UPDATE A
Ontario Drug Benefit
Formulary/Comparative Drug Index
No. 39
Effective January 12, 2006

SUMMARY OF CHANGES

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New Single Source Drug(s)

The following product(s) have been added to Part III of Edition No. 39 of the Drug Benefit Formulary/Comparative Drug Index, effective January 12, 2006:

DIN	PRODUCT	GENERIC NAME	MFR	DBP
02248472	BenzaClin 1% & 5% Top Gel	CLINDAMYCIN PHOSPHATE & BENZOYL PEROXIDE	DER	0.8540
02264560	Myfortic 180mg Ent Coated Tab	MYCOPHENOLATE SODIUM	NOV	1.9585
02264579	Myfortic 360mg Ent Coated Tab	MYCOPHENOLATE SODIUM	NOV	3.9170

Reason for Use Code	Clinical Criteria
392	For the prophylaxis of organ rejection in patients receiving allogeneic renal transplants. LU Authorization Period: Indefinite.

DIN	PRODUCT	GENERIC NAME	MFR	DBP
02266717	Reminyl ER 8mg ER Cap	GALANTAMINE HYDROBROMIDE	JNO	4.5900
02266725	Reminyl ER 16mg ER Cap	GALANTAMINE HYDROBROMIDE	JNO	4.5900
02266733	Reminyl ER 24mg ER Cap	GALANTAMINE HYDROBROMIDE	JNO	4.5900

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.

DIN	PRODUCT	GENERIC NAME	MFR	DBP
02261545	Telzir 700mg Tab	FOSAMPRENAVIR CALCIUM	GSK	7.7646

New Multi-Source Drug(s)

The following product(s) have been added to Part III of Edition No. 39 of the Drug Benefit Formulary/Comparative Drug Index, on effective date(s) as indicated below :

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP

Effective August 19, 2005

02258110	Co-Alendronate	70mg	Tab	COB	5.5755
02261715	Novo-Alendronate (Interchangeable with Fosamax)	70mg	Tab	NOP	5.5755

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	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.

02267470	Novo-Bisoprolol	5mg	Tab	NOP	0.2205
02267489	Novo-Bisoprolol (Interchangeable with Monocor)	10mg	Tab	NOP	0.3654

Effective September 16, 2005

02246083	Apo-Ipravent (Interchangeable with Atrovent)	0.03%	Nasal Spray	APX	0.5846

Reason for Use Code	Clinical Criteria
3	For the treatment of non-allergic vasomotor rhinitis LU Authorization Period: 1 year.

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02265273	Novo-Warfarin	1mg	Tab	NOP	0.1782
02265281	Novo-Warfarin	2mg	Tab	NOP	0.1885
02265303	Novo-Warfarin	2.5mg	Tab	NOP	0.1509
02265311	Novo-Warfarin	3mg	Tab	NOP	0.2337
02265338	Novo-Warfarin	4mg	Tab	NOP	0.2337
02265346	Novo-Warfarin	5mg	Tab	NOP	0.1512
	(Interchangeable with Coumadin)				
02245456	Sodium Aurothiomalate	10mg/mL	Inj Sol-1mL Pk	SIL	6.3093
02245457	Sodium Aurothiomalate	25mg/mL	Inj Sol-1mL Pk	SIL	7.6557
02245458	Sodium Aurothiomalate	50mg/mL	Inj Sol-1mL Pk	SIL	11.8907
	(Interchangeable with Myochrysine)				

Manufacturer Requested Discontinued Drug(s)

The following product(s) have been revised in Part III of Edition No. 39 of the Drug Benefit Formulary/Comparative Drug Index, effective January 12, 2006. Please note that these discontinued products will remain on the formulary until the current stock is depleted:

