

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

No. 41

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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 Ontario Drug Benefit (ODB) recipients. The Formulary/CDI was developed in consultation with the Ministry of Health and Long-Term Care's (the "ministry") expert drug advisory committee, the Committee to Evaluate Drugs (CED) [formerly known as the Drug Quality and Therapeutics Committee]. For many years, the Formulary/CDI has set the provincial standard for quality, therapeutic value and interchangeability of drug products. The ministry 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 under the Health Care Provider Section of the ministry's website at: www.health.gov.on.ca.

1. Purpose

The Formulary/CDI serves as a:

- guide to practitioners and pharmacists regarding drug products which are eligible for coverage under the ODB program.
- guide for pharmacists regarding conditions for payment.
- guide to professional committees in hospitals and institutions in the selection of drug products
- guide to drug product interchangeability in respect of drug products which have been designated as interchangeable under Ontario legislation
- informal source for the reimbursement price for drug products

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

2. Recipient Eligibility

The ODB program provides drug benefits to residents of Ontario who are eligible for coverage under the Ontario Health Insurance Plan (OHIP) under the *Health Insurance Act* and who:

- are 65 years of age or older
- are receiving professional services under the Home Care Program
- are residents of long-term care homes or Homes for Special Care
- have high drug costs in relation to their income and who meet the eligibility requirements under the Trillium Drug Program, or
- are receiving benefits under Ontario Works or the Ontario Disability Support Program

All residents of Ontario who are covered under OHIP will qualify for drug benefits under the ODB program on the first day of the month following their 65th birthday. For example, if a resident's 65th birthday is April 15th, he/she will become eligible for the ODB program on May 1st. People who do not initially meet the residency requirements for OHIP coverage but who later become eligible after the specified waiting period (e.g., new or returning permanent residents, landed immigrants) will qualify for ODB program coverage provided that they fall into one of the categories listed above.

To help make the ODB program sustainable and affordable for the future and to allow government to continue to add new drugs as benefits, a co-payment scheme was introduced in July 1996. 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* (DIDFA) gives the Executive Officer of Ontario Public Drug Programs (the "Executive Officer") the authority to designate a product as interchangeable with one or more other products where the Executive Officer considers it advisable in the public interest

to do so and certain requirements and conditions set out in the DIDFA are met. The DIDFA 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.

Off-Formulary Interchangeability:

Off-Formulary Interchangeability (OFI) is the application of interchangeable designations to drug products where the original products are not listed as ODB benefits in the Formulary/CDI. OFI became effective April 1, 2007 when changes to Regulation 935 under the DIDFA came into force. Off-formulary interchangeable drug products are reviewed by the CED or by the Ministry, and upon approval of the Executive Officer, are determined to be interchangeable with the brand non-benefit products.

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 under federal patent laws. Dispensers should seek their own advice in that regard. If a court finds a drug product to be patent-infringing, the Executive Officer may, depending on the relief ordered, reconsider the listing status of the drug product.

4. The Committee to Evaluate Drugs (CED)

The CED [formerly the Drug Quality and Therapeutics Committee (DQTC)] was established in 1968 as an expert advisory group to provide independent, specialized advice to the government on drug-related matters. The CED is established by Order-in-Council under the authority of section 9 of the *Ministry of Health and Long-Term Care Act*. The Committee provides an essential advisory service to the ministry through its rigorous, evidence-based review of drug products, resulting in recommendations regarding the listing of these products on the Formulary/CDI.

The CED is composed of a Chair and 16 members appointed by Orders in Council. Two of the 16 CED members are patient representatives. The remaining CED members are all practicing physicians and pharmacists who have expertise in a wide range of specialties, including geriatrics, infectious disease, family medicine, pharmacology, health economics, epidemiology and other disciplines. Additional information on the CED membership and its terms of reference can be accessed at the following website: www.pas.gov.on.ca

For drug products to be eligible for listing in the Formulary/CDI, a drug manufacturer must provide a complete submission in accordance with the prescribed conditions set out in section 12 of Ontario Regulation 201/96 made under the *Ontario Drug Benefit Act*, or section 6 of Ontario Regulation 935 made under the *Drug Interchangeability and Dispensing Fee Act*, and the requirement set out in the Ontario Guidelines for Drug Submission & Evaluation. Each complete submission undergoes a thorough review by the CED. In conducting its review, the CED considers a number of criteria, including 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 CED makes recommendations to the Executive Officer 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. The Executive Officer makes the final decision regarding the reimbursement of the product.

Listing proposals contained in a drug submission are reviewed by the ministry based on the CED's recommendation. 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 expert consultants has been established to assist the CED in the review of drug submissions and other drug-related issues. These experts are retained where necessary to complement the expertise available on the CED.

5. Pharmacy Council

The ministry established the Pharmacy Council in November 2006 to provide a forum for pharmacists and the ministry to discuss drug-related policy. The 12-member Council provides expert advice on pharmaceutical and health policy as it relates to the practice of pharmacy in Ontario.

Members of the Pharmacy Council are appointed by the Minister of Health and Long-Term Care, including two Co-chairs, one of which is from the ministry and the other is from the Ontario Pharmacists' Association; and with representation from various stakeholder groups and regulatory bodies including:

- Ontario Pharmacists' Association
- Community pharmacy
- Hospital pharmacy
- Ontario College of Pharmacists
- Faculty of Pharmacy at an Ontario university
- Ontario Medical Association
- Patient representative

The Council will make recommendations to the Executive Officer and the Minister to:

- a) build and sustain a strong positive working relationship between the Government of Ontario and the pharmacy profession;
- b) identify opportunities for pharmacists to provide professional services and to consider a compensation model for the provision of those services;
- c) promote adherence to the Code of Conduct;
- d) advise on the appropriate role of pharmacists within the health care system, including in primary care models, and to advise on ways to enhance the quality and effectiveness of pharmacy services provided to Ontarians;
- e) consider any other matter referred to it jointly by the Ontario Pharmacists' Association and the ministry.

Further information on the Council, including Terms of Reference monthly meeting summaries and membership, is available under the Ontario Public Drug Programs' section of the ministry's website at <http://www.health.gov.on.ca>.

One of the Pharmacy Council's major achievements in 2007 was the creation of MedsCheck, a medication review program that supports the appropriate use of medications. MedsCheck was launched on April 1, 2007 with the collaboration of the Council, the Ministry of Health and Long-Term Care, and the Ontario Pharmacists' Association. For more information on the MedsCheck program, please refer to the MedsCheck Guidebook at www.medscheck.ca

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 manufacturing, distribution and use of pharmaceutical products.

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-A Ontario Drug Benefit Formulary/Comparative Drug Index

Classification

Drugs are listed by pharmacologic-therapeutic classification based on the classification system of the American Hospital Formulary Service of the American Society of Health-System Pharmacists. Permission to use this classification system has been granted by the Society, which is not responsible for the accuracy of any reproduced content.

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 have been designated as 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 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 (DIN) 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.

* 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 claims. These PINs may differ from those shown on the manufacturer's label but must be used when submitting claims to 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 considerations related to 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 under the ODB program only when those criteria/conditions have been met. LU products, together with their clinical criteria for use, are listed in Part III-A of the Formulary/CDI based on their pharmacologic-therapeutic classification. In order to provide convenient access to a complete listing of all LU products, they 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 applicable LU criteria and the prescriber has provided the **Reason for Use Code, either verbally, electronically or in written format** with 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. The ministry is continuing to review the LU products and will be transitioning products to general benefit or conditional listing.

Listings Agreements

Listing agreements may be in place to support a general benefit listing or coverage under the Exceptional Access Program (EAP) and are intended to provide access to new and existing drugs under certain conditions, based on the recommendations of the CED. This process may be referred to as a "conditional listing". Listing Agreements are established through negotiated agreements between manufacturers and the Executive Officer, and may include:

- commitment to promote appropriate use;
- requirement to collect outcomes data;
- requirement to gather further evidence related to clinical or economic information for future consideration by CED; and
- expenditure contracts.

Therapeutic notes are published in the Formulary as guidance and it is the responsibility of the prescriber to prescribe the drug to ODB recipients in accordance with the listed therapeutic notes. These listings will allow ODB recipients to access new drugs on a conditional basis while the information which might support continued listing is in the process of being collected and reviewed. These listings will also ease the administrative burden on prescribers as no forms or Limited Use codes are required.

Through open channels of communication with manufacturers, the CED will review their ODB reimbursement recommendations when new information becomes available and the ministry will continue to assess opportunities to enter into conditional listing agreements with manufacturers.

Part III-B Off-Formulary Interchangeable Drugs (OFI)

Off-Formulary Interchangeable drug products are listed by a pharmacologic-therapeutic classification based on the same classification system as applied under Part III-A of the Formulary/CDI. Drugs are listed alphabetically by the generic/chemical name within each pharmacologic-therapeutic classification.

All drug products listed in Part III-B of the Formulary/CDI are NOT benefits. Drug product prices, as reported by the respective manufacturers to the ministry, have been listed for each product for information purposes only. In accordance with section 8(1)(7) of R.R.O 1990, Regulation 935 of the Drug Interchangeability and Dispensing Fee Act, manufacturers of these drug products shall give the Executive Officer notice of every change in the manufacturer's list price for their drug products.

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

This is a consolidated 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 that are reimbursed through the Facilitated Access mechanism under the ODB program used to treat ODB recipients with HIV/AIDS or patients undergoing palliative (end-of-life) care. Part VI has been divided into Part VI-A (HIV/AIDs) and Part VI-B (Palliative Care) to distinguish the differing categories of drug products available under this mechanism.

Part VII Trillium Drug Benefit Program

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

Part VIII Exceptional Access Program (EAP)

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 Exceptional Access Program (EAP) 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 homes. Long-term care homes 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 the Executive Officer under the ODB program.

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 used in connection with the ODB program.

- The Health Canada - **Canada Vigilance Reporting 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.

- **EAP 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 the specific LU clinical criteria that are listed in the Formulary/CDI. It also contains a guide for prescribers and pharmacists on how to complete a LU prescription.

C. Dispensary Reimbursement/Procedure

1. Health Network System

The Health Network System (HNS) links all Ontario dispensaries to the ministry computer system and allows on-line claims processing and adjudication in real-time. 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 identifies who is eligible for ODB benefits, and informs pharmacists of program and policy changes on-line through an email system.

The collection, use and disclosure of personal information on the HNS is governed by section 13 of the *Ontario Drug Benefit Act* and the *Personal Health Information and Protection Act, 2004*.

2. Drug Utilization Review (DUR)

The HNS assists pharmacists in providing quality health care through a drug utilization review (DUR) mechanism. The DUR program, part of the HNS, 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.

Retrospective claims analysis will also 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-A 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. 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 the ODB program 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-A are reimbursed under the ODB program 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

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 prorated based on the number of months they are eligible for ODB in their first year of eligibility. The HNS will automatically track and notify pharmacists of an individual's deductible based on the month when they become eligible in their first year of ODB coverage.

Only allowable drug expenses will count towards the \$100 deductible, namely, prescriptions for drug products listed in Part III-A 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 ODBA. 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 on 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. For most ODB eligible recipients 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 ODBA, DIDFA, and to the details of the prescription as directed by the practitioner. 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. Additional quantity restrictions are also enforced by the HNS for some Trillium recipients receiving prescriptions in the third and fourth quarter of the benefit year. Please refer to Part VII for additional drug quantity restrictions related to the Trillium Drug Program.

The 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 traveling 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, ODB 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 maintained by the pharmacist for a period of 24 months, in a readily retrievable location for audit purposes. It is suggested that these documents be maintained in a separate file, instead of attaching to the prescription hardcopy. 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. Conditions on Payment of Dispensing Fees for Ontario Drug Benefit (ODB) Claims

Changes have been made to O. Reg. 201/96 under the Ontario Drug Benefit Act (the “ODBA Regulation”) to establish conditions for the payment of dispensing fees under the Ontario Drug Benefit (ODB) Program. Effective August 1, 2008, to receive payment of a dispensing fee under the ODB Program, the dispenser must supply at one time the lesser of:

- (a) the entire quantity of the listed drug product that is specified on the prescription to be dispensed at one time; or
- (b) the maximum quantity permitted under section 18 of the ODBA Regulation ("Maximum Quantity").

In other words, the dispenser is required to dispense at one time the Maximum Quantity unless the prescriber has directed that a smaller quantity be dispensed. In cases where the prescriber has directed the dispensing of a reduced quantity (i.e. less than the Maximum Quantity), the ministry will provide payment for a maximum of two (2) dispensing fees per medication per recipient per calendar month.

Pharmacists may also dispense less than the Maximum Quantity in cases where the pharmacist has determined, in his or her professional opinion, that the ODB patient is incapable of managing his/her medication regimen as a result of physical, cognitive or sensory impairment. In cases where the pharmacist has determined that reduced quantity dispensing is warranted due to patient impairment, the pharmacist must maintain a written record of the reasons for this opinion, as well as a record of the authorization received from the ODB patient (or person presenting the prescription) for dispensing in reduced quantities. Under these circumstances, pharmacists would receive payment under the ODB Program for no more than two (2) dispensing fees per medication per recipient per calendar month.

Although claims submitted for dispensing fees in excess of the monthly 2-fee limit are not eligible for payment under the ODB Program, pharmacists would still receive payment for the drug benefit price plus any applicable markup. Pharmacists are encouraged to work with prescribers to facilitate the dispensing of the Maximum Quantity provided for under the ODBA Regulation.

The above conditions do not apply if:

- (i) the ODB recipient is a resident of a long-term care home, or Home for Special Care
- (ii) the medication being dispensed is one which has been designated by the Executive Officer for an exemption. These exempted medications are generally those that are normally prescribed for periods of short duration (e.g. antibiotics) or products where there is risk of abuse or diversion (e.g. narcotics and controlled drugs).

The list of exempted medications is available at the following link:

http://www.health.gov.on.ca/english/providers/program/drugs/odb/dispensing_fees_drug.pdf

7. Cost-to-Operator Claims

Effective March 1, 2007, in accordance with section 14(3)(b) of O.Reg 201/96 made under the ODBA, the allowable use of the 'MI' (Cost-to-Operator or 'CTO') intervention code is restricted to cases where a pharmacy is unable to acquire the lowest DBP product and must dispense the original product or a higher priced drug product. Supporting documentation (manufacturer's or wholesaler's invoice), which clearly indicates that the generic product had been ordered and was unavailable during the appropriate time period, must be retained on file for 24 months for post-payment verification. Overpayments due to inappropriate submission of MI intervention codes are subject to recovery through post-payment verification audit.

8. Medically Necessary "No Substitution" Claims

The ministry will provide reimbursement of a higher cost interchangeable product in medically necessary circumstances — **where a patient has experienced a significant adverse reaction with a lower-cost interchangeable drug product**. When a practitioner 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 - **Canada Vigilance Reporting 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 - **Canada Vigilance Reporting 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 - **Canada Vigilance Reporting Form “ODB NO SUBSTITUTION”**
- fax or mail the completed and signed form to Health Canada's Canada Vigilance Program
- retain his or her copy of the completed and signed Canada Vigilance Reporting Form.

The Canada Vigilance Reporting 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.

Where a completed, signed Canada Vigilance Reporting 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:

Canada Vigilance Regional Office

2301 Midland Avenue

Toronto ON M1P 4R7

E-mail: CanadaVigilance_ON@hc-sc.gc.ca

Telephone: 1-866-234-2345

Fax: 1-866-678-6789

Blank forms can be obtained by calling the above numbers, or on-line at:

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

9. “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 Committee to Evaluate Drugs (CED). Limited Use (LU) drugs are those drugs recommended by the CED as having value in specific circumstances, but are not 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 clinically useful, but are associated with predictable severe adverse effects and a less toxic alternative is available as a general benefit;
- be very costly and a lower-cost alternative is available as a general benefit.

As a result, the CED may recommend that a drug product be reimbursed only when specific clinical criteria/conditions have been met. Presently, LU products, together with their specific clinical criteria, are listed in Part III-A of the Formulary/CDI based on their pharmacologic-therapeutic classification. For easy reference, all LU drug products are also listed alphabetically by generic name in Part XII.

The CED and ministry will continue to review existing LU products to determine if there are opportunities to transition a given product to a conditional or general benefit listing.

Limited Use Reimbursement Process

Patients may take the LU prescription to the pharmacy, or practitioners may fax it directly to the pharmacy. **The Reason for Use Code** (RFU), may be communicated in writing, electronically or verbally. The Authorization periods for an LU prescription are noted with the drug listing in the Formulary and are based on the initial date that the first LU prescription is dispensed.

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 may make a written request for special consideration for coverage under the ODB program's Exceptional Access Program (see Part VIII of the Formulary/CDI for further details).

ODB Audit of Limited Use Claims

The Inspection Unit of Ontario Public Drug Programs routinely conducts on-site audits of all pharmacies for post-payment verification of claims reimbursed under 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 Limited Use (Reason for Use) code is not provided with the prescription.
- 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.

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*.

10. Extemporaneous Preparations

An extemporaneous preparation is defined in section 1(1) of O.Reg 201/96 made under the *Ontario Drug Benefit Act* as a “drug or combination of drugs prepared or compounded in a pharmacy according to a prescription”.

Section 17 of the *Ontario Drug Benefit Act* gives the Executive Officer of Ontario Public Drug Programs (“the Executive Officer”) the authority to:

- (a) determine the conditions which must be met before an extemporaneous preparation is designated as a designated pharmaceutical product (“DPP”) and therefore deemed eligible for reimbursement under the ODB program; and
- (b) determine the drug benefit price of a DPP including a formula by which the drug benefit price may be calculated.

Effective October 1, 2006, an extemporaneous preparation that is not equivalent to a manufactured drug product will be deemed by the Executive Officer to be a DPP and therefore eligible for reimbursement under the ODB program, 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 in accordance with the *Pharmacy Act, 1991* and the *Regulated Health Professions Act, 1991*) (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) Compounded injectable products which contain one or more of the drug products noted below are not eligible for reimbursement as DPPs under the ODB program unless approved by the Executive Officer under the Exceptional Access Program (EAP).

alprostadil
amphotericin b lipid complex
ancestim
azithromycin
baclofen
botulinum toxin (type A)
calcitriol
cefotaxime
cephalothin
clodronate
daclizumab
danaparoid
darbepoietin
deferoxamine
desmopressin
dolasetron
doxorubicin HCl
epoetin alfa
epoprostenol
estradiol dienanthate/estradiol benzoate/testosterone enanthate benzilic acid hydrazone
etanercept
filgrastim
fludarabine
fondaparinux
gemcitabine
glatiramer acetate
hepatitis a vaccine
hepatitis b vaccine
infliximab
insulin glargine
interferon alfa-2b/ribavirin
interferon beta 1-a
interferon beta 1-b
iron dextran
iron sucrose
ketorolac
levofloxacin
mycophenolate mofetil
nandrolone decanoate
octreotide
pamidronate disodium
peginterferon alfa 2-b
porcine insulin
rituximab

somatrem
somatropin
sumatriptan
tinzaparin
topotecan
verteporfin
zoledronic acid

- 2) Any injectable drug product which received a Notice of Compliance from Health Canada on or after September 4, 2003 is ineligible for reimbursement as a DPP under the ODB program unless approved by the Executive Officer under the EAP.
- 3) Any injectable drug product that is listed in Part III-A of the Formulary as a Limited Use benefit is ineligible for reimbursement as a DPP under the ODB program unless the patient meets the clinical criteria outlined in Part III-A of the Formulary. Claims for these products in respect of patients who do not meet the defined Limited Use criteria may be considered by the Executive Officer for reimbursement under the EAP.

Please refer to Section 6.1 of the Ontario Drug Programs Reference Manual for requirements regarding claims for extemporaneous preparations.

Pharmacists are reminded that claims reimbursed under the *Ontario Drug Benefit Act* are subject to post-payment verification.

For more information regarding extemporaneous preparations that are eligible for reimbursement, please refer to the information contained on the ministry's website. In the event that there are any discrepancies or inconsistencies between the foregoing list and the list posted on the ministry's website, the website will be considered authoritative.

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

11. Professional Pharmacy Services

Effective April 1, 2007, the ministry began compensating pharmacists for providing professional pharmacy services in its MedsCheck Annual medication management review programs through a framework developed collaboratively with the Pharmacy Council.

In November, 2007 the MedsCheck program was expanded to include the MedsCheck Follow-Up medication review which is an additional program for those patients who may benefit from a second MedsCheck during the annual time-frame due to situations such as a hospital discharge, a planned hospital admission, a physician or RN(EC) referral or a pharmacist's documented decision due to:

- i) significant changes made to an existing medication profile or the addition of new medications,
- ii) documented evidence of a patient's non-compliance
- iii) a patient has changed both their place of residence and their pharmacy thus necessitating further review of their medications by the pharmacist

The MedsCheck medication reviews compare what the physician has prescribed (e.g. drug name, drug strength and drug dosage etc.), to what the patient is actually taking. The goals of the MedsCheck program are to:

- create and maintain an accurate record of what medication(s) the patient is taking. The record is intended to be a complete list of the patient's prescription, over-the-counter, and natural/homeopathic medications.
- investigate and correct the discrepancies between physician orders and what the patient is taking.
- minimize potential adverse events and medication errors

Professional service claims are adjudicated online through the ministry's Health Network System and claims are subject to audit by the ministry. For MedsCheck Annual reviews, as well as for MedsCheck Follow-Up reviews, pharmacists are required to keep a copy of the current medication list, signed and dated by both the pharmacist and the patient, as well as any written referrals, and notes documenting the interaction with the patient. In addition, for MedsCheck Follow-Up reviews, if the pharmacy did not

conduct the MedsCheck Annual review, pharmacists are required to obtain a copy of the Annual review medication list from the pharmacy where it was conducted, or from the patient. If a copy of the Annual review cannot be obtained, this must be noted as part of the required documentation. All required MedsCheck documentation including medication lists must be kept on file at the pharmacy for a period of not less than 2 years, for audit purposes.

For more information on the Meds Check program including the Medscheck guidebook 2nd Edition, please access the website: www.medscheck.ca

Professional services provide further opportunities for pharmacists to use their clinical expertise to provide patient care. Through the Pharmacy Council, the ministry will continue to explore opportunities to expand the scope of professional services.

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 ODB 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. 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 Program Services
Ontario Public Drug Programs
Hepburn Block, 9th Floