mg LA Tab	00742554	KNO	118
Isopto Atropine 1% Oph Sol	00035017	ALC	199
Isopto Carbachol 1.5% Oph Sol	00000655	ALC	197
Isopto Carbachol 3% Oph Sol	00000663	ALC	197
Isopto Carpine 0.5% Oph Sol	00000833	ALC	198
Isopto Carpine 1% Oph Sol	00000841	ALC	198
Isopto Carpine 2% Oph Sol	00000868	ALC	198
Isopto Carpine 4% Oph Sol	00000884	ALC	198
Isopto Carpine 6% Oph Sol	00000892	ALC	198
Isopto Tears 0.5% Oph-Sol	00000809	ALC	207
Isopto Tears 1% Oph-Sol	00000817	ALC	207
Isordil 5mg SL Tab (Not a Benefit)	02042606	WAY	119
Isordil 10mg Tab (Not a Benefit)	02042622	WAY	119
Isordil 30mg Tab (Not a Benefit)	02042614	WAY	119
ISOSORBIDE DINITRATE			119
Isotamine 300mg Tab	00272655	ICN	21
ISOTRETINOIN			293
Isuprel 0.5% Inh Sol-10mL Pk	02017652	SAO	64
K-10 1.33mEq/mL O/L	01918303	SMJ	182
K-Lor 20mEq/Pouch Oral Pd-3g Pk	00481211	ABB	182
K-Lyte/Cl 25mEq/Pouch Oral Pd-7.8g Pk	02089580	SHI	182
Kadian 10mg SR Cap	02242163	FAU	140
Kadian 20mg SR Cap	02184435	FAU	140
Kadian 50mg SR Cap	02184443	FAU	141
Kadian 100mg SR Cap	02184451	FAU	141
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	182
Kaochlor-20 Concentrate 2.66mEq/mL O/L	02064502	PMJ	182
Kaon 1.33mEq/mL O/L	02063840	PMJ	183
Kayexalate 1mEq/g Oral Pd-454g Pk	02026961	SAO	183
Keflex 25mg/mL Pd for Oral Susp	00015547	PHE	18
Keflex 50mg/mL Pd for Oral Susp	00035645	PHE	18
Keflex 250mg Tab	00403628	PHE	18

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Keflex 500mg Tab	00244392	PHE	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	59
Kemadrin 5mg Tab	00004758	BWE	59
Kenalog 0.1% Cr (Not a Benefit)	00029114	WSQ	288
Kenalog 0.1% Oint	01999796	WSQ	288
Kenalog-10 50mg/5mL Inj Susp-5mL Pk	01999761	WSQ	250
Kenalog-40 40mg/mL Inj Susp-1mL Pk	00990876	WSQ	250
Kenalog-40 200mg/5mL Inj Susp-5mL Pk	01999869	WSQ	250
Kenalog-Orabase Oral Top Oint	01999788	WSQ	288
Keralyt 6% Gel	01909134	WSQ	290
KETOCONAZOLE			6, 275
Ketoderm 2% Cr	02245662	OPI	275
KETOPROFEN			128
KETOROLAC TROMETHAMINE			196
Kidrolase Inj Pd-10000IU Pk	01926438	AVE	48
Klean-Prep Pd-1 Kit	02147793	RIV	182
Kwellada 1% Shampoo (Not a Benefit)	00026220	RCA	277
Kwellada-P 1% Cr Rinse	02231480	RCA	278
Kwellada-P 5% Lot	02231348	RCA	278
Kytril 1mg Tab	02185881	HLR	223
L-ASPARAGINASE			48
LABETALOL HCL			109
Lacri-Lube 55%/42.5% Oph Oint-3.5g Pk	00210889	ALL	207
Lactaid Liq-6.5mL Pk	97903981	MCL	310
Lactaid Liq-15.5mL Pk	97904163	MCL	310
Lactaid Tab	01936859	MCL	310
LACTASE ENZYME			310
LACTULOSE			215, 228
Lamictal 25mg Tab	02142082	GLA	148
Lamictal 100mg Tab	02142104	GLA	148
Lamictal 150mg Tab	02142112	GLA	148
Lamisil 1% Cr	02031094	NOV	276
LAMIVUDINE			26
LAMIVUDINE & ZIDOVUDINE			27
LAMOTRIGINE			148
Lanoxin 0.05mg/mL Inj Sol-1mL Pk	00004456	BWE	89
Lanoxin 0.5mg/2mL Inj Sol-2mL Pk	00004464	BWE	89
Lanoxin 0.05mg/mL O/L	02242320	VRO	89
Lanoxin 0.0625mg Tab	02242321	VRO	89
Lanoxin 0.125mg Tab	02242322	VRO	89
Lanoxin 0.25mg Tab	02242323	VRO	89
LANSOPRAZOLE			229

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LANSOPRAZOLE & CLARITHROMYCIN & AMOXICILLIN			231
Lanvis 40mg Tab	00282081	BWE	52
Largactil 50mg/2mL Inj Sol-2mL Pk	01929984	AVE	163
Largactil 5mg/mL O/L	01929968	AVE	163
Largactil 20mg/mL O/L	01929976	AVE	163
Largactil 40mg/mL O/L	01929992	AVE	163
Largactil 100mg Sup	01930001	AVE	163
Largactil 25mg Tab (Not a Benefit)	01929917	RPP	163
Largactil 50mg Tab (Not a Benefit)	01929925	RPP	163
Largactil 100mg Tab (Not a Benefit)	01929933	RPP	163
Lasix 10mg/mL O/L	02224720	AVE	184
Lasix 20mg Tab	02224690	AVE	184
Lasix 40mg Tab	02224704	AVE	184
Lasix Special 500mg Tab	02224755	AVE	185
LATANOPROST			205
LATANOPROST & TIMOLOL MALEATE			206
Lectopam 1.5mg Tab	00682314	HLR	162
Lectopam 3mg Tab	00518123	HLR	162
Lectopam 6mg Tab	00518131	HLR	162
LEFLUNOMIDE			311
Lescol 20mg Cap	02061562	NOV	100
Lescol 40mg Cap	02061570	NOV	100
Lescol XL 80mg ER Tab	02250527	NOV	100
LETROZOLE			49
LEUCOVORIN CALCIUM			297
Leucovorin Calcium 5mg Tab	02170493	WAY	297
Leukeran 2mg Tab	00004626	BWE	44
LEUPROLIDE ACETATE			49
Leustatin 1mg/mL Inj	02022117	OMC	45
Levaquin 250mg Tab	02236841	JNO	37
Levaquin 500mg Tab	02236842	JNO	37
LEVOBUNOLOL HCL			206
LEVOBUNOLOL HCL & DIPIVIFREN HCL			206
Levobunolol Hydrochloride 0.25% Oph Sol	02231714	RIV	206
Levobunolol Hydrochloride 0.5% Oph Sol	02231715	RIV	206
LEVODOPA & BENSERAZIDE			311
LEVODOPA & CARBIDOPA			311
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Librium 5mg Cap (Not a Benefit)	00012629	HLR	162
Librium 10mg Cap (Not a Benefit)	00012637	HLR	162
Librium 25mg Cap (Not a Benefit)	00012645	HLR	162
Lidemol 0.05% Emol Cr	02163152	MEC	285

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Lidex 0.05% Cr	02161923	MEC	285
Lidex 0.05% Oint	02161966	MEC	286
LIDOCAINE HCL			197
Lin-Amox 250mg Cap	02181487	LON	10
Lin-Amox 500mg Cap	02181495	LON	10
Lin-Amox 25mg/mL O/L	02181509	LON	10
Lin-Amox 50mg/mL O/L	02181517	LON	10
Lin-Fosinopril 10mg Tab	02242733	LON	108
Lin-Fosinopril 20mg Tab	02242734	LON	108
Lin-Megestrol 40mg Tab	02176092	LON	50
Lin-Megestrol 160mg Tab	02176106	LON	50
Lin-Pravastatin 10mg Tab	02237373	LON	101
Lin-Pravastatin 20mg Tab	02237374	LON	101
Lin-Pravastatin 40mg Tab	02237375	LON	101
LINDANE (GAMMA BENZENE HEXACHLORIDE)			277
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Linsotalol 160mg Tab	02170841	LON	96
Lioresal 10mg Tab	00455881	NOV	74
Lioresal DS 20mg Tab	00636576	NOV	74
Lipidil 100mg Cap (Not a Benefit)	00885827	JOU	99
Lipidil Micro 200mg Cap	02146959	FOU	99
Lipidil Supra 160mg Tab	02241602	FOU	99
Lipitor 10mg Tab	02230711	PFI	97
Lipitor 20mg Tab	02230713	PFI	97
Lipitor 40mg Tab	02230714	PFI	97
Lipitor 80mg Tab	02243097	PFI	97
Liquifilm Tears 1.4% Oph-Sol	00045616	ALL	208
LISINOPRIL			109
LISINOPRIL & HYDROCHLOROTHIAZIDE			110
Lithane 150mg Cap	02013231	PFI	173
Lithane 300mg Cap	00406775	PFI	173
LITHIUM CARBONATE			173
Locacorten-Vioform 0.02% & 1% Ot Sol	00074454	NOV	195
LODOXAMIDE TROMETHAMINE			196
Loestrin 1.5/30 0.03mg & 1.5mg Tab-21 Pk	00297143	PFI	267
Loestrin 1.5/30 0.03mg & 1.5mg Tab-28 Pk	00353027	PFI	267
Lomotil 2.5mg & 0.025mg Tab	00036323	SEA	212
LOMUSTINE (CCNU)			49
Loniten 2.5mg Tab	00514497	UPJ	111
Loniten 10mg Tab	00514500	UPJ	111
LOPERAMIDE HCL			213
Lopid 300mg Cap	00599026	PFI	100
LOPINAVIR & RITONAVIR			27
Lopresor 50mg Tab	00397423	NOV	92

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Lopresor 100mg Tab	00397431	NOV	92
Lopresor SR 100mg LA Tab	00658855	NOV	92
Lopresor SR 200mg LA Tab	00534560	NOV	92
LORAZEPAM			167
LOSARTAN POTASSIUM			110
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE			110
Losec 20mg Cap (Not a Benefit)	00846503	AST	233
Losec 20mg DR Tab	02190915	AZC	235
Lotensin 5mg Tab	00885835	CIB	103
Lotensin 10mg Tab	00885843	NOV	103
Lotensin 20mg Tab	00885851	NOV	104
LOVASTATIN			100
Lovenox 100mg/mL Inj Sol-3mL Vial Pk	02236564	AVE	79
Lovenox 30mg/0.3mL Pref Syr-0.3mL Pk	02012472	AVE	79
Lovenox 40mg/0.4mL Pref Syr-0.4mL Pk	02236883	AVE	79
Lovenox 60mg/0.6mL Pref Syr-0.6mL Pk	09852468	AVE	79
Lovenox 80mg/0.8mL Pref Syr-0.8mL Pk	09852476	AVE	79
Lovenox 100mg/mL Pref Syr-1mL Pk	09852484	AVE	79
Lovenox HP 120mg/0.8mL Pref Syr-0.8mL Pk	09857137	AVE	79
Lovenox HP 150mg/mL Pref Syr-1mL Pk	02242692	AVE	79
Loxapac 25mg/mL O/L (Not a Benefit)	02170000	WAY	173
Loxapac 5mg Tab (Not a Benefit)	02170019	WAY	173
Loxapac 10mg Tab (Not a Benefit)	02170027	WAY	174
Loxapac 25mg Tab (Not a Benefit)	02170132	WAY	174
Loxapac 50mg Tab (Not a Benefit)	02170035	WAY	174
LOXAPINE HCL			173
LOXAPINE SUCCINATE			173
Lozide 1.25mg Tab	02179709	SEV	186
Lozide 2.5mg Tab	00564966	SEV	186
Ludiomil 10mg Tab	00641855	NOV	156
Ludiomil 25mg Tab (Not a Benefit)	00360481	CIB	156
Ludiomil 50mg Tab	00360503	NOV	156
Ludiomil 75mg Tab	00360511	NOV	156
Lumigan 0.03% Oph Sol-2.5mL Pk	02245860	ALL	200
Lupron Depot PDS 3.75mg Inj-Kit	00884502	ABB	49
Lupron Depot PDS 7.5mg Inj-Kit	00836273	ABB	49
Lupron Depot PDS 11.25mg Inj-Kit	02239834	TAP	49
Lupron Depot PDS 22.5mg Inj-Kit	02230248	ABB	49
Lupron Depot PDS 30mg Inj-Kit	02239833	TAP	49
Luvox 50mg Tab	01919342	SPH	155
Luvox 100mg Tab	01919369	SPH	155
Lyderm 0.05% Cr	00716863	OPI	285
Lyderm 0.05% Gel	02236997	OPI	285
Lyderm 0.05% Oint	02236996	OPI	286

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M-Eslon 10mg ER Cap	02019930	AVE	140
M-Eslon 15mg ER Cap	02177749	AVE	140
M-Eslon 30mg ER Cap	02019949	AVE	140
M-Eslon 60mg ER Cap	02019957	AVE	140
M-Eslon 100mg ER Cap	02019965	AVE	140
M-Eslon 200mg ER Cap	02177757	AVE	140
M.O.S. 1mg/mL O/L (Not a Benefit)	00486582	ICN	139
M.O.S. 5mg/mL O/L	00514217	ICN	139
M.O.S. 10mg/mL O/L	00632503	ICN	139
M.O.S. 20mg/mL O/L	00632481	ICN	139
M.O.S. Conc 50 50mg/mL O/L	00690236	ICN	139
M.O.S.-10 10mg Tab	00690198	ICN	139
M.O.S.-20 20mg Tab	00690201	ICN	139
M.O.S.-40 40mg Tab	00690228	ICN	139
M.O.S.-60 60mg Tab	00690244	ICN	139
Maalox 40mg & 40mg/mL O/L dpp (Not a Benefit)	02163136	NOV	211
Maalox 400mg & 400mg Tab dpp (Not a Benefit)	02208253	NOV	211
Maalox TC 600mg & 300mg Chew Tab dpp (Not a Benefit)	02162350	NOV	211
Maalox TC 120mg & 60mg/mL O/L dpp (Not a Benefit)	02162369	NOV	211
MacroBID 100mg Cap	02063662	PGP	32
Macrodantin 50mg Cap	01997637	PGP	31
Macrodantin 100mg Cap (Not a Benefit)	01997645	PGP	31
MAGNESIUM HYDROXIDE			211
Manerix 100mg Tab (Not a Benefit)	00899348	HLR	157
Manerix 150mg Tab	00899356	HLR	157
Manerix 300mg Tab	02166747	HLR	157
MAPROTILINE HCL			156
Marinol 2.5mg Cap	00611190	SPH	221
Marinol 5mg Cap	00611204	SPH	221
Marvelon 21 0.15mg & 0.03mg Tab-21 Pk	02042487	ORG	265
Marvelon 28 0.15mg & 0.03mg Tab-28 Pk	02042479	ORG	265
Mavik 1mg Cap	02231459	ABB	117
Mavik 2mg Cap	02231460	ABB	117
Mavik 4mg Cap	02239267	ABB	117
Maxeran 5mg Tab (Not a Benefit)	02099195	HMR	231
Maxeran 10mg Tab (Not a Benefit)	02099209	HMR	231
Maxidex 0.1% Oph Oint-3.5g Pk	00042579	ALC	195
Maxidex 0.1% Oph Susp	00042560	ALC	195
MEBENDAZOLE			3
MECLIZINE HCL			223
Medrol 0.25% Cr	00031062	UPJ	287
Medrol 4mg Tab	00030988	UPJ	249
MEDROXYPROGESTERONE ACETATE			267
MEFENAMIC ACID			130

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Megace 40mg Tab	00386391	BQU	50
Megace 160mg Tab	00731323	BQU	50
Megacillin 500 100000IU/mL O/L	00009938	FRS	13
Megacillin 500 500000IU Tab	00107484	FRS	13
MEGESTROL ACETATE			50
Mellaril 2mg/mL O/L	00027375	NOV	171
Mellaril 30mg/mL O/L (Not a Benefit)	00027359	SAN	171
MELOXICAM			130
MELPHALAN			50
MEPERIDINE HCL			139
MERCAPTOPURINE			50
Mesasal 500mg Ent Tab	01914030	SMJ	225
MESORIDAZINE			168
Mestinon 180mg LA Tab	00869953	ICN	54
Mestinon 60mg Tab	00869961	ICN	54
MESTRANOL & NORETHINDRONE			268
Metamucil Fibre Therapy-Original Texture Oral Pd	02174812	PGI	215
Metamucil Sugar Free Oral Pd (Not a Benefit)	01912879	PGI	215
Metformin 500mg Tab	02242794	ZYN	258
METFORMIN HCL			258
METHAZOLAMIDE			207
METHIMAZOLE			270
Methotrexate 50mg/2mL Inj Sol-2mL Pk	02170671	WAY	43
Methotrexate 2.5mg Tab	02170698	WAY	43
METHOTREXATE SODIUM			50
Methotrexate Sodium 20mg/2mL Inj Sol-2mL Pk	02182947	FAU	50
METHOTRIMEPRAZINE			176
METHOXSALEN			293
METHSUXIMIDE			148
METHYLCELLULOSE			207
METHYLDOPA			111
METHYLDOPA & HYDROCHLOROTHIAZIDE			111
METHYLPHENIDATE HCL			174
METHYLPREDNISOLONE			249, 287
METHYLPREDNISOLONE ACETATE			249
METHYSERGIDE BIMALEATE			73
METOCLOPRAMIDE HCL			231
METOLAZONE			186
METOPROLOL TARTRATE			92
MetroCream 0.75% Cr	02226839	GAC	279
Metrogel 0.75% Top Gel	02092832	GAC	279
MetroLotion 0.75% Top Lot-60mL Pk	02248206	GAC	279
METRONIDAZOLE			31, 279
METRONIDAZOLE & NYSTATIN			279

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Mevacor 20mg Tab	00795860	MSD	100
Mevacor 40mg Tab	00795852	MSD	100
MEXILETINE HCL			93
Mexitil 100mg Cap	00599956	BOE	93
Mexitil 200mg Cap	00599964	BOE	93
Micardis 40mg Tab	02240769	BOE	115
Micardis 80mg Tab	02240770	BOE	115
Micardis Plus 80mg/12.5mg Tab	02244344	BOE	115
Micatin 2% Cr	02085852	MCL	275
MICONAZOLE NITRATE			275
Microlax Micro Enema-5mL Pk	02063905	PMJ	216
Micronor 0.35mg Tab-28 Pk	00037605	OMC	268
Midamor 5mg Tab	00487805	MSD	183
MIDODRINE HCL			187
Milk Of Magnesia 80mg/mL O/L (Not a Benefit)	00036218	RPR	211
Milk Of Magnesia 80mg/mL O/L (Not a Benefit)	00093807	DCL	211
Min-Ovral 0.03mg & 0.15mg Tab-21 Pk	02042320	WAY	265
Min-Ovral 0.03mg & 0.15mg Tab-28 Pk	02042339	WAY	265
MINERAL OIL			215
Mineral Oil O/L	00093947	DCL	215
Minestrin 1/20 0.02mg & 1mg Tab-21 Pk	00315966	PFI	267
Minestrin 1/20 0.02mg & 1mg Tab-28 Pk	00343838	PFI	267
Minipress 1mg Tab	00560952	PFI	113
Minipress 2mg Tab	00560960	PFI	113
Minipress 5mg Tab	00560979	PFI	114
Minitran 0.4mg/Hr/13.3 Sq Cm Patch	02163527	MMH	120
Minitran 0.6mg/Hr/20 Sq Cm Patch	02163535	MMH	120
MINOXIDIL			111
Mirapex 0.25mg Tab	02237145	BOE	178
Mirapex 1mg Tab	02237146	BOE	178
Mirapex 1.5mg Tab	02237147	BOE	178
Mirena 52mg Insert	02243005	BEX	267
MIRTAZAPINE			156
MISOPROSTOL			232
Mobicox 7.5mg Tab	02242785	BOE	130
Mobicox 15mg Tab	02242786	BOE	130
MOCLOBEMIDE			157
Modocate 125mg/5mL Inj Susp-5mL Pk	00349917	BQU	165
Modocate Concentrate 100mg/mL Inj Sol-1mL Pk	00755575	BQU	165
Moditen HCL 0.5mg/mL O/L	00245240	BQU	165
Moditen HCL 5mg Tab (Not a Benefit)	00029408	BQU	165
Moduret 5mg & 50mg Tab (Not a Benefit)	00487813	MSD	183
Mogadon 5mg Tab	00511528	ICN	176
Mogadon 10mg Tab	00511536	ICN	176

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
MOMETASONE FUROATE			288
Monistat 3 400mg Vag Sup	02126605	MCL	275
Monistat 3 Dual Pak 2% Cr-9g & 400mg Vag Sup-3 Pk	02126249	MCL	275
Monistat 7 2% Vag Cr-App 35g Pk	02084309	MCL	275
Monistat 7 100mg Vag Sup-7 Pk	02084295	MCL	275
Monistat Derm 2% Cr	00497797	OMC	275
Monitan 100mg Tab	02036290	WAY	85
Monitan 200mg Tab	02036436	WAY	85
Monitan 400mg Tab	02036444	WAY	85
Monocor 5mg Tab	02241148	CRY	87
Monocor 10mg Tab	02241149	CRY	87
Monopril 10mg Tab	01907107	BQU	108
Monopril 20mg Tab	01907115	BQU	108
MONTELUKAST SODIUM			312
MORPHINE HCL			139
Morphine HP-50 50mg/mL Inj Sol-1mL Pk	00617288	SIL	140
MORPHINE SULFATE			140
Morphine Sulfate 15mg/mL Inj Sol Amp	00392561	SIL	140
Morphine Sulfate Injection USP 15mg/mL Inj Sol Amp	00850330	ABB	140
Motilium 10mg Tab (Not a Benefit)	00855820	JAN	227
Motrin 300mg Tab (Not a Benefit)	00327794	UPJ	127
Motrin 400mg Tab	00364142	UPJ	127
Motrin 600mg Tab (Not a Benefit)	00484911	UPJ	127
MOXIFLOXACIN HYDROCHLORIDE			39
MS Contin 15mg SR Tab	02015439	PFP	141
MS Contin 30mg SR Tab	02014297	PFP	141
MS Contin 60mg SR Tab	02014300	PFP	141
MS Contin 100mg SR Tab	02014319	PFP	141
MS Contin 200mg SR Tab	02014327	PFP	141
MS-IR 20mg Tab	02014238	PFP	141
MS-IR 30mg Tab	02014254	PFP	141
Mucillium Oral Pd	00599875	PMS	215
Multipax 10mg Cap (Not a Benefit)	01927876	RPP	167
Multipax 25mg Cap (Not a Benefit)	01938835	RPP	167
Multipax 50mg Cap (Not a Benefit)	01927884	RPP	167
MUPIROCIN			273
Murocel 1% Oph-Sol	00750808	BSH	207
Myambutol 100mg Tab (Not a Benefit)	00127957	LED	21
Myambutol 400mg Tab (Not a Benefit)	02170078	WAY	21
Mycifradin 25mg/mL O/L	00030805	UPJ	19
Mycifradin 500mg Tab	00030996	UPJ	19
Myciguent 0.5% Oint	00031070	UPJ	273
Myclo-Derm 10mg/g Cr	02131676	BOE	274
Myclo-Derm 10mg/mL Top Sol	02131668	BOE	274

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Myclo-Gyne 10mg/g Vag Cr-App	02131641	BOE	274
Myclo-Gyne 100mg Vag Tab	02131633	BOE	274
Mycobutin 150mg Cap	02063786	PMJ	21
MYCOPHENOLATE MOFETIL			313
Mycostatin 100000U/g Cr (Not a Benefit)	00029092	BQU	276
Mycostatin 100000U/mL O/L (Not a Benefit)	00248169	BQU	6
Mycostatin 100000U/g Oint (Not a Benefit)	00029556	BQU	276
Mycostatin 500000U Tab (Not a Benefit)	00029416	BQU	6
Mycostatin 25000U/g Vag Cr (Not a Benefit)	00295973	BQU	276
Myleran 2mg Tab	00004618	BWE	44
Myochrysine 10mg/mL Inj Sol-1mL Pk	01927620	AVE	241
Myochrysine 25mg/mL Inj Sol-1mL Pk	01927612	AVE	241
Myochrysine 50mg/mL Inj Sol-1mL Pk	01927604	AVE	241
Mysoline 125mg Tab	02042363	WAY	149
Mysoline 250mg Tab	02042355	WAY	149
NABILONE			223
NADOLOL			93
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	276
Nadostine 100000U/g Oint	00288195	NDA	276
Nadostine 500000U Tab	00270113	NDA	6
NADROPARIN CALCIUM			81
NAFARELIN ACETATE			251
Nalfon 600mg Tab	00345504	LIL	125
NAPHAZOLINE HCL			199
Naphcon Forte 0.1% Oph Sol (Not a Benefit)	00390283	ALC	199
Naprosyn 25mg/mL O/L	02162431	HLR	131
Naprosyn 500mg Sup	02162458	HLR	131
Naprosyn 125mg Tab (Not a Benefit)	00299413	SYN	131
Naprosyn 250mg Tab	02162474	HLR	131
Naprosyn 375mg Tab	02162482	HLR	132
Naprosyn 500mg Tab	02162490	HLR	132
Naprosyn SR 750mg SR Tab (Not a Benefit)	02162466	HLR	131
NAPROXEN			131
Naproxen 500mg Sup	02230477	SIL	131
Nardil 15mg Tab	00476552	PFI	158
Natulan 50mg Cap	00012750	HLR	50
Navane 2mg Cap	00024430	PFI	172
Navane 5mg Cap	00024449	PFI	172
Navane 10mg Cap	00024457	PFI	172
Nebcin 20mg/2mL Inj Sol-2mL Pk	00325457	LIL	20
Nebcin 80mg/2mL Inj Sol-2mL Pk	00325449	LIL	20
NEDOCROMIL SODIUM			313

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NELFINAVIR MESYLATE			27
Nemasol 500mg Tab	00236691	ICN	20
Nembutal 100mg Cap	00000086	ABB	177
NEOMYCIN SULFATE			19, 273
Neoral 10mg Cap	02237671	NOV	307
Neoral 25mg Cap	02150689	NOV	307
Neoral 50mg Cap	02150662	NOV	307
Neoral 100mg Cap	02150670	NOV	307
Neoral 100mg/mL O/L	02150697	NOV	307
Neosporin 10000U & 5mg & 400U/g Oph Oint-3.5g Pk	00694398	BWE	192
Neosporin 10000U & 2.5mg & 0.025mg/mL Oph/Ot Sol	00694371	BWE	192
NEOSTIGMINE BROMIDE			54
Neptazane 50mg Tab (Not a Benefit)	02238071	WAY	207
Nerisone 0.1% Cr	00587826	STI	284
Nerisone 0.1% Oily Cr	00587818	STI	284
Nerisone 0.1% Oint	00587834	STI	284
Neuleptil 5mg Cap	01926780	AVE	169
Neuleptil 10mg Cap	01926772	AVE	169
Neuleptil 10mg/mL O/L	01926756	AVE	169
Neurontin 100mg Cap	02084260	PFI	147
Neurontin 300mg Cap	02084279	PFI	147
Neurontin 400mg Cap	02084287	PFI	147
Neutralca-S 40mg & 40mg/mL O/L dpp (Not a Benefit)	00261173	DES	211
NEVIRAPINE			27
Niacin-ICN 50mg Tab dpp (Not a Benefit)	00268593	ICN	298
Niacin-ICN 100mg Tab dpp	00268585	ICN	298
NICOTINIC ACID			298
NICOUMALONE			82
NIFEDIPINE			93, 111
Nilstat 100000U/g Cr	02194236	TCH	276
Nilstat 100000U/g Oint	02194228	TCH	276
Nilstat 100000U/g Vag Cr	02194163	TCH	276
Nilstat 100000U Vag Tab	02194171	TCH	276
NILUTAMIDE			50
NIMODIPINE			119
Nimotop 30mg SG Cap	02155923	BAH	119
Nipride Inj Pd-50mg Pk	00336459	HLR	115
Nitrazadon 5mg Tab	02229654	ICN	176
Nitrazadon 10mg Tab	02229655	ICN	176
NITRAZEPAM			176
Nitro-Dur 0.4mg/Hr/20 Sq Cm Patch	01911902	SCH	120
Nitro-Dur 0.6mg/Hr/30 Sq Cm Patch	01911929	SCH	120
NITROFURANTOIN			31
NITROFURANTOIN MONO/MICRO CRYSTALS			32

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NITROGLYCERIN			120
Nitrol 2% Oint	01926454	RPP	120
Nitrolingual 0.4mg/Metered Dose Spray-200 Dose Pk (Not a Benefit)	01926721	AVE	120
Nitrolingual Pump Spray 0.4mg/Metered Dose Spray-200 Dose Pk	02231441	AVE	120
Nitrostat 0.3mg SL Tab	00037613	PFI	120
Nitrostat 0.6mg SL Tab	00037621	PFI	120
Nix 1% Cr Rinse	00771368	BWE	278
Nix Dermal Cream 5% Cr	02219905	GLW	278
NIZATIDINE			232
Nizoral 2% Cr	00703974	JAN	275
Nizoral 200mg Tab	00633836	JAN	6
Nolvadex 10mg Tab	02048477	AZC	51
Nolvadex D 20mg Tab	02048485	AZC	51
NORETHINDRONE			268
NORETHINDRONE ACETATE & ESTRADIOL 17-B			256
Norflex 60mg/2mL Inj Sol-2mL Pk (Not a Benefit)	01966162	MMH	75
NORFLOXACIN			39
NORGESTIMATE & ETHINYL ESTRADIOL			268
Noritate 1% Top Cr	02156091	DER	279
Normacol 62% W/W Gran 1 Sach Pk	02147831	RIV	216
Noroxin 400mg Tab	00643025	MSD	39
Norpace 100mg Cap	02030799	RBT	91
Norpace 150mg Cap	02030802	RBT	91
Norpramin 25mg Tab	02099128	HMR	153
Norpramin 50mg Tab	02099136	HMR	153
Norpramin 75mg Tab	02099144	HMR	154
NORTRIPTYLINE			157
Norvasc 5mg Tab	00878928	PFI	86
Norvasc 10mg Tab	00878936	PFI	86
Norvir 80mg/mL O/L	02229145	ABB	28
Norvir SEC 100mg Cap	02241480	ABB	28
Novamilor 5mg & 50mg Tab	01937219	NOP	183
Novamoxin 250mg Cap	00406724	NOP	10
Novamoxin 500mg Cap	00406716	NOP	10
Novamoxin 25mg/mL O/L	00452149	NOP	10
Novamoxin 50mg/mL O/L	00452130	NOP	10
Novamoxin (Sugar Reduced) 25mg/mL O/L	01934171	NOP	10
Novamoxin (Sugar Reduced) 50mg/mL O/L	01934163	NOP	10
Novasen 325mg Ent Tab	00216666	NOP	121
Novasen 650mg Ent Tab	00229296	NOP	121
Novo-Acebutolol 100mg Tab	02204517	NOP	85
Novo-Acebutolol 200mg Tab	02204525	NOP	85
Novo-Acebutolol 400mg Tab	02204533	NOP	85

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Novo-Alendronate 10mg Tab	02247373	NOP	301
Novo-Alprazol 0.25mg Tab	01913484	NOP	161
Novo-Alprazol 0.5mg Tab	01913492	NOP	161
Novo-Amiodarone 200mg Tab	02239835	NOP	86
Novo-Ampicillin 250mg Cap	00020877	NOP	12
Novo-Ampicillin 500mg Cap	00020885	NOP	12
Novo-Atenol 50mg Tab	01912062	NOP	86
Novo-Atenol 100mg Tab	01912054	NOP	87
Novo-Azathioprine 50mg Tab	02236819	NOP	303
Novo-Benzylamine 0.15% Oral Rinse	02229799	NOP	197
Novo-Bromazepam 3mg Tab	02230584	NOP	162
Novo-Bromazepam 6mg Tab	02230585	NOP	162
Novo-Bupropion SR 150mg Tab	02260239	NOP	152
Novo-Butazone 100mg Tab (Not a Benefit)	00021660	NOP	132
Novo-C 100mg Tab (Not a Benefit)	00021970	NOP	298
Novo-C 250mg Tab (Not a Benefit)	00021237	NOP	298
Novo-C 500mg Tab (Not a Benefit)	00021997	NOP	299
Novo-C 1000mg Tab (Not a Benefit)	00535907	NOP	299
Novo-Captopril 12.5mg Tab	01942964	NOP	104
Novo-Captopril 25mg Tab	01942972	NOP	104
Novo-Captopril 50mg Tab	01942980	NOP	105
Novo-Captopril 100mg Tab	01942999	NOP	105
Novo-Carbamaz 200mg Tab	00782718	NOP	145
Novo-Carvedilol 3.125mg Tab	02246529	NOP	88
Novo-Carvedilol 6.25mg Tab	02246530	NOP	88
Novo-Carvedilol 12.5mg Tab	02246531	NOP	88
Novo-Carvedilol 25mg Tab	02246532	NOP	88
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 25mg Tab	00232823	NOP	163
Novo-Chlorpromazine 50mg Tab	00232807	NOP	163
Novo-Chlorpromazine 100mg Tab	00232831	NOP	163
Novo-Cholamine Light Oral Pd-42 Dose Pk	02139197	NOP	98
Novo-Cholamine Light 5.5g Pk Oral Pd-Pouch Pk	09853502	NOP	98
Novo-Cilazapril 1mg Tab	02266350	NOP	105
Novo-Cilazapril 2.5mg Tab	02266369	NOP	105
Novo-Cilazapril 5mg Tab	02266377	NOP	105
Novo-Cimetidine 200mg Tab	00582409	NOP	226
Novo-Cimetidine 300mg Tab	00582417	NOP	226
Novo-Cimetidine 400mg Tab	00603678	NOP	226
Novo-Cimetidine 600mg Tab	00603686	NOP	227
Novo-Cimetidine 800mg Tab	00663727	NOP	227

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Novo-Ciprofloxacin 250mg Tab	02161737	NOP	33
Novo-Ciprofloxacin 500mg Tab	02161745	NOP	33
Novo-Ciprofloxacin 750mg Tab	02161753	NOP	33
Novo-Citalopram 20mg Tab	02251558	NOP	152
Novo-Citalopram 40mg Tab	02251566	NOP	152
Novo-Clavamoxin 875 875mg & 125mg Tab	02248138	NOP	11
Novo-Clindamycin 150mg Cap	02241709	NOP	18
Novo-Clindamycin 300mg Cap	02241710	NOP	18
Novo-Clobazam 10mg Tab	02238334	NOP	145
Novo-Clobetasol 0.05% Cr	02093162	NOP	283
Novo-Clobetasol 0.05% Oint	02126192	NOP	283
Novo-Clonazepam 0.5mg Tab	02239024	NOP	145
Novo-Clonazepam 2mg Tab	02239025	NOP	146
Novo-Clonidine 0.1mg Tab	02046121	NOP	106
Novo-Clonidine 0.2mg Tab	02046148	NOP	106
Novo-Clopamine 10mg Tab	02230256	NOP	153
Novo-Clopamine 50mg Tab	02130173	NOP	153
Novo-Clopat 3.75mg Cap	00628190	NOP	163
Novo-Clopat 7.5mg Cap	00628204	NOP	163
Novo-Clopat 15mg Cap	00628212	NOP	164
Novo-Cloxin 250mg Cap	00337765	NOP	12
Novo-Cloxin 500mg Cap	00337773	NOP	13
Novo-Cloxin 25mg/mL O/L	00337757	NOP	13
Novo-Cycloprine 10mg Tab (Not a Benefit)	02080052	NOP	74
Novo-Cyproterone 50mg Tab	02232872	NOP	45
Novo-Desipramine 50mg Tab	02223333	NOP	153
Novo-Difenac 25mg Ent Tab	00808539	NOP	123
Novo-Difenac 50mg Ent Tab	00808547	NOP	123
Novo-Difenac 50mg Sup	02174677	NOP	124
Novo-Difenac 100mg Sup	02174685	NOP	124
Novo-Difenac SR 75mg LA Tab	02158582	NOP	123
Novo-Difenac SR 100mg LA Tab	02048698	NOP	123
Novo-Diflunisal 250mg Tab	02048493	NOP	125
Novo-Diflunisal 500mg Tab	02048507	NOP	125
Novo-Diltazem 30mg Tab	00862924	NOP	91
Novo-Diltazem 60mg Tab	00862932	NOP	91
Novo-Diltazem CD 120mg LA Cap	02242538	NOP	90
Novo-Diltazem CD 180mg LA Cap	02242539	NOP	90
Novo-Diltazem CD 240mg LA Cap	02242540	NOP	90
Novo-Diltazem CD 300mg LA Cap	02242541	NOP	90
Novo-Diltazem SR 60mg LA Cap	02229406	NOP	90
Novo-Diltazem SR 90mg LA Cap	02229407	NOP	91
Novo-Diltazem SR 120mg LA Cap	02229408	NOP	91
Novo-Dimenate 50mg Tab (Not a Benefit)	00021423	NOP	221

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Novo-Divalproex 125mg Ent Tab	02239701	NOP	146
Novo-Divalproex 250mg Ent Tab	02239702	NOP	146
Novo-Divalproex 500mg Ent Tab	02239703	NOP	146
Novo-Domperidone 10mg Tab	02157195	NOP	227
Novo-Doxazosin 1mg Tab	02242728	NOP	106
Novo-Doxazosin 2mg Tab	02242729	NOP	106
Novo-Doxazosin 4mg Tab	02242730	NOP	106
Novo-Doxepin 75mg Cap	01913441	NOP	154
Novo-Doxepin 100mg Cap	01913468	NOP	154
Novo-Doxepin 150mg Cap	01913476	NOP	154
Novo-Famotidine 20mg Tab	02022133	NOP	228
Novo-Famotidine 40mg Tab	02022141	NOP	228
Novo-Fenofibrate Micronized 200mg Cap	02243552	NOP	99
Novo-Ferrogluc 300mg Tab	00021458	NOP	77
Novo-Fibrate 500mg Cap (Not a Benefit)	00337382	NOP	98
Novo-Fibre Tab	00595829	NOP	214
Novo-Fluconazole 50mg Tab	02236978	NOP	5
Novo-Fluconazole 100mg Tab	02236979	NOP	5
Novo-Fluconazole-150 150mg Cap	02243645	NOP	275
Novo-Fluoxetine 20mg Cap	02216590	NOP	155
Novo-Flurprofen 50mg Tab	02100509	NOP	126
Novo-Flurprofen 100mg Tab	02100517	NOP	126
Novo-Flutamide 250mg Tab	02230089	NOP	47
Novo-Fluvoxamine 50mg Tab	02239953	NOP	155
Novo-Fluvoxamine 100mg Tab	02239954	NOP	155
Novo-Fosinopril 10mg Tab	02247802	NOP	108
Novo-Fosinopril 20mg Tab	02247803	NOP	108
Novo-Furantoin 50mg Cap	02231015	NOP	31
Novo-Furantoin 100mg Cap	02231016	NOP	31
Novo-Gabapentin 100mg Cap	02244513	NOP	147
Novo-Gabapentin 300mg Cap	02244514	NOP	147
Novo-Gabapentin 400mg Cap	02244515	NOP	147
Novo-Gemfibrozil 300mg Cap	02241704	NOP	100
Novo-Gesic 325mg Tab	00389218	NOP	143
Novo-Gesic Forte 500mg Tab	00482323	NOP	144
Novo-Glyburide 2.5mg Tab	01913670	NOP	258
Novo-Glyburide 5mg Tab	01913689	NOP	258
Novo-Hydrazide 25mg Tab	00021474	NOP	185
Novo-Hydrazide 50mg Tab	00021482	NOP	185
Novo-Hydroxyzin 10mg Cap (Not a Benefit)	00738824	NOP	167
Novo-Hydroxyzin 25mg Cap (Not a Benefit)	00738832	NOP	167
Novo-Hydroxyzin 50mg Cap (Not a Benefit)	00738840	NOP	167
Novo-Hylazin 25mg Tab	00759473	NOP	108
Novo-Hylazin 50mg Tab	00759481	NOP	108

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Novo-Indapamide 2.5mg Tab	02231184	NOP	186
Novo-Ipramide 250mcg/mL Inh Sol-20mL Pk	02210479	NOP	56
Novo-Keto 100mg Sup	02156083	NOP	129
Novo-Ketoconazole 200mg Tab	02231061	NOP	6
Novo-Lamotrigine 25mg Tab	02248232	NOP	148
Novo-Lamotrigine 100mg Tab	02248233	NOP	148
Novo-Lamotrigine 150mg Tab	02248234	NOP	148
Novo-Leflunomide 10mg Tab	02261251	NOP	311
Novo-Leflunomide 20mg Tab	02261278	NOP	311
Novo-Levocarbidoa 100mg & 10mg Tab	02244494	NOP	311
Novo-Levocarbidoa 100mg & 25mg Tab	02244495	NOP	311
Novo-Levocarbidoa 250mg & 25mg Tab	02244496	NOP	312
Novo-Levofloxacin 250mg Tab	02248262	NOP	37
Novo-Levofloxacin 500mg Tab	02248263	NOP	37
Novo-Lexin 250mg Cap	00342084	NOP	17
Novo-Lexin 500mg Cap	00342114	NOP	17
Novo-Lexin 25mg/mL Pd for Oral Susp	00342106	NOP	18
Novo-Lexin 50mg/mL Pd for Oral Susp	00342092	NOP	18
Novo-Lexin 250mg Tab	00583413	NOP	18
Novo-Lexin 500mg Tab	00583421	NOP	18
Novo-Loperamide 2mg Caplet	02132591	NOP	213
Novo-Lorazem 0.5mg Tab	00711101	NOP	167
Novo-Lorazem 1mg Tab	00637742	NOP	167
Novo-Lorazem 2mg Tab	00637750	NOP	167
Novo-Lovastatin 20mg Tab	02246542	NOP	100
Novo-Lovastatin 40mg Tab	02246543	NOP	100
Novo-Maprotiline 25mg Tab	02158612	NOP	156
Novo-Maprotiline 50mg Tab	02158620	NOP	156
Novo-Maprotiline 75mg Tab	02158639	NOP	156
Novo-Medrone 2.5mg Tab	02221284	NOP	267
Novo-Medrone 5mg Tab	02221292	NOP	268
Novo-Medrone 10mg Tab	02221306	NOP	268
Novo-Meloxicam 7.5mg Tab	02258315	NOP	130
Novo-Meloxicam 15mg Tab	02258323	NOP	130
Novo-Metformin 500mg Tab	02045710	NOP	258
Novo-Methacin 25mg Cap	00337420	NOP	127
Novo-Methacin 50mg Cap	00337439	NOP	128
Novo-Methacin 50mg Sup	02176130	NOP	128
Novo-Methacin 100mg Sup	02176149	NOP	128
Novo-Metoprol 50mg Tab	00648035	NOP	92
Novo-Metoprol 100mg Tab	00648043	NOP	92
Novo-Metoprol (Uncoated) 50mg Tab	00842648	NOP	92
Novo-Metoprol (Uncoated) 100mg Tab	00842656	NOP	92
Novo-Mexiletine 100mg Cap	02230359	NOP	93

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Novo-Mexiletine 200mg Cap	02230360	NOP	93
Novo-Mirtazapine 30mg Tab	02259354	NOP	156
Novo-Misoprostol 100mcg Tab	02240754	NOP	232
Novo-Misoprostol 200mcg Tab	02240755	NOP	232
Novo-Moclobemide 100mg Tab	02239746	NOP	157
Novo-Moclobemide 150mg Tab	02239747	NOP	157
Novo-Moclobemide 300mg Tab	02239748	NOP	157
Novo-Nadolol 40mg Tab	02126753	NOP	93
Novo-Nadolol 80mg Tab	02126761	NOP	93
Novo-Naprox 750mg SR Tab	02231327	NOP	131
Novo-Naprox 125mg Tab	00565369	NOP	131
Novo-Naprox 250mg Tab	00565350	NOP	131
Novo-Naprox 375mg Tab	00627097	NOP	132
Novo-Naprox 500mg Tab	00589861	NOP	132
Novo-Niacin 50mg Tab dpp (Not a Benefit)	00274496	NOP	298
Novo-Nifedin 5mg Cap	02047462	NOP	93
Novo-Nifedin 10mg Cap	00756830	NOP	93
Novo-Nizatidine 150mg Cap	02240457	NOP	232
Novo-Nizatidine 300mg Cap	02240458	NOP	232
Novo-Norfloxacin 400mg Tab	02237682	NOP	39
Novo-Nortriptyline 10mg Cap	02231781	NOP	157
Novo-Nortriptyline 25mg Cap	02231782	NOP	157
Novo-Ofloxacin 200mg Tab	02243474	NOP	40
Novo-Ofloxacin 300mg Tab	02243475	NOP	40
Novo-Ofloxacin 400mg Tab	02243476	NOP	40
Novo-Oxybutynin 5mg Tab	02230394	NOP	59
Novo-Paroxetine 20mg Tab	02248557	NOP	158
Novo-Paroxetine 30mg Tab	02248558	NOP	158
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	166
Novo-Peridol 1mg Tab	00363677	NOP	166
Novo-Peridol 2mg Tab	00363669	NOP	166
Novo-Peridol 5mg Tab	00363650	NOP	166
Novo-Peridol 10mg Tab	00713449	NOP	166
Novo-Peridol 20mg Tab	00768820	NOP	166
Novo-Pindol 5mg Tab	00869007	NOP	112
Novo-Pindol 10mg Tab	00869015	NOP	113
Novo-Pindol 15mg Tab	00869023	NOP	113
Novo-Pirocam 10mg Cap	00695718	NOP	133
Novo-Pirocam 20mg Cap	00695696	NOP	133
Novo-Pranol 10mg Tab	00496480	NOP	94
Novo-Pranol 20mg Tab	00740675	NOP	95
Novo-Pranol 40mg Tab	00496499	NOP	95

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Novo-Pranol 80mg Tab	00496502	NOP	95
Novo-Pranol 120mg Tab	00549657	NOP	95
Novo-Pravastatin 10mg Tab	02247008	NOP	101
Novo-Pravastatin 20mg Tab	02247009	NOP	101
Novo-Pravastatin 40mg Tab	02247010	NOP	101
Novo-Prazin 1mg Tab	01934198	NOP	113
Novo-Prazin 2mg Tab	01934201	NOP	113
Novo-Prazin 5mg Tab	01934228	NOP	114
Novo-Prednisone 5mg Tab	00021695	NOP	249
Novo-Prednisone 50mg Tab	00232378	NOP	250
Novo-Profen 200mg Tab	00629324	NOP	126
Novo-Profen 300mg Tab	00629332	NOP	127
Novo-Profen 400mg Tab	00629340	NOP	127
Novo-Profen 600mg Tab	00629359	NOP	127
Novo-Purol 100mg Tab	00364282	NOP	302
Novo-Purol 200mg Tab	00565342	NOP	302
Novo-Purol 300mg Tab	00363693	NOP	302
Novo-Ranidine 15mg/mL Oral Sol	02242940	NOP	239
Novo-Ranidine 150mg Tab	00828564	NOP	239
Novo-Ranidine 300mg Tab	00828556	NOP	239
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/Metered Dose Inh-200 Dose Pk (Not a Benefit)	00874086	NOP	70
Novo-Selegiline 5mg Tab	02068087	NOP	316
Novo-Semide 20mg Tab	00337730	NOP	184
Novo-Semide 40mg Tab	00337749	NOP	184
Novo-Sertraline 25mg Cap	02240485	NOP	158
Novo-Sertraline 50mg Cap	02240484	NOP	159
Novo-Sertraline 100mg Cap	02240481	NOP	159
Novo-Simvastatin 5mg Tab	02250144	NOP	102
Novo-Simvastatin 10mg Tab	02250152	NOP	102
Novo-Simvastatin 20mg Tab	02250160	NOP	102
Novo-Simvastatin 40mg Tab	02250179	NOP	103
Novo-Simvastatin 80mg Tab	02250187	NOP	103
Novo-Sorbide 10mg Tab	00458686	NOP	119
Novo-Sorbide 30mg Tab	00458694	NOP	119
Novo-Sotalol 160mg Tab	02231182	NOP	96
Novo-Spiroton 25mg Tab	00613215	NOP	187
Novo-Spiroton 100mg Tab	00613223	NOP	187
Novo-Spirozine-25 25mg & 25mg Tab	00613231	NOP	185
Novo-Spirozine-50 50mg & 50mg Tab	00657182	NOP	185
Novo-Sucralate 1g Tab	02045702	NOP	240

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Novo-Sundac 150mg Tab	00745588	NOP	134
Novo-Sundac 200mg Tab	00745596	NOP	134
Novo-Tamoxifen 10mg Tab	00851965	NOP	51
Novo-Tamoxifen 20mg Tab	00851973	NOP	51
Novo-Temazepam 15mg Cap	02230095	NOP	177
Novo-Temazepam 30mg Cap	02230102	NOP	177
Novo-Terazosin 1mg Tab	02230805	NOP	116
Novo-Terazosin 2mg Tab	02230806	NOP	116
Novo-Terazosin 5mg Tab	02230807	NOP	116
Novo-Terazosin 10mg Tab	02230808	NOP	116
Novo-Tetra 25mg/mL O/L	00151416	NOP	15
Novo-Theophyl SR 300mg LA Tab	02230087	NOP	296
Novo-Tiaprofenic 200mg Tab	02179679	NOP	134
Novo-Tiaprofenic 300mg Tab	02179687	NOP	134
Novo-Ticlopidine 250mg Tab	02236848	NOP	320
Novo-Timol 0.25% Oph Sol	02048523	NOP	209
Novo-Timol 5mg Tab	01947796	NOP	96
Novo-Timol 10mg Tab	01947818	NOP	96
Novo-Timol 20mg Tab	01947826	NOP	96
Novo-Trazodone 50mg Tab	02144263	NOP	160
Novo-Trazodone 100mg Tab	02144271	NOP	160
Novo-Trazodone 150mg Tab	02144298	NOP	160
Novo-Triamzide 25mg & 50mg Tab	00532657	NOP	186
Novo-Trimel 40mg & 8mg/mL O/L	00726540	NOP	41
Novo-Trimel 400mg & 80mg Tab	00510637	NOP	41
Novo-Trimel DS 800mg & 160mg Tab	00510645	NOP	41
Novo-Valproic 250mg Cap	02100630	NOP	151
Novo-Veramil SR 240mg LA Tab	02211920	NOP	118
Novolin ge 10/90 Penfill 100U/mL Inj Susp-5X3mL Pk	02024292	NOO	262
Novolin ge 20/80 Penfill 100U/mL Inj Susp-5X3mL Pk	02024306	NOO	262
Novolin ge 30/70 1000U/10mL Inj Susp-10mL Pk	02024217	NOO	262
Novolin ge 30/70 Penfill 100U/mL Inj Susp-5X3mL Pk	09853812	NOO	262
Novolin ge 40/60 Penfill 100U/mL Inj Susp-5X3mL Pk	02024314	NOO	263
Novolin ge 50/50 Penfill 100U/mL Inj Susp-5X3mL Pk	02024322	NOO	263
Novolin ge NPH 1000U/10mL Inj Susp-10mL Pk	02024225	NOO	261
Novolin ge NPH Penfill 100U/mL Inj Susp-5X3mL Pk	09853782	NOO	261
Novolin ge Toronto 1000U/10mL Inj Sol-10mL Pk	02024233	NOO	260
Novolin ge Toronto Penfill 100U/mL Inj Sol-5X3mL Pk	09853774	NOO	260
NovoRapid 1000U/10mL Inj Sol-5x3mL Pk	02244353	NOO	259
NovoRapid 1000U/10mL Inj Sol-10mL Pk	02245397	NOO	259
Nozinan 25mg/mL Inj Sol-1mL Pk	01927698	AVE	176
Nozinan 5mg/mL O/L	01927728	AVE	176
Nozinan 40mg/mL O/L	01927701	AVE	176
Nozinan 2mg Tab	01927647	AVE	176

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Nozinan 5mg Tab	01927655	AVE	176
Nozinan 25mg Tab	01927663	AVE	176
Nozinan 50mg Tab	01927671	AVE	176
Nu-Acebutolol 100mg Tab	02165546	NXP	85
Nu-Acebutolol 200mg Tab	02165554	NXP	85
Nu-Acebutolol 400mg Tab	02165562	NXP	85
Nu-Acyclovir 800mg Tab	02197421	NXP	23
Nu-Alpraz 0.25mg Tab	01913239	NXP	161
Nu-Alpraz 0.5mg Tab	01913247	NXP	161
Nu-Amilzide 5mg & 50mg Tab	00886106	NXP	183
Nu-Amoxi 250mg Cap	00865567	NXP	10
Nu-Amoxi 500mg Cap	00865575	NXP	10
Nu-Amoxi 25mg/mL O/L	00865540	NXP	10
Nu-Amoxi 50mg/mL O/L	00865559	NXP	10
Nu-Ampi 250mg Cap	00717657	NXP	12
Nu-Ampi 500mg Cap	00717673	NXP	12
Nu-Ampi 25mg/mL O/L	00717495	NXP	12
Nu-Ampi 50mg/mL O/L	00717649	NXP	12
Nu-Atenol 50mg Tab	00886114	NXP	86
Nu-Atenol 100mg Tab	00886122	NXP	87
Nu-Baclo 10mg Tab	02136090	NXP	74
Nu-Baclo 20mg Tab	02136104	NXP	74
Nu-Bromazepam 1.5mg Tab	02171856	NXP	162
Nu-Bromazepam 3mg Tab	02171864	NXP	162
Nu-Bromazepam 6mg Tab	02171872	NXP	162
Nu-Capto 12.5mg Tab	01913824	NXP	104
Nu-Capto 25mg Tab	01913832	NXP	104
Nu-Capto 50mg Tab	01913840	NXP	105
Nu-Capto 100mg Tab	01913859	NXP	105
Nu-Carbamazepine 200mg Tab	02042568	NXP	145
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	226
Nu-Cimet 300mg Tab	00865818	NXP	226
Nu-Cimet 400mg Tab	00865826	NXP	226
Nu-Cimet 600mg Tab	00865834	NXP	227
Nu-Clonazepam 0.5mg Tab	02173344	NXP	145
Nu-Clonazepam 2mg Tab	02173352	NXP	146
Nu-Clonidine 0.1mg Tab	01913786	NXP	106
Nu-Clonidine 0.2mg Tab	01913220	NXP	106
Nu-Cloxi 250mg Cap	00717584	NXP	12
Nu-Cloxi 500mg Cap	00717592	NXP	13

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Nu-Cloxi 25mg/mL O/L	00717630	NXP	13
Nu-Cotrimox 40mg & 8mg/mL O/L	00865753	NXP	41
Nu-Cotrimox 400mg & 80mg Tab	00865710	NXP	41
Nu-Cotrimox 800mg & 160mg Tab	00865729	NXP	41
Nu-Cromolyn 1% Inh Sol-2mL Pk	02231671	NXP	317
Nu-Cyclobenzaprine 10mg Tab (Not a Benefit)	02171848	NXP	74
Nu-Desipramine 25mg Tab	02211947	NXP	153
Nu-Desipramine 50mg Tab	02211955	NXP	153
Nu-Desipramine 75mg Tab	02211963	NXP	154
Nu-Diclo 25mg Ent Tab	00886017	NXP	123
Nu-Diclo 50mg Ent Tab	00886025	NXP	123
Nu-Diclo-SR 75mg LA Tab	02228203	NXP	123
Nu-Diclo-SR 100mg LA Tab	02228211	NXP	123
Nu-Diltiaz 30mg Tab	00886068	NXP	91
Nu-Diltiaz 60mg Tab	00886076	NXP	91
Nu-Divalproex 125mg Ent Tab	02239517	NXP	146
Nu-Divalproex 250mg Ent Tab	02239518	NXP	146
Nu-Divalproex 500mg Ent Tab	02239519	NXP	146
Nu-Domperidone 10mg Tab	02231477	NXP	227
Nu-Famotidine 20mg Tab	02024195	NXP	228
Nu-Famotidine 40mg Tab	02024209	NXP	228
Nu-Fenofibrate 100mg Cap	02223600	NXP	99
Nu-Fluoxetine 20mg Cap	02192764	NXP	155
Nu-Flurbiprofen 50mg Tab	02020661	NXP	126
Nu-Flurbiprofen 100mg Tab	02020688	NXP	126
Nu-Fluvoxamine 50mg Tab	02231192	NXP	155
Nu-Fluvoxamine 100mg Tab	02231193	NXP	155
Nu-Glyburide 2.5mg Tab	02020734	NXP	258
Nu-Glyburide 5mg Tab	02020742	NXP	258
Nu-Hydral 10mg Tab	01913204	NXP	108
Nu-Indapamide 2.5mg Tab	02223597	NXP	186
Nu-Indo 25mg Cap	00865850	NXP	127
Nu-Indo 50mg Cap	00865869	NXP	128
Nu-Levocarb 100mg & 10mg Tab	02182831	NXP	311
Nu-Levocarb 100mg & 25mg Tab	02182823	NXP	311
Nu-Levocarb 250mg & 25mg Tab	02182858	NXP	312
Nu-Loraz 0.5mg Tab	00865672	NXP	167
Nu-Loraz 1mg Tab	00865680	NXP	167
Nu-Loraz 2mg Tab	00865699	NXP	167
Nu-Loxapine 5mg Tab	02237534	NXP	173
Nu-Loxapine 10mg Tab	02237535	NXP	174
Nu-Loxapine 25mg Tab	02237536	NXP	174
Nu-Loxapine 50mg Tab	02237537	NXP	174
Nu-Medopa 250mg Tab	00717509	NXP	111

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Nu-Medopa 500mg Tab	00717576	NXP	111
Nu-Mefenamic 250mg Cap	02229569	NXP	130
Nu-Megestrol 40mg Tab	02185415	NXP	50
Nu-Megestrol 160mg Tab	02185423	NXP	50
Nu-Metformin 500mg Tab	02162822	NXP	258
Nu-Metoclopramide 5mg Tab	02143275	NXP	231
Nu-Metoclopramide 10mg Tab	02143283	NXP	231
Nu-Metop 50mg Tab	00865605	NXP	92
Nu-Metop 100mg Tab	00865613	NXP	92
Nu-Naprox 125mg Tab	00865621	NXP	131
Nu-Naprox 250mg Tab	00865648	NXP	131
Nu-Naprox 375mg Tab	00865656	NXP	132
Nu-Naprox 500mg Tab	00865664	NXP	132
Nu-Nifed 10mg Cap	00865591	NXP	93
Nu-Nortriptyline 10mg Cap	02223139	NXP	157
Nu-Nortriptyline 25mg Cap	02223147	NXP	157
Nu-Oxybutyn 5mg Tab	02158590	NXP	59
Nu-Pen VK 300mg Tab	00717568	NXP	14
Nu-Pentoxifylline 400mg SR Tab	02230401	NXP	84
Nu-Pindol 5mg Tab	00886149	NXP	112
Nu-Pindol 10mg Tab	00886009	NXP	113
Nu-Pindol 15mg Tab	00886130	NXP	113
Nu-Pirox 10mg Cap	00865761	NXP	133
Nu-Pirox 20mg Cap	00865788	NXP	133
Nu-Pravastatin 10mg Tab	02244350	NXP	101
Nu-Pravastatin 20mg Tab	02244351	NXP	101
Nu-Pravastatin 40mg Tab	02244352	NXP	101
Nu-Prazo 1mg Tab	01913794	NXP	113
Nu-Prazo 2mg Tab	01913808	NXP	113
Nu-Prazo 5mg Tab	01913816	NXP	114
Nu-Prochlor 5mg Tab	01964399	NXP	170
Nu-Prochlor 10mg Tab	01964402	NXP	170
Nu-Ranit 150mg Tab	00865737	NXP	239
Nu-Ranit 300mg Tab	00865745	NXP	239
Nu-Salbutamol 2mg Tab	02165368	NXP	70
Nu-Salbutamol 4mg Tab	02165376	NXP	70
Nu-Selegiline 5mg Tab	02230717	NXP	316
Nu-Sotalol 160mg Tab	02163772	NXP	96
Nu-Sucralfate 1g Tab	02134829	NXP	240
Nu-Sulindac 150mg Tab	02042576	NXP	134
Nu-Sulindac 200mg Tab	02042584	NXP	134
Nu-Temazepam 15mg Cap	02223570	NXP	177
Nu-Temazepam 30mg Cap	02223589	NXP	177
Nu-Terazosin 1mg Tab	02233047	NXP	116

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Nu-Terazosin 2mg Tab	02233048	NXP	116
Nu-Terazosin 5mg Tab	02233049	NXP	116
Nu-Terazosin 10mg Tab	02233050	NXP	116
Nu-Tetra 250mg Cap	00717606	NXP	15
Nu-Ticlopidine 250mg Tab	02237560	NXP	320
Nu-Timolol 5mg Tab	02044609	NXP	96
Nu-Timolol 10mg Tab	02044617	NXP	96
Nu-Timolol 20mg Tab	02044625	NXP	96
Nu-Triazide 25mg & 50mg Tab	00865532	NXP	186
Nu-Trimipramine 25mg Tab	02020602	NXP	160
Nu-Trimipramine 50mg Tab	02020610	NXP	161
Nu-Trimipramine 100mg Tab	02020629	NXP	161
Nu-Valproic 250mg Cap	02237830	NXP	151
Nu-Verap 80mg Tab	00886033	NXP	97
Nu-Verap 120mg Tab	00886041	NXP	97
Nyaderm 100000U/g Cr	00716871	TAR	276
Nyaderm 100000U/g Oint	00716898	TAR	276
Nyaderm 25000U/g Vag Cr	00716901	TAR	276
NYSTATIN			6, 276
Octostim 1.5mg/mL Nas Sp-2.5mL Pk	02237860	FEI	264
Ocufen 0.03% Oph Sol	00766046	ALL	205
Ocuflox 0.3% Oph Sol	02143291	ALL	194
Oesclim 50mcg Patch	02237808	FOU	254
OFLOXACIN			40, 194
Ogen 1.25 1.5mg Tab	02089769	UPJ	255
Ogen 2.5 3mg Tab	02089777	UPJ	255
OLANZAPINE			168
OLSALAZINE SODIUM			232
OMEPRAZOLE			233
OMEPRAZOLE MAGNESIUM			235
Oncovin 1mg/mL Inj Sol (Not a Benefit)	00611182	LIL	52
ONDANSETRON HYDROCHLORIDE			224
One-Alpha 0.25mcg Cap dpp	00474517	LEO	299
One-Alpha 1mcg Cap dpp	00474525	LEO	299
Opcon 0.1% Oph Sol (Not a Benefit)	00750786	BSH	199
Ophtho-Tate 1% Oph Susp	00700401	KNR	196
Opticrom 2% Oph Sol	02230621	ALL	208
Oracort Oral Top Oint	01964054	TAR	288
Orap 2mg Tab	00313815	PMS	169
Orap 4mg Tab	00313823	PMS	169
Orbenin 250mg Cap (Not a Benefit)	00002046	AYE	12
Orbenin 500mg Cap (Not a Benefit)	00002054	AYE	13
Orbenin 250mg Inj Pd-Vial Pk (Not a Benefit)	00002151	AYE	13
Orbenin 25mg/mL O/L (Not a Benefit)	02042975	WAY	13

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ORCIPRENALINE SULFATE			65
Orphenadrine 60mg/2mL Inj Sol-2mL Pk (Not a Benefit)	02229731	CYI	75
ORPHENADRINE CITRATE			75
Ortho 0.5/35 0.035mg & 0.5mg Tab-21 Pk	00317047	OMC	266
Ortho 0.5/35 0.035mg & 0.5mg Tab-28 Pk	00340731	OMC	266
Ortho 1/35 0.035mg & 1mg Tab-21 Pk	00372846	OMC	266
Ortho 1/35 0.035mg & 1mg Tab-28 Pk	00372838	OMC	266
Ortho 7/7/7 3 Phase Tab-21 Pk	00602957	OMC	266
Ortho 7/7/7 3 Phase Tab-28 Pk	00602965	OMC	266
Ortho-Cept 0.15mg & 0.03mg Tab-21 Pk	02042541	JNO	265
Ortho-Cept 0.15mg & 0.03mg Tab-28Pk	02042533	JNO	265
Ortho-Novum 1/50 0.05mg & 1mg Tab-21 Pk	00022608	OMC	268
Orudis 50mg Cap (Not a Benefit)	01926403	RPP	128
Orudis 100mg Sup	01926411	AVE	129
Orudis E-50 50mg Ent Tab (Not a Benefit)	01926381	RPP	129
Orudis E-100 100mg Ent Tab (Not a Benefit)	01926365	RPP	129
Orudis SR-200 200mg LA Tab (Not a Benefit)	01926373	RPP	129
Os-Cal 250 Eq To 250mg Elemental Calcium Tab (Not a Benefit)	02042983	WAY	181
Os-Cal 500 Eq To 500mg Elemental Calcium Tab (Not a Benefit)	02042991	WAY	181
OSELTAMIVIR PHOSPHATE			28
Ostac 400mg Cap	01927078	HLR	305
Ostoforte 50000IU Cap	00009830	FRS	300
Ovral 0.05mg & 0.25mg Tab-21 Pk	02043033	WAY	267
Ovral 0.05mg & 0.25mg Tab-28 Pk	02043041	WAY	267
OXAZEPAM			168
Oxeze Turbuhaler 6mcg/Metered Dose Pd Inh-60 Dose Pk	02237225	AZC	63
Oxeze Turbuhaler 12mcg/Metered Dose Pd Inh-60 Dose Pk	02237224	AZC	63
OPRENOLOL HCL			112
Oxsoralen 10mg Cap	01946374	ICN	293
OXTRIPHYLLINE			295
Oxybutyn 5mg Tab	02220059	ICN	59
OXYBUTYNIN CHLORIDE			59
OXYCODONE HCL			142
OXYCODONE HCL & ACETAMINOPHEN			142
OXYCODONE HCL & ACETYLSALICYLIC ACID			143
Oxycontin 10mg SR Tab	02202441	PFP	142
Oxycontin 20mg SR Tab	02202468	PFP	142
Oxycontin 40mg SR Tab	02202476	PFP	142
Oxycontin 80mg SR Tab	02202484	PFP	142
Oxyderm 5% Lot	00374326	ICN	289
Oxyderm 10% Lot	00432938	ICN	289
Oxyderm 20% Lot	00374318	ICN	289
Palafer 300mg Cap	01923420	SMJ	77
Palafer 60mg/mL O/L	01923439	SMJ	77

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Panadol 325mg Tab	01928260	STH	143
Panadol Extra Strength 500mg Tab	01928244	STH	144
Pancrease 4500 & 20000 & 25000 USP Units SR Cap	02242374	JNO	220
Pancrease MT4 4000 & 12000 & 12000 USP Units Ent Microsph Cap	00789445	JNO	218
PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE			217
Panoxyl 5% Gel	00263702	STI	290
Panoxyl 10% Gel	00263699	STI	290
Panoxyl 15% Gel	00403571	STI	290
Panoxyl 20% Gel	00373036	STI	290
Panoxyl Aquagel 5% Gel	02214849	STI	290
Panoxyl Aquagel 10% Gel (Not a Benefit)	02223856	STI	290
Panoxyl Aquagel 20% Gel	02223864	STI	290
Pantoloc 40mg Ent Tab	02229453	SPH	237
PANTOPRAZOLE SODIUM			237
Pariet 10mg Tab	02243796	JNO	239
Parlodel 5mg Cap	00568643	NOV	304
Parlodel 2.5mg Tab	00371033	NOV	304
Parnate 10mg Tab	01919598	SMJ	159
PAROXETINE HCL			158
Parsitan 50mg Tab	01927744	AVE	56
PARTICLE COATED ERYTHROMYCIN			9
Paxil 20mg Tab	01940481	SMJ	158
Paxil 30mg Tab	01940473	SMJ	158
PCE Dispertab 333mg Tab	00769991	ABB	9
Pedialyte Flavored O/L	00981095	ABB	181
Pedialyte Regular O/L	00630365	ABB	181
Pediapred Oral Liquid 6.7mg/5mL O/L	02230619	AVE	249
Pediatric 80mg/mL O/L	02027801	TCH	143
Pediazole 40mg & 120mg/mL O/L	00583405	ABB	9
PEG-ELECTROLYTES			182
PegLyte Pd-4L Pk	00777838	PMS	182
PegLyte Sol-1L Pk	00777846	PMS	182
Pen-Vee 60mg/mL O/L	02229617	LIO	13
Penbritin 250mg Cap (Not a Benefit)	00002003	AYE	12
Penbritin 500mg Cap (Not a Benefit)	00002011	AYE	12
Penbritin 50mg/mL O/L (Not a Benefit)	00002429	AYE	12
Penglobe 400mg Tab	00627127	AZC	12
Penglobe 800mg Tab	00627135	AZC	12
PENICILLAMINE			243
PENICILLIN G (BENZATHINE)			13
PENICILLIN G (POTASSIUM)			13
PENICILLIN V (BENZATHINE)			13
PENICILLIN V (POTASSIUM)			14
Pentamycetin 0.25% Oph Sol	01980556	SIL	191

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Pentasa 500mg Del-Release Tab	02099683	FEI	225
Pentasa 1g/100mL Enema	02153521	FEI	225
Pentasa 4g/100mL Enema	02153556	FEI	225
Pentasa 1g Sup	02153564	FEI	225
PENTOBARBITAL SODIUM			177
PENTOXIFYLLINE			84
Pepcid 20mg Tab	00710121	MSD	228
Pepcid 40mg Tab	00710113	MSD	228
Peptol 200mg Tab	00546232	HOR	226
Peptol 300mg Tab	00546240	HOR	226
Peptol 400mg Tab	00568449	HOR	226
Peptol 600mg Tab	00584282	HOR	227
Peptol 800mg Tab	00618616	HOR	227
Percocet 5mg & 325mg Tab (Not a Benefit)	00580201	BQU	142
Percodan 5mg & 325mg Tab (Not a Benefit)	00580236	BQU	143
PERGOLIDE MESYLATE			313
PERICYAZINE			169
PERINDOPRIL ERBUMINE			112
Permax 0.05mg Tab	02123320	BJH	313
Permax 0.25mg Tab	02123339	BJH	313
Permax 1mg Tab	02123347	BJH	313
PERMETHRIN			278
PERPHENAZINE			169
Pertofrane 25mg Tab	00010448	GEI	153
PETROLATUM/MINERAL OIL			207
Phenazo 100mg Tab	00271489	ICN	314
Phenazo 200mg Tab	00454583	ICN	314
PHENAZOPYRIDINE HCL			314
PHENELZINE SULFATE			158
Phenergan 2mg/mL O/L (Not a Benefit)	01937693	RPR	1
PHENOBARBITAL			149
Phenobarbital 4mg/mL O/L	00588180	DCL	149
Phenobarbital 30mg Tab	00093521	DCL	149
Phenobarbital 30mg Tab (Not a Benefit)	00023809	PDA	149
Phenobarbital 60mg Tab	00093556	DCL	149
Phenobarbital 60mg Tab (Not a Benefit)	00023817	PDA	149
PHENYLBUTAZONE			132
PHENYTOIN (DIPHENYLHYDANTOIN)			149
PHENYTOIN (DIPHENYLHYDANTOIN) SODIUM			149
Phyllocontin 225mg SR Tab	02014270	PFP	295
Phyllocontin-350 350mg SR Tab	02014289	PFP	295
PILOCARPINE HCL			198
Pilocarpine HCL 1% Oph Sol	02213036	RIV	198
Pilocarpine HCL 2% Oph Sol	02213044	RIV	198

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Pilocarpine HCL 4% Oph Sol	02213052	RIV	198
Pilopine HS 4% Oph Gel	00575240	ALC	198
PIMECROLIMUS			293
PIMOZIDE			169
PINDOLOL			112
PINDOLOL & HYDROCHLOROTHIAZIDE			113
PIPERAZINE ADIPATE			3
Piportil L4 25mg/mL Inj Sol-1mL Pk	01926667	AVE	170
Piportil L4 50mg/mL Inj Sol-1mL Pk	00990507	RPP	170
Piportil L4 100mg/2mL Inj Sol-2mL Pk	01926675	AVE	170
PIPOTIAZINE PALMITATE			170
PIROXICAM			133
PIVAMPICILLIN			14
PIVMECILLINAM HCL			32
PIZOTYLIN			73
Plan B 0.75mg Tab-2 Tabs Pk	02241674	WCC	267
Plaquenil 200mg Tab	02017709	SAO	30
Plavix 75mg Tab	02238682	SAO	306
Plendil 2.5mg ER Tab	02057778	AZC	107
Plendil 5mg ER Tab	00851779	AZC	107
Plendil 10mg ER Tab	00851787	AZC	107
PMS-Acetaminophen With Codeine 160mg & 8mg/5mL O/L	00816027	PMS	135
PMS-Amantadine 10mg/mL O/L	02022826	PMS	302
PMS-Amantadine HCL 100mg Cap	01990403	PMS	302
PMS-Amiodarone 200mg Tab	02242472	PMS	86
PMS-Amoxicillin 250mg Cap	02230243	PMS	10
PMS-Amoxicillin 500mg Cap	02230244	PMS	10
PMS-Amoxicillin 25mg/mL O/L	02230245	PMS	10
PMS-Amoxicillin 50mg/mL O/L	02230246	PMS	10
PMS-Atenolol 50mg Tab	02237600	PMS	86
PMS-Atenolol 100mg Tab	02237601	PMS	87
PMS-Baclofen 10mg Tab	02063735	PMS	74
PMS-Baclofen 20mg Tab	02063743	PMS	74
PMS-Benzylamine 0.15% Oral Rinse	02229777	PMS	197
PMS-Bezafibrate 200mg Tab	02240331	PMS	97
PMS-Bromocriptine 5mg Cap	02236949	PMS	304
PMS-Bromocriptine 2.5mg Tab	02231702	PMS	304
PMS-Captopril 12.5mg Tab	02230203	PMS	104
PMS-Captopril 25mg Tab	02230204	PMS	104
PMS-Captopril 50mg Tab	02230205	PMS	105
PMS-Captopril 100mg Tab	02230206	PMS	105
PMS-Carbamazepine 100mg Chew Tab	02231542	PMS	144
PMS-Carbamazepine 200mg Chew Tab	02231540	PMS	144
PMS-Carbamazepine CR 200mg LA Tab	02231543	PMS	144

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PMS-Carbamazepine CR 400mg LA Tab	02231544	PMS	144
PMS-Carvedilol 3.125mg Tab	02245914	PMS	88
PMS-Carvedilol 6.25mg Tab	02245915	PMS	88
PMS-Carvedilol 12.5mg Tab	02245916	PMS	88
PMS-Carvedilol 25mg Tab	02245917	PMS	88
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
PMS-Cephalexin 125 25mg/mL Pd for Oral Susp	02177811	PMS	18
PMS-Cephalexin 250 50mg/mL Pd for Oral Susp	02177838	PMS	18
PMS-Cholestyramine Oral Pd-42 Dose Pk	02207745	PMS	98
PMS-Cholestyramine (Sugar Free) Oral Pd-42 Dose Pk	02141795	PMS	98
PMS-Cholestyramine 9g Pk Oral Pd-Pouch Pk	02210320	PMS	98
PMS-Cholestyramine Sugar Free 5g Pk Oral Pd-Pouch Pk	00890960	PMS	98
PMS-Cimetidine 200mg Tab	02229717	PMS	226
PMS-Cimetidine 300mg Tab	02229718	PMS	226
PMS-Cimetidine 400mg Tab	02229719	PMS	226
PMS-Cimetidine 600mg Tab	02229720	PMS	227
PMS-Cimetidine 800mg Tab	02229721	PMS	227
PMS-Ciprofloxacin 250mg Tab	02248437	PMS	33
PMS-Ciprofloxacin 500mg Tab	02248438	PMS	33
PMS-Ciprofloxacin 750mg Tab	02248439	PMS	33
PMS-Citalopram 20mg Tab	02248010	PMS	152
PMS-Citalopram 40mg Tab	02248011	PMS	152
PMS-Clobazam 10mg Tab	02244474	PMS	145
PMS-Clobetasol 0.05% Cr	02232191	PMS	283
PMS-Clobetasol 0.05% Oint	02232193	PMS	283
PMS-Clobetasol 0.05% Scalp Lot	02232195	PMS	283
PMS-Clonazepam 0.5mg Tab	02048701	PMS	145
PMS-Clonazepam 2mg Tab	02048736	PMS	146
PMS-Clonazepam-R 0.5mg Tab	02207818	PMS	145
PMS-Cyclobenzaprine 10mg Tab (Not a Benefit)	02212048	PMS	74
PMS-Desipramine 25mg Tab	01946269	PMS	153
PMS-Desipramine 50mg Tab	01946277	PMS	153
PMS-Desipramine 75mg Tab	01946242	PMS	154
PMS-Desonide 0.05% Cr	02229315	PMS	284
PMS-Desonide 0.05% Oint	02229323	PMS	284
PMS-Dexamethasone 0.1% Oph/Ot Sol	00785261	PMS	195
PMS-Dexamethasone 0.5mg Tab	01964976	PMS	247
PMS-Dexamethasone 4mg Tab	01964070	PMS	247

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PMS-Diclofenac 25mg Ent Tab	02231502	PMS	123
PMS-Diclofenac 50mg Ent Tab	02231503	PMS	123
PMS-Diclofenac 50mg Sup	02231506	PMS	124
PMS-Diclofenac 100mg Sup	02231508	PMS	124
PMS-Diclofenac-SR 75mg LA Tab	02231504	PMS	123
PMS-Diclofenac-SR 100mg LA Tab	02231505	PMS	123
PMS-Dimenhydrinate 50mg Tab (Not a Benefit)	00586331	PMS	221
PMS-Dipivefrin 0.1% Oph Sol	02237868	PMS	199
PMS-Divalproex 125mg Ent Tab	02244138	PMS	146
PMS-Divalproex 250mg Ent Tab	02244139	PMS	146
PMS-Divalproex 500mg Ent Tab	02244140	PMS	146
PMS-Docusate Calcium 240mg Cap	00664553	PMS	214
PMS-Domperidone 10mg Tab	02236466	PMS	227
PMS-Doxazosin 1mg Tab	02244527	PMS	106
PMS-Doxazosin 2mg Tab	02244528	PMS	106
PMS-Doxazosin 4mg Tab	02244529	PMS	106
PMS-Fenofibrate Micro 200mg Cap	02231780	PMS	99
PMS-Fluconazole 50mg Tab	02245643	PMS	5
PMS-Fluconazole 100mg Tab	02245644	PMS	5
PMS-Fluoxetine 20mg Cap	02177587	PMS	155
PMS-Fluphenazine Decanoate 125mg/5mL Inj Susp-5mL Pk	02091275	PMS	165
PMS-Flutamide 250mg Tab	02230104	PMS	47
PMS-Fluvoxamine 50mg Tab	02240682	PMS	155
PMS-Fluvoxamine 100mg Tab	02240683	PMS	155
PMS-Fosinopril 10mg Tab	02255944	PMS	108
PMS-Fosinopril 20mg Tab	02255952	PMS	108
PMS-Gabapentin 100mg Cap	02243446	PMS	147
PMS-Gabapentin 300mg Cap	02243447	PMS	147
PMS-Gabapentin 400mg Cap	02243448	PMS	147
PMS-Gemfibrozil 300mg Cap	02239951	PMS	100
PMS-Gentamicin 0.3% Oph Sol	00776521	PMS	192
PMS-Glyburide 2.5mg Tab	02236733	PMS	258
PMS-Glyburide 5mg Tab	02236734	PMS	258
PMS-Hydromorphone 1mg Tab	00885444	PMS	138
PMS-Hydromorphone 2mg Tab	00885436	PMS	138
PMS-Hydromorphone 4mg Tab	00885401	PMS	138
PMS-Hydromorphone 8mg Tab	00885428	PMS	138
PMS-Indapamide 1.25mg Tab	02239619	PMS	186
PMS-Indapamide 2.5mg Tab	02239620	PMS	186
PMS-Ipratropium 250mcg/mL Inh Sol-20mL Pk	02231136	PMS	56
PMS-Ipratropium 125mcg/mL Inh Sol-2mL UDV Pk	02231135	PMS	57
PMS-Ipratropium 250mcg/mL Inh Sol-2mL UDV Pk	02231245	PMS	57
PMS-Ipratropium 0.03% Nasal Spray	02239627	PMS	205
PMS-Ketoprofen 50mg Cap	02150808	PMS	128

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PMS-Ketoprofen 100mg Sup	02015951	PMS	129
PMS-Ketoprofen E-50 50mg Ent Tab	02150816	PMS	129
PMS-Ketoprofen E-100 100mg Ent Tab	02150824	PMS	129
PMS-Lactulose 667mg/mL O/L	00703486	PMS	215
PMS-Lamotrigine 25mg Tab	02246897	PMS	148
PMS-Lamotrigine 100mg Tab	02246898	PMS	148
PMS-Lamotrigine 150mg Tab	02246899	PMS	148
PMS-Levobunolol 0.5% Oph Sol	02237991	PMS	206
PMS-Lindane 1% Shampoo (Not a Benefit)	00703605	PMS	277
PMS-Lithium Carbonate 150mg Cap	02216132	PMS	173
PMS-Lithium Carbonate 300mg Cap	02216140	PMS	173
PMS-Loperamide 2mg Caplet	02228351	PMS	213
PMS-Lorazepam 0.5mg Tab	00728187	PMS	167
PMS-Lorazepam 1mg Tab	00728195	PMS	167
PMS-Lorazepam 2mg Tab	00728209	PMS	167
PMS-Lovastatin 20mg Tab	02246013	PMS	100
PMS-Lovastatin 40mg Tab	02246014	PMS	100
PMS-Loxapine 25mg/mL O/L	02239101	PMS	173
PMS-Loxapine 5mg Tab	02230837	PMS	173
PMS-Loxapine 10mg Tab	02230838	PMS	174
PMS-Loxapine 25mg Tab	02230839	PMS	174
PMS-Loxapine 50mg Tab	02230840	PMS	174
PMS-Medroxyprogesterone 2.5mg Tab	02246627	PMS	267
PMS-Medroxyprogesterone 5mg Tab	02246628	PMS	268
PMS-Medroxyprogesterone 10mg Tab	02246629	PMS	268
PMS-Mefenamic Acid 250mg Cap	02231208	PMS	130
PMS-Meloxicam 7.5mg Tab	02248267	PMS	130
PMS-Meloxicam 15mg Tab	02248268	PMS	130
PMS-Metformin 500mg Tab	02223562	PMS	258
PMS-Methotrimeprazine 5mg Tab	02232903	PMS	176
PMS-Methotrimeprazine 25mg Tab	02232904	PMS	176
PMS-Methotrimeprazine 50mg Tab	02232905	PMS	176
PMS-Methylphenidate 10mg Tab	00584991	PMS	174
PMS-Metoclopramide 5mg Tab	02230431	PMS	231
PMS-Metoclopramide 10mg Tab	02230432	PMS	231
PMS-Metoprolol-B 50mg Tab	02145413	PMS	92
PMS-Metoprolol-B 100mg Tab	02145421	PMS	92
PMS-Metoprolol-L 50mg Tab	02230803	PMS	92
PMS-Metoprolol-L 100mg Tab	02230804	PMS	92
PMS-Mirtazapine 30mg Tab	02248762	PMS	156
PMS-Misoprostol 200mcg Tab	02244125	PMS	232
PMS-Moclobemide 150mg Tab	02243218	PMS	157
PMS-Moclobemide 300mg Tab	02243219	PMS	157
PMS-Mometasone 0.1% Oint	02244769	PMS	288

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PMS-Morphine Sulfate 15mg SR Tab	02245284	PMS	141
PMS-Morphine Sulfate 30mg SR Tab	02245285	PMS	141
PMS-Morphine Sulfate 60mg SR Tab	02245286	PMS	141
PMS-Naproxen 500mg Sup	02017237	PMS	131
PMS-Nifedipine 5mg Cap	02235897	PMS	93
PMS-Nifedipine 10mg Cap	02235898	PMS	93
PMS-Nizatidine 150mg Cap	02177714	PMS	232
PMS-Nizatidine 300mg Cap	02177722	PMS	232
PMS-Norfloxacin 400mg Tab	02246596	PMS	39
PMS-Nortriptyline 10mg Cap	02177692	PMS	157
PMS-Nortriptyline 25mg Cap	02177706	PMS	157
PMS-Oxtriphylline 10mg/mL O/L	00792934	PMS	295
PMS-Oxtriphylline 20mg/mL O/L	00792942	PMS	295
PMS-Oxybutynin 1mg/mL O/L	02223376	PMS	59
PMS-Oxybutynin 5mg Tab	02240550	PMS	59
PMS-Paroxetine 20mg Tab	02247751	PMS	158
PMS-Paroxetine 30mg Tab	02247752	PMS	158
PMS-Pindolol 5mg Tab	02231536	PMS	112
PMS-Pindolol 10mg Tab	02231537	PMS	113
PMS-Pindolol 15mg Tab	02231539	PMS	113
PMS-Piroxicam 10mg Cap	00836249	PMS	133
PMS-Piroxicam 20mg Cap	00836230	PMS	133
PMS-Piroxicam 10mg Sup	02154420	PMS	133
PMS-Piroxicam 20mg Sup	02154463	PMS	133
PMS-Potassium Chloride 1.33mEq/mL O/L	02238604	PMS	182
PMS-Potassium Gluconate 1.33mEq/mL O/L	02074087	PMS	183
PMS-Pravastatin 10mg Tab	02247655	PMS	101
PMS-Pravastatin 20mg Tab	02247656	PMS	101
PMS-Pravastatin 40mg Tab	02247657	PMS	101
PMS-Prednisolone 6.7mg/5mL O/L	02245532	PMS	249
PMS-Procyclidine 2.5mg Tab	00649392	PMS	59
PMS-Procyclidine 5mg Tab	00587354	PMS	59
PMS-Promethazine 2mg/mL O/L (Not a Benefit)	00583979	PMS	1
PMS-Propafenone 150mg Tab	02243727	PMS	94
PMS-Propafenone 300mg Tab	02243728	PMS	94
PMS-Propranolol 10mg Tab	00582255	PMS	94
PMS-Propranolol 40mg Tab	00582263	PMS	95
PMS-Propranolol 80mg Tab	00582271	PMS	95
PMS-Ranitidine 150mg Tab	02242453	PMS	239
PMS-Ranitidine 300mg Tab	02242454	PMS	239
PMS-Salbutamol 1mg/mL Inh Sol-2.5mL Pk	02208229	PMS	67
PMS-Salbutamol 2mg/mL Inh Sol-2.5mL Pk	02208237	PMS	68
PMS-Salbutamol 0.4mg/mL O/L	02091186	PMS	70
PMS-Salbutamol Respirator Solution 5mg/mL Inh Sol-10mL Pk	02069571	PMS	69

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PMS-Selegiline 5mg Tab	02238102	PMS	316
PMS-Sertraline 25mg Cap	02244838	PMS	158
PMS-Sertraline 50mg Cap	02244839	PMS	159
PMS-Sertraline 100mg Cap	02244840	PMS	159
PMS-Simvastatin 5mg Tab	02252619	PMS	102
PMS-Simvastatin 10mg Tab	02252635	PMS	102
PMS-Simvastatin 20mg Tab	02252643	PMS	102
PMS-Simvastatin 40mg Tab	02252651	PMS	103
PMS-Simvastatin 80mg Tab	02252678	PMS	103
PMS-Sodium Cromoglycate 1% Inh Sol-2mL Pk	02046113	PMS	317
PMS-Sodium Cromoglycate 2% Nas Sol-26mL Pk	01950541	PMS	208
PMS-Sotalol 160mg Tab	02238327	PMS	96
PMS-Sucalfate 1g Tab	02238209	PMS	240
PMS-Sulfasalazine 500mg Tab	00598461	PMS	31
PMS-Sulfasalazine-E.C. 500mg Ent Tab	00598488	PMS	31
PMS-Temazepam 15mg Cap	02229455	PMS	177
PMS-Temazepam 30mg Cap	02229456	PMS	177
PMS-Terazosin 1mg Tab	02243518	PMS	116
PMS-Terazosin 2mg Tab	02243519	PMS	116
PMS-Terazosin 5mg Tab	02243520	PMS	116
PMS-Terazosin 10mg Tab	02243521	PMS	116
PMS-Theophylline 5.3mg/mL O/L	00575151	PMS	296
PMS-Thioridazine 30mg/mL O/L	00775320	PMS	171
PMS-Tiaprofenic 200mg Tab	02230827	PMS	134
PMS-Tiaprofenic 300mg Tab	02230828	PMS	134
PMS-Ticlopidine 250mg Tab	02243327	PMS	320
PMS-Timolol 0.25% Oph Sol	02083353	PMS	209
PMS-Timolol 0.5% Oph Sol	02083345	PMS	209
PMS-Tobramycin 0.3% Oph Sol	02239577	PMS	193
PMS-Trazodone 50mg Tab	01937227	PMS	160
PMS-Trazodone 100mg Tab	01937235	PMS	160
PMS-Trihexyphenidyl 0.4mg/mL O/L	00885398	PMS	60
PMS-Valproic Acid 250mg Cap	02230768	PMS	151
PMS-Valproic Acid 500mg Ent Cap	02229628	PMS	151
PMS-Valproic Acid 50mg/mL O/L	02236807	PMS	150
PMS-Verapamil SR 240mg LA Tab	02237791	PMS	118
POLYETHYLENE GLYCOL & ELECTROLYTES			182
POLYMYXIN B SULFATE & BACITRACIN (ZINC)			192
POLYMYXIN B SULFATE & GRAMICIDIN			192
POLYMYXIN B SULFATE & NEOMYCIN SULFATE & BACITRACIN (ZINC)			192
POLYMYXIN B SULFATE & NEOMYCIN SULFATE & GRAMICIDIN			192
POLYMYXIN B SULFATE & NEOMYCIN SULFATE & HYDROCORTISONE			193
Polysporin 10000U & 500U/g Oph Oint 3.5g Pk	00299219	BWE	192
Polysporin 10000U & 0.025mg/mL Oph/Ot Sol	00035343	BWE	192

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POLYSTYRENE SODIUM SULFONATE			183
POLYVINYL ALCOHOL			208
POLYVINYL ALCOHOL & POLYVINYLPYRROLIDONE			208
Pondocillin 35mg/mL O/L	00582239	LEO	14
Pondocillin 500mg Tab	00582247	LEO	14
Ponstan 250mg Cap	00155225	PFI	130
POTASSIUM CHLORIDE			182
POTASSIUM GLUCONATE			183
POVIDONE - IODINE			280
PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE			178
Prandase 50mg Tab	02190885	BAH	257
Prandase 100mg Tab	02190893	BAH	257
Pravachol 10mg Tab	00893749	BQU	101
Pravachol 20mg Tab	00893757	BQU	101
Pravachol 40mg Tab	02222051	BQU	101
PRAVASTATIN SODIUM			101
PRAZOSIN HCL			113
Pred Forte 1% Oph Susp (Not a Benefit)	00301175	ALL	196
Pred Mild 0.12% Oph Susp	00299405	ALL	196
PREDNISOLONE ACETATE			196
PREDNISOLONE SODIUM PHOSPHATE			196, 249
PREDNISON			249
Premarin 0.3mg Tab	02043394	WAY	252
Premarin 0.625mg Tab	02043408	WAY	252
Premarin 1.25mg Tab	02043424	WAY	252
Premarin 0.625mg/g Vag Cr	02043440	WAY	252
Premplus 0.625mg/2.5mg Tab-28 Day Pk	02242878	WAY	252
Premplus 0.625mg/5mg Tab-28 Day Pk	02242879	WAY	252
Prevacid 15mg DR Cap	02165503	ABB	229
Prevacid 30mg DR Cap	02165511	ABB	229
PRIMIDONE			149
Prinivil 5mg Tab	00839388	MSD	109
Prinivil 10mg Tab	00839396	MSD	109
Prinivil 20mg Tab	00839418	MSD	109
Prinzide 10mg & 12.5mg Tab	02108194	MSD	110
Prinzide 20mg & 12.5mg Tab	00884413	MSD	110
PROBENECID			188
Probeta 0.5% & 0.1% Oph Sol	02209071	ALL	206
PROCAINAMIDE HCL			94
Procan SR 250mg LA Tab	00638692	PFI	94
Procan SR 500mg LA Tab	00638676	PFI	94
Procan SR 750mg LA Tab	00638684	PFI	94
PROCARBAZINE HCL			50
PROCHLORPERAZINE			170

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Prochlorperazine Mesylate 10mg/2mL Inj Sol-2mL Pk	00789747	SIL	170
PROCYCLIDINE HCL			59
Procytox 200mg Inj Pd-Vial Pk	02241797	BAX	45
Procytox 1000mg Inj Pd-Vial Pk	02241799	BAX	45
Procytox 25mg Tab	02241795	BAX	45
Procytox 50mg Tab	02241796	BAX	45
Prodiem Plain Gran	02162245	NOV	215
Prograf 5mg/mL Amp	02176009	FUJ	318
Prograf 1mg Cap	02175991	FUJ	318
Prograf 5mg Cap	02175983	FUJ	318
Prolopa 50-12.5 50mg & 12.5mg Cap	00522597	HLR	311
Prolopa 100-25 100mg & 25mg Cap	00386464	HLR	311
Prolopa 200-50 200mg & 50mg Cap	00386472	HLR	311
Proloprim 100mg Tab	00675229	BWE	41
Proloprim 200mg Tab	00677590	BWE	41
PROMETHAZINE HCL			1
Pronestyl 250mg Cap	00029076	BQU	94
Pronestyl 375mg Cap	00296031	BQU	94
Pronestyl 500mg Cap	00353523	BQU	94
Pronestyl SR 500mg LA Tab	00639885	BQU	94
Propaderm 0.025% Cr	02089602	SHI	281
Propaderm 0.025% Lot	02089610	SHI	281
Propaderm 0.025% Oint	01927957	GLA	281
PROPAFENONE HCL			94
Propine 0.1% Oph Sol	00529117	ALL	199
PROPRANOLOL			94
Propyl-Thyracil 50mg Tab	00010200	PAL	270
Propyl-Thyracil 100mg Tab	00010219	PAL	270
PROPYLTHIOURACIL			270
Proscar 5mg Tab	02010909	FRS	309
Prostigmin 15mg Tab	00869945	ICN	54
Protopic 0.03% Oint	02244149	FUJ	318
Protopic 0.1% Oint	02244148	FUJ	318
PROTRIPTYLINE			158
Provera 2.5mg Tab	00708917	UPJ	267
Provera 5mg Tab	00030937	UPJ	268
Provera 10mg Tab	00729973	UPJ	268
Provera 100mg Tab	00030945	UPJ	268
Provera-Pak 10mg Tab	02010933	UPJ	268
Provioldine 10% Top Sol (Not a Benefit)	00172944	ROG	280
Provioldine 10% Vag Gel (Not a Benefit)	00026611	ROG	280
Provioldine 10% Vag Sol (Not a Benefit)	00252824	ROG	280
Prozac 20mg Cap	00636622	LIL	155
PSEUDOEPHEDRINE HCL			66

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
PSYLLIUM MUCILLOID			215
Pulmicort Nebuamp 0.125mg/mL Inh Susp	02229099	AZC	246
Pulmicort Nebuamp 0.25mg/mL Inh Susp	01978918	AZC	246
Pulmicort Nebuamp 0.5mg/mL Inh Susp	01978926	AZC	246
Pulmicort Turbuhaler 100mcg/Metered Dose Pd Inh-200 Dose Pk	00852074	AZC	247
Pulmicort Turbuhaler 200mcg/Metered Dose Pd Inh-200 Dose Pk	00851752	AZC	247
Pulmicort Turbuhaler 400mcg/Metered Dose Pd Inh-200 Dose Pk	00851760	AZC	247
Purinethol 50mg Tab	00004723	BWE	50
Purinol 100mg Tab	00415731	HOR	302
Purinol 200mg Tab	00415758	HOR	302
Purinol 300mg Tab	00415766	HOR	302
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			278
Pyridium 100mg Tab	00476714	PDA	314
Pyridium 200mg Tab (Not a Benefit)	00476722	PDA	314
PYRIDOSTIGMINE BROMIDE			54
PYRIDOXINE HCL			298
PYRVINIUM PAMOATE			3
Questran Oral Pd-42 Dose Pk	00634093	BQU	98
Questran 9g Pk Oral Pd-Pouch Pk	00464880	BQU	98
Questran Light 4g Pk Oral Pd-Pouch Pk	01918486	BQU	98
QUETIAPINE			170
QUINAPRIL HCL			114
QUINAPRIL HCL & HYDROCHLOROTHIAZIDE			114
Quinate 325mg Tab	00311731	ROG	95
Quinidine 200mg Tab	00026883	ROG	95
Quinidine 200mg Tab (Not a Benefit)	00004782	BWE	95
QUINIDINE GLUCONATE			95
QUINIDINE SULFATE			95
QVAR 50mcg/Metered Dose Aero Inh-200 Dose Pk	02242029	MMH	245
QVAR 100mcg/Metered Dose Aero Inh-200 Dose Pk	02242030	MMH	245
R & C Shampoo/Conditioner 0.3% & 3% & 1.2% Top Sol	02125447	RCA	278
RABEPRAZOLE SODIUM			239
RALOXIFENE HCL			314
RAMIPRIL			114
Ranitidine 150mg Tab	00828823	KNR	239
Ranitidine 300mg Tab	00828688	KNR	239
RANITIDINE HCL			239
Rapamune 1mg/mL O/L	02243237	WAY	317
Rapamune 1mg Tab	02247111	WAY	317
Ratio-Acyclovir 800mg Tab	02078651	RPH	23
Ratio-Alprazolam 0.25mg Tab	00677485	RPH	161

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Ratio-Alprazolam 0.5mg Tab	00677477	RPH	161
Ratio-Amcinonide 0.1% Cr	02247098	RPH	280
Ratio-Amcinonide 0.1% Lot	02247097	RPH	280
Ratio-Amcinonide 0.1% Oint	02247096	RPH	280
Ratio-Amiodarone 200mg Tab	02240071	RPH	86
Ratio-Amoxi Clav 250mg & 125mg Tab	02243770	RPH	11
Ratio-Amoxi Clav 500mg & 125mg Tab	02243771	RPH	11
Ratio-Amoxi Clav 875mg & 125mg Tab	02247021	RPH	11
Ratio-Amoxi Clav 125F 25mg & 6.25mg/mL O/L	02244646	RPH	11
Ratio-Amoxi Clav 250F 50mg & 12.5mg/mL O/L	02244647	RPH	11
Ratio-Atenolol 50mg Tab	02171791	RPH	86
Ratio-Atenolol 100mg Tab	02171805	RPH	87
Ratio-Azathioprine 50mg Tab	02236799	RPH	303
Ratio-Baclofen 10mg Tab	02236507	RPH	74
Ratio-Baclofen 20mg Tab	02236508	RPH	74
Ratio-Beclomethasone AQ 50mcg Nas Sp-200 Dose Pk	00872318	RPH	194
Ratio-Benzylamine 0.15% Oral Rinse	02230170	RPH	197
Ratio-Bisacodyl 10mg Sup	00404802	RPH	214
Ratio-Brimonidine 0.2% Oph Sol	02243026	RPH	201
Ratio-Captopril 12.5mg Tab	00851639	RPH	104
Ratio-Captopril 25mg Tab	00851833	RPH	104
Ratio-Captopril 50mg Tab	00851647	RPH	105
Ratio-Captopril 100mg Tab	00851655	RPH	105
Ratio-Carvedilol 3.125mg Tab	02252309	RPH	88
Ratio-Carvedilol 6.25mg Tab	02252317	RPH	88
Ratio-Carvedilol 12.5mg Tab	02252325	RPH	88
Ratio-Carvedilol 25mg Tab	02252333	RPH	88
Ratio-Ciprofloxacin 250mg Tab	02246825	RPH	33
Ratio-Ciprofloxacin 500mg Tab	02246826	RPH	33
Ratio-Ciprofloxacin 750mg Tab	02246827	RPH	33
Ratio-Citalopram 20mg Tab	02252112	RPH	152
Ratio-Citalopram 40mg Tab	02252120	RPH	152
Ratio-Clindamycin 150mg Cap	02130033	RPH	18
Ratio-Clindamycin 300mg Cap	02192659	RPH	18
Ratio-Clobazam 10mg Tab	02238797	RPH	145
Ratio-Clobetasol 0.05% Cr	01910272	RPH	283
Ratio-Clobetasol 0.05% Oint	01910280	RPH	283
Ratio-Clobetasol 0.05% Scalp Lot	01910299	RPH	283
Ratio-Clonazepam 0.5mg Tab	02103656	RPH	145
Ratio-Clonazepam 2mg Tab	02103737	RPH	146
Ratio-Codeine 5mg/mL O/L	00779474	RPH	136
Ratio-Codeine 15mg Tab	00593435	RPH	136
Ratio-Codeine 30mg Tab	00593451	RPH	136
Ratio-Desipramine 25mg Tab	01948784	RPH	153

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Ratio-Desipramine 50mg Tab	01948792	RPH	153
Ratio-Desipramine 75mg Tab	01948806	RPH	154
Ratio-Dexamethasone 0.5mg Tab	02240684	RPH	247
Ratio-Dexamethasone 4mg Tab	02240687	RPH	247
Ratio-Diltiazem CD 120mg LA Cap	02229781	RPH	90
Ratio-Diltiazem CD 180mg LA Cap	02229782	RPH	90
Ratio-Diltiazem CD 240mg LA Cap	02229783	RPH	90
Ratio-Diltiazem CD 300mg LA Cap	02229784	RPH	90
Ratio-Dipivefrin 0.1% Oph Sol	02032376	RPH	199
Ratio-Domperidone 10mg Tab	01912070	RPH	227
Ratio-Doxazosin 1mg Tab	02243215	RPH	106
Ratio-Doxazosin 2mg Tab	02243216	RPH	106
Ratio-Doxazosin 4mg Tab	02243217	RPH	106
Ratio-Ectosone 0.1% Scalp Lot	00653217	RPH	283
Ratio-Ectosone Mild 0.05% Cr	00535427	RPH	282
Ratio-Ectosone Mild 0.05% Lot	00653209	RPH	282
Ratio-Ectosone Regular 0.1% Cr	00535435	RPH	282
Ratio-Ectosone Regular 0.1% Lot	00750050	RPH	282
Ratio-Emtec 300mg & 30mg Tab	00608882	RPH	135
Ratio-Famotidine 20mg Tab	02242327	RPH	228
Ratio-Famotidine 40mg Tab	02242328	RPH	228
Ratio-Fenofibrate MC 200mg Cap	02250039	RPH	99
Ratio-Flexitec 10mg Tab (Not a Benefit)	02236506	RPH	74
Ratio-Flunisolide Nasal Mist 0.025% Nas Sp-25mL Pk	00878790	RPH	195
Ratio-Fluoxetine 20mg Cap	02241374	RPH	155
Ratio-Flurbiprofen 100mg Tab	00675199	RPH	126
Ratio-Fluvoxamine 50mg Tab	02218453	RPH	155
Ratio-Fluvoxamine 100mg Tab	02218461	RPH	155
Ratio-Gabapentin 100mg Cap	02260883	RPH	147
Ratio-Gabapentin 300mg Cap	02260891	RPH	147
Ratio-Gabapentin 400mg Cap	02260905	RPH	147
Ratio-Haloperidol 2mg/mL O/L	00552429	RPH	165
Ratio-Indomethacin 25mg Cap	02143364	RPH	127
Ratio-Indomethacin 50mg Cap	02143372	RPH	128
Ratio-Indomethacin 50mg Sup	01934147	RPH	128
Ratio-Indomethacin 100mg Sup	01934139	RPH	128
Ratio-IPRA SAL UDV 500mcg/2.5mg/2.5mL Inh Sol-2.5mL Pk	02243789	RPH	58
Ratio-Ipratropium 250mcg/mL Inh Sol-20mL Pk	02097141	RPH	56
Ratio-Ipratropium 0.03% Nasal Spray	02240072	RPH	205
Ratio-Ipratropium UDV 125mcg/mL Inh Sol-2mL UDV Pk	02097176	RPH	57
Ratio-Ipratropium UDV 250mcg/mL Inh Sol-2mL UDV Pk	02097168	RPH	57
Ratio-Ketorolac 0.5% Oph Sol	02247461	RPH	196
Ratio-Lamotrigine 25mg Tab	02243352	RPH	148
Ratio-Lamotrigine 100mg Tab	02243353	RPH	148

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Ratio-Lamotrigine 150mg Tab	02246963	RPH	148
Ratio-Lenoltec No.2 15mg Tab	00653241	RPH	135
Ratio-Lenoltec No.3 30mg Tab	00653276	RPH	135
Ratio-Lenoltec No.4 300mg & 60mg Tab	00621463	RPH	135
Ratio-Levobunolol 0.25% Oph Sol	02031159	RPH	206
Ratio-Levobunolol 0.5% Oph Sol	02031167	RPH	206
Ratio-Lovastatin 20mg Tab	02245822	RPH	100
Ratio-Lovastatin 40mg Tab	02245823	RPH	100
Ratio-Meloxicam 7.5mg Tab	02247889	RPH	130
Ratio-Meloxicam 15mg Tab	02248031	RPH	130
Ratio-Metformin 500mg Tab	02242974	RPH	258
Ratio-Methotrexate Sodium 2.5mg Tab	02244798	RPH	43
Ratio-Methylphenidate 10mg Tab	02230321	RPH	174
Ratio-Moclobemide 150mg Tab	02218410	RPH	157
Ratio-Mometasone 0.1% Oint	02248130	RPH	288
Ratio-Morphine 1mg/mL O/L	00607762	RPH	139
Ratio-Morphine 5mg/mL O/L	00607770	RPH	139
Ratio-Morphine 10mg/mL O/L	00690783	RPH	139
Ratio-Morphine 20mg/mL O/L	00690791	RPH	139
Ratio-Morphine SR 15mg SR Tab	02244790	RPH	141
Ratio-Morphine SR 30mg SR Tab	02244791	RPH	141
Ratio-Morphine SR 60mg SR Tab	02244792	RPH	141
Ratio-MPA 2.5mg Tab	02148552	RPH	267
Ratio-MPA 5mg Tab	02148560	RPH	268
Ratio-MPA 10mg Tab	02148579	RPH	268
Ratio-Nadolol 40mg Tab	00851663	RPH	93
Ratio-Nadolol 80mg Tab	00851671	RPH	93
Ratio-Nadolol 160mg Tab	00851698	RPH	93
Ratio-Naproxen 500mg Sup	00756814	RPH	131
Ratio-Naproxen 250mg Tab	00615315	RPH	131
Ratio-Naproxen 375mg Tab	00615323	RPH	132
Ratio-Naproxen 500mg Tab	00615331	RPH	132
Ratio-Nortriptyline 10mg Cap	02240789	RPH	157
Ratio-Nortriptyline 25mg Cap	02240790	RPH	157
Ratio-Nystatin 100000U/mL O/L	02194201	RPH	6
Ratio-Nystatin 500000U Tab	02194198	RPH	6
Ratio-Orciprenaline 2mg/mL O/L	02152568	RPH	65
Ratio-Oxycocet 5mg & 325mg Tab	00608165	RPH	142
Ratio-Oxycodan 5mg & 325mg Tab	00608157	RPH	143
Ratio-Paroxetine 20mg Tab	02247811	RPH	158
Ratio-Paroxetine 30mg Tab	02247812	RPH	158
Ratio-Pravastatin 10mg Tab	02246930	RPH	101
Ratio-Pravastatin 20mg Tab	02246931	RPH	101
Ratio-Pravastatin 40mg Tab	02246932	RPH	101

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Ratio-Salbutamol HFA 100mcg/Metered Dose Inh-200 Dose Pk	02244914	RPH	70
Ratio-Salbutamol Inhaler 100mcg/Metered Dose Inh-200 Dose Pk (Not a Benefit)	00851841	RPH	70
Ratio-Salbutamol Respirator Solution P.F. 1mg/mL Inh Sol-2.5mL Pk	01986864	RPH	67
Ratio-Salbutamol Respirator Solution 5mg/mL Inh Sol-10mL Pk	00860808	RPH	69
Ratio-Sertraline 25mg Cap	02245787	RPH	158
Ratio-Sertraline 50mg Cap	02245788	RPH	159
Ratio-Sertraline 100mg Cap	02245789	RPH	159
Ratio-Simvastatin 5mg Tab	02247067	RPH	102
Ratio-Simvastatin 10mg Tab	02247068	RPH	102
Ratio-Simvastatin 20mg Tab	02247069	RPH	102
Ratio-Simvastatin 40mg Tab	02247070	RPH	103
Ratio-Simvastatin 80mg Tab	02247071	RPH	103
Ratio-Sotalol 160mg Tab	02084236	RPH	96
Ratio-Temazepam 15mg Cap	02243023	RPH	177
Ratio-Temazepam 30mg Cap	02243024	RPH	177
Ratio-Terazosin 1mg Tab	02218941	RPH	116
Ratio-Terazosin 2mg Tab	02218968	RPH	116
Ratio-Terazosin 5mg Tab	02218976	RPH	116
Ratio-Terazosin 10mg Tab	02218984	RPH	116
Ratio-Timolol Maleate 0.5% Oph Sol	02240249	RPH	209
Ratio-Topilene 0.05% Cr	00849650	RPH	282
Ratio-Topilene 0.05% Oint	00849669	RPH	281
Ratio-Topisone 0.05% Lot	00809187	RPH	281
Ratio-Topisone 0.05% Oint	00805009	RPH	281
Ratio-Trazodone 50mg Tab	02053187	RPH	160
Ratio-Trazodone 100mg Tab	02053195	RPH	160
Ratio-Trazodone 150mg Tab	02053209	RPH	160
Ratio-Valproic 250mg Cap	02140047	RPH	151
Ratio-Valproic 50mg/mL O/L	02140063	RPH	150
Ratio-Valproic EC 500mg Ent Cap	02140055	RPH	151
Remeron 30mg Tab	02243910	OGN	156
Remeron RD 15mg Orally Disintegrating Tab	02248542	ORG	156
Remeron RD 30mg Orally Disintegrating Tab	02248543	ORG	156
Remeron RD 45mg Orally Disintegrating Tab	02248544	ORG	156
Reminyl 4mg Tab	02244298	JNO	54
Reminyl 8mg Tab	02244299	JNO	54
Reminyl 12mg Tab	02244300	JNO	54
Renedil 2.5mg SR Tab	02221985	AVE	107
Renedil 5mg SR Tab	02221993	AVE	107
Renedil 10mg SR Tab	02222000	AVE	107
ReQuip 0.25mg Tab	02232565	SMJ	316
ReQuip 1mg Tab	02232567	SMJ	316
ReQuip 2mg Tab	02232568	SMJ	316

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
ReQuip 5mg Tab	02232569	SMJ	316
Rescriptor 100mg Tab	02238348	AGO	24
RESERPINE			115
Restoril 15mg Cap	00604453	NOV	177
Restoril 30mg Cap	00604461	NOV	177
Reyataz 150mg Cap	02248610	BQU	24
Reyataz 200mg Cap	02248611	BQU	24
Rhinalar 0.025% Nas Sp-25mL Pk	02162687	HLR	195
Rhinocort Aqua 64mcg/Metered Dose Nas Sp-120 Dose Pk	02231923	AZC	195
Rhinocort Aqua 100mcg/Metered Dose Nas Sp-165 Dose Pk (Not a Benefit)	01974432	AST	195
Rhinocort Turbuhaler 100mcg/Metered Dose Nas Aero-200 Dose	02035324	AZC	195
Rho-Atenolol 50mg Tab	02231731	RHP	86
Rho-Atenolol 100mg Tab	02231733	RHP	87
Rho-Salbutamol 5mg/mL Inh Sol-10mL Pk	02154412	RHP	69
Rhodacine 25mg Cap	02204541	RHO	127
Rhodacine 50mg Cap	02204568	RHO	128
Rhodacine 50mg Sup	02146932	RHO	128
Rhodacine 100mg Sup	02146940	RHO	128
Rhodiaprox 500mg Sup	02229690	RHP	131
Rhodis 50mg Cap	00761664	RHP	128
Rhodis 100mg Sup	00761699	RHP	129
Rhodis SR 200mg LA Tab	02031175	RHP	129
Rhodis-EC 50mg Ent Tab	00761672	RHP	129
Rhodis-EC 100mg Ent Tab	00761680	RHP	129
Rhotral 100mg Tab	01910140	RHP	85
Rhotral 200mg Tab	01910159	RHP	85
Rhotral 400mg Tab	01910167	RHP	85
Rhotrimine 75mg Cap	00761656	RHP	160
Rhotrimine 12.5mg Tab	00761605	RHP	160
Rhotrimine 25mg Tab	00761613	RHP	160
Rhotrimine 50mg Tab	00761621	RHP	161
Rhotrimine 100mg Tab	00761648	RHP	161
Rhoxal-Acebutolol 100mg Tab	02257599	RHO	85
Rhoxal-Acebutolol 200mg Tab	02257602	RHO	85
Rhoxal-Acebutolol 400mg Tab	02257610	RHO	85
Rhoxal-Amiodarone 200mg Tab	02243836	RHO	86
Rhoxal-Anagrelide 0.5mg Cap	02260107	RHO	303
Rhoxal-Bisoprolol 5mg Tab	02247439	RHO	87
Rhoxal-Bisoprolol 10mg Tab	02247440	RHO	87
Rhoxal-Ciprofloxacin 250mg Tab	02248756	RHO	33
Rhoxal-Ciprofloxacin 500mg Tab	02248757	RHO	33
Rhoxal-Ciprofloxacin 750mg Tab	02248758	RHO	33
Rhoxal-Citalopram 20mg Tab	02248170	RHO	152
Rhoxal-Citalopram 40mg Tab	02248171	RHO	152

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Rhoxal-Clonazepam 0.5mg Tab	02233960	RHO	145
Rhoxal-Clonazepam 2mg Tab	02233985	RHO	146
Rhoxal-Cyclosporine 100mg Cap	02242821	RHO	307
Rhoxal-Diltiazem CD 120mg LA Cap	02243338	RHO	90
Rhoxal-Diltiazem CD 180mg LA Cap	02243339	RHO	90
Rhoxal-Diltiazem CD 240mg LA Cap	02243340	RHO	90
Rhoxal-Diltiazem CD 300mg LA Cap	02243341	RHO	90
Rhoxal-Estradiol Derm-50 50mcg/day Patch	02246967	RHO	254
Rhoxal-Estradiol Derm-75 75mcg/day Patch	02246968	RHO	254
Rhoxal-Estradiol Derm-100 100mcg/day Patch	02246969	RHO	254
Rhoxal-Famotidine 20mg Tab	02240622	RHO	228
Rhoxal-Famotidine 40mg Tab	02240623	RHO	228
Rhoxal-Fluoxetine 20mg Cap	02243487	RHO	155
Rhoxal-Fluvoxamine 50mg Tab	02247054	RHO	155
Rhoxal-Fluvoxamine 100mg Tab	02247055	RHO	155
Rhoxal-Glyburide 2.5mg Tab	02248008	RHO	258
Rhoxal-Glyburide 5mg Tab	02248009	RHO	258
Rhoxal-Loperamide 2mg Caplet	02233998	RHO	213
Rhoxal-Loperamide 2mg Caplet	02257564	RHO	213
Rhoxal-Lovastatin 20mg Tab	02247056	RHO	100
Rhoxal-Lovastatin 40mg Tab	02247057	RHO	100
Rhoxal-Metformin 500mg Tab	02233999	RHO	258
Rhoxal-Metformin FC 500mg Tab	02246820	RHO	258
Rhoxal-Metoprolol (Type L) 50mg Tab	02247875	RHO	92
Rhoxal-Metoprolol (Type L) 100mg Tab	02247876	RHO	92
Rhoxal-Mirtazapine 30mg Tab	02250608	RHO	156
Rhoxal-Paroxetine 20mg Tab	02254751	RHO	158
Rhoxal-Paroxetine 30mg Tab	02254778	RHO	158
Rhoxal-Pravastatin 10mg Tab	02247856	RHO	101
Rhoxal-Pravastatin 20mg Tab	02247857	RHO	101
Rhoxal-Pravastatin 40mg Tab	02247858	RHO	101
Rhoxal-Ranitidine 150mg Tab	02243229	RHO	239
Rhoxal-Ranitidine 300mg Tab	02243230	RHO	239
Rhoxal-Sertraline 25mg Cap	02245159	RHO	158
Rhoxal-Sertraline 50mg Cap	02245160	RHO	159
Rhoxal-Sertraline 100mg Cap	02245161	RHO	159
Rhoxal-Simvastatin 5mg Tab	02247827	RHO	102
Rhoxal-Simvastatin 10mg Tab	02247828	RHO	102
Rhoxal-Simvastatin 20mg Tab	02247830	RHO	102
Rhoxal-Simvastatin 40mg Tab	02247831	RHO	103
Rhoxal-Simvastatin 80mg Tab	02247833	RHO	103
Rhoxal-Sotalol 160mg Tab	02234013	RHO	96
Rhoxal-Sotalol 160mg Tab	02257858	RHO	96
Rhoxal-Ticlopidine 250mg Tab	02243587	RHO	320

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Rhoxal-Valproic 250mg Cap	02239714	RHO	151
Rhoxal-Valproic 500mg Ent Cap	02239713	RHO	151
Ridaura 3mg Cap	01916823	PMS	241
RIFABUTIN			21
Rifadin 150mg Cap	02091887	AVE	22
Rifadin 300mg Cap	02092808	AVE	22
RIFAMPIN			22
RISEDRONATE SODIUM			315
Risperdal 1mg/mL O/L	02236950	JNO	171
Risperdal 0.25mg Tab	02240551	JNO	171
Risperdal 0.5mg Tab	02240552	JNO	171
Risperdal 1mg Tab	02025280	JNO	171
Risperdal 2mg Tab	02025299	JNO	171
Risperdal 3mg Tab	02025302	JNO	171
Risperdal 4mg Tab	02025310	JNO	171
Risperdal M-Tab 0.5mg Orally Disintegrating Tab	02247704	JNO	171
Risperdal M-Tab 1mg Orally Disintegrating Tab	02247705	JNO	171
Risperdal M-Tab 2mg Orally Disintegrating Tab	02247706	JNO	171
RISPERIDONE			171
Ritalin 10mg Tab	00005606	NOV	174
Ritalin SR 20mg LA Tab	00632775	NOV	174
RITONAVIR			28
RIVASTIGMINE			55
Rivotril 0.5mg Tab	00382825	HLR	145
Rivotril 2mg Tab	00382841	HLR	146
Robidrine 6mg/mL O/L (Not a Benefit)	00425516	WHB	66
Robidrine 60mg Tab (Not a Benefit)	00342726	WHB	66
Robigesic 16mg/mL O/L	01934805	WHB	143
Robitussin 20mg/mL O/L (Not a Benefit)	00026468	WHB	189
Rocaltrol 0.25mcg Cap dpp	00481823	HLR	299
Rocaltrol 0.5mcg Cap dpp	00481815	HLR	299
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
Roferon-A 3mu/Vial Inj Sol-1mL Pk	02217015	HLR	48
Roferon-A 18mu/Vial Inj Sol-3mL Pk	02217066	HLR	48
Roferon-A 9mu/Vial Pd for Inj	01911996	HLR	48
Roferon-A 18mu/Vial Pd for Inj	01912003	HLR	48
ROPINIROLE			316
Rosadol 1% Cr	02242919	STI	279
ROSUVASTATIN CALCIUM			102
Roychlor 1.33mEq/mL O/L	02166372	WAB	182

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Rubramin 1mg/mL Inj Sol-10mL Pk	00029165	BQU	297
Rynacrom 2% Nas Sol-26mL Pk (Not a Benefit)	00605255	FIS	208
Rythmodan 100mg Cap	02224801	AVE	91
Rythmodan 150mg Cap	02224828	AVE	91
Rythmol 150mg Tab	00603708	KNO	94
Rythmol 300mg Tab	00603716	KNO	94
Sab-Diclofenac 50mg Sup	02241224	SIL	124
Sab-Diclofenac 100mg Sup	02241225	SIL	124
Sab-Indomethacin 50mg Sup	02231799	SIL	128
Sab-Indomethacin 100mg Sup	02231800	SIL	128
Sab-Levobunolol 0.25% Oph Sol	02241715	SIL	206
Sab-Levobunolol 0.5% Oph Sol	02241716	SIL	206
Sab-Pentason 3mg & 1mg/mL Oph/Ot Drops	02244999	SIL	191
Sab-Tobramycin 0.3% Oph Sol	02241755	SIL	193
Sabril 500mg Tab	02065819	AVE	151
Salazopyrin 500mg Ent Tab	02064472	PMJ	31
Salazopyrin 500mg Tab	02064480	PMJ	31
SALBUTAMOL			66
Salbutamol 2mg Tab	00637793	EVM	70
Salbutamol 4mg Tab	00637807	EVM	70
SALBUTAMOL SULFATE			70
SALICYLIC ACID			290
SALMETEROL XINAFOATE			71
SALMETEROL XINAFOATE & FLUTICASONE PROPIONATE			72
Salofalk 500mg Ent Tab	02112787	BFI	225
Salofalk 4g Rect Susp-Pk	02112809	BFI	225
Salofalk 500mg Sup	02112760	BFI	225
Salofalk 1000mg Sup	02242146	BFI	225
Sandomigran 0.5mg Tab	00329320	NOV	73
Sandomigran DS 1mg Tab	00511552	NOV	73
Sans-Acne 2% & 44% Top Sol	01902628	GAC	273
Sansert 2mg Tab	00027499	NOV	73
SAQUINAVIR MESYLATE			29
Scabene 0.63% & 5.04% Aero Spray	02229874	MET	277
SECOBARBITAL SODIUM			177
Seconal 100mg Cap	00015288	LIL	177
Sectral 100mg Tab	01926543	AVE	85
Sectral 200mg Tab	01926551	AVE	85
Sectral 400mg Tab	01926578	AVE	85
SELEGILINE HCL			316
Selexid 200mg Tab	00657212	LEO	32
SENNOSIDES A & B			215
Senokot 15mg/3g Gran	00026042	PFP	215
Senokot 30mg Sup	00026107	PFP	215

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Senokot 1.7mg/mL Syrup	00367729	PFP	215
Senokot 8.6mg Tab	00026158	PFP	216
Septra 40mg & 8mg/mL O/L	00270644	BWE	41
Septra 400mg & 80mg Tab	00270636	BWE	41
Septra DS 800mg & 160mg Tab	00368040	BWE	41
Serax 10mg Tab (Not a Benefit)	02043653	WAY	168
Serax 15mg Tab (Not a Benefit)	02043661	WAY	168
Serax 30mg Tab (Not a Benefit)	02043688	WAY	168
Serentil 25mg Tab	00027456	NOV	168
SereVent 25mcg/Metered Dose Inh-120 Dose Pk	02211742	GLW	71
SereVent Diskhaler Disks 50mcg/Blister Diskhaler-60 Disk Pk	02214261	GLW	71
SereVent Diskus 50mcg Pd Inh-60 Dose Pk	02231129	GLW	71
Seroquel 25mg Tab	02236951	AZC	170
Seroquel 100mg Tab	02236952	AZC	170
Seroquel 150mg Tab	02240862	AZC	170
Seroquel 200mg Tab	02236953	AZC	170
Seroquel 300mg Tab	02244107	AZC	170
Serpasil 0.25mg Tab	00005665	NOV	115
SERTRALINE HCL			158
Sibelium 5mg Cap	00846341	PMS	310
SILVER SULFADIAZINE			280
SIMVASTATIN			102
Sinemet 100mg & 10mg Tab	00355658	MSD	311
Sinemet 100mg & 25mg Tab	00513997	MSD	311
Sinemet 250mg & 25mg Tab	00328219	MSD	312
Sinemet CR 100mg & 25mg Tab	02028786	DUP	312
Sinemet CR 200mg & 50mg Tab	00870935	DUP	312
Sinequan 10mg Cap	00024325	PFI	154
Sinequan 25mg Cap	00024333	PFI	154
Sinequan 50mg Cap	00024341	PFI	154
Sinequan 75mg Cap	00400750	PFI	154
Sinequan 100mg Cap	00326925	PFI	154
Sinequan 150mg Cap	00584274	PFI	154
Singulair 4mg Chew Tab	02243602	FRS	312
Sintrom 1mg Tab	00010383	NOV	82
Sintrom 4mg Tab	00010391	NOV	82
SIROLIMUS			317
Slow-Trasacor 80mg LA Tab	00534579	NOV	112
Slow-Trasacor 160mg LA Tab	00534587	NOV	112
SODIUM AUROTHIOMALATE			241
SODIUM BIPHOSPHATE & SODIUM PHOSPHATE			216
SODIUM CITRATE & SODIUM LAURYL SULFOACETATE			216
SODIUM CROMOGLYCATE			208, 317
SODIUM FLUORIDE			317

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
SODIUM FUSIDATE			20, 273
SODIUM NITROPRUSSIDE DIHYDRATE			115
Soflax 100mg Cap	01994344	PMS	214
Soflax Syrup 4mg/mL O/L	02006758	PMS	214
Sofracort 5mg & 50mcg & 0.5mg/mL Oph/Ot Sol	02224623	AVE	191
Soframycin 0.5% Oph Oint-5g Pk	02224895	ERF	191
Soframycin 0.5% Oph Sol	02224887	ERF	191
Solganal 50mg/mL Inj Sol-10mL Pk	00855774	SCH	241
Somophyllin-12 50mg LA Cap	00551422	FIS	295
Soriatane 10mg Cap	02070847	HLR	292
Soriatane 25mg Cap	02070863	HLR	292
Sotacor 160mg Tab	00483923	BQU	96
SOTALOL HCL			96
Spiriva 18mcg Cap	02246793	BOE	59
SPIRONOLACTONE			187
Statex 1mg/mL O/L	00591467	PMS	140
Statex 5mg/mL O/L	00591475	PMS	140
Statex 20mg/mL Oral Drops	00621935	PMS	140
Statex 5mg Tab	00594652	PMS	141
Statex 10mg Tab	00594644	PMS	141
Statex 25mg Tab	00594636	PMS	142
Statex 50mg Tab	00675962	PMS	142
Staticin 1.5% Lot	01910086	WSQ	273
STAVUDINE			29
Stelazine 1mg Tab (Not a Benefit)	01918206	SMJ	172
Stelazine 2mg Tab (Not a Benefit)	01918214	SMJ	172
Stelazine 5mg Tab (Not a Benefit)	01918222	SMJ	172
Stelazine 10mg Tab (Not a Benefit)	01918230	SMJ	173
Stemetil 10mg/2mL Inj Sol-2mL Pk	01927779	AVE	170
Stemetil 1mg/mL O/L	01927787	AVE	170
Stemetil 10mg Sup	01927795	AVE	170
Stemetil 5mg Tab	01927752	AVE	170
Stemetil 10mg Tab	01927760	AVE	170
STERCULIA GUM			216
Stieva-A 0.01% Cr	00657204	STI	291
Stieva-A 0.025% Cr	00578576	STI	291
Stieva-A 0.05% Cr	00518182	STI	291
Stieva-A 0.01% Gel	00587958	STI	291
Stieva-A 0.025% Gel	00587966	STI	291
Stieva-A 0.025% Sol	00578568	STI	291
Stieva-A 0.05% Top Sol	00518174	STI	291
Stievamycin Gel 0.025% & 4% Top Gel	01905112	STI	291
STILBOESTROL			256
Stilboestrol 0.5mg Tab	02100304	SHI	256

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Stilboestrol 1mg Tab	02091461	SHI	256
STREPTOZOCIN			51
SUCRALFATE			240
Sudafed 6mg/mL O/L (Not a Benefit)	00004561	BWE	66
Sudafed 60mg Tab (Not a Benefit)	00004766	BWE	66
Sulamyd 10% Oph Sol	00028053	SCH	193
Sulamyd 30% Oph Sol	00028061	SCH	193
Sulcrate 1g Tab	02100622	AVE	240
Sulcrate Suspension Plus 1g/5mL Oral Susp	02103567	AVE	240
SULFACETAMIDE (SODIUM)			193
SULFAMETHOXAZOLE & TRIMETHOPRIM			41
SULFANILAMIDE & AMINACRINE HCL & ALLANTOIN			280
SULFAPYRIDINE			31
SULFASALAZINE			31
Sulfasalazine 500mg Ent Tab	00685925	KNR	31
Sulfasalazine 500mg Tab	00685933	KNR	31
SULFINPYRAZONE			188
SULINDAC			134
Suprax 20mg/mL Oral Susp	00868965	LED	16
Suprax 400mg Tab	00868981	LED	16
Suprefact 1mg/mL Inj Sol-5.5mL Pk	02225166	AVE	44
Suprefact 1mg/mL Nas Sp-10mL Pk	02225158	AVE	44
Suprefact Depot 6.3mg Implant Kit	02228955	AVE	44
Suprefact Depot 9.45mg Implant Kit	02240749	AVE	44
Surfak 240mg Cap (Not a Benefit)	02224666	HMR	214
Surgam 200mg Tab (Not a Benefit)	01989782	HRU	134
Surgam 300mg Tab	02221950	AVE	134
Surmontil 75mg Cap (Not a Benefit)	01926349	RPP	160
Surmontil 12.5mg Tab (Not a Benefit)	01926357	RPP	160
Surmontil 25mg Tab (Not a Benefit)	01926322	RPP	160
Surmontil 50mg Tab (Not a Benefit)	01926330	RPP	161
Surmontil 100mg Tab (Not a Benefit)	01926284	RPP	161
Sustiva 50mg Cap	02239886	BQU	25
Sustiva 100mg Cap	02239887	BQU	25
Sustiva 200mg Cap	02239888	BQU	25
Sustiva 600mg Tab	02246045	BQU	25
Symbicort 100 Turbuhaler 100mcg/6mcg Pd Inh-120 Dose Pk	02245385	AZC	60
Symbicort 200 Turbuhaler 200mcg/6mcg Pd Inh-120 Dose Pk	02245386	AZC	60
Symmetrel 100mg Cap (Not a Benefit)	01914006	BQU	302
Symmetrel 10mg/mL O/L	01913999	BQU	302
Synacthen Depot 1mg/mL Inj Susp-1mL Pk	00253952	CIB	179
Synalar Mild 0.01% Cr	00030414	SYN	285
Synalar Mild 0.01% Oint	00030392	SYN	285
Synalar Regular 0.025% Cr	00030422	SYN	285

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Synalar Regular 0.025% Oint	02162512	MEC	285
Synalar Solution 0.01% Top Sol	02162504	MEC	285
Synamol Mild 0.01% Emol Cr	00424927	SYN	285
Synamol Regular 0.025% Emol Cr	00424935	SYN	285
Synarel 2mg/mL Nas Sol-10mL Pk	02188783	SEA	251
Synphasic 3 Phase Tab-21 Pk	02187108	SEA	266
Synphasic 3 Phase Tab-28 Pk	02187116	SEA	266
Synthroid 0.025mg Tab	02172062	KNO	269
Synthroid 0.05mg Tab	02172070	KNO	269
Synthroid 0.075mg Tab	02172089	KNO	269
Synthroid 0.088mg Tab	02172097	KNO	269
Synthroid 0.1mg Tab	02172100	KNO	269
Synthroid 0.112mg Tab	02171228	KNO	269
Synthroid 0.125mg Tab	02172119	KNO	269
Synthroid 0.15mg Tab	02172127	KNO	269
Synthroid 0.175mg Tab	02172135	KNO	269
Synthroid 0.2mg Tab	02172143	KNO	269
Synthroid 0.3mg Tab	02172151	KNO	269
TACROLIMUS			318
Tagamet 60mg/mL O/L	01916750	SMJ	226
Tagamet 200mg Tab (Not a Benefit)	01916793	SMJ	226
Tagamet 300mg Tab (Not a Benefit)	01916815	SMJ	226
Tagamet 400mg Tab (Not a Benefit)	01916785	SMJ	226
Tagamet 600mg Tab (Not a Benefit)	01916777	SMJ	227
Tagamet 800mg Tab (Not a Benefit)	01916769	SMJ	227
Tambocor 50mg Tab	01966197	MMH	91
Tambocor 100mg Tab	01966200	MMH	92
Tamiflu 75mg Cap	02241472	HLR	28
Tamofen 10mg Tab	01926624	AVE	51
Tamofen 20mg Tab	01926632	AVE	51
Tamone 10mg Tab	02063778	PMJ	51
Tamone 20mg Tab	02063751	PMJ	51
TAMOXIFEN CITRATE			51
TAMSULOSIN HCL			319
Tanta Orciprenaline 2mg/mL O/L	02192675	TAN	65
Tantum 0.15% Oral Rinse	01966065	MMH	197
Tapazole 5mg Tab	00015741	PAL	270
Taro-Carbamazepine 100mg Chew Tab	02244403	TAR	144
Taro-Carbamazepine 200mg Chew Tab	02244404	TAR	144
Taro-Carbamazepine 200mg Tab	02052423	TAR	145
Taro-Carbamazepine CR 200mg LA Tab	02237907	TAR	144
Taro-Carbamazepine CR 400mg LA Tab	02237908	TAR	144
Taro-Fluconazole 50mg Tab	02249294	TAR	5
Taro-Fluconazole 100mg Tab	02249308	TAR	5

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Taro-Sone 0.05% Cr	01925350	TAR	281
Taro-Sone 0.05% Lot	01944444	TAR	281
Taro-Sone 0.05% Oint	01944436	TAR	281
Taro-Terconazole 0.4% Cr	02247651	TAR	277
Taro-Warfarin 1mg Tab	02242680	TAR	83
Taro-Warfarin 2mg Tab	02242681	TAR	83
Taro-Warfarin 2.5mg Tab	02242682	TAR	83
Taro-Warfarin 3mg Tab	02242683	TAR	83
Taro-Warfarin 4mg Tab	02242684	TAR	83
Taro-Warfarin 5mg Tab	02242685	TAR	83
Taro-Warfarin 10mg Tab	02242687	TAR	84
Tears Naturale 0.1%/0.3% Oph-Sol	00390291	ALC	203
Tears Naturale II 0.1%/0.3%/0.001% Oph-Sol	00743445	ALC	203
Tears Plus Oph-Sol	00579408	ALL	208
Tebrazid 500mg Tab	00283991	ICN	21
Tegopen 250mg Inj Pd-Vial Pk	00407593	BQU	13
Tegretol 100mg Chew Tab	00369810	NOV	144
Tegretol 200mg Chew Tab	00665088	NOV	144
Tegretol 100mg/5mL Oral Susp	02194333	NOV	145
Tegretol 200mg Tab (Not a Benefit)	00010405	NOV	145
Tegretol CR 200mg LA Tab	00773611	GEI	144
Tegretol CR 400mg LA Tab	00755583	NOV	144
TELMISARTAN			115
TELMISARTAN & HYDROCHLOROTHIAZIDE			115
TEMAZEPAM			177
Temodal 5mg Cap	02241093	SCH	51
Temodal 20mg Cap	02241094	SCH	51
Temodal 100mg Cap	02241095	SCH	51
Temodal 250mg Cap	02241096	SCH	51
TEMOZOLOMIDE			51
Temptra 80mg/mL O/L (Not a Benefit)	00642401	MJS	143
Tenoretic 50/25 50 & 25mg Tab	02049961	AZC	103
Tenoretic 100/25 100 & 25mg Tab	02049988	AZC	103
Tenormin 50mg Tab	02039532	AZC	86
Tenormin 100mg Tab	02039540	AZC	87
Tequin 400mg Tab	02243182	BQU	36
Terazol 3 80mg Vag Ovule	00894710	OMC	277
Terazol 7 0.4% Cr	00894729	OMC	277
TERAZOSIN HCL			116
TERBINAFINE HCL			276
TERBUTALINE SULFATE			72
TERCONAZOLE			277
TESTOSTERONE			251
TESTOSTERONE CYPIONATE			251

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TESTOSTERONE ENANTHATE			251
TESTOSTERONE UNDECANOATE			251
TETRACYCLINE			15
Tetracyn 250mg Cap (Not a Benefit)	00024422	PFI	15
Teveten 400mg Tab	02240432	SPH	107
Teveten 600mg Tab	02243942	SPH	107
Teveten Plus 600mg & 12.5mg Tab	02253631	SPH	107
Theo-Dur 100mg LA Tab	00460982	AZC	296
Theo-Dur 200mg LA Tab	00460990	AZC	296
Theo-Dur 300mg LA Tab	00461008	AZC	296
Theolair Alcohol Free Oral Liquid 5.3mg/mL O/L	01966219	MMH	296
Theophylline 5.3mg/mL O/L	00307548	ROG	296
THEOPHYLLINE ANHYDROUS			295
THIAMINE HCL			298
THIOGUANINE			52
THIORIDAZINE			171
THIOTHIXENE			172
Thyrogen 0.9mg/mL Inj Pd-2x1.1mg Vial Pk	02246016	GZM	264
THYROID			270
Thyroid 30mg Tab	00023949	PDA	270
Thyroid 60mg Tab	00023957	PDA	270
Thyroid 125mg Tab	00023965	PDA	270
THYROTROPIN ALFA			264
Tiamol 0.05% Emol Cr	00598933	OPI	285
TIAPROFENIC ACID			134
Tiazac 120mg ER Cap	02231150	BIO	89
Tiazac 180mg ER Cap	02231151	BIO	89
Tiazac 240mg ER Cap	02231152	BIO	89
Tiazac 300mg ER Cap	02231154	BIO	89
Tiazac 360mg ER Cap	02231155	BIO	89
Tiazac XC 120mg ER Tab	02256738	BIO	89
Tiazac XC 180mg ER Tab	02256746	BIO	89
Tiazac XC 240mg ER Tab	02256754	BIO	89
Tiazac XC 300mg ER Tab	02256762	BIO	90
Tiazac XC 360mg ER Tab	02256770	BIO	90
Ticlid 250mg Tab	02162776	HLR	320
TICLOPIDINE HCL			320
Tilade 2mg/Metered Dose Inh	02230543	AVE	313
Timolide 10mg & 25mg Tab	00509353	FRS	116
TIMOLOL MALEATE			96, 209
Timolol Maleate 0.25% Oph Sol	02166712	SIL	209
Timolol Maleate 0.5% Oph Sol	02166720	SIL	209
TIMOLOL MALEATE & HYDROCHLOROTHIAZIDE			116
TIMOLOL MALEATE & PILOCARPINE HCL			198

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Timoptic 0.25% Oph Sol	00451193	MSD	209
Timoptic 0.5% Oph Sol	00451207	MSD	209
Timoptic-XE 0.25% Oph Gellan Sol	02171880	MSD	209
Timoptic-XE 0.5% Oph Gellan Sol	02171899	MSD	209
Timpilo 2 0.5% & 2% Oph Sol	01905082	MSD	198
Timpilo 4 0.5% & 4% Oph Sol	01905090	MSD	198
TINZAPARIN SODIUM			82
TIOCONAZOLE			277
TIOTROPIUM BROMIDE MONOHYDRATE			59
TobraDex 0.3% & 0.1% Oph Oint	00778915	ALC	193
TobraDex 0.3% & 0.1% Oph Susp	00778907	ALC	193
TOBRAMYCIN			193
Tobramycin 80mg/2mL Inj Sol-2mL Pk	02241210	SIL	20
Tobramycin 0.3% Oph Sol	02239148	RIV	193
TOBRAMYCIN & DEXAMETHASONE			193
TOBRAMYCIN SULFATE			20
Tobrex 0.3% Oph Oint	00614254	ALC	193
Tobrex 0.3% Oph Sol	00513962	ALC	193
Tofranil 10mg Tab (Not a Benefit)	00010464	NOV	156
Tofranil 25mg Tab	00010472	NOV	156
Tofranil 50mg Tab	00010480	NOV	156
TOLTERODINE L-TARTRATE			321
Topamax 25mg Tab	02230893	JNO	150
Topamax 100mg Tab	02230894	JNO	150
Topamax 200mg Tab	02230896	JNO	150
Topamax Sprinkle 15mg Sprinkle Cap	02239907	JNO	150
Topamax Sprinkle 25mg Sprinkle Cap	02239908	JNO	150
TOPIRAMATE			150
Topsyn 0.05% Gel	02161974	MEC	285
Trandate 100mg/20mL Inj Sol-20mL Pk	02091518	SHI	109
Trandate 100mg Tab	02106272	SHI	109
Trandate 200mg Tab	02106280	SHI	109
TRANDOLAPRIL			117
Transderm-Nitro 0.4mg/Hr/20 Sq Cm Patch	00852384	NOV	120
Transderm-Nitro 0.6mg/Hr/30 Sq Cm Patch	02046156	NOV	120
Tranxene 3.75mg Cap	00264938	ABB	163
Tranxene 7.5mg Cap	00264946	ABB	163
Tranxene 15mg Cap	00264911	ABB	164
TRANYLCYPROMINE SULFATE			159
Trasicor 40mg Tab	00402575	NOV	112
Trasicor 80mg Tab	00402583	NOV	112
Travatan 0.004% Oph Sol-2.5mL Pk	02244896	ALC	210
TRAVOPROST			210
TRAZODONE HYDROCHLORIDE			160

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Trazorel 50mg Tab	02230284	ICN	160
Trazorel 100mg Tab	02230285	ICN	160
Trental 400mg SR Tab	02221977	AVE	84
TRETINOIN			291
TRETINOIN & ERYTHROMYCIN			291
Tri-Cyclen 3 Phase Tab-21 Pk	02028700	JNO	268
Tri-Cyclen 3 Phase Tab-28 Pk	02029421	JNO	268
Triaderm 0.025% Cr	00716952	TAR	288
Triaderm 0.1% Cr	00716960	TAR	288
TRIAMCINOLONE ACETONIDE			250, 288
Triamcinolone Acetonide 40mg/mL Inj Susp-1mL Pk	02229550	SIL	250
Triamcinolone Acetonide 50mg/5mL Inj Susp-5mL Pk	02229540	SIL	250
Triamcinolone Acetonide 200mg/5mL Inj Susp-5mL Pk	09857128	SIL	250
TRIAMCINOLONE ACETONIDE 0.1% IN ORABASE			288
TRIAMTERENE			187
TRIAZOLAM			177
Tridesilon 0.05% Cr	02154862	CPL	284
Tridesilon 0.05% Oint	02154870	CPL	284
TRIFLUOPERAZINE			172
TRIFLURIDINE			194
TRIHEXYPHENIDYL HCL			60
Trikacide 500mg Cap	00783137	PMS	31
Trilafon 2mg Tab (Not a Benefit)	00028290	SCH	169
Trilafon 4mg Tab (Not a Benefit)	00028304	SCH	169
Trilafon 8mg Tab (Not a Benefit)	00028312	SCH	169
Trilafon 16mg Tab (Not a Benefit)	00028320	SCH	169
Trilafon Conc. 3.2mg/mL O/L	00028169	SCH	169
TRIMETHOPRIM			41
TRIMETHOPRIM & SULFADIAZINE			41
TRIMIPRAMINE			160
Trinipatch 0.4mg/Hr/14 Sq Cm Patch	02230733	SAO	120
Trinipatch 0.6mg/Hr/21 Sq Cm Patch	02230734	SAO	120
Triphasil 3 Phase Tab-21 Pk	02043726	WAY	265
Triphasil 3 Phase Tab-28 Pk	02043734	WAY	265
Triptil 10mg Tab	00322741	MSD	158
Triquilar 21 3 Phase Tab-21 Pk	00707600	BEX	265
Triquilar 28 3 Phase Tab-28 Pk	00707503	BEX	265
Trisyn Emol Cr	00781371	BAK	286
Trizivir 300mg/150mg/300mg Tab	02244757	GSK	22
Trosyd 1% Cr	00657395	PFI	277
Trusopt 2% Oph Sol	02216205	FRS	204
Tylenol No.2 15mg Tab	02163934	JNO	135
Tylenol No.3 30mg Tab	02163926	JNO	135
Tylenol No.4 300mg & 60mg Tab	02163918	JNO	135

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Tylenol With Codeine 160mg & 8mg/5mL O/L	02163942	JNO	135
UltraMOP 10mg SG Cap	00646237	CDX	293
UniphyI 400mg SR Tab	02014165	PFP	296
UniphyI 600mg SR Tab	02014181	PFP	296
Uremol-HC 1% & 10% Cr	00503134	TCD	287
Uremol-HC 1% & 10% Lot	00560022	TCD	287
Urso 250mg Tab	02238984	BFI	322
Urso DS 500mg Tab	02245894	BFI	322
URSODIOL			322
Vagifem 25mcg Vag Tab	02241332	NOO	255
VALACYCLOVIR			30
Valcyte 450mg Tab	02245777	HLR	30
VALGANCICLOVIR			30
Valisone 0.1% Scalp Lot	00027944	SCH	283
Valium 2mg Tab (Not a Benefit)	00013277	HLR	164
Valium 5mg Tab (Not a Benefit)	00013285	HLR	164
Valium 10mg Tab (Not a Benefit)	00013293	HLR	164
VALPROATE SODIUM			150
VALPROIC ACID			151
VALSARTAN			117
VALSARTAN & HYDROCHLOROTHIAZIDE			117
Valtrex 500mg Cap	02219492	GLW	30
Vanquin 10mg/mL O/L	00023477	PDA	3
Vaponefrin 2.25% Inh Sol-30mL Pk	01927582	AVE	61
Vasocon 0.1% Oph Sol (Not a Benefit)	00759880	IOB	199
Vasotec 2.5mg Tab	00851795	FRS	107
Vasotec 5mg Tab	00708879	FRS	107
Vasotec 10mg Tab	00670901	FRS	107
Vasotec 20mg Tab	00670928	FRS	107
Velbe Inj Pd-10mg Pk	00015431	LIL	52
VENLAFAXINE HCL			161
Ventodisk 200mcg/Blister Pd Inh-120 Dose Pk	02214997	GLW	70
Ventodisk 400mcg/Blister Pd Inh-120 Dose Pk	02215004	GLW	70
Ventolin 5mg/mL Inh Sol-10mL Pk	02213486	GLW	69
Ventolin 100mcg/Metered Dose Inh-200 Dose Pk (Not a Benefit)	02213478	GLW	70
Ventolin 0.25mg/5mL Inj Sol	00894257	GLA	70
Ventolin 0.4mg/mL O/L	02212390	GLW	70
Ventolin 2mg Tab (Not a Benefit)	01961039	GLA	70
Ventolin 4mg Tab (Not a Benefit)	01932691	GLA	70
Ventolin Nebules P.F. 1mg/mL Inh Sol-2.5mL Pk	02213419	GLW	67
Ventolin Nebules P.F. 2mg/mL Inh Sol-2.5mL Pk	01945203	GLA	68
Ventolin Rotacaps 200mcg/Cart Inh Pd	02212315	GLW	66
Ventolin Rotacaps 400mcg/Cart Inh Pd	02212323	GLW	66
Vepesid 50mg Cap	00616192	BQU	46

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
VERAPAMIL HCL			97, 118
Vermox 100mg Tab	00556734	JAN	3
Vfend 50mg Tab	02256460	PFI	7
Vfend 200mg Tab	02256479	PFI	7
VIGABATRIN			151
VINBLASTINE SULFATE			52
VINCRISTINE SULFATE			52
Vincristine Sulfate 1mg/mL Inj Sol	02143305	NOP	52
Viokase 16800 & 70000 & 70000 USP U/0.7g Pd-114g Pk	02230020	BFI	220
Viokase 8000 & 30000 & 30000 USP Units Tab	02230019	BFI	220
Viokase 16 16mg Tab	02241933	BFI	220
Viracept 50mg/g Oral Pd	02238618	AGO	27
Viracept 250mg Tab	02238617	AGO	27
Viracept 625mg Tab	02248761	PFI	27
Viramune 200mg Tab	02238748	BOE	27
Viroptic 1% Oph Sol	00687456	THE	194
Viskazine 10/25 10mg & 25mg Tab	00568627	NOV	113
Viskazine 10/50 10mg & 50mg Tab	00568635	NOV	113
Visken 5mg Tab	00417270	NOV	112
Visken 10mg Tab	00443174	NOV	113
Visken 15mg Tab	00417289	NOV	113
VITAMIN A			297
Vitamin A 50000IU Cap	00021075	NOP	297
Vitamin A Acid 0.05% Cr	01926519	RPP	291
Vitamin A Acid 0.01% Gel	01926462	RPP	291
Vitamin A Acid 0.05% Gel	01926489	RPP	291
Vitamin B1 50mg Tab dpp (Not a Benefit)	00610267	LEA	298
Vitamin B1-ICN 50mg Tab dpp (Not a Benefit)	00268631	ICN	298
Vitamin B6 25mg Tab dpp	00232475	LEA	298
Vitamin B6 25mg Tab dpp (Not a Benefit)	00416185	RPR	298
Vitamin B6-ICN 25mg Tab dpp	00268607	ICN	298
Vitamin B12-1000mcg/mL 1mg/mL Inj Sol-10mL Pk	00521515	SIL	297
Vitamin C 250mg Tab (Not a Benefit)	00036161	RPR	298
Vitamin C 500mg Tab (Not a Benefit)	00036188	RPR	299
Vitamin C 1000mg Tab (Not a Benefit)	00256862	RPR	299
VITAMIN D			300
Vivelle 50mcg/day Patch (Not a Benefit)	02204428	NOV	254
Vivelle 75mcg/day Patch (Not a Benefit)	02204436	NOV	254
Vivelle 100mcg/day Patch (Not a Benefit)	02204444	NOV	254
Voltaren 25mg Ent Tab (Not a Benefit)	00514004	GEI	123
Voltaren 50mg Ent Tab	00514012	NOV	123
Voltaren 50mg Sup	00632724	NOV	124
Voltaren 100mg Sup	00632732	NOV	124
Voltaren Ophtha 0.1% Oph Sol	01940414	NOV	203

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Voltaren SR 75mg LA Tab (Not a Benefit)	00782459	NOV	123
Voltaren SR 100mg LA Tab (Not a Benefit)	00590827	NOV	123
VORICONAZOLE			7
WARFARIN			83
Warfilone 5mg Tab	00010308	FRS	83
Wellbutrin SR 100mg Tab	02237824	GLW	152
Wellbutrin SR 150mg Tab	02237825	GLW	152
Westcort 0.2% Cr	01910124	WSQ	287
Westcort 0.2% Oint	01910132	WSQ	287
Winpred 1mg Tab	00271373	ICN	249
Xalacom 50mcg/mL & 5mg/mL Oph Sol-2.5mL Pk	02246619	PHA	206
Xalatan 0.005% Oph Sol-2.5mL Pk	02231493	PHA	205
Xanax 0.25mg Tab	00548359	UPJ	161
Xanax 0.5mg Tab	00548367	UPJ	161
Xatral 10mg Prolong-Rel Tab	02245565	SAS	301
Xeloda 150mg Tab	02238453	HLR	44
Xeloda 500mg Tab	02238454	HLR	44
Xylocaine Viscous 2% O/L	00001686	AST	197
Zanosar Inj Pd-1g Pk	00622141	UPJ	51
Zantac 50mg/2mL Inj Sol-2mL Pk	02212366	GLW	239
Zantac 15mg/mL Oral Sol	02212374	GLW	239
Zantac 150mg Tab	02212331	GLW	239
Zantac 300mg Tab	02212358	GLW	239
Zarontin 250mg Cap	00022799	PFI	146
Zarontin 50mg/mL O/L	00023485	PFI	147
Zaroxolyn 2.5mg Tab	00888400	FIS	186
Zaroxolyn 5mg Tab	00888419	FIS	186
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	110
Zestoretic 20mg & 12.5mg Tab	02045737	AZC	110
Zestril 5mg Tab	02049333	AZC	110
Zestril 10mg Tab	02049376	AZC	110
Zestril 20mg Tab	02049384	AZC	110
Ziagen 20mg/mL O/L	02240358	GLW	22
Ziagen 300mg Tab	02240357	GLW	22
ZINC OXIDE			288
Zinc Oxide 15% Oint (Not a Benefit)	00093661	DCL	288
Zinc Oxide 15% Oint (Not a Benefit)	00178969	SDR	288
ZINC SULFATE			294
Zithromax 100mg/5mL O/L	02223716	PFI	7
Zithromax 200mg/5mL O/L	02223724	PFI	7

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PAGE
Zithromax 250mg Tab	02212021	PFI	7
Zocor 5mg Tab	00884324	FRS	102
Zocor 10mg Tab	00884332	FRS	102
Zocor 20mg Tab	00884340	FRS	102
Zocor 40mg Tab	00884359	FRS	103
Zocor 80mg Tab	02240332	FRS	103
Zofran 4mg/5mL O/L	02229639	GLW	224
Zofran 4mg Tab	02213567	GLW	224
Zofran 8mg Tab	02213575	GLW	224
Zofran ODT 4mg Tab	02239372	GLW	224
Zofran ODT 8mg Tab	02239373	GLW	224
Zoladex 3.6mg Depot Inj	02049325	AZC	47
Zoladex LA 10.8mg Depot Inj	02225905	AZC	47
Zoloft 25mg Cap	02132702	PFI	158
Zoloft 50mg Cap	01962817	PFI	159
Zoloft 100mg Cap	01962779	PFI	159
Zovirax 800mg Tab	01911635	GLW	23
Zyloprim 100mg Tab (Not a Benefit)	00004588	BWE	302
Zyloprim 200mg Tab (Not a Benefit)	00506370	BWE	302
Zyloprim 300mg Tab (Not a Benefit)	00294322	BWE	302
Zyprexa 2.5mg Tab	02229250	LIL	168
Zyprexa 5mg Tab	02229269	LIL	168
Zyprexa 7.5mg Tab	02229277	LIL	168
Zyprexa 10mg Tab	02229285	LIL	168
Zyprexa 15mg Tab	02238850	LIL	168
Zyprexa Zydys 5mg Rapid Dissolve Tab	02243086	LIL	168
Zyprexa Zydys 10mg Rapid Dissolve Tab	02243087	LIL	168
Zyprexa Zydys 15mg Rapid Dissolve Tab	02243088	LIL	168
Zyvoxam 600mg Tab	02243684	PHA	38

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	Hemorrhologic 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/AIDS are reimbursed through the Facilitated Access process under the Individual Clinical Review (ICR or Section 8) mechanism of the Ontario Drug Benefit (ODB) Act. 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 under the Individual Clinical Review (ICR or Section 8) mechanism], 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 **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/5ml Susp - 5ml Pk 00886157	Zovirax	GLW
200mg Tab 00634506	Zovirax	GLW
02078627	Avirax	FAB
02197405	Nu-Acyclovir	NXP
02207621	Apo-Acyclovir	APX
02242784	Gen-Acyclovir	GEN
400mg Tab 01911627	Zovirax	GLW
02078635	Avirax	FAB
02197413	Nu-Acyclovir	NXP
02207648	Apo-Acyclovir	APX
02242463	Gen-Acyclovir	GEN
800mg Tab 01911635	Zovirax	GLW
02078651	Ratio-Acyclovir	RPH
02197421	Nu-Acyclovir	NXP
02207656	Apo-Acyclovir	APX
02242464	Gen-Acyclovir	GEN
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

02236978

Novo-Fluconazole

NOP

02237370

Apo-Fluconazole

APX

02245292

Gen-Fluconazole

GEN

02245643

PMS-Fluconazole

PMS

100mg Tab

00891819

Diflucan

PFI

02236979

Novo-Fluconazole

NOP

02237371

Apo-Fluconazole

APX

02245293

Gen-Fluconazole

GEN

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 Cap 02042304	Micro-K Extencaps	WAY
8mEq LA Tab 00074225	Slow-K	NOV
00602884	Apo-K	APX
10mEq LA Tab 00471496	Kalium Durules	AST
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 within the program year 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 an individual basis, under Section 8 of the Ontario Drug Benefit Act or in accordance with the regulations under the Ontario Drug Benefit Act [O.Reg. 201/96 sec. 3(4) iv, 3(5)]
- 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)

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).

During the first and second quarters of the Trillium benefit year (August 1 - January 31 of the following calendar year), a vacation supply claim of up to 100 days may be allowed (in addition to the regular 100 maximum days' supply) for Trillium recipients travelling outside the province for between 101 and 200 days, before they leave Ontario.

In order to obtain a refill for a vacation supply of up to 100 days of ODB medication, provided that the prescription allows for the additional supply, recipients must provide the pharmacist with:

- a letter they have written themselves confirming that they are leaving the province for more than 100 days,

OR

- a copy of their travel documentation, confirming that they are leaving the province for more than 100 days.

Vacation supply claims must not be submitted through the Health Network System for Trillium recipients during the third and fourth quarters of the Trillium benefit year (February 1- July 31). Trillium recipients must pay for their vacation supply for the third and fourth quarters of the benefit year. Trillium recipients should be advised by pharmacists to submit their third and fourth quarters' receipt(s) to the Ministry for consideration to be applied towards the deductible and/or for reimbursement.

A supply of Trillium applications can be obtained through the Health INFOline at 1-800-268-1153.

PART VIII

Individual Clinical Review (ICR or Section 8) Mechanism

Individual Clinical Review (ICR or Section 8) Mechanism

SCOPE

The ministry considers requests for coverage of drug products approved for marketing by Health Canada but not listed in the Ontario Drug Benefit (ODB) Formulary/Comparative Drug Index (Formulary/CDI) for ODB-eligible persons. The ministry is guided by recommendations and guidelines developed by the Drug Quality and Therapeutics Committee (DQTC), as well as supported by an extensive roster of expert medical advisers involved in the review of individual requests for coverage of drug products.

Note that **patients must be eligible for the Ontario Drug Benefit (ODB) Program** in order to receive coverage for the requested product. Patients not currently ODB-eligible may become eligible through the Trillium Drug Program (TDP). For more information on the TDP, call 1-800-575-5386.

The Individual Clinical Review (ICR or Section 8) mechanism is reserved for clinical situations where there are no Formulary/CDI alternatives to treat conditions or diseases that would otherwise cause severe debilitating effects and the drug is not covered under another government program. The types of products often encountered in the ICR or Section 8 environment include:

- More expensive “me-too” drugs introduced to the market where sufficient Formulary alternatives are available at a lower cost (thus reserving more expensive products for specific clinical situations);
- Drugs that do not have a strong evidence base regarding efficacy, safety and/or cost-effectiveness; and,
- High cost drugs that are associated with risks of usage outside approved indications.

The ICR or Section 8 mechanism is not intended to be used to request reimbursement for drugs to treat self-limiting conditions/symptoms, drugs promoted for patient “convenience”, for nutritional products or to provide therapy that is either part of a clinical trial or a continuation of a therapy in patients previously enrolled in a clinical trial once the drug is approved for marketing. Manufacturers must make a submission to the ODB program and products are expected to undergo the normal Formulary review process and subsequent recommendation regarding reimbursement before being considered under the ICR or Section 8 mechanism.

TAKING AN EVIDENCE-BASED APPROACH

The ICR or Section 8 mechanism has evolved since its inception in 1989, from a special authorization process to provide access to drugs in exceptional circumstances, into a commonly used mechanism to access drugs within the Ontario Drug Benefit (ODB) program. Reimbursement decision-making processes within ICR or Section 8 are founded on the same principles used by the DQTC in making recommendations to the ministry regarding listing of products on the Formulary. The ICR process is a core component of a comprehensive approach to supporting patient access to needed medications while at the same time ensuring that the ministry reimburses on the basis of appropriate prescribing as determined by evidence of efficacy, safety and cost-effectiveness, considering other therapeutic alternatives.

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 and/or external medical expert reviewers. Full details of an individual's case are required in order to make an objective assessment of the rationale for the requested drug and a recommendation to the ministry regarding whether the product should be reimbursed. 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, with a request to provide additional information to ensure a comprehensive assessment.

Requests should be sent to the attention of:

Individual Clinical Review (ICR, Section 8) Unit
Drug Programs Branch
3rd Floor, 5700 Yonge Street
Toronto ON M2M 4K5

Facsimile: (416) 327-7526

Toll free facsimile: 1-866-811-9908

(Faxed requests are preferred – DO NOT mail in a previously faxed request)

Questions from physicians related to a specific request, should be directed to the ICR or Section 8 unit by calling the general Drug Programs Branch number: 416-327-8109 or toll-free at 1-866-811-9893. Physicians should forward any questions regarding DIN and/or dosage changes to the ICR or Section 8 unit. Pharmacists with questions regarding the status of an individual's coverage for a specific drug should call the ministry's ODB Health Network System (HNS) Help Desk at 1-800-668-6641.

In order to ensure a timely review, legibility is key and each request should include a concise clinical description and therapeutic plan which must include at a minimum:

- Physician's name, CPSO number, street address, fax number, telephone number, signature (mandatory);
- Patient's name, gender, date of birth, Health Number (HN) and ODB eligibility number, if different;
- trade or generic 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 duration of therapy and objective evidence of its efficacy;
- where formulary alternatives are available, or non-drug therapy may be appropriate, details of the alternatives tried to treat the condition in question including dosages (for drugs), length of therapy and response to therapy;
- where alternatives are not appropriate, outline the reasons;
- concomitant drug therapy to treat other conditions, and relevant details of these comorbid conditions;
- other relevant information e.g., culture and sensitivity reports, serum drug levels, laboratory results.

NOTE: To facilitate ICR or Section 8 requests, Drug Programs Branch has developed a standard template form as well as specific forms and guidelines for various drugs. A hard copy of the standard template form is included in the Formulary for your information, and is also available on the MOHLTC website along with other ICR or Section 8 forms at: http://www.health.gov.on.ca/english/public/forms/form_menus/odb_fm.html. While use of these forms is not mandatory, it is encouraged as a means of ensuring that as much relevant information as possible is submitted, thus facilitating timely review of the request and response to the physician.

REIMBURSEMENT

The ministry's decision on reimbursement of the proposed therapy 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.* (Note: Drug Programs Branch is very sensitized to its obligations under the *Personal Health Information Act* (PHIPA) to ensure the confidentiality of all personal patient information which it holds on file as provided by requesting physicians. Physicians are requested to ensure continuation of this vigilance as it relates to patient privacy issues, particularly when transmitting ICR or Section 8 approval information to other parties.)

Products are approved for reimbursement under the ICR or Section 8 mechanism for specific time-frames (i.e., days, weeks, one or more years), depending on the drug product and medical condition in question. The ministry has implemented extended expiry dates for many chronic medications that are frequently requested through the ICR or Section 8 unit, with many approvals extending for up to five (5) years. This is intended to minimize the administrative burden for physicians and to ensure continuity of treatment for patients with chronic conditions.

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 System adjudicates ICR or Section 8 claims on-line.

As ICR or Section 8 authorizations are DIN specific (i.e., specific to the drug strength, dosage form, etc.), in cases where the dose of the prescription changes, requiring the use of a different strength or dosage form of the drug (i.e. requiring a different DIN), in most cases a new ICR or Section 8 request is required. Pharmacists should forward any questions regarding authorization of a specific ICR or Section 8 claim, including requests to change the DIN of a drug product, to the ministry's ODB Health Network System (HNS) Help Desk at 1-800-668-6641.

For drugs approved under the ICR or Section 8 mechanism, the ministry will reimburse dispensers an amount equal to the Drug Benefit Price, as outlined in Part III of the Formulary/CDI or as noted below, plus a mark-up and the lesser of a pharmacy's posted usual and customary fee or the ODB dispensing fee minus the applicable co-payment amount. For products not listed in the Formulary/CDI, the ministry will pay dispensers the acquisition cost plus a mark-up and the lesser of a pharmacy's posted usual and customary fee or the ODB dispensing fee minus the applicable co-payment amount.

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. It is recommended that the request for continued reimbursement and all supporting documentation be submitted to the ministry at least four (4) to six (6) weeks prior to the expiration of the current approval.

It should be noted that 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, the rationale for the continued need for the product and a list of all concomitant drug therapies. Sufficient information is needed to ensure a timely response to requests. Physicians are encouraged to use the range of available ICR or Section 8 forms (drug specific and non-drug specific) noted above to facilitate this process. Forms are available on-line at http://www.health.gov.on.ca/english/public/forms/form_menus/odb_fm.html.

The following are the Drug Benefit Prices for *select* drug products when approved under the ICR or 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				
	00839191	Sandostatin	NOV	4.9900
100mcg/mL				
	00839205	Sandostatin	NOV	9.4200
500mcg/mL				
	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 practitioner 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 practitioner as the patient's sole source of nutrition and when one of the following criteria is met:

- 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 Products form. This form is available on-line at the following address:

[http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/AttachDocsPublish/014-3057-87-2/\\$File/3057-87_.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/AttachDocsPublish/014-3057-87-2/$File/3057-87_.pdf)

Practitioners can order Nutrition Product forms by calling 1-888-310-9008

Pharmacists are required to retain a copy of the Nutrition Products 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 practitioner or dietician may select any Nutrition Product from the approved list, however, only the practitioner can complete the Nutrition Products form. 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 practitioner is required for pharmacists to dispense approved Nutrition Products under the ODB program to eligible recipients. Pharmacists and practitioners 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.

Claims

Dispensaries should note the maximum amount the ministry will reimburse pharmacies for each approved Nutrition Product. **Cost-to-operator claims will not be accepted.** 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. 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	Brand	Strength, Dosage Form, Package Size	Mfr	Cost (\$) Per 1000Kcal	Cost (\$) Per Pkg	Amt (\$) MOHLTC Pays	Amt (\$) Patient Pays

A. COMPLETE POLYMERIC

1. LACTOSE FREE

Maximum = 5.04

09854258	NovaSource Renal	Liq-237mL Pk	NON	4.32	2.05	2.05	0.00
09853170	Resource 2.0	Liq-237mL Pk	NON	4.32	2.05	2.05	0.00
97982610	Resource Plus	Liq-237mL Pk	NON	4.37	1.55	1.55	0.00
97982580	Resource	Liq-237mL Pk	NON	4.92	1.23	1.23	0.00
97904333	Ensure Plus	Liq-235mL Pk	ABB	5.04	1.79	1.79	0.00
09853529	NuBasic	Liq-250mL Pk	NES	5.04	1.26	1.26	0.00
09853537	NuBasic Plus	Liq-250mL Pk	NES	5.04	1.89	1.89	0.00
97984671	Nutren 1.0	1kcal/mL Liq-250mL Pk	NES	5.04	1.26	1.26	0.00
97984698	Nutren 1.5	1.5kcal/mL Liq-250mL Pk	NES	5.04	1.89	1.89	0.00
97984701	Nutren 2.0	2kcal/mL Liq-250mL Pk	NES	5.04	2.52	2.52	0.00
09854380	TwoCal HN	2kcal/mL Liq-235mL Pk	ROS	5.04	2.37	2.37	0.00
09853723	Nepro	Liq-235mL Pk	ABB	5.09	2.39	2.37	0.02
09853731	Suplena	Liq-235mL Pk	ABB	5.09	2.39	2.37	0.02
97983420	Isocal	Liq-250mL Pk	MJN	5.40	1.35	1.26	0.09

2. LACTOSE CONTAINING

Maximum = 7.14

09853570	Nutrisure Pudding	113g Pk	ABB	7.14	1.21	1.21	0.00

3. FIBRE CONTAINING

Maximum = 7.68

09854363	IsoSource HN with Fibre	Liq-250mL Pk	NON	6.10	1.83	1.83	0.00
09857427	Resource Diabetic	1.06kcal/mL Liq-250mL Pk	NON	6.57	1.74	1.74	0.00
09854231	Compleat Modified	Liq-1000mL Pk	NON	7.45	7.97	7.97	0.00
09857109	Jevity 1.2 Cal	1.2kcal/mL Liq-1000mL Pk	ABB	7.61	9.13	9.13	0.00
09857117	Jevity 1.2 Cal	1.2kcal/mL Liq-1500mL Pk	ABB	7.61	13.70	13.70	0.00
97983330	Compleat Modified	Liq-250mL Pk	NON	7.66	2.03	2.03	0.00
09854392	Glucerna Tube Feeding	Liq-235mL Pk	ABB	7.68	1.80	1.80	0.00
09854393	Glucerna Tube Feeding	Liq-1000mL Pk	ABB	7.68	7.68	7.68	0.00
97984060	Jevity 1 Cal	1.06kcal/mL Liq-235mL Pk	ABB	7.68	1.92	1.92	0.00
09854460	Jevity 1 Cal	1.06kcal/mL Liq-1000mL Pk	ABB	7.68	8.14	8.14	0.00
09854479	Jevity 1 Cal	1.06kcal/mL Liq-1500mL Pk	ABB	7.68	12.22	12.22	0.00
09853111	Isocal with Fibre	Liq-250mL Pk	MJN	7.68	1.92	1.92	0.00
09857516	Nutren VHP Fibre	1kcal/mL Liq-250mL Pk	NES	7.69	1.92	1.92	0.00
09857524	Nutren VHP Fibre	1kcal/mL Liq-1500mL Pk	NES	7.69	11.53	11.53	0.00
97904317	Ensure with Fibre	Liq-235mL Pk	ABB	7.69	2.00	2.00	0.00
09854096	Jevity 1.2 Cal	1.2kcal/mL Liq-235mL Pk	ABB	7.70	2.17	2.17	0.00
97984728	Nutren Fibre	1kcal/mL Liq-250mL Pk	NES	7.88	1.97	1.92	0.05

PIN	Brand	Strength, Dosage Form, Package Size	Mfr	Cost (\$) Per 1000Kcal	Cost (\$) Per Pkg	Amt (\$) MOHLTC Pays	Amt (\$) Patient Pays

4. HIGH NITROGEN

Maximum = 5.11

97984663	IsoSource HN	Liq-250mL Pk	NON	4.03	1.20	1.20	0.00
09854177	Boost Plus Calories	Liq-237mL Pk	MJN	4.47	1.59	1.59	0.00
09854266	IsoSource 1.5 Cal	Liq-250mL Pk	NON	4.99	1.87	1.87	0.00
09854444	Osmolite HN	1.06kcal/mL Liq-1000mL Pk	ABB	5.04	5.34	5.34	0.00
09854452	Osmolite HN	1.06kcal/mL Liq-1500mL Pk	ABB	5.04	8.01	8.01	0.00
09854487	Osmolite HN Plus	1.2kcal/mL Liq-1000mL Pk	ABB	5.04	6.05	6.05	0.00
09857095	Osmolite HN Plus	1.2kcal/mL Liq-1500mL Pk	ABB	5.04	9.07	9.07	0.00
97973165	Osmolite HN	Liq-235mL Pk	ABB	5.07	1.26	1.26	0.00
09854169	Osmolite HN Plus	Liq-235mL Pk	ABB	5.11	1.44	1.44	0.00
09857608	Nutren VHP	1kcal/mL Liq-1500mL Pk	NES	5.14	7.71	7.66	0.05
09853553	IsoSource VHN	Liq-250mL Pk	NON	8.51	2.12	1.27	0.85
09853561	NuBasic VHP	Liq-250mL Pk	NES	8.64	2.16	1.28	0.88

B. INCOMPLETE POLYMERIC

Maximum = 8.50

09853154	Resource Fruit Beverage	Liq-235mL Pk	NON	8.61	1.55	1.53	0.02

C. MODULAR

1. PROTEIN

Maximum = 15.90

97984795	Promod	Pd-275g Pk	ABB	15.90	16.40	16.40	0.00
09854193	HMS 90	Pd-10g Pouch	IMM	49.50	1.98	0.64	1.34

2. CARBOHYDRATE

Maximum = 4.71

97980390	Caloreen	Pd-5Kg Pk	NES	4.09	81.85	81.85	0.00
97983250	Caloreen	Pd-1Kg Pk	NES	4.71	18.83	18.83	0.00
97972592	Polycose	Pd-350g Pk	ABB	6.87	9.14	6.27	2.87

3. FAT

97904473	MCT Oil	Liq-500mL Pk	MJN		34.49	34.49	0.00

D. CHEMICALLY DEFINED FORMULA

Maximum = 35.26

09854390	Perative	Liq-237mL Pk	ROS	8.83	2.72	2.72	0.00
09854391	Perative	Liq-1000mL Pk	ROS	8.83	11.48	11.48	0.00
09854401	Portagen	1.02kcal/mL Pd-454g Pk	MJN	10.40	22.23	22.23	0.00
97982750	Tolerex	Pd-80g Pk	NON	13.90	4.17	4.17	0.00
09853618	Vivonex T.E.N.	Pd-80.4g Pk	NON	23.44	7.03	7.03	0.00
97982830	Vivonex Plus	Pd-79.5g Pk	NON	23.70	7.03	7.03	0.00
09853200	Peptinex	1kcal/mL Liq-237mL Pk	NON	25.65	6.08	6.08	0.00
09857133	Peptinex DT	1kcal/mL Liq-250mL Pk	NON	25.68	6.42	6.42	0.00
09857125	Peptinex DT	1kcal/mL Liq-1500mL Pk	NON	25.68	38.52	38.52	0.00
97983500	Vital HN	Pd-79g Pk	ABB	25.87	7.77	7.77	0.00
09853090	Peptamen 1.5	1.5kcal/mL Liq-250mL Pk	NES	27.36	10.26	10.26	0.00
09857126	Peptamen 1.5	1.5kcal/mL Liq-1000mL Pk	NES	27.36	41.04	41.04	0.00
09854185	Subdue	Liq-237mL Pk	MJN	27.47	6.51	6.51	0.00
09854274	Optimental	Liq-237mL Pk	ABB	30.80	7.30	7.30	0.00
97984779	Peptamen	Liq-250mL Pk	NES	30.84	7.71	7.71	0.00

PIN	Brand	Strength, Dosage Form, Package Size	Mfr	Cost (\$) Per 1000Kcal	Cost (\$) Per Pkg	Amt (\$) MOHLTC Pays	Amt (\$) Patient Pays

D. CHEMICALLY DEFINED FORMULA (Cont'd)

Maximum = 35.26

09857101	Peptamen with Prebio	1kcal/mL Liq-250mL Pk	NES	30.84	7.71	7.71	0.00
09857102	Peptamen with Prebio	1kcal/mL Liq-1500mL Pk	NES	30.84	46.26	46.26	0.00
97980820	Criticare HN	Liq-235mL Pk	MJN	35.26	8.74	8.74	0.00

E. PEDIATRIC FORMULA, COMPLETE POLYMERIC

1. LACTOSE FREE

Maximum = 10.51

09853669	Resource Just For Kids	Liq-235mL Pk	NON	6.60	1.55	1.55	0.00
09854215	Nutren Junior	1kcal/mL Liq-250mL Pk	NES	9.00	2.25	2.25	0.00
97984370	PediaSure	Liq-235mL Pk	ABB	10.51	2.47	2.47	0.00

2. FIBRE CONTAINING

Maximum = 10.51

09857609	Resource Just for Kids with Fibre	1kcal/mL Liq-237mL Pk	NON	6.54	1.55	1.55	0.00
+ 09857142	Resource Just for Kids 1.5 Cal	1.5kcal/mL Liq-237mL Pk	NON	6.55	2.33	2.33	0.00
09857419	Pediasure Plus with Fibre	1.5kcal/mL Liq-235mL Pk	ROS	7.76	2.74	2.74	0.00
09854223	Nutren Junior Fibre	1kcal/mL Liq-250mL Pk	NES	9.00	2.25	2.25	0.00
09854371	Pediasure with Fibre	1kcal/mL Liq-235mL Pk	ROS	10.51	2.47	2.47	0.00

F. PEDIATRIC FORMULA, INCOMPLETE POLYMERIC

Maximum = 20.16

97973084	RCF	Liq-384mL Pk	ABB	20.16	6.27	6.27	0.00

G. PEDIATRIC FORMULA, CHEMICALLY DEFINED

1. OLIGOMERIC (SEMI-ELEMENTAL)

Maximum = 13.13

97972630	Nutramigen	Pd-425g Pk	MJN	8.21	16.04	16.04	0.00
97984558	Alimentum	Liq-4x237mL Pk ^a	ABB	8.79	5.65	5.65	0.00
97982440	Pregestimil	Pd-454g Pk	MJN	8.86	18.38	18.38	0.00
97983900	Nutramigen	Liq-945mL Pk	MJN	13.13	8.31	8.31	0.00

2. MONOMERIC (ELEMENTAL)

Maximum = 35.15

09854207	Neocate Junior	1kcal/mL Pd-400g Pk	SHS	20.38	37.50	37.50	0.00
09853510	Neocate	Pd-400g Pk	SHS	20.78	35.00	35.00	0.00
09853308	Vivonex Pediatric	Pd-48.7g Pk	NON	35.15	7.03	7.03	0.00

H. PEDIATRIC FORMULA, OTHERS

Maximum = N/A

09857124	Similac Advance NeoSure	5.15kcal/g Pd-363g Pk	ABB	8.02	14.99	14.99	0.00
09854398	KetoCal	7.2kcal/g Pd-300g Pk	SHS	13.89	30.00	30.00	0.00
09857100	Pediatric Peptinex DT	1kcal/mL Liq-250mL Pk	NON	25.68	6.42	6.42	0.00
09853588	Peptamen Junior	Liq-250mL Pk	NES	30.84	7.71	7.71	0.00

Diabetic Testing Agents

Diabetic Testing Agents are not formulary benefits but are covered as additional benefits for Ontario Drug Benefit (ODB) eligible persons.

Maximum Allowable Reimbursement Mechanism And Pricing Schedule — Diabetic Testing Agents

Administration

A valid prescription from a practitioner is required for pharmacists to dispense approved Diabetic Testing Agents under the ODB program to eligible recipients.

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.** Test strips are not eligible for a markup.

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 maximum allowable reimbursement process provides ODB-eligible recipients with coverage for the cost of Blood Glucose Test Strips, up to a maximum price that will be reimbursed, 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. 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 blood glucose test strips approved for coverage and the maximum price, up to which they will be reimbursed.

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
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
09854290	One Touch Ultra	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	Ascensia Autodisc	BAY	0.7398	0.7290	0.0108
09854088	Ascensia Elite	BAY	0.7398	0.7290	0.0108
09857127	Ascensia Microfill	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
09857508	Precision Easy	ABB	0.7441	0.7290	0.0151
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
09857141	Freestyle	TER	0.7452	0.7290	0.0162
09857132	BD	BED	0.7655	0.7290	0.0365
09853162	Accutrend	ROD	0.7679	0.7290	0.0389

PART X

ABBREVIATIONS, TABLES AND SAMPLE FORMS

Abbreviations of Manufacturers' Names

ABB	Abbott Laboratories Limited
ABI	Abiogen Pharma
AGO	Agouron Pharmaceuticals Canada Inc.
ALC	Alcon Canada Inc.
ALR	AllerPharma Inc.
ALL	Allergan Inc.
ALT	AltiMed Pharmaceutical Co.
AMJ	Amgen 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.
BAX	Baxter Corporation
BAY	Bayer Inc., Consumer Care Division
BED	BD Consumer Healthcare
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 Co.
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.
COB	Cobalt Pharmaceuticals Inc.
CPL	Clay-Park Labs Inc.
CRY	Crystaal Corp.
CYI	Cytex Pharmaceutical Co.
DCL	DC Labs
DER	Dermik Laboratories Canada Inc.
DES	Desbergers Limited
DKT	Dioptric Laboratories, Division of Akorn Pharmaceuticals Canada Inc.
DPC	Dominion Pharmacal
DUI	Duchesnay Inc.
DUP	Du Pont Pharma
EDM	Endo Canada Division Du Pont Merck Pharma
ELA	Elan Pharmaceuticals, Inc.
ERF	Erfa Canada 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 Ltd.
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
GZM	Genzyme Canada Inc.
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 Co.
MAY	Mayne Pharma (Canada) Inc.
MCL	McNeil Consumer Products Co.
MEC	Medicis Canada Ltd.
MED	Medisense Canada Ltd.
MEI	Medican Pharma Inc.
MET	Medican Technologies Inc.
MFS	Merck Frosst/Schering Pharma GP
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.
NXP	Nu-Pharm Inc.
OGN	Organon Teknika Canada Inc.
OGS	Organon Sanofi-Synthelabo Canada
OMC	Ortho McNeil Inc.
OMG	Omega Laboratories Ltd.
OPI	OptimaPharma, a Division of Taro Pharmaceuticals Inc.
ORG	Organon Canada Ltd.
PAL	Paladin Labs Inc.
PDA	Parke-Davis, Division Warner-Lambert Canada Inc.
PFI	Pfizer Canada Inc.
PFP	Purdue Pharma
PGI	Proctor & Gamble Inc.
PGO	PanGeo Pharma (Canada) Inc.

PGP	Proctor & Gamble Pharmaceuticals Canada, Inc.
PHA	Pharmacia Canada Inc.
PHE	Pharmel
PHR	Pharmaco Canada Inc.
PMJ	Pharmacia & Upjohn
PMS	Pharmascience Inc.
PRO	Proval Pharma Inc.
RBT	Roberts Pharmaceutical of Canada Inc.
RCA	Reed & Carnrick, Division of Block Drug Company (Canada) Ltd.
RDC	Reddy-Cheminor Inc.
RHO	Rhoxalpharma Inc.
RHP	Rhodiapharm 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.)
RPH	Ratiopharm Inc.
RPP	Rhone-Poulenc Rorer - Ethical Division
RPR	Rhone-Poulenc Rorer Consumer Inc.
SAN	Sandos Canada Inc.
SAO	Sanofi Canada Inc.
SAS	Sanofi-Synthelabo Canada Inc.
SCH	Schering Canada Inc.
SDR	Stanley Pharmaceuticals Ltd.
SEA	Searle Canada Inc.
SEV	Servier Canada Inc.
SHI	Shire Canada 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.
SYN	Syntex Inc.
TAN	Tanta Pharmaceutical Co.
TAP	TAP Pharmaceuticals
TAR	Taro Pharmaceuticals Inc.
TER	Therasense Canada Inc.
TCD	Trans Canaderm Inc.
TCH	Technilab Inc.
THE	Theramed Corporation
THR	Thermor Ltd.
UME	Unimed Canada Inc.
UPJ	Upjohn Company of Canada
VAL	Valeant Canada Ltd.
VIV	Viva Pharmaceuticals
VLH	Lundbeck Canada Inc.
VRO	Virco Pharmaceuticals (Canada) Inc.
WAB	Waymar Pharmaceuticals Inc.
WAP	Wampole
WAY	Wyeth Pharmaceuticals
WCC	Women's Capital Corporation
WHB	Whitehall-Robins Inc.
WSQ	Westwood Squibb Pharmaceuticals
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 or 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 tablet 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 - Betamethasone 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				

PROTECTED B**
(when completed)

- The form should be printed and faxed toll free to:
1 866 678-6789 or mailed as per instructions below.
- La version française de ce document est disponible à:
http://www.hc-sc.gc.ca/dhp-mps/medeff/report-declaration/form/ar-ci_form_f.html

A. Patient Information (See "Confidentiality" section below)			
1. Identifier	3. Sex	4. Height	5. Weight
2. Age at time of reaction	☐ Male ☐ Female	_____ feet or _____ cm	_____ lbs or _____ kgs
B. Adverse Reaction			
1. Outcome contributed to adverse reaction (check all that apply)			
☐ Death _____ (dd/mm/yyyy) ☐ Disability ☐ Life-threatening ☐ Congenital malformation ☐ Hospitalization ☐ Required intervention to prevent damage/permanent impairment ☐ Hospitalization - prolonged ☐ Other : _____			
2. Date of reaction		3. Date of this report	
DD	MM	DD	MM
YYYY		YYYY	
4. Describe reaction or problem			
5. Relevant tests / laboratory data (including dates (dd/mm/yyyy))			
6. Other relevant history, including pre-existing medical conditions (e.g. allergies, pregnancy, smoking and alcohol use, hepatic / renal dysfunction)			

C. Suspected Health Product(s) (See "How to report" section below)		
1. Name (give labeled strength & manufacturer, if known)		
# 1 _____		
# 2 _____		
2. Dose, frequency & route used		3. Therapy dates (if unknown, give duration)
# 1		# 1 From (dd/ mm/yyyy - To (dd/ mm/yyyy))
# 2		# 2
4. Indication for use of suspected health product		5. Reaction abated after use stopped or dose reduced
# 1		# 1 ☐ Yes ☐ No ☐ Doesn't apply
# 2		# 2 ☐ Yes ☐ No ☐ Doesn't apply
6. Lot # (if known)	7. Exp. date (if known)	8. Reaction reappeared after reintroduction
# 1	# 1 (dd /mm/yyyy)	# 1 ☐ Yes ☐ No ☐ Doesn't apply
# 2	# 2	# 2 ☐ Yes ☐ No ☐ Doesn't apply
9. Concomitant health products (name, dose, frequency and route used), and therapy dates (dd/mm/yyyy) (exclude treatment of reaction)		
10. Treatment of adverse reaction (medications and / or other therapy), include dates (dd/mm/yyyy)		
D. Reporter Information (See "Confidentiality" section below)		
1. Name, address & phone number		
2. Health professional?	3. Occupation	4. Also reported to manufacturer?
☐ Yes ☐ No		☐ Yes ☐ No

Submission of a report does not constitute an admission that medical personnel or the product caused or contributed to the adverse reaction.
 * Use this form to report suspected adverse reactions to pharmaceuticals, biologics (including fractionated blood products, as well as therapeutic and diagnostic vaccines), natural health products or radiopharmaceuticals.
 ** As per the Treasury Board of Canada Secretariat Government Security Policy.

HC/SC 4016 (02/05)

Canada

VOLUNTARY ADVERSE REACTION (AR) REPORTING GUIDELINES

Confidentiality of adverse reaction information

Any information related to the identity of the patient and/or the reporter of the AR is kept strictly confidential. For the “ identifier” box, provide some type of identifier that will allow you, the reporter, to readily locate the case if you are contacted for more information; do not use the patient’s name.

Privacy Notice Statement: Individuals have access to and protection of any provided personal information under the provisions of the *Access to Information Act* and the *Privacy Act*. Suspected health product-related AR information is submitted on a voluntary basis, and is maintained in a computerized database. AR information is used for the monitoring of marketed health products, and may contribute to the detection of potential product-related safety issues as well as to the benefit-risk assessments of these products. For more details with regard to personal information collected under this program, visit the Personal Information Bank; Health Canada; Health Products and Food Branch; Branch Incident Reporting System; PIB# PPU 088 at: http://infosource.gc.ca/inst/shc/fed07_e.asp.

What to report?

ARs to Canadian marketed health products, including prescription and non-prescription pharmaceuticals, biologics (including fractionated blood products, as well as therapeutic and diagnostic vaccines), natural health products and radiopharmaceuticals are collected by the Canadian Adverse Drug Reaction Monitoring Program (CADRMP). An AR is a harmful and unintended response to a health product. This includes any undesirable patient effect suspected to be associated with health product use. Unintended effect, health product abuse, overdose, interaction (including drug-drug and drug-food interactions) and unusual lack of therapeutic efficacy are all considered to be reportable ARs.

AR reports are, for the most part, only *suspected* associations. A temporal or possible association is sufficient for a report to be made. Reporting of an AR does not imply a definitive causal link.

All suspected adverse reactions should be reported, especially those that are:

- **unexpected**, regardless of their severity, i.e., not consistent with product information or labeling; or
- **serious**, whether expected or not; or
- reactions to **recently marketed health products** (on the market for less than five years), regardless of their nature or severity.

What is a serious adverse reaction?

A serious AR is one that requires in-patient hospitalization or prolongation of existing hospitalization, causes congenital malformation, results in persistent or significant disability or incapacity, is life-threatening or results in death. ARs that require significant medical intervention to prevent one of these listed outcomes are also considered to be serious.

How to report?

To report a suspected AR for health products marketed in Canada, health professionals or consumers (preferably in conjunction with their health professional, so that information about medical history can be included in order to make the reports more complete and scientifically valid) should complete a copy of the Report of Suspected Adverse Reaction Due to Health Products Marketed in Canada (HC/SC 4016). This form may be obtained from the Internet at http://www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/adverse_e.pdf, from your Regional AR Centre or from the National AR Centre (see contact information below), and is also available in the appendices of the Compendium of Pharmaceuticals and Specialties (CPS).

All applicable sections of the AR reporting form should be filled in as completely as possible. Use a separate form for each patient. Up to two suspected health products for a particular AR may be reported on one form. Attach an additional form if there are more than two suspected health products for the AR being reported. Additional pages may be attached if more space is required. The success of the program depends on the quality and accuracy of the information provided by the reporter.

To report an AR for a vaccine used in the prevention of infectious disease, the same criteria as stated in these guidelines are used. Health professionals should complete a copy of the Report of a Vaccine-Associated Adverse Event form. This form is available on the Internet at <http://www.phac-aspc.gc.ca/dird-dimr/pdf/hc4229e.pdf>, or in the appendices of the CPS. These forms also exist as customized Provincial/Territorial adverse event forms which can be obtained either from local public health departments or from the Provincial/Territorial health authorities.

For more information on CADRMP, additional copies of AR reporting forms or to report an AR, health professionals and consumers are invited to contact the Adverse Reaction Centre listed below for their region. The following toll-free numbers may be used by health professionals and consumers. Calls will be automatically routed to the appropriate Regional or National AR Centre based on the area code from which the call originates. Toll-free telephone: 1-866-234-2345 Toll-free fax: 1-866-678-6789.

British Columbia: British Columbia Regional AR Centre, c/o BC Drug and Poison Information Centre, 1081 Burrard Street, Vancouver, BC, V6Z 1Y6, adr@dpic.ca

Alberta: Alberta Regional Adverse Reaction Centre, c/o Suite 730, 9700 Jasper Ave, Edmonton, Alberta, T5J 4C3, Alberta_AR@hc-sc.gc.ca

Saskatchewan: Saskatchewan Regional AR Centre, c/o Saskatchewan Drug Information Service, College of Pharmacy and Nutrition, University of Saskatchewan, 110 Science Place, Saskatoon, SK, S7N 5C9, Sask_AR@usask.ca

Manitoba: Manitoba Regional Adverse Reaction Centre, Room 114, 510 Lagimodière Blvd, Winnipeg, Manitoba, R2J 3Y1, Manitoba_AR@hc-sc.gc.ca

Ontario: Ontario Regional AR Centre, c/o LonDIS Drug Information Centre, London Health Sciences Centre, 339 Windermere Road, London ON N6A 5A5, adr@lhsc.on.ca

Québec: Québec Regional AR Centre, c/o Drug Information Centre, Hôpital du Sacré-Coeur de Montréal, 5400, boul. Gouin ouest, Montréal (QC), H4J 1C5, pharmacovigilance.hsc@ssss.gouv.qc.ca

Atlantic: Atlantic Regional AR Centre, For New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland and Labrador, c/o Queen Elizabeth II Health Sciences Centre, Drug Information Centre, 1796 Summer Street, Rm 2421, Halifax NS B3H 3A7, adr@cdha.nshealth.ca

All Territories: National AR Centre, Marketed Health Products Safety and Effectiveness Information Division, Marketed Health Products Directorate, Tunney's Pasture Address locator: 0701C, Ottawa, ON, K1A 0K9, cadrmr@hc-sc.gc.ca

How to deal with follow-up information for an AR that has already been reported?

Any follow-up information for an AR that has already been reported can be submitted using a new AR reporting form. It can be communicated by telephone, fax or e-mail to the appropriate Regional AR Centre or the National AR Centre (see contact information above). In order that this information can be matched with the original report, indicate that it is follow-up information, and if known, the date of the original report and the case report tracking number provided in the acknowledgement letter. It is very important that follow-up reports are identified and linked to the original report.

What about reporting ARs to the Market Authorization Holder (manufacturer)?

Health professionals and consumers may also report ARs to the market authorization holder (MAH). Indicate on your AR report sent to Health Canada if a case was also reported to the product's MAH.

The Ministry of Health and Long Term Care (the "Ministry") considers requests for coverage of drug products not listed in the Ontario Drug Benefit Formulary under Section 8 of the *Ontario Drug Benefit Act*, R.S.O. 1990 c.O.10 (Individual Clinical Review). This form is intended to facilitate requests for drugs under Section 8. The ministry may request additional documentation to support the request. Please ensure that all appropriate information for each section is provided to avoid delays.

Section 1 - Prescriber Information			Section 2 - Patient Information		
First Name	Initial	Last Name	First Name	Initial	Last Name
Street #	Street Name		Health Number		
City	Postal Code				
Fax	Telephone		Date of Birth (DD/MM/YYYY)		

☐ New request ☐ Renewal of existing Section 8 approval (ICR# _____ - _____)

Section 3 - Drug Requested
Requested Drug Product: _____ DIN: _____
Strength/Dosage Form: _____
Frequency of Administration: _____
Expected Start Date & Duration of Therapy: _____

Section 4 - Diagnosis and Reason for Use
Diagnosis for which the drug is requested: _____
Reason for use over formulary alternatives: _____
If the patient is currently taking the requested product, please provide start date & <u>objective</u> evidence of its efficacy: _____ _____

Section 5 - Current and/or Previous Medications			
a) Please provide details of alternatives (listed drugs and/or non-drug therapy) tried for this condition:			
Drug (Please indicate if current or previously taken)	Dosage	Approximate timeframe of therapy	Reason(s) why formulary alternatives are not appropriate
b) Please provide patient's concomitant drug therapies for other conditions: _____ _____			

Section 6 - Clinical Information
Please provide relevant medical data (e.g. culture and sensitivity reports, serum drug levels, laboratory results): _____ _____ _____

The information on this form is collected by the Ministry of Health and Long Term Care under the authority of s 13 of the Ontario Drug Benefit Act R.S.O. 1990 c.O.10. The information is collected for the purpose of considering whether special coverage of an unlisted drug should be approved under section 8 of the Ontario Drug Benefit Act, and will be used and disclosed for this purpose. It may also be used and disclosed for the administration of the Ontario Drug Benefit program. If you have any questions about the collection of this information, call the Ontario Drug Programs Help Desk at 1800-668-6641 or contact the Director, Drug Programs Branch, 5700 Yonge St., 3rd floor, Toronto ON M2M 4K5

Prescriber signature (mandatory): _____ CPSO number: _____ Date (DD/MM/YYYY): _____

Please fax the completed form and/or any additional relevant information to 416-327-7526 or toll free 1-866-811-9908; or send to the Drug Programs Branch, 3rd Floor, 5700 Yonge Street, North York, Ontario, M2M 4K5. For copies of this and other ICR forms, please visit: http://www.health.gov.on.ca/english/public/forms/form_menus/odb_fm.html

Nutrition Product (NP) claims to be reimbursed by the Ontario Drug Benefit (ODB) program must be prescribed in accordance with patient eligibility criteria and supported by a valid, fully completed NP form. For easy reference to a complete list of NPs eligible for ODB reimbursement and the patient eligibility criteria, refer to Part IX of the Formulary. NP patient eligibility criteria also appear at the back of this form. An NP form is valid for one year following the date completed by the prescriber. NP forms will be audited to ensure that ODB eligible recipients meet the patient eligibility criteria for NPs.

Les demandes de remboursement de produits nutritionnels (PN) en vertu du Programme de médicaments de l'Ontario (PMO) doivent être prescrites conformément aux critères d'admissibilité du patient et accompagnées d'un formulaire PN valide et dûment rempli. Pour consulter facilement la liste complète des PN admissibles à un remboursement en vertu du PMO et les critères d'admissibilité du patient, consulter la Partie IX du formulaire. Les critères d'admissibilité du patient pour les PN sont également indiqués au dos du présent formulaire. Un formulaire PN est valable pendant un an à partir de la date à laquelle le prescripteur l'a rempli. Les formulaires PN seront vérifiés afin de garantir que les prestataires admissibles en vertu du PMO satisfont aux critères d'admissibilité du patient pour les PN.

The information collected on this form is collected for the purpose of payment under the Ministry of Health and Long-Term Care Act and for Drug Utilization Review. It is collected under the authority of section 6 of the Ministry of Health and Long-Term Care Act. For information contact the Ontario Drug Programs Help Desk at 1 800 668-6641.
Les renseignements demandés dans ce formulaire sont réunis aux fins de paiement en vertu de la Loi sur le ministère de la Santé et des Soins de longue durée et aux fins d'étude de la consommation de médicaments. La collecte de ces renseignements est autorisée en vertu de l'article 6 de la Loi sur le ministère de la Santé et des Soins de longue durée. Pour de plus amples renseignements, prière de s'adresser au service d'assistance des Programmes de médicaments de l'Ontario au 1 800 668-6641.

Section 1 – Prescriber / Section 1 – Prescripteur

(To be completed by Prescriber before the claim can be processed. The completed Nutrition Products form should be given to the patient with the prescription for a Nutrition Product. Pharmacists must have a fully completed Nutrition Products form before submitting an ODB claim.)

(À remplir par le prescripteur avant que la demande puisse être traitée. Il faudrait remettre au patient le formulaire Produits nutritionnels dûment rempli en même temps que l'ordonnance pour un produit nutritionnel. Les pharmaciens doivent avoir un formulaire Produits nutritionnels dûment rempli avant de faire une demande de remboursement en vertu du PMO.)

Patient last name / Nom de famille du patient	First name / Prénom

Nutrition Product (Name / strength) / Produit nutritionnel (Nom/force)

Diagnosis / Diagnostic

Patient eligibility criteria chosen / Critères d'admissibilité du patient choisis

Patient using product as **sole source** of nutrition **and** meets one of the following: / Le patient utilise le ou les produits comme **seule source** de nutrition **et** satisfait l'un des critères suivants :

- ☐ 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
Troubles de l'oropharynx ou troubles gastro-intestinaux résultant d'une affection de l'oesophage ou de dysphagie; p. ex., chirurgie de la tête ou du cou, troubles neuromusculaires ou maladie cérébrovasculaire, quand la dysphagie empêche le patient de manger
- ☐ malabsorption or malabsorption disorder and / or significant gut failure where food is not tolerated; e.g. pancreatic insufficiency, biliary obstruction, short bowel syndrome
Troubles de la digestion ou de l'absorption et/ou sévère insuffisance intestinale entraînant une intolérance des aliments; p. ex., insuffisance pancréatique, obstruction biliaire, syndrome de l'intestin court
- ☐ 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
Patient nécessitant un régime défini chimiquement comme principal traitement d'une maladie pour laquelle les avantages thérapeutiques ont été prouvés : maladie de Crohn

Nutrition Product is the patient's sole source of nutrition / Les produits nutritionnels sont la seule source de nutrition du patient

☐ yes / oui ☐ no / non

Prescriber's last name / Nom de famille du prescripteur	First name / Prénom	CPSO number / Numéro de l'OMCO
Prescriber's signature / Signature du prescripteur		Date

Section 2 – Pharmacist / Pharmacien

Any form that is not fully completed, or that leaves doubt as to whether patient eligibility criteria have been appropriately applied will result in a recovery of funds from the pharmacy.

La pharmacie devra rembourser l'argent versé si un formulaire n'est pas dûment rempli ou s'il y a des doutes quant à l'application des critères d'admissibilité du patient.

1. Patient Health/ODB eligibility number / Numéro d'admissibilité au PMO du patient _____

2. Nutrition Product form is complete and text indicated on form meets patient eligibility criteria:
Le formulaire Produits nutritionnels est dûment rempli et les renseignements donnés sont conformes aux critères d'admissibilité du patient :

☐ yes / oui ☐ no / non

3. PIN: / NIP : _____

Pharmacist's signature / Signature du pharmacien	ON no. / N° ON	Date of initial dispensing / Date d'exécution initiale de l'ordonnance

Patient Eligibility Criteria for Coverage of Nutrition Products

The following patient eligibility criteria will determine a recipient's eligibility for coverage of Nutrition Products (NPs) under the Ontario Drug Benefit (ODB) program.

Nutrition 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:

- 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;
- malabsorption 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.

Exclusions:

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

Patients tolerating some solid foods and requiring only supplementation in addition to food are not eligible for coverage.

Critères d'admissibilité du patient pour le remboursement de produits nutritionnels

Les critères d'admissibilité du patient suivants détermineront l'admissibilité d'un prestataire à un remboursement de produits nutritionnels (PN) en vertu du Programme de médicaments de l'Ontario (PMO).

Les produits nutritionnels ne seront admissibles pour un remboursement en vertu du programme PMO que s'ils sont prescrits par un médecin en tant que **seule source** de nutrition pour l'une des raisons suivantes :

- Troubles de l'oropharynx ou troubles gastro-intestinaux résultant d'une altération de l'oesophage ou de dysphagie; p. ex., chirurgie de la tête ou du cou, troubles neuromusculaires ou maladie cerebrovasculaire, quand la dysphagie empêche le patient de manger;
- Troubles de la digestion ou de l'absorption et/ou sévère insuffisance intestinale entraînant une intolérance des aliments; p. ex., insuffisance pancréatique, obstruction biliaire, syndrome de l'intestin court;
- Patient nécessitant un régime défini chimiquement comme principal traitement d'une maladie pour laquelle les avantages thérapeutiques ont été prouvés : maladie de Crohn.

Toute demande de remboursement doit être accompagnée d'un formulaire Produits nutritionnels valable et dûment rempli.

Les pharmaciens doivent conserver une copie du formulaire Produits nutritionnels pendant deux ans.

Exclusions:

Un produit nutritionnel ne sera pas remboursé en vertu du programme PMO s'il sert à l'un des usages suivants :

- Amaigrissement prescrit pour le traitement de l'obésité
- Allergies alimentaires
- Musculation
- Remplacement volontaire de repas
- Additif nutritionnel
- Commodité
- Utilisé pour remplacer l'allaitement maternel des nourrissons ayant des fonctions gastrointestinales normales

Les patients qui tolèrent certains aliments solides et qui n'ont besoin que de suppléments n'ont pas droit au remboursement.

A Guide to Completing the Nutrition Products Form (refer to Part IX of ODB Formulary for more details)

For the Prescriber

- Complete **All** of Section 1 of the Nutrition Product (NP) form.
- Give completed form to patient together with the NP prescription, or fax the completed NP form directly to the patient's pharmacist.
- Prescribers should not assume that pharmacists will complete missing sections. Pharmacists **cannot** complete Section 1 information on behalf of the prescriber.
- Prescribers should not complete an NP form if the patient does not meet the patient eligibility criteria.

For the Pharmacist

- Ensure Section 1 is complete, and the patient eligibility criteria indicated meets the patient eligibility criteria for NPs *before the prescription is filled*.
- Return forms with information missing from Section 1 to prescriber for completion, or have the prescriber fax you a revised NP form.
- Complete all of Section 2.
- Process the claim through the Health Network, completing all steps for validation. If the Network rejects the claim, check to ensure the patient meets the patient eligibility criteria for the appropriate use of the NP.
- Do not complete / amend Section 1 information. This must be completed by the prescriber.
- Do not process NP claims for patients which in your professional judgement do not meet the patient eligibility criteria for NPs.
- The ministry routinely conducts pharmacy audits for post-payment verification of claims paid by the ODB program. **Any NP form that is not fully completed, or that leaves doubt as to whether the patient eligibility criteria for NPs have been appropriately applied will result in recovery of funds from the pharmacy.**

The Pharmacist must have a fully completed NP form before submitting an ODB claim.

Comment remplir le formulaire Produits nutritionnels

(consulter la partie IX du formulaire PMO pour plus d'information)

Pour le prescripteur

- Remplir **entièrement** la Section 1 du formulaire Produits nutritionnels (PN).
- Remettre au patient le formulaire dûment rempli avec l'ordonnance pour des PN, ou envoyer le formulaire dûment rempli directement à la pharmacie du patient par télécopieur.
- Le prescripteur ne devrait pas supposer que le pharmacien remplira les sections qui **ne sont pas remplies**. Le pharmacien ne peut pas remplir la Section 1 pour le prescripteur.
- Le prescripteur ne devrait pas remplir un formulaire PN si le patient ne satisfait pas aux critères d'admissibilité.

Pour le pharmacien

- Vérifier si la Section 1 est remplie et si les critères d'admissibilité du patient mentionnés satisfont aux critères d'admissibilité pour les PN *avant d'exécuter l'ordonnance*.
- Renvoyer le formulaire dont la Section 1 est incomplète au prescripteur pour qu'il la remplisse, ou lui demander d'envoyer un autre formulaire révisé.
- Remplir entièrement la Section 2.
- Envoyer la demande de remboursement par le Système informatique des programmes de médicaments en effectuant toutes les étapes de la validation. Si le système rejette la demande, vérifier si le patient répond aux critères d'admissibilité pour l'usage du PN.
- Ne pas remplir/modifier l'information de la Section 1. C'est le prescripteur qui doit le faire.
- Ne pas traiter de demandes de remboursement de PN pour des patients qui, selon votre opinion professionnelle, ne répondent pas aux critères d'admissibilité pour les PN.
- Le Ministère vérifie régulièrement les demandes de remboursement en vertu du PMO une fois le remboursement effectué. **Pour tout formulaire PN qui n'est pas entièrement rempli ou qui laisse à penser que les critères d'admissibilité du patient pour les PN n'ont pas été appliqués convenablement, la pharmacie devra effectuer un remboursement.**

Le pharmacien doit être en possession d'un formulaire PN dûment rempli avant de soumettre une demande de remboursement en vertu du PMO.

To obtain additional copies of NP forms, physicians and pharmacists call (613) 548-6586, or 1 888 310-9008.

Pour obtenir des formulaires PN supplémentaires, les médecins et les pharmaciens peuvent appeler le (613) 548-6586 ou le 1 888 310-9008.

PART XII

LIMITED USE DRUG 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. Each LU criteria has a corresponding Reason for Use (RFU) code. 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 (ICR or 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, arranged alphabetically by **generic name** and their designated clinical criteria. This list can be found after the Table of Contents. 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.

Limited Use Reimbursement Process

The Health Network System (HNS)

In an effort to better manage the ODB program, the ministry is now able to engage the Health Network System (HNS) to ensure the criteria for LU products have been met. For example, the HNS 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, 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 HNS can alert the pharmacist that the claim has been rejected. HNS claims checks for affected LU drug products are described in the products' listed LU criteria.

Completing a LU Prescription

Claims for LU drugs will be reimbursed under the 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 prescription with the appropriate LU documentation (RFU code). The pharmacist should review the prescription and process the claim only if all the required information is provided.

The LU authorization is valid for the duration indicated by the listed LU criteria. Effective September 27, 2005, some Limited Use (LU) drugs used in chronic conditions have been granted extended authorization periods beyond one year. A number of drugs have an "indefinite" authorization period. For these drugs, it is only necessary for the practitioner to confirm that the patient meets the LU clinical criteria by completing an LU prescription once. For other drugs with a defined LU authorization period, a new LU prescription must be completed according to the authorization period provided in the LU criteria (usually on an annual basis).

An exception to this policy may occur in situations where LU criteria have changed. In situations where LU criteria have changed, practitioners must consider whether recipients meet the new criteria. If so, a new LU prescription must be completed within three months of the change in LU criteria.

Electronic LU documentation, or LU prescriptions preprinted by manufacturers or generated by a dispensary's computer software, are neither valid nor acceptable by the ministry. Although electronically-generated prescriptions for LU drugs are permitted, the RFU code must be written on all prescriptions by the practitioner. Faxed copies of LU prescriptions are acceptable (pharmacies should copy thermal

paper faxes onto regular paper for record-keeping purposes). Pharmacies are required to retain LU documentation on file in the pharmacy for 24 months from the date received for the purposes of post-payment verification.

Also, effective September 27, 2005, the requirement for the use of the ministry-issued LU prescription form has been discontinued. Documentation that the patient meets the LU criteria may be written on a regular prescription form as long as the basic instructions for completing the LU prescription as listed on the following pages are followed. Failure to complete a LU prescription 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

Monitoring and Accountability Framework

Reimbursement for Limited Use claims is made under the authority of section 23 of the *Ontario Drug Benefit Act* (ODBA) and can only be made if the LU clinical criteria set out in the Formulary/CDI have been met. By writing the Reason for Use (RFU) code on a prescription for an LU drug product, the practitioner affirms that the prescription conforms with these clinical criteria.

The Limited Use Tripartite 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 practitioners to provide supporting documents on request. Pursuant to section 46(1) of the *Personal Health Information and Protection Act, 2004*, S.O. 2004, c.3 Sched. A., a health information custodian may be required to disclose personal health information about an individual to the Minister of Health and Long-Term Care for the purpose of monitoring or verifying claims for payment for health care funded wholly or in part by the ministry. LU prescriptions may therefore be monitored by the ministry to ensure that the RFU code indicated is in accordance with the LU criteria listed in the Formulary/CDI.

A GUIDE TO COMPLETING LIMITED USE PRESCRIPTION FOR THE PRACTITIONER

- In order to ensure the LU prescription is fully completed, fill in the prescription form as you normally would.

In addition it is necessary to:

- provide the appropriate Reason for Use (RFU) code (*e.g., RFU# 123*)
- sign and date the prescription
- fill in your CPSO number (for practitioners other than physicians, fill in your college registration number)
- The initial LU prescription with the RFU code must be fully completed in writing. Patients may take the prescription to the pharmacy, or practitioners may fax it directly to the pharmacy. The LU authorization will be valid for the duration indicated by the listed LU criteria. During this period, any repeat prescription may be given verbally to a pharmacist. For drugs with extended or indefinite authorization periods, a new prescription may be required after a certain period of time to allow the drug to be dispensed in accordance with the regulations of the Ontario College of Pharmacists.
- If a patient has met the LU criteria before being eligible for ODB coverage, 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 section 23 of the *Ontario Drug Benefit Act (ODBA)* and can only be made if the authorized LU criteria have been met.
- The Limited Use Tripartite 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 practitioners to provide supporting documents on request.
- Practitioners should not complete a LU prescription 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 (ICR or Section 8) mechanism (See Part VIII).

The Pharmacist must have a fully completed prescription with the appropriate RFU code before submitting an ODB claim.

A GUIDE TO LIMITED USE PRESCRIPTIONS FOR THE PHARMACIST

- 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 practitioner:
 - the appropriate Reason for Use (RFU) code
 - the date and practitioner's signature
 - the physician's CPSO number (for practitioners other than physicians, the practitioner's college registration number is required)

Only the practitioner may fill in this information. If the CPSO or college registration number is missing, pharmacists may enter it only if they are certain it is the correct number. Claims for LU products must contain a valid CPSO or college registration number (i.e. 99999 is not acceptable).

- Incomplete LU documentation (e.g., prescriptions that do not include the appropriate RFU code, date, practitioner's signature, CPSO number or college registration number) will be subject to recoveries.
- Pharmacists should ensure the LU criteria have been applied appropriately.
- Where a pharmacist has concerns about whether the clinical criteria have been met, the pharmacist should discuss it with the practitioner and record the outcome of the discussion on the prescription according to standard pharmacy practice.
- The initial LU prescription 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 authorization will be valid for the duration indicated by the listed LU criteria. During this period any repeat prescription may be given verbally by a practitioner to a pharmacist. For drugs with extended or indefinite authorization periods, a new prescription may be required after a certain period of time to allow the drug to be dispensed in accordance with the regulations of the Ontario College of Pharmacists.
- 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. Prescriptions with LU documentation must be kept on file at the pharmacy for two years and be available for auditing purposes.
- The Limited Use Tripartite Committee will develop a monitoring and accountability framework for Limited Use drug products.

The Pharmacist must have a fully completed prescription with the appropriate RFU code before submitting an ODB claim.

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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; LU Authorization Period: Indefinite.
176	In patients who require combination therapy with more than one oral hypoglycemic agent to control their serum glucose concentrations. LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

ACYCLOVIR
800mg

Tab

01911635 Zovirax
02078651 Ratio-Acyclovir
02197421 Nu-Acyclovir
02207656 Apo-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. LU Authorization Period: 1 year.
96	Herpes zoster ophthalmicus regardless of age, up to 72 hours after appearance of lesions. Dose: 800mg 5 times/day for 7 days. LU Authorization Period: 1 year.
97	Herpes zoster in immunocompromised patients regardless of age and time elapsed from onset. Dose: 800mg 5 times/day for 7 days. LU Authorization Period: 1 year.
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. LU Authorization Period: 1 year.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

ALENDRONATE

10mg	Tab	02201011	Fosamax
		02247373	Novo-Alendronate
		02248728	Apo-Alendronate
70mg	Tab	02245329	Fosamax
		02248730	Apo-Alendronate

Reason for Use code	Clinical criteria
369	For the treatment of osteoporosis in patients who have: Two out of the following three criteria: BMD at least 3.0 standard deviations below the young adult mean, age of 75 or greater, prior osteoporosis-related fracture. LU Authorization Period: Indefinite.
370	OR Failed* or, experienced intractable side effects, or have a contraindication to, cyclical etidronate (Didrocal) therapy. *Failure is defined as: continued loss of bone mineral density (loss of more than 3%) after two years of therapy; or a new osteoporosis related fracture after one year of therapy. LU Authorization Period: Indefinite.

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. LU Authorization Period: Indefinite.
352	For the management of benign prostatic hyperplasia where other formulary alpha blockers have produced intolerable side effects. LU Authorization Period: Indefinite.

ANAGRELIDE HCL

0.5mg	Cap	02260107	Rhoxal-Anagrelide

Reason for Use Code	Clinical criteria
400	For the treatment of essential thrombocytosis in patients who are intolerant of or who have failed hydroxyurea therapy. LU Authorization Period: 5 years.

ANASTROZOLE

1mg

Tab

02224135 Arimidex

Reason for
Use code

Clinical criteria

365

For the treatment of metastatic breast cancer in hormone receptor positive post-menopausal women.

LU Authorization Period: Indefinite.

396

As an alternative to tamoxifen for the adjuvant treatment of postmenopausal women with hormone receptor positive breast cancer.

LU Authorization Period: Indefinite.

BENZYDAMINE HCL

0.15%

Oral Rinse

01966065 Tantum

02229777 PMS-Benzylamine

02229799 Novo-Benzylamine

02230170 Ratio-Benzylamine

02239044 Apo-Benzylamine

Reason for
Use code

Clinical criteria

240

For the symptomatic relief of treatment induced mucositis in cancer patients.

LU Authorization Period: 1 year.

BIMATOPROST

0.03%

Oph Sol-2.5mL Pk

02245860 Lumigan

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;

LU Authorization Period: Indefinite.

172

As a second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents.

LU Authorization Period: Indefinite.

387

For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.

LU Authorization Period: Indefinite.

BOTULINUM TOXIN TYPE A

100U/Vial

Pd Inj-100U Vial 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. LU Authorization Period: 1 year.
130	To reduce the subjective symptoms and objective signs of cervical dystonia (spasmodic torticollis) in adults. LU Authorization Period: 1 year.

BRIMONIDINE

0.15%

Oph Sol

02248151 Alphagan P

0.2%

Oph Sol

02236876 Alphagan

02243026 Ratio-Brimonidine

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; LU Authorization Period: Indefinite.
172	As a second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents. LU Authorization Period: Indefinite.
387	For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective. LU Authorization Period: Indefinite.

BRAND NAME

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

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; LU Authorization Period: Indefinite.
261	Patients who have a tracheostomy; LU Authorization Period: Indefinite.
262	Patients with cystic fibrosis in whom nebulizer therapy is indicated; LU Authorization Period: Indefinite.
263	Patients with severe mental or physical disabilities; LU Authorization Period: Indefinite.
264	Patients who have previously used nebulizer therapy within the last 12 month period. LU Authorization Period: Indefinite.

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. LU Authorization Period: Indefinite.

BUPROPION HCL

100mg	Tab	02237824	Wellbutrin SR
150mg	Tab	02237825	Wellbutrin SR
		02260239	Novo-Bupropion SR

Reason for Use code	Clinical criteria
315	For the treatment of depression. LU Authorization Period: Indefinite.

CALCIPOTRIOL

50mcg/g
50mcg/g

Cr
Oint

02150956 Dovonex
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.

LU Authorization Period: Indefinite.

CAPECITABINE

150mg
500mg

Tab
Tab

02238453 Xeloda
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-flurouracil.

LU Authorization Period: Indefinite.

360

For the treatment of metastatic breast cancer in combination with docetaxel in women who experience disease progression on or after an anthracycline.

LU Authorization Period: Indefinite.

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.

LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

CARVEDILOL

3.125mg	Tab	02229650	Coreg
		02245914	PMS-Carvedilol
		02246529	Novo-Carvedilol
		02247933	Apo-Carvedilol
		02252309	Ratio-Carvedilol
6.25mg	Tab	02229651	Coreg
		02245915	PMS-Carvedilol
		02246530	Novo-Carvedilol
		02247934	Apo-Carvedilol
		02252317	Ratio-Carvedilol
12.5mg	Tab	02229652	Coreg
		02245916	PMS-Carvedilol
		02246531	Novo-Carvedilol
		02247935	Apo-Carvedilol
		02252325	Ratio-Carvedilol
25mg	Tab	02229653	Coreg
		02245917	PMS-Carvedilol
		02246532	Novo-Carvedilol
		02247936	Apo-Carvedilol
		02252333	Ratio-Carvedilol

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 less than or equal to 35%; and d) At least one episode of symptomatic CHF within a 12 month period while receiving optimal management. LU Authorization Period: Indefinite.

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. LU Authorization Period: 1 year.
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. LU Authorization Period: 1 year.

CIPROFLOXACIN

10g/100mL
250mg

Oral Susp
Tab

02237514 Cipro
02155958 Cipro
02161737 Novo-Ciprofloxacin
02229521 Apo-Ciproflox
02245647 Gen-Ciprofloxacin
02246825 Ratio-Ciprofloxacin
02247339 Co-Ciprofloxacin
02248437 PMS-Ciprofloxacin
02248756 Rhoxal-Ciprofloxacin
02155966 Cipro
02161745 Novo-Ciprofloxacin
02229522 Apo-Ciproflox
02245648 Gen-Ciprofloxacin
02246826 Ratio-Ciprofloxacin
02247340 Co-Ciprofloxacin
02248438 PMS-Ciprofloxacin
02248757 Rhoxal-Ciprofloxacin
02155974 Cipro
02161753 Novo-Ciprofloxacin
02229523 Apo-Ciproflox
02245649 Gen-Ciprofloxacin
02246827 Ratio-Ciprofloxacin
02247341 Co-Ciprofloxacin
02248439 PMS-Ciprofloxacin
02248758 Rhoxal-Ciprofloxacin

500mg

Tab

750mg

Tab

Continued on next page...

Reason for
Use Code

Clinical criteria

For the treatment of patients with:

332

SST/BJ (Gram negative bacteria):

Skin/soft tissue and bone/joint infection due to gram negative bacteria; severe diabetic foot infection; severe otitis externa; decubitus ulcers.

LU Authorization Period: 1 year.

333

GU Tract:

Urinary tract infection/prostatitis/epididymitis caused by (suspected or documented) *Pseudomonas*; sexually transmitted diseases.

LU Authorization Period: 1 year.

334

COPD with risk:

Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors¹; bronchiectasis; pneumonic illness with cystic fibrosis.

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 per year.

LU Authorization Period: 1 year.

336

Step-Down:

Step-down therapy after parenteral therapy or hospital/emergency department discharge; febrile neutropenia.

LU Authorization Period: 1 year.

350

GI:

Traveller's diarrhea; enteric fever syndromes; Crohn's disease.

LU Authorization Period: 1 year.

353

For the prophylaxis or treatment of *B. anthracis* exposure.

LU Authorization Period: 1 year.

977

Exceptional cases of allergy or intolerance to all other appropriate therapies.

LU Authorization Period: 1 year.

CIPROFLOXACIN HCL & CIPROFLOXACIN BASE

500mg

ER Tab

02247916 Cipro XL

Reason for
Use code

Clinical criteria

394

For patients with uncomplicated urinary tract infections (acute cystitis) who have failure, intolerance or hypersensitivity to all formulary antibiotic alternatives that are listed as General Benefits.

LU Authorization Period: 1 year.

1000mg

ER Tab

02251787 Cipro XL

Reason for
Use code

Clinical criteria

395

For patients with complicated urinary tract infections or acute uncomplicated pyelonephritis who have failure, intolerance or hypersensitivity to all formulary antibiotic alternatives that are listed as General Benefits.

LU Authorization Period: 1 year.

CLADRIBINE

1mg/mL

Inj

02022117 Leustatin

Reason for
Use code

Clinical criteria

99

For hairy cell leukemia, as a single 7-day treatment course.

LU Authorization Period: 1 year.

CLOBAZAM

10mg

Tab

02221799 Frisium
02238334 Novo-Clobazam
02238797 Ratio-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.

LU Authorization Period: Indefinite.

CLODRONATE DISODIUM

400mg

Cap

01927078 Ostac
02245828 Clasteon

Reason for Use code	Clinical criteria
280	For the control and prophylaxis of hypercalcemia of malignancy. LU Authorization Period: Indefinite.
358	For the treatment of bony metastases in patients with breast cancer. LU Authorization Period: Indefinite.
359	For the prevention and treatment of osteolytic lesions in patients with multiple myeloma. LU Authorization Period: Indefinite.

CLODRONATE DISODIUM TETRAHYDRATE

400mg

Cap

01984845 Bonefos

Reason for Use code	Clinical criteria
280	For the control and prophylaxis of hypercalcemia of malignancy. LU Authorization Period: Indefinite.
358	For the treatment of bony metastases in patients with breast cancer. LU Authorization Period: Indefinite.
359	For the prevention and treatment of osteolytic lesions in patients with multiple myeloma. LU Authorization Period: Indefinite.

CLOPIDOGREL BISULFATE

75mg

Tab

02238682 Plavix

Reason for
Use Code

Clinical criteria

375

For patients immediately post-hospitalization* for non-ST segment elevation acute coronary syndrome (ACS)**;

Note: approval for 12 months

LU Authorization Period: 1 year.

OR

376

For patients immediately pre- or post- percutaneous coronary intervention (PCI)***

Note: approval for 12 months

*The first prescription must be written by a physician based at the hospital where the patient was hospitalized.

**ACS, as defined by the CURE study, includes hospitalized patients with unstable angina or non-ST segment elevation myocardial infraction.

***Therapy may be initiated up to 10 days prior to PCI.

NETWORK NOTE: The Special Authorization Number (SAN) that corresponds to the hospital where the patient was hospitalized must be submitted with the first Limited Use claim.

LU Authorization Period: 1 year.

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.

LU Authorization Period: 1 year.

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
		02244324	Apo-Cyclosporine

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; LU Authorization Period: Indefinite.
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). LU Authorization Period: Indefinite.

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> ; LU Authorization Period: 1 year.
187	For DVT in pregnant or lactating females; LU Authorization Period: 1 year.
188	For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated; LU Authorization Period: 1 year.
189	For DVT in patients who have failed treatment with warfarin. LU Authorization Period: 1 year.

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. LU Authorization Period: 1 year.
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) LU Authorization Period: 1 year.

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. LU Authorization Period: Indefinite.

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. LU Authorization Period: Indefinite.

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; LU Authorization Period: 1 year.
111	Bowel resection, including short bowel syndrome; LU Authorization Period: 1 year.
112	Inflammatory Bowel Diseases, i.e. Crohn's Disease and Ulcerative Colitis; LU Authorization Period: 1 year.
113	Cancer, including chemotherapy or radiation therapy; LU Authorization Period: 1 year.
114	HIV/AIDS; LU Authorization Period: 1 year.
115	Acute diarrhea in patients in congregated housing, i.e. Long Term Care Facilities (LTCF), or for patients receiving Home Care; LU Authorization Period: 1 year.
224	Fecal incontinence. LU Authorization Period: 1 year.

DIPYRIDAMOLE & ACETYLSALICYLIC ACID

200mg/25mg

Cap

02242119 Aggrenox

Reason for Use code	Clinical criteria
349	For the secondary prevention of stroke. LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

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. LU Authorization Period: 1 year.
230	For patients receiving intravenous chemotherapy who have not experienced adequate control with other available anti-emetics. LU Authorization Period: 1 year.
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. LU Authorization Period: 1 year.

DONEPEZIL HCL

5mg	Tab	02232043	Aricept
10mg	Tab	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. LU Authorization Period: 1 year.
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. LU Authorization Period: 1 year.

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; LU Authorization Period: Indefinite.
172	As a second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents. LU Authorization Period: Indefinite.
387	For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective. LU Authorization Period: Indefinite.

DORZOLAMIDE HCL & TIMOLOL MALEATE

2% & 0.5%

Oph Sol

02240113 Cosopt

Reason for Use code	Clinical criteria
310	As second-line therapy for patients who do not have an adequate intraocular pressure lowering response to monotherapy with ophthalmic beta-blocking agents. LU Authorization Period: Indefinite.
393	For use as initial therapy in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective. LU Authorization Period: Indefinite.

DUTASTERIDE

0.5mg

Cap

02247813 Avodart

**Reason for
Use Code**

Clinical criteria

384

For use in combination with an alpha blocker for the treatment of men with symptomatic* Benign Prostatic Hyperplasia.

LU Authorization Period: Indefinite.

385

For monotherapy, as a second line agent in patients with symptomatic* Benign Prostatic Hyperplasia following treatment failure or intolerance to an alpha blocker.

* Symptomatic is defined as having moderate (about half the time) to severe (almost always) symptoms related to the prostate in at least 4 of the following domains:

1. feeling of incomplete emptying of the bladder after voiding
2. needing to urinate again less than 2 hours after previous void
3. stopping and starting urine several times while voiding
4. difficulty postponing urination
5. weak urinary stream
6. pushing or straining to begin voiding
7. the need to get up to void at least 3 times in the night.

LU Authorization Period: Indefinite.

ENOXAPARIN

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
120mg/0.8mL	Pref Syr-0.8mL Pk	09857137	Lovenox HP
100mg/mL	Pref Syr-1mL Pk	09852484	Lovenox
150mg/mL	Pref Syr-1mL Pk	02242692	Lovenox HP

Reason for Use Code	Clinical criteria
186	For acute treatment of deep venous thrombosis (DVT), for a <i>maximum of three weeks</i> ; LU Authorization Period: 1 year.
187	For DVT in pregnant or lactating females; LU Authorization Period: 1 year.
188	For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated; LU Authorization Period: 1 year.
189	For DVT in patients who have failed treatment with warfarin. LU Authorization Period: 1 year.
323	For the acute treatment of pulmonary embolism, maximum of three weeks. LU Authorization Period: 1 year.

ENTACAPONE

200mg	Tab	02243763	Comtan

Reason for Use Code	Clinical criteria
367	For the treatment of patients with Parkinson's disease with 25% of the waking day in the off state despite maximally tolerated doses of levodopa. LU Authorization Period: Indefinite.

BRAND NAME

01927582 Vaponefrin

LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

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. LU Authorization Period: 1 year.
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. LU Authorization Period: 1 year.

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. LU Authorization Period: 1 year.
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. LU Authorization Period: 1 year.

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
50mcg/day	Patch	02246967	Rhoxal-Estradiol Derm-50
75mcg/day	Patch	02246968	Rhoxal-Estradiol Derm-75
100mcg/day	Patch	02246969	Rhoxal-Estradiol Derm-100
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. LU Authorization Period: 1 year.
18	For patients in whom an oral estrogen product has been tried and caused an adverse effect. LU Authorization Period: 1 year.

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.

LU Authorization Period: 1 year.

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.

LU Authorization Period: 1 year.

ETIDRONATE DISODIUM

200mg

Tab

01997629 Didronel

02245330 Gen-Etidronate

02248686 Co-Etidronate

Reason for Use code

Clinical criteria

236

For the treatment of Paget's disease;

LU Authorization Period: Indefinite.

237

For the management of hypercalcemia of malignancy.

LU Authorization Period: Indefinite.

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.

LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

EZETIMIBE

10mg

Tab

02247521 Ezetrol

Reason for Use Code	Clinical criteria
380	For use in combination with a HMG-CoA reductase inhibitor ('statin') in patients with hypercholesterolemia who have not reached target LDL levels despite the use of maximally tolerated doses. LU Authorization Period: Indefinite.
381	For use as monotherapy in the management of hypercholesterolemia in patients who are intolerant to HMG-CoA reductase inhibitors or where HMG-CoA reductase inhibitors are contraindicated. LU Authorization Period: Indefinite.

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. LU Authorization Period: 1 year.

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. LU Authorization Period: Indefinite.

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;
LU Authorization Period: Indefinite.

257

Patients with cystic fibrosis in whom nebulizer therapy is indicated;
LU Authorization Period: Indefinite.

258

Patients with severe mental or physical disabilities;
LU Authorization Period: Indefinite.

259

Patients who have previously used nebulizer therapy within the last 12 month period.
LU Authorization Period: Indefinite.

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.
LU Authorization Period: 1 year.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

FINASTERIDE

5mg

Tab

02010909 Proscar

Reason for
Use Code

Clinical criteria

384

For use in combination with an alpha blocker for the treatment of men with symptomatic* Benign Prostatic Hyperplasia.

LU Authorization Period: Indefinite.

385

For monotherapy, as a second line agent in patients with symptomatic* Benign Prostatic Hyperplasia following treatment failure or intolerance to an alpha blocker.

* Symptomatic is defined as having moderate (about half the time) to severe (almost always) symptoms related to the prostate in at least 4 of the following domains:

1. feeling of incomplete emptying of the bladder after voiding
2. needing to urinate again less than 2 hours after previous void
3. stopping and starting urine several times while voiding
4. difficulty postponing urination
5. weak urinary stream
6. pushing or straining to begin voiding
7. the need to get up to void at least 3 times in the night.

LU Authorization Period: Indefinite.

FLUCONAZOLE

150mg

Cap

02141442 Diflucan-150

02241895 Apo-Fluconazole-150

02243645 Novo-Fluconazole-150

02245697 Gen-Fluconazole

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.

LU Authorization Period: 1 year.

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. LU Authorization Period: 1 year.
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. LU Authorization Period: 1 year.
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. LU Authorization Period: 1 year.
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). LU Authorization Period: 1 year.

FLUCONAZOLE

50mg

Tab

00891800 Diflucan
02236978 Novo-Fluconazole
02237370 Apo-Fluconazole
02245292 Gen-Fluconazole
02245643 PMS-Fluconazole
02249294 Taro-Fluconazole
00891819 Diflucan
02236979 Novo-Fluconazole
02237371 Apo-Fluconazole
02245293 Gen-Fluconazole
02245644 PMS-Fluconazole
02249308 Taro-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;

LU Authorization Period: 1 year.

203

For the treatment of oroesophageal candidiasis in immunocompromised patients (i.e. patients with malignancies and transplant recipients);

LU Authorization Period: 1 year.

204

For patients with disseminated candidiasis;

LU Authorization Period: 1 year.

205

For the treatment of acute cryptococcal meningitis.

LU Authorization Period: 1 year.

FLUDARABINE PHOSPHATE

10mg

Tab

02246226 Fludara

Reason for
Use code

Clinical criteria

379

For second line therapy of patients with chronic lymphocytic leukemia (CLL) who have failed or are intolerant to chlorambucil.

LU Authorization Period: Indefinite.

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.

LU Authorization Period: 1 year.

61

For patients who have tried propranolol and experienced significant adverse effects.

LU Authorization Period: 1 year.

62

For patients in whom propranolol is contraindicated.

CAUTIONS: Contraindicated in patients with clinical depression and in patients with extrapyramidal disorders.

LU Authorization Period: 1 year.

FONDAPARINUX SODIUM

2.5mg

Inj-0.5mL Pk

02245531

Arixtra

Reason for Use code

Clinical criteria

378

For the post-operative prophylaxis of venous thromboembolic events in patients undergoing orthopedic surgery of the lower limbs such as hip fracture, hip replacement or knee surgery.

NOTE: Limited to 9 days of reimbursement.

LU Authorization Period: 1 year.

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.

LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

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. LU Authorization Period: Indefinite.

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. LU Authorization Period: Indefinite.

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 <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. LU Authorization Period: 1 year.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

GABAPENTIN

100mg	Cap	02084260	Neurontin
		02243446	PMS-Gabapentin
		02244304	Apo-Gabapentin
		02244513	Novo-Gabapentin
		02248259	Gen-Gabapentin
		02256142	Co-Gabapentin
300mg	Cap	02260883	Ratio-Gabapentin
		02084279	Neurontin
		02243447	PMS-Gabapentin
		02244305	Apo-Gabapentin
		02244514	Novo-Gabapentin
		02248260	Gen-Gabapentin
400mg	Cap	02256150	Co-Gabapentin
		02260891	Ratio-Gabapentin
		02084287	Neurontin
		02243448	PMS-Gabapentin
		02244306	Apo-Gabapentin
		02244515	Novo-Gabapentin
		02248261	Gen-Gabapentin
		02256169	Co-Gabapentin
		02260905	Ratio-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. LU Authorization Period: Indefinite.

GALANTAMINE HYDROBROMIDE

4mg	Tab	02244298	Reminyl
8mg	Tab	02244299	Reminyl
12mg	Tab	02244300	Reminyl

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. LU Authorization Period: 1 year.
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. LU Authorization Period: 1 year.

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. LU Authorization Period: 1 year.

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. LU Authorization Period: 1 year.
338	<u>COPD with risk:</u> 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 per year. LU Authorization Period: 1 year.
339	<u>Step-Down:</u> Step-down therapy after parenteral therapy or hospital / emergency department discharge. LU Authorization Period: 1 year.
977	Exceptional cases of allergy or intolerance to all other appropriate therapies. LU Authorization Period: 1 year.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

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. LU Authorization Period: 1 year.
92	For patients receiving intravenous chemotherapy or radiation therapy who have not experienced adequate control with other available anti-emetics. LU Authorization Period: 1 year.
93	For patients receiving intravenous chemotherapy or radiation therapy who experience intolerable side effects with other anti-emetics. LU Authorization Period: 1 year.
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. LU Authorization Period: 1 year.

INSULIN ASPART

100U/mL

Inj Sol-10mL Pk

02245397

NovoRapid

100U/mL

Inj Sol-5x3mL Pk

02244353

NovoRapid

Reason for Use Code	Clinical criteria
388	For the treatment of patients with Type 1 diabetes mellitus. LU Authorization Period: Indefinite.
389	For the treatment of patients with Type 2 diabetes mellitus using insulin in an intensive regimen with 3 or more injections per day or an insulin pump. LU Authorization Period: Indefinite.
390	For the treatment of patients with Type 2 diabetes mellitus who are either experiencing recurrent hypoglycemia OR are unable to achieve adequate post-prandial glucose control while on a less intensive regimen of regular insulin (1-2 injections per day). LU Authorization Period: Indefinite.

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

388

For the treatment of patients with Type 1 diabetes mellitus.

LU Authorization Period: Indefinite.

389

For the treatment of patients with Type 2 diabetes mellitus using insulin in an intensive regimen with 3 or more injections per day or an insulin pump.

LU Authorization Period: Indefinite.

390

For the treatment of patients with Type 2 diabetes mellitus who are either experiencing recurrent hypoglycemia OR are unable to achieve adequate post-prandial glucose control while on a less intensive regimen of regular insulin (1-2 injections per day).

LU Authorization Period: Indefinite.

INSULIN LISPRO & INSULIN LISPRO PROTAMINE

25% & 75%

Inj Susp-3mL Pk

02240294

Humalog Mix25

Reason for Use code	Clinical criteria

226

For insulin requiring diabetic patients who are either experiencing recurrent hypoglycemia OR are unable to achieve adequate post-prandial glucose control while using 2 or more doses of mixed insulin per day.

LU Authorization Period: Indefinite.

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.

LU Authorization Period: Indefinite.

29

For Kaposi's Sarcoma.

LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

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. LU Authorization Period: Indefinite.
29	For Kaposi's Sarcoma. LU Authorization Period: Indefinite.

IPRATROPIUM BROMIDE

250mcg/mL	Inh Sol-20mL Pk	00731439	Atrovent
		02097141	Ratio-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; LU Authorization Period: Indefinite.
257	Patients with cystic fibrosis in whom nebulizer therapy is indicated; LU Authorization Period: Indefinite.
258	Patients with severe mental or physical disabilities; LU Authorization Period: Indefinite.
259	Patients who have previously used nebulizer therapy within the last 12 month period. LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

IPRATROPIUM BROMIDE

125mcg/mL	Inh Sol-2mL UDV Pk	02026759	Atrovent UDV
		02097176	Ratio-Ipratropium UDV
		02231135	PMS-Ipratropium
		02243827	Apo-Ipravent
250mcg/mL	Inh Sol-2mL UDV Pk	01950681	Atrovent UDV
		02097168	Ratio-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; LU Authorization Period: Indefinite.
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; LU Authorization Period: Indefinite.
267	Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have severe mental or physical disabilities; LU Authorization Period: Indefinite.
268	Patients who have previously used nebulizer therapy within the last 12 month period. LU Authorization Period: Indefinite.

IPRATROPIUM BROMIDE

0.03%	Nasal Spray	02163705	Atrovent
		02239627	PMS-Ipratropium
		02240072	Ratio-Ipratropium

Reason for Use code	Clinical criteria
03	For the treatment of non-allergic vasomotor rhinitis LU Authorization Period: 1 year.

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

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;
	LU Authorization Period: Indefinite.
261	Patients who have a tracheostomy;
	LU Authorization Period: Indefinite.
262	Patients with cystic fibrosis in whom nebulizer therapy is indicated;
	LU Authorization Period: Indefinite.
263	Patients with severe mental or physical disabilities;
	LU Authorization Period: Indefinite.
264	Patients who have previously used nebulizer therapy within the last 12 month period.
	LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

LACTASE ENZYME

Liq-6.5mL Pk	97903981	Lactaid
Liq-15.5mL Pk	97904163	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. LU Authorization Period: Indefinite.

LAMOTRIGINE

25mg	Tab	02142082	Lamictal
		02243352	Ratio-Lamotrigine
		02245208	Apo-Lamotrigine
		02246897	PMS-Lamotrigine
		02248232	Novo-Lamotrigine
		02265494	Gen-Lamotrigine
100mg	Tab	02142104	Lamictal
		02243353	Ratio-Lamotrigine
		02245209	Apo-Lamotrigine
		02246898	PMS-Lamotrigine
		02248233	Novo-Lamotrigine
		02265508	Gen-Lamotrigine
150mg	Tab	02142112	Lamictal
		02245210	Apo-Lamotrigine
		02246899	PMS-Lamotrigine
		02246963	Ratio-Lamotrigine
		02248234	Novo-Lamotrigine
		02265516	Gen-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. LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

LANSOPRAZOLE

15mg	DR Cap	02165503	Prevacid
30mg	DR Cap	02165511	Prevacid

Reason for Use code	Clinical criteria
	Gastroesophageal Reflux Disease (GERD) For the treatment of erosive GERD or upper GI malignancy; OR For the treatment of non-erosive GERD after failure of H2-receptor antagonist therapy. Patients with GERD should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation of need for PPI with endoscopy, a trial of PPI withdrawal, or stepdown therapy to H2-receptor antagonist therapy. Note: There is a lack of published evidence to support double-dose PPI therapy in this setting. LU Authorization Period: 1 Year.
293	H. pylori-positive Peptic Ulcers For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, urea breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Retreatment of H. pylori-positive peptic ulcers must be documented by persistent H. pylori infection on urea breath test or endoscopy. Maximum duration: 7 days (for retreatment, a four-week period must elapse since the end of the previous treatment). LU Authorization Period: 1 Year.
297	Confirmed Peptic Ulcers or NSAID-induced Ulcer Prophylaxis: For the treatment of confirmed peptic ulcers and NSAID-induced ulcers; OR For the prophylaxis of NSAID-induced ulcers for patients at increased risk of GI bleeding. Note: There is a lack of published evidence to support double-dose PPI therapy in this setting. LU Authorization Period: 1 Year.
401	Other Gastrointestinal Disorders For the treatment of gastroduodenal Crohn’s disease, short-gut syndrome, scleroderma, or pancreatitis. Note: There is a lack of published evidence to support double-dose PPI therapy in this setting. LU Authorization Period: 1 Year.

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LANSOPRAZOLE (cont'd)

Reason for Use code	Clinical criteria

402	Severe Conditions: For the treatment of severe esophagitis, Zollinger-Ellison syndrome, esophageal stricture, persistent symptoms of GERD or persistent erosive esophagitis, or upon hospital discharge following a gastrointestinal bleed. For patients receiving double-dose therapy, the need to continue treatment at higher doses should be reassessed after eight weeks. For re-treatment at higher doses, a four-week period should have elapsed from the end of the previous treatment. Reassessment could include a procedural assessment of the condition or step-down therapy to lower-dose proton pump inhibitor (PPI) therapy.

LU Authorization Period: 1 Year.

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 LU Authorization Period: 1 Year.
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 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.

LU Authorization Period: 1 Year.

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; LU Authorization Period: Indefinite.
172	As a second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents. LU Authorization Period: Indefinite.
387	For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective. LU Authorization Period: Indefinite.

LATANOPROST & TIMOLOL MALEATE

50mcg/mL & 5mg/mL

Oph Sol-2.5mL Pk 02246619 Xalacom

Reason for Use code	Clinical criteria
310	As second-line therapy for patients who do not have an adequate intraocular pressure lowering response to monotherapy with ophthalmic beta-blocking agents. LU Authorization Period: Indefinite.
393	For use as initial therapy in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective. LU Authorization Period: Indefinite.

LEFLUNOMIDE

10mg

Tab

02241888 Arava

02256495 Apo-Leflunomide

02261251 Novo-Leflunomide

20mg

Tab

02241889 Arava

02256509 Apo-Leflunomide

02261278 Novo-Leflunomide

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). LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

LETROZOLE

2.5mg

Tab

02231384 Femara

Reason for Use code	Clinical criteria
365	For the treatment of metastatic breast cancer in hormone receptor positive post-menopausal women. LU Authorization Period: Indefinite.

LEVODOPA & CARBIDOPA

100mg & 25mg

Tab

02028786 Sinemet CR

200mg & 50mg

Tab

00870935 Sinemet CR

02245211 Apo-Levocarb 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. LU Authorization Period: Indefinite.
65	For patients presently requiring anti-parkinsonian drug administration (levodopa/carbidopa) more than three times daily. LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

LEVOFLOXACIN

250mg	Tab	02236841	Levaquin
		02248262	Novo-Levofloxacin
500mg	Tab	02236842	Levaquin
		02248263	Novo-Levofloxacin

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.

LU Authorization Period: 1 year.

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 per year.

LU Authorization Period: 1 year.

339

Step-Down:

Step-down therapy after parenteral therapy or hospital / emergency department discharge.

LU Authorization Period: 1 year.

977

Exceptional cases of allergy or intolerance to all other appropriate therapies.

LU Authorization Period: 1 year.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

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. LU Authorization Period: 1 year.
363	Vancomycin resistant Enterococcus species (VRE) infections* in patients switching from IV linezolid. LU Authorization Period: 1 year.
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. LU Authorization Period: 1 year.

LOPERAMIDE HCL

2mg

Caplet

00860743 Imodium
02132591 Novo-Loperamide
02212005 Apo-Loperamide
02228351 PMS-Loperamide
02229552 Diarr-eze
02233998 Rhoxal-Loperamide
02257564 Rhoxal-Loperamide

**Reason for
Use code**

Clinical criteria

- For the treatment of diarrhea associated with:**
- 110** An ileostomy or a colostomy;
LU Authorization Period: 1 year.
- 111** Bowel resection, including short bowel syndrome;
LU Authorization Period: 1 year.
- 112** Inflammatory Bowel Diseases, i.e. Crohn's Disease and Ulcerative Colitis;
LU Authorization Period: 1 year.
- 113** Cancer, including chemotherapy or radiation therapy;
LU Authorization Period: 1 year.
- 114** HIV/AIDS;
LU Authorization Period: 1 year.
- 115** Acute diarrhea in patients in congregated housing, i.e. Long Term Care Facilities (LTCF), or for patients receiving Home Care;
LU Authorization Period: 1 year.
- 224** Fecal incontinence.
LU Authorization Period: 1 year.

BRAND NAME

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
19000IU/mL	Pref Syr-0.6mL Pk	02240114	Fraxiparine Forte
9500IU/mL	Pref Syr-0.8mL Pk	09853979	Fraxiparine
19000IU/mL	Pref Syr-0.8mL Pk	09854100	Fraxiparine Forte
9500IU/mL	Pref Syr-1.0mL Pk	09853987	Fraxiparine
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 *maximum of three weeks*;

LU Authorization Period: 1 year.

187

For DVT in pregnant or lactating females;

LU Authorization Period: 1 year.

188

For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated;

LU Authorization Period: 1 year.

189

For DVT in patients who have failed treatment with warfarin.

LU Authorization Period: 1 year.

NEDOCROMIL SODIUM

2mg/Metered Dose

Inh

02230543 Tilade

Reason for Use code

Clinical criteria

72

As second line therapy for asthmatics who are intolerant of sodium cromoglycate.

LU Authorization Period: Indefinite.

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).

LU Authorization Period: 1 year.

43

As prophylaxis of ischemia if surgery is delayed.

LU Authorization Period: 1 year.

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
250/50mcg

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.

LU Authorization Period: 1 year.

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.

LU Authorization Period: 1 year.

OFLOXACIN

0.3%

Oph Sol

02143291

Ocuflox

Reason for
Use code

Clinical criteria

170

For the treatment of conjunctivitis caused by susceptible strain(s) of Staphylococcus aureus, Staphylococcus epidermidis, Streptococcus pneumoniae and Hemophilus influenzae which is/are resistant or unresponsive to listed alternative agents.

LU Authorization Period: 1 year.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

OFLOXACIN

200mg	Tab	02231529	Apo-Oflox
		02243474	Novo-Ofloxacin
300mg	Tab	01968416	Floxin
		02231531	Apo-Oflox
		02243475	Novo-Ofloxacin
400mg	Tab	01968408	Floxin
		02231532	Apo-Oflox
		02243476	Novo-Ofloxacin

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. LU Authorization Period: 1 year.
341	<u>GU Tract:</u> Urinary tract infection / prostatitis / epididymitis; sexually transmitted disease. LU Authorization Period: 1 year.
338	<u>COPD with risk:</u> 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 per year. LU Authorization Period: 1 year.
335	<u>GI:</u> Traveller's diarrhea; enteric fever syndromes. LU Authorization Period: 1 year.
339	<u>Step-Down:</u> Step-down therapy after parenteral therapy or hospital / emergency department discharge. LU Authorization Period: 1 year.
977	Exceptional cases of allergy or intolerance to all other appropriate therapies. LU Authorization Period: 1 year.

OMEPRAZOLE

20mg

Cap

02245058 Apo-Omeprazole

Reason for Use code	Clinical criteria
	Gastroesophageal Reflux Disease (GERD) For the treatment of erosive GERD or upper GI malignancy; OR For the treatment of non-erosive GERD after failure of H2-receptor antagonist therapy. Patients with GERD should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation of need for PPI with endoscopy, a trial of PPI withdrawal, or stepdown therapy to H2-receptor antagonist therapy. Note: There is a lack of published evidence to support double-dose PPI therapy in this setting. LU Authorization Period: 1 Year.
293	H. pylori-positive Peptic Ulcers For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, urea breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Retreatment of H. pylori-positive peptic ulcers must be documented by persistent H. pylori infection on urea breath test or endoscopy. Maximum duration: 7 days (for retreatment, a four-week period must elapse since the end of the previous treatment). LU Authorization Period: 1 Year.
297	Confirmed Peptic Ulcers or NSAID-induced Ulcer Prophylaxis: For the treatment of confirmed peptic ulcers and NSAID-induced ulcers; OR For the prophylaxis of NSAID-induced ulcers for patients at increased risk of GI bleeding. Note: There is a lack of published evidence to support double-dose PPI therapy in this setting. LU Authorization Period: 1 Year.
401	Other Gastrointestinal Disorders For the treatment of gastroduodenal Crohn's disease, short-gut syndrome, scleroderma, or pancreatitis. Note: There is a lack of published evidence to support double-dose PPI therapy in this setting. LU Authorization Period: 1 Year.

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OMEPRAZOLE (cont'd)

Reason for Use code	Clinical criteria
402	Severe Conditions: For the treatment of severe esophagitis, Zollinger-Ellison syndrome, esophageal stricture, persistent symptoms of GERD or persistent erosive esophagitis, or upon hospital discharge following a gastrointestinal bleed. For patients receiving double-dose therapy, the need to continue treatment at higher doses should be reassessed after eight weeks. For re-treatment at higher doses, a four-week period should have elapsed from the end of the previous treatment. Reassessment could include a procedural assessment of the condition or step-down therapy to lower-dose proton pump inhibitor (PPI) therapy. LU Authorization Period: 1 Year.

OMEPRAZOLE MAGNESIUM

20mg

DR Tab

02190915 Losec

Reason for Use code	Clinical criteria
293	Gastroesophageal Reflux Disease (GERD) For the treatment of erosive GERD or upper GI malignancy; OR For the treatment of non-erosive GERD after failure of H2-receptor antagonist therapy. Patients with GERD should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation of need for PPI with endoscopy, a trial of PPI withdrawal, or stepdown therapy to H2-receptor antagonist therapy. Note: There is a lack of published evidence to support double-dose PPI therapy in this setting. LU Authorization Period: 1 Year.
295	H. pylori-positive Peptic Ulcers For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, urea breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Retreatment of H. pylori-positive peptic ulcers must be documented by persistent H. pylori infection on urea breath test or endoscopy. Maximum duration: 7 days (for retreatment, a four-week period must elapse since the end of the previous treatment). LU Authorization Period: 1 Year.
297	Confirmed Peptic Ulcers or NSAID-induced Ulcer Prophylaxis: For the treatment of confirmed peptic ulcers and NSAID-induced ulcers; OR For the prophylaxis of NSAID-induced ulcers for patients at increased risk of GI bleeding.

Continued on next page...

OMEPRAZOLE MAGNESIUM (cont'd)

Reason for Use code	Clinical criteria
	Note: There is a lack of published evidence to support double-dose PPI therapy in this setting. LU Authorization Period: 1 Year. Other Gastrointestinal Disorders
401	For the treatment of gastroduodenal Crohn’s disease, short-gut syndrome, scleroderma, or pancreatitis. Note: There is a lack of published evidence to support double-dose PPI therapy in this setting. LU Authorization Period: 1 Year. Severe Conditions:
402	For the treatment of severe esophagitis, Zollinger-Ellison syndrome, esophageal stricture, persistent symptoms of GERD or persistent erosive esophagitis, or upon hospital discharge following a gastrointestinal bleed. For patients receiving double-dose therapy, the need to continue treatment at higher doses should be reassessed after eight weeks. For re-treatment at higher doses, a four-week period should have elapsed from the end of the previous treatment. Reassessment could include a procedural assessment of the condition or step-down therapy to lower-dose proton pump inhibitor (PPI) therapy. LU Authorization Period: 1 Year.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

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. LU Authorization Period: 1 Year.
216	For patients receiving intravenous chemotherapy or radiation therapy who have not experienced adequate control with other available anti-emetics. LU Authorization Period: 1 Year.
217	For patients receiving intravenous chemotherapy or radiation therapy who experience intolerable side effects with other anti-emetics. LU Authorization Period: 1 Year.
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. LU Authorization Period: 1 Year.

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; LU Authorization Period: Indefinite.
257	Patients with cystic fibrosis in whom nebulizer therapy is indicated; LU Authorization Period: Indefinite.
258	Patients with severe mental or physical disabilities; LU Authorization Period: Indefinite.
259	Patients who have previously used nebulizer therapy within the last 12 month period. LU Authorization Period: Indefinite.

OSELTAMIVIR PHOSPHATE

75mg
Cap
02241472
Tamiflu

Reason for Use Code	Clinical criteria
371	For the prophylaxis (max: 75mg daily) of institutionalized individuals during confirmed* outbreaks of Influenza A or Influenza B. Note: Network will limit supply to 6 weeks. LU Authorization Period: 1 Year.
372	For the treatment (max: 75mg bid) of institutionalized individuals during confirmed* outbreaks due to: Influenza B or, Influenza A (as an alternative to amantadine) or, Influenza A where new cases have developed despite amantadine prophylaxis. Note: Network will limit supply to 5 days. *The outbreak must be confirmed by Public Health. LU Authorization Period: 1 Year.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

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. LU Authorization Period: 1 Year.

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

Reason for Use code	Clinical criteria
124	Replacement therapy for pancreatic insufficiency secondary to pancreatic surgery (resection); LU Authorization Period: Indefinite.
125	Replacement therapy for pancreatic insufficiency due to chronic pancreatitis; LU Authorization Period: Indefinite.
126	Replacement therapy for pancreatic insufficiency due to carcinoma of the pancreas. LU Authorization Period: Indefinite.
225	Replacement therapy for pancreatic insufficiency due to cystic fibrosis. LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE

4000 & 12000 & 12000 USP

Units Ent Microsph Cap 00789445 Pancrease MT4

Reason for Use code	Clinical criteria
124	Replacement therapy for pancreatic insufficiency secondary to pancreatic surgery (resection); LU Authorization Period: Indefinite.
125	Replacement therapy for pancreatic insufficiency due to chronic pancreatitis; LU Authorization Period: Indefinite.
126	Replacement therapy for pancreatic insufficiency due to carcinoma of the pancreas. LU Authorization Period: Indefinite.

PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE

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); LU Authorization Period: Indefinite.
125	Replacement therapy for pancreatic insufficiency due to chronic pancreatitis; LU Authorization Period: Indefinite.
126	Replacement therapy for pancreatic insufficiency due to carcinoma of the pancreas. LU Authorization Period: Indefinite.
225	Replacement therapy for pancreatic insufficiency due to cystic fibrosis. LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE

16800 & 70000 & 70000 USP			
U/0.7g	Pd-114g Pk	02230020	Viokase
4500 & 20000 & 25000 USP			
Units	SR Cap	02242374	Pancrease
8000 & 30000 & 30000 USP			
Units	Tab	02230019	Viokase
16mg	Tab	02241933	Viokase 16

Reason for Use code	Clinical criteria
124	Replacement therapy for pancreatic insufficiency secondary to pancreatic surgery (resection); LU Authorization Period: Indefinite.
125	Replacement therapy for pancreatic insufficiency due to chronic pancreatitis; LU Authorization Period: Indefinite.
126	Replacement therapy for pancreatic insufficiency due to carcinoma of the pancreas. LU Authorization Period: Indefinite.

PANTOPRAZOLE SODIUM

40mg

Ent Tab

02229453 Pantoloc

Reason for
Use code

Clinical criteria

- Gastroesophageal Reflux Disease (GERD)**
- 293 For the treatment of erosive GERD or upper GI malignancy;
OR
For the treatment of non-erosive GERD after failure of H2-receptor antagonist therapy.
- Patients with GERD should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation of need for PPI with endoscopy, a trial of PPI withdrawal, or stepdown therapy to H2-receptor antagonist therapy.
- Note:** There is a lack of published evidence to support double-dose PPI therapy in this setting.
- LU Authorization Period: 1 Year.
- H. pylori-positive Peptic Ulcers**
- 295 For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, urea breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Retreatment of H. pylori-positive peptic ulcers must be documented by persistent H. pylori infection on urea breath test or endoscopy.
- Maximum duration: 7 days (for retreatment, a four-week period must elapse since the end of the previous treatment).
- LU Authorization Period: 1 Year.
- Confirmed Peptic Ulcers or NSAID-induced Ulcer Prophylaxis:**
- 297 For the treatment of confirmed peptic ulcers and NSAID-induced ulcers;
OR
For the prophylaxis of NSAID-induced ulcers for patients at increased risk of GI bleeding.
- Note:** There is a lack of published evidence to support double-dose PPI therapy in this setting.
- LU Authorization Period: 1 Year.
- Other Gastrointestinal Disorders**
- 401 For the treatment of gastroduodenal Crohn's disease, short-gut syndrome, scleroderma, or pancreatitis.
- Note:** There is a lack of published evidence to support double-dose PPI therapy in this setting.
- LU Authorization Period: 1 Year.

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PANTOPRAZOLE SODIUM (cont'd)

Reason for
Use code

Clinical criteria

402

Severe Conditions:

For the treatment of severe esophagitis, Zollinger-Ellison syndrome, esophageal stricture, persistent symptoms of GERD or persistent erosive esophagitis, or upon hospital discharge following a gastrointestinal bleed.

For patients receiving double-dose therapy, the need to continue treatment at higher doses should be reassessed after eight weeks. For re-treatment at higher doses, a four-week period should have elapsed from the end of the previous treatment. Reassessment could include a procedural assessment of the condition or step-down therapy to lower-dose proton pump inhibitor (PPI) therapy.

LU Authorization Period: 1 Year.

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.

LU Authorization Period: Indefinite.

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.

LU Authorization Period: 1 Year.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

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.

LU Authorization Period: Indefinite.

PIMECROLIMUS

1%

Cr

02247238

Elidel

Reason for
Use code

Clinical criteria

383

For use in combination with moisturizers or oral antihistamines in patients with atopic dermatitis who have failed or are intolerant to an 8 week trial of an intermediate potency topical steroid.

Therapy should be reassessed at 6 months.

LU Authorization Period: 1 Year.

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.

LU Authorization Period: Indefinite.

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.

LU Authorization Period: Indefinite.

RALOXIFENE HCL

60mg

Tab

02239028 Evista

Reason for
Use code

Clinical criteria

373

For the treatment of osteoporosis in postmenopausal women who have:

Failed **or**, experienced intractable side effects, or have a contraindication to, alendronate **OR** risedronate.

Failure is defined as: continued loss of bone mineral density (loss of more than 3%) after two years of therapy; **or** a new osteoporosis related fracture after one year of therapy.

LU Authorization Period: Indefinite.

RIFABUTIN

150mg

Cap

02063786 Mycobutin

Reason for
Use code

Clinical criteria

103

For the prevention of Mycobacterium Avium Intracellular (MAI) in:

Patients with a CD4+ cell count less than 200/mm3 with an AIDS-defining diagnosis.

LU Authorization Period: 1 Year.

OR

104

Patients with a CD4+ cell count less than 100/mm3 without an AIDS-defining diagnosis.

LU Authorization Period: 1 Year.

RISEDRONATE SODIUM

5mg

Tab

02242518 Actonel

Reason for
Use code

Clinical criteria

369

For the treatment of osteoporosis in patients who have:

Two out of the following three criteria: BMD at least 3.0 standard deviations below the young adult mean, age of 75 or greater, prior osteoporosis-related fracture.

LU Authorization Period: Indefinite.

OR

370

Failed* **or**, experienced intractable side effects, **or** have a contraindication to, cyclical etidronate (Didrocal) therapy.

*Failure is defined as: continued loss of bone mineral density (loss of more than 3%) after two years of therapy; **or** a new osteoporosis related fracture after one year of therapy.

LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

RISEDRONATE SODIUM

30mg

Tab

02239146 Actonel

Reason for
Use code

Clinical criteria

319

For the treatment of Paget's disease.

LU Authorization Period: Indefinite.

RISEDRONATE SODIUM

35mg

Tab

02246896 Actonel

Reason for
Use code

Clinical criteria

369

For the treatment of osteoporosis in patients who have:

Two out of the following three criteria: BMD at least 3.0 standard deviations below the young adult mean, age of 75 or greater, prior osteoporosis-related fracture.

LU Authorization Period: Indefinite.

OR

370

Failed* **or**, experienced intractable side effects, **or** have a contraindication to, cyclical etidronate (Didrocal) therapy.

*Failure is defined as: continued loss of bone mineral density (loss of more than 3%) after two years of therapy; **or** a new osteoporosis related fracture after one year of therapy.

LU Authorization Period: Indefinite.

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

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.

LU Authorization Period: 1 Year.

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.

LU Authorization Period: 1 Year.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

SALBUTAMOL 1mg/mL	Inh Sol-2.5mL Pk	01926934	Gen-Salbutamol Sterinebs P.F.
		01986864	Ratio-Salbutamol Respirator Sol P.F.
		02208229	PMS-Salbutamol
		02213419	Ventolin Nebules P.F.
		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; LU Authorization Period: Indefinite.
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; LU Authorization Period: Indefinite.
267	Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have severe mental or physical disabilities; LU Authorization Period: Indefinite.
268	Patients who have previously used nebulizer therapy within the last 12 month period. LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

SALBUTAMOL

5mg/mL

Inh Sol-10mL Pk

00860808 Ratio-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;
LU Authorization Period: Indefinite.

257

Patients with cystic fibrosis in whom nebulizer therapy is indicated;
LU Authorization Period: Indefinite.

258

Patients with severe mental or physical disabilities;
LU Authorization Period: Indefinite.

259

Patients who have previously used nebulizer therapy within the last 12 month period.
LU Authorization Period: Indefinite.

SALMETEROL XINAFOATE

50mcg/Blister

Diskhaler-60 Disk Pk

02214261 SereVent Diskhaler Disks

25mcg/Metered Dose

Inh-120 Dose Pk

02211742 SereVent

50mcg

Pd Inh-60 Dose Pk

02231129 SereVent Diskus

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.

LU Authorization Period: Indefinite.

391

For patients with moderate to severe COPD with persistent respiratory symptoms despite an adequate trial of, or an intolerance to, a regularly scheduled short-acting bronchodilator AND a long-acting anticholinergic.

LU Authorization Period: Indefinite.

SALMETEROL XINAFOATE & FLUTICASONE PROPIONATE

25/125mcg/Metered Dose	Inh-120 Dose Pk	02245126	Advair 125
25/250mcg/Metered Dose	Inh-120 Dose Pk	02245127	Advair 250
50/100mcg	Inh-60 Dose Pk	02240835	Advair Diskus
50/250mcg	Inh-60 Dose Pk	02240836	Advair Diskus
50/500mcg	Inh-60 Dose Pk	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.

LU Authorization Period: Indefinite.

SIROLIMUS

1mg/mL	O/L	02243237	Rapamune
1mg	Tab	02247111	Rapamune

Reason for
Use code

Clinical criteria

392

For the prophylaxis of organ rejection in patients receiving allogeneic renal transplants.

LU Authorization Period: Indefinite.

SODIUM FLUORIDE

20mg	Tab	02099225	Fluotic

Reason for
Use code

Clinical criteria

20

For the treatment of otosclerosis.

LU Authorization Period: Indefinite.

21

For the treatment of otospongiosis.

LU Authorization Period: Indefinite.

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 *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.

LU Authorization Period: 1 Year.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

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. LU Authorization Period: Indefinite.

TACROLIMUS

0.03%	Oint	02244149	Protopic
0.1%	Oint	02244148	Protopic

Reason for Use code	Clinical criteria
383	For use in combination with moisturizers or oral antihistamines in patients with atopic dermatitis who have failed or are intolerant to an 8 week trial of an intermediate potency topical steroid. Therapy should be reassessed at 6 months. LU Authorization Period: 1 year.

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. LU Authorization Period: Indefinite.
352	For the management of benign prostatic hyperplasia where other formulary alpha blockers have produced intolerable side effects. LU Authorization Period: Indefinite.

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. LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

TESTOSTERONE

1% 2.5g	Foil Packet	02245345	AndroGel
1% 5.0g	Foil Packet	02245346	AndroGel
12.2mg	Transdermal Patch	02239653	Androderm

Reason for Use code	Clinical criteria
397	For male patients with confirmed low morning serum testosterone levels associated with documented, symptomatic hypothalamic, pituitary or testicular disease, or in HIV-infected patients. NOTE: Older males with nonspecific symptoms of fatigue, malaise, depression who have a low normal random testosterone level do not satisfy these criteria. LU Authorization Period: 1 year.

THYROTROPIN ALFA

0.9mg/mL	Inj Pd-2x1.1mg Vial Pk	02246016	Thyrogen

Reason for Use Code	Clinical criteria
368	For use in the monitoring of patients with well-differentiated thyroid cancer. LU Authorization Period: Indefinite.

TICLOPIDINE HCL

250mg

Tab

02162776 Ticlid
02236848 Novo-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;
LU Authorization Period: Indefinite.
- 220 Where ASA is contraindicated;
LU Authorization Period: Indefinite.
- 221 Who continue to have TIA or stroke symptoms while being treated with ASA.
LU Authorization Period: Indefinite.

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 *maximum of three weeks*;

LU Authorization Period: 1 Year.

187

For DVT in pregnant or lactating females;

LU Authorization Period: 1 Year.

188

For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated;

LU Authorization Period: 1 Year.

189

For DVT in patients who have failed treatment with warfarin.

LU Authorization Period: 1 Year.

323

For the acute treatment of pulmonary embolism, for a *maximum of three weeks*.

LU Authorization Period: 1 Year.

TOLTERODINE L-TARTRATE

2mg	SR Cap	02244612	Detrol LA
4mg	SR Cap	02244613	Detrol LA
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

An **adequate trial** of oxybutynin with **gradual dose**

escalation has been shown to be either ineffective or resulted in unacceptable side effects.

Note: If after a trial of 2 weeks patients continue to experience similar side effects and no greater efficacy than oxybutynin, continued therapy with this more costly agent should be reassessed.

LU Authorization Period: Indefinite.

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. LU Authorization Period: Indefinite.

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. LU Authorization Period: Indefinite.

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; LU Authorization Period: Indefinite.
172	As a second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents. LU Authorization Period: Indefinite.
387	For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective. LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

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. LU Authorization Period: 1 year.

URSODIOL

250mg	Tab	02238984	Urso

Reason for Use code	Clinical criteria
273	For the treatment of primary biliary cirrhosis. LU Authorization Period: Indefinite.

URSODIOL

500mg	Tab	02245894	Urso DS

Reason for Use code	Clinical criteria
273	For the treatment of primary biliary cirrhosis. LU Authorization Period: Indefinite.
386	For the treatment of primary sclerosing cholangitis. LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

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.

LU Authorization Period: 1 year.

VALGANCICLOVIR

450mg

Tab

02245777 Valcyte

Reason for
Use Code

Clinical criteria

374

For the treatment of CMV retinitis in patients with AIDS.

LU Authorization Period: 1 year.

VIGABATRIN

500mg

Tab

02065819 Sabril

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.

LU Authorization Period: Indefinite.

VORICONAZOLE

50mg

Tab

02256460 Vfend

200mg

Tab

02256479 Vfend

Reason for
Use code

Clinical criteria

399

Outpatient continuation of treatment for documented invasive aspergillosis in patients who have demonstrated a clinical response to either oral or parenteral voriconazole.

Note: Limited to 3 months of reimbursement

LU Authorization Period: 1 year.