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
02220385	10-Benzagel	10%	Gel	DER
00016578	Aldomet	250mg	Tab	MSD
01919636	Ancef	500mg	Inj Pd-Vial Pk	SMJ
02017539	Aralen	250mg	Tab	SAO
02154854	DTIC		Inj Pd-200mg Pk	BAH
00016497	Edecrin	50mg	Tab	MSD
00583782	EES-600	600mg	Tab	ABB
00646148	Humulin L Lente	1000U/10mL	Inj Susp-10mL Pk	LIL
00733075	Humulin-U Ultralente	1000U/10mL	Inj Susp-10mL Pk	LIL
02017601	Hytakerol	0.125mg	Cap	SAO
00514551	Iletin II NPH	1000U/10mL	Inj Susp-10mL Pk	LIL
00513644	Iletin II Regular	1000U/10mL	Inj Sol-10mL Pk	LIL
00261238	Intal Spincaps	20mg/Cart	Pd Inh	AVE
00322288	Kefzol	500mg	Inj Pd-Vial Pk	LIL
00322296	Kefzol	1000mg	Inj Pd-Vial Pk	LIL
00643025	Noroxin	400mg	Tab	MSD
00865621	Nu-Naprox	125mg	Tab	NXP
02217015	Roferon-A	3mu/Vial	Inj Sol-1mL Pk	HLR
02217066	Roferon-A	18mu/Vial	Inj Sol-3mL Pk	HLR
01911996	Roferon-A	9mu/Vial	Pd for Inj	HLR
01912003	Roferon-A	18mu/Vial	Pd for Inj	HLR
00509353	Timolide	10mg & 25mg	Tab	FRS

Delisted Drug(s)

The following product(s) have been removed from Part III of Edition No. 39 of the Drug Benefit Formulary/Comparative Drug Index, effective January 12, 2006:

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
00312789	Apo-Phenylbutazone	100mg	Tab	APX
00027359	Mellaril	30mg/mL	O/L	SAN
00021660	Novo-Butazone	100mg	Tab	NOP
00775320	PMS-Thioridazine	30mg/mL	O/L	PMS

Future Delisted Drug(s)

The following product(s) will be removed from Part III of Edition No. 39 of the Drug Benefit Formulary/Comparative Drug Index, effective March 1, 2006:

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
02231509	Climara 50	50mcg/day	Transdermal Patch	BEX
02231510	Climara 100	100mcg/day	Transdermal Patch	BEX
02241835	Estalis Transdermal Pad 140/50mcg	2.7mg/0.62mg	Patch	NOV
02241837	Estalis Transdermal Pad 250/50mcg	4.8mg/0.51mg	Patch	NOV
02243529	Estalis-Sequi 140/50	4.33mg plus 2.7mg/0.62mg	Trans Patch - 28 Day Pk	NOV
02243530	Estalis-Sequi 250/50	4.33mg plus 4.8mg/0.51mg	Trans Patch - 28 Day Pk	NOV
02108186	Estracomb	250/50	Transdermal Patch	NOV
00756849	Estraderm	25ug	Patch	NOV
00756857	Estraderm	50ug	Patch	NOV
00756792	Estraderm	100ug	Patch	NOV
02243999	Estradot	37.5mcg	Patch	NOV
02244000	Estradot	50mcg	Patch	NOV
02244001	Estradot	75mcg	Patch	NOV
02244002	Estradot	100mcg	Patch	NOV
02238704	Estrogel	0.06%	Metered Dose Pump-Pk	SCH
02237808	Oesclim	50mcg	Patch	FOU
02246967	Rhoxal-Estradiol Derm - 50	50mcg/day	Patch	RHO
02246968	Rhoxal-Estradiol Derm - 75	75mcg/day	Patch	RHO
02246969	Rhoxal-Estradiol Derm - 100	100mcg/day	Patch	RHO
02204428	Vivelle	50mcg/day	Patch	NOV
02204436	Vivelle	75mcg/day	Patch	NOV
02204444	Vivelle	100mcg/day	Patch	NOV

New Drug Identification Number(s)

The following product(s) have been revised in Part III of Edition No. 39 of the Drug Benefit Formulary/Comparative Drug Index, effective January 12, 2006:

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
02243724	Oesclim	50mcg	Patch	FOU

New Drug Benefit Price(s)

The following product(s) have been revised in Part III of Edition No. 39 of the Drug Benefit Formulary/Comparative Drug Index, effective January 12, 2006:

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02248730	Apo-Alendronate	70mg	Tab	APX	5.5755
02239627	PMS-Ipratropium	0.03%	Nasal Spray	PMS	0.5846
02244769	PMS-Mometasone	0.1%	Oint	PMS	0.3492
02243026	Ratio-Brimonidine	0.2%	Oph Sol	RPH	2.0790
02248130	Ratio-Mometasone	0.1%	Oint	RPH	0.3492
02241472	Tamiflu	75mg	Cap	HLR	3.9000

New Manufacturer Name(s)

The following product(s) have been revised in Part III of Edition No. 39 of the Drug Benefit Formulary/Comparative Drug Index, effective January 12, 2006:

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
01919385	Abenol	120mg	Sup	PEN
01919393	Abenol	325mg	Sup	PEN
01919407	Abenol	650mg	Sup	PEN
00854409	Acilac	666.7mg/mL	O/L	RPH
02242656	Alti-Cefuroxime	250mg	Tab	RPH
02242657	Alti-Cefuroxime	500mg	Tab	RPH
02239366	Alti-Salbutamol Sulphate	2mg/mL	Inh Sol- 2.5mL Pk	RPH
02246714	Amcort	0.1%	Cr	TPH
00330566	Anafranil	10mg	Tab	ORY
00324019	Anafranil	25mg	Tab	ORY
00402591	Anafranil	50mg	Tab	ORY
00723754	Apresoline	20mg/mL	Inj Sol-1mL Pk	STE
00005533	Apresoline	25mg	Tab	STE
01926683	Cerubidine		Inj Pd-20mg Pk	ERF
02086018	Colace	4mg/mL	O/L	WEL
02090163	Colace	10mg/mL	O/L	WEL
00225851	Dalacin C	15mg/mL	O/L	PFI
02213265	Dermovate	0.05%	Cr	TPH
02213273	Dermovate	0.05%	Oint	TPH
02213281	Dermovate	0.05%	Scalp Lot	TPH
02126176	Endo Levodopa/Carbid	100mg & 10mg	Tab	RPH
02126168	Endo Levodopa/Carbid	100mg & 25mg	Tab	RPH
02126184	Endo Levodopa/Carbid	250mg & 25mg	Tab	RPH
01931563	Gastrolyte		Oral Pd-1 Sach Pk	SAV
02242984	Hydroval	0.2%	Cr	TPH
02242985	Hydroval	0.2%	Oint	TPH
02245662	Ketoderm	2%	Cr	TPH
02089580	K-Lyte/Cl	25mEq/Pouch	Oral Pd-7.8g Pk	WEL
01926780	Neuleptil	5mg	Cap	ERF
01926772	Neuleptil	10mg	Cap	ERF
01926756	Neuleptil	10mg/mL	O/L	ERF
02194236	Nilstat	100000U/g	Cr	RPH
02194228	Nilstat	100000U/g	Oint	RPH
02194163	Nilstat	100000U/g	Vag Cr	RPH
02194171	Nilstat	100000U	Vag Tab	RPH
02237808	Oesclim	50mcg	Patch	PAL
00700401	Ophtho-Tate	1%	Oph Susp	RPH
01927744	Parsitan	50mg	Tab	ERF
02123320	Permax	0.05mg	Tab	SBI
02123339	Permax	0.25mg	Tab	SBI
02123347	Permax	1mg	Tab	SBI
00004723	Purinethol	50mg	Tab	NOP
00828823	Ranitidine	150mg	Tab	RPH
00828688	Ranitidine	300mg	Tab	RPH
00604453	Restoril	15mg	Cap	ORY
00604461	Restoril	30mg	Cap	ORY

02231731	Rho-Atenolol	50mg	Tab	RHO
02231733	Rho-Atenolol	100mg	Tab	RHO
02154412	Rho-Salbutamol	5mg/mL	Inh Sol-10mL Pk	RHO
00685925	Sulfasalazine	500mg	Ent Tab	RPH
00685933	Sulfasalazine	500mg	Tab	RPH
02237824	Wellbutrin SR	100mg	Tab	BIO
02237825	Wellbutrin SR	150mg	Tab	BIO
02231493	Xalatan	0.005%	Oph Sol-2.5mL Pk	PFI

Limited Use Change(s)

The following product(s) have been revised in Part III of Edition 39 of the Drug Benefit Formulary/Comparative Drug Index, effective January 12, 2006:

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02256460	Vfend	50mg	Tab	PFI	11.8800
02256479	Vfend	200mg	Tab	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. * The first prescription must be written by a physician based at the hospital where the patient was hospitalized. Note: Limited to 3 months of reimbursement. LU Authorization Period: 1 year.

Future Status Change(s) from General Benefit to Limited Use

The following product(s) will be revised in Part III of Edition No. 39 of the Drug Benefit Formulary/Comparative Drug Index, effective March 1, 2006:

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
00782327	Andriol	40mg	Cap	ORG

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.

00265470	C.E.S.	0.625mg	Tab	ICN
00265489	C.E.S.	1.25mg	Tab	ICN

Reason for Use Code	Clinical Criteria
398	For short-term use in women who are experiencing symptoms of menopause. Note: Recent evidence has demonstrated that use of hormone replacement therapy (HRT) increases the rate of coronary events, breast cancer, dementia, stroke, venous thromboembolism and referrals for abnormal vaginal bleeding. These risks should be discussed with patients and reviewed periodically. LU Authorization Period: 1 year.

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

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.

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

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.

02089769	Ogen 1.25	1.5mg	Tab	UPJ
02089777	Ogen 2.5	3mg	Tab	UPJ

Reason for Use Code	Clinical Criteria
398	For short-term use in women who are experiencing symptoms of menopause. Note: Recent evidence has demonstrated that use of hormone replacement therapy (HRT) increases the rate of coronary events, breast cancer, dementia, stroke, venous thromboembolism and referrals for abnormal vaginal bleeding. These risks should be discussed with patients and reviewed periodically. LU Authorization Period: 1 year.

02043394	Premarin	0.3mg	Tab	WAY
02043408	Premarin	0.625mg	Tab	WAY
02043424	Premarin	1.25mg	Tab	WAY

Reason for Use Code	Clinical Criteria
398	For short-term use in women who are experiencing symptoms of menopause. Note: Recent evidence has demonstrated that use of hormone replacement therapy (HRT) increases the rate of coronary events, breast cancer, dementia, stroke, venous thromboembolism and referrals for abnormal vaginal bleeding. These risks should be discussed with patients and reviewed periodically. LU Authorization Period: 1 year.

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

Reason for Use Code	Clinical Criteria
398	For short-term use in women who are experiencing symptoms of menopause. Note: Recent evidence has demonstrated that use of hormone replacement therapy (HRT) increases the rate of coronary events, breast cancer, dementia, stroke, venous thromboembolism and referrals for abnormal vaginal bleeding. These risks should be discussed with patients and reviewed periodically. LU Authorization Period: 1 year.

Trade Name Change(s)

The following product(s) have been revised in Part III of Edition No. 39 of the Drug Benefit Formulary/Comparative Drug Index, effective January 12, 2006:

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
00225851	Dalacin C Flavoured Granules	15mg/mL	Pd for Oral Susp	UPJ
02242656	Ratio-Cefuroxime	250mg	Tab	ALT
02242657	Ratio-Cefuroxime	500mg	Tab	ALT
00854409	Ratio-Lactulose	666.7mg/mL	O/L	TCH
02126176	Ratio-Levodopa/Carbidopa	100mg & 10mg	Tab	DUP
02126168	Ratio-Levodopa/Carbidopa	100mg & 25mg	Tab	DUP
02126184	Ratio-Levodopa/Carbidopa	250mg & 25mg	Tab	DUP
02194236	Ratio-Nystatin	100000U/g	Cr	TCH
02194228	Ratio-Nystatin	100000U/g	Oint	TCH
02194163	Ratio-Nystatin	100000U/g	Vag Cr	TCH
02194171	Ratio-Nystatin	100000U	Vag Tab	TCH
00700401	Ratio-Prednisolone	1%	Oph Susp	KNR
00828823	Ratio-Ranitidine	150mg	Tab	KNR
00828688	Ratio-Ranitidine	300mg	Tab	KNR
02239366	Ratio-Salbutamol	2mg/mL	Inh Sol- 2.5mL Pk	ALT
00685933	Ratio-Sulfasalazine	500mg	Tab	KNR
00685925	Ratio-Sulfasalazine EN	500mg	Ent Tab	KNR
02231731	Rhoxal-Atenolol	50mg	Tab	RHP
02231733	Rhoxal-Atenolol	100mg	Tab	RHP
02154412	Rhoxal-Salbutamol	5mg/mL	Inh Sol-10mL Pk	RHP

Change(s) to Nutrition Product(s)

The following product(s) have been added/revised in Part IX of Edition No. 39 of the Drug Benefit Formulary/Comparative Drug Index, effective January 12, 2006:

PIN		PRODUCT	MFR	COST/ PKG	AMT MOH PAYS	AMT PATIENT PAYS
E. PEDIATRIC FORMULA, COMPLETE POLYMERIC, 2. FIBRE CONTAINING						
09857173	+	Compleat Pediatric 1kcal/mL Liq-250mL Pk	NON	2.5920	2.5920	0.0000
H. PEDIATRIC FORMULA, OTHERS,						
09857172	+	Enfamil EnfaCare A+ 22kcal/30mL Powder for Liq-363g Pk	MJS	15.2928	15.2928	0.0000

CONSOLIDATED INDEX

PRODUCT, STRENGTH & DOSAGE FORM	DIN	MFR	UPDATE	PAGE NO.
Estalis Transdermal Pad 140/50mcg 2.7mg/0.62mg Patch	02241835	NOV	A	7
Estalis Transdermal Pad 250/50mcg 4.8mg/0.51mg Patch	02241837	NOV	A	7
Estalis-Sequi 140/50 4.33mg plus 2.7mg/0.62mg Trans Patch - 28 Day Pk	02243529	NOV	A	7
Estalis-Sequi 250/50 4.33mg plus 4.8mg/0.51mg Trans Patch - 28 Day Pk	02243530	NOV	A	7
Estracomb 250/50 Transdermal Patch	02108186	NOV	A	7
Estraderm 25ug Patch	00756849	NOV	A	7
Estraderm 50ug Patch	00756857	NOV	A	7
Estraderm 100ug Patch	00756792	NOV	A	7
Estradot 37.5mcg Patch	02243999	NOV	A	7
Estradot 50mcg Patch	02244000	NOV	A	7
Estradot 75mcg Patch	02244001	NOV	A	7
Estradot 100mcg Patch	02244002	NOV	A	7
Estrogel 0.06% Metered Dose Pump-Pk	02238704	SCH	A	7
FOSAMPRENAVIR CALCIUM			A	2
GALANTAMINE HYDROBROMIDE			A	2
Gastrolyte Oral Pd-1 Sach Pk	01931563	SAV	A	10
Humulin L Lente 1000U/10mL Inj Susp-10mL Pk	00646148	LIL	A	5
Humulin-U Ultralente 1000U/10mL Inj Susp-10mL Pk	00733075	LIL	A	5
Hydroval 0.2% Cr	02242984	TPH	A	10
Hydroval 0.2% Oint	02242985	TPH	A	10
Hytakerol 0.125mg Cap	02017601	SAO	A	5
Iletin II NPH 1000U/10mL Inj Susp-10mL Pk	00514551	LIL	A	5
Iletin II Regular 1000U/10mL Inj Sol-10mL Pk	00513644	LIL	A	5
Intal Spincaps 20mg/Cart Pd Inh	00261238	AVE	A	5
IPRATROPIUM BROMIDE			A	3
Kefzol 500mg Inj Pd-Vial Pk	00322288	LIL	A	5
Kefzol 1000mg Inj Pd-Vial Pk	00322296	LIL	A	5
Ketoderm 2% Cr	02245662	TPH	A	10
K-Lyte/Cl 25mEq/Pouch Oral Pd-7.8g Pk	02089580	WEL	A	10
Mellaril 30mg/mL O/L	00027359	SAN	A	6
MYCOPHENOLATE SODIUM			A	2
Myfortic 180mg Ent Coated Tab	02264560	NOV	A	2
Myfortic 360mg Ent Coated Tab	02264579	NOV	A	2
Neuleptil 5mg Cap	01926780	ERF	A	10
Neuleptil 10mg Cap	01926772	ERF	A	10
Neuleptil 10mg/mL O/L	01926756	ERF	A	10
Nilstat 100000U/g Cr	02194236	RPH	A	10
Nilstat 100000U/g Oint	02194228	RPH	A	10
Nilstat 100000U/g Vag Cr	02194163	RPH	A	10
Nilstat 100000U Vag Tab	02194171	RPH	A	10
Noroxin 400mg Tab	00643025	MSD	A	5
Novo-Alendronate 70mg Tab	02261715	NOP	A	3
Novo-Bisoprolol 5mg Tab	02267470	NOP	A	3
Novo-Bisoprolol 10mg Tab	02267489	NOP	A	3
Novo-Butazone 100mg Tab	00021660	NOP	A	6
Novo-Warfarin 1mg Tab	02265273	NOP	A	4
Novo-Warfarin 2mg Tab	02265281	NOP	A	4
Novo-Warfarin 2.5mg Tab	02265303	NOP	A	4
Novo-Warfarin 3mg Tab	02265311	NOP	A	4

PRODUCT, STRENGTH & DOSAGE FORM	DIN	MFR	UPDATE	PAGE NO.
Novo-Warfarin 4mg Tab	02265338	NOP	A	4
Novo-Warfarin 5mg Tab	02265346	NOP	A	4
Nu-Naprox 125mg Tab	00865621	NXP	A	5
Oesclim 50mcg Patch	02237808	FOU	A	7
	02243724	FOU	A	8
	02237808	PAL	A	10
Ogen 1.25 1.5mg Tab	02089769	UPJ	A	14
Ogen 2.5 3mg Tab	02089777	UPJ	A	14
Ophtho-Tate 1% Oph Susp	00700401	RPH	A	10
Parsitan 50mg Tab	01927744	ERF	A	10
Permax 0.05mg Tab	02123320	SBI	A	10
Permax 0.25mg Tab	02123339	SBI	A	10
Permax 1mg Tab	02123347	SBI	A	10
PMS-Ipratropium 0.03% Nasal Spray	02239627	PMS	A	9
PMS-Mometasone 0.1% Oint	02244769	PMS	A	9
PMS-Thioridazine 30mg/mL O/L	00775320	PMS	A	6
Premarin 0.3mg Tab	02043394	WAY	A	15
Premarin 0.625mg Tab	02043408	WAY	A	15
Premarin 1.25mg Tab	02043424	WAY	A	15
Premplus 0.625mg/2.5mg Tab-28 Day Pk	02242878	WAY	A	15
Premplus 0.625mg/5mg Tab-28 Day Pk	02242879	WAY	A	15
Purinethol 50mg Tab	00004723	NOP	A	10
Ranitidine 150mg Tab	00828823	RPH	A	10
Ranitidine 300mg Tab	00828688	RPH	A	10
Ratio-Brimonidine 0.2% Oph Sol	02243026	RPH	A	9
Ratio-Cefuroxime 250mg Tab	02242656	ALT	A	16
Ratio-Cefuroxime 500mg Tab	02242657	ALT	A	16
Ratio-Lactulose 666.7mg/mL O/L	00854409	TCH	A	16
Ratio-Levodopa/Carbidopa 100mg & 10mg Tab	02126176	DUP	A	16
Ratio-Levodopa/Carbidopa 100mg & 25mg Tab	02126168	DUP	A	16
Ratio-Levodopa/Carbidopa 250mg & 25mg Tab	02126184	DUP	A	16
Ratio-Mometasone 0.1% Oint	02248130	RPH	A	9
Ratio-Nystatin 100000U/g Cr	02194236	TCH	A	16
Ratio-Nystatin 100000U/g Oint	02194228	TCH	A	16
Ratio-Nystatin 100000U/g Vag Cr	02194163	TCH	A	16
Ratio-Nystatin 100000U Vag Tab	02194171	TCH	A	16
Ratio-Prednisolone 1% Oph Susp	00700401	KNR	A	16
Ratio-Ranitidine 150mg Tab	00828823	KNR	A	16
Ratio-Ranitidine 300mg Tab	00828688	KNR	A	16
Ratio-Salbutamol 2mg/mL Inh Sol- 2.5mL Pk	02239366	ALT	A	16
Ratio-Sulfasalazine 500mg Tab	00685933	KNR	A	16
Ratio-Sulfasalazine EN 500mg Ent Tab	00685925	KNR	A	16
Reminyl ER 8mg ER Cap	02266717	JNO	A	2
Reminyl ER 16mg ER Cap	02266725	JNO	A	2
Reminyl ER 24mg ER Cap	02266733	JNO	A	2
Restoril 15mg Cap	00604453	ORY	A	10
Restoril 30mg Cap	00604461	ORY	A	10
Rho-Atenolol 50mg Tab	02231731	RHO	A	11
Rho-Atenolol 100mg Tab	02231733	RHO	A	11
Rho-Salbutamol 5mg/mL Inh Sol-10mL Pk	02154412	RHO	A	11
Rhoxal-Atenolol 50mg Tab	02231731	RHP	A	16
Rhoxal-Atenolol 100mg Tab	02231733	RHP	A	16
Rhoxal-Estradiol Derm - 50 50mcg/day Patch	02246967	RHO	A	7

PRODUCT, STRENGTH & DOSAGE FORM	DIN	MFR	UPDATE	PAGE NO.
Rhoxal-Estradiol Derm - 75 75mcg/day Patch	02246968	RHO	A	7
Rhoxal-Estradiol Derm - 100 100mcg/day Patch	02246969	RHO	A	7
Rhoxal-Salbutamol 5mg/mL Inh Sol-10mL Pk	02154412	RHP	A	16
Roferon-A 3mu/Vial Inj Sol-1mL Pk	02217015	HLR	A	5
Roferon-A 18mu/Vial Inj Sol-3mL Pk	02217066	HLR	A	5
Roferon-A 9mu/Vial Pd for Inj	01911996	HLR	A	5
Roferon-A 18mu/Vial Pd for Inj	01912003	HLR	A	5
SODIUM AUROTHIOMALATE			A	4
Sodium Aurothiomalate 10mg/mL Inj Sol-1mL Pk	02245456	SIL	A	4
Sodium Aurothiomalate 25mg/mL Inj Sol-1mL Pk	02245457	SIL	A	4
Sodium Aurothiomalate 50mg/mL Inj Sol-1mL Pk	02245458	SIL	A	4
Sulfasalazine 500mg Ent Tab	00685925	RPH	A	11
Sulfasalazine 500mg Tab	00685933	RPH	A	11
Tamiflu 75mg Cap	02241472	HLR	A	9
Telzir 700mg Tab	02261545	GSK	A	2
Timolide 10mg & 25mg Tab	00509353	FRS	A	5
Vfend 50mg Tab	02256460	PFI	A	12
Vfend 200mg Tab	02256479	PFI	A	12
Vivelle 50mcg/day Patch	02204428	NOV	A	7
Vivelle 75mcg/day Patch	02204436	NOV	A	7
Vivelle 100mcg/day Patch	02204444	NOV	A	7
WARFARIN			A	4
Wellbutrin SR 100mg Tab	02237824	BIO	A	11
Wellbutrin SR 150mg Tab	02237825	BIO	A	11
Xalatan 0.005% Oph Sol-2.5mL Pk	02231493	PFI	A	11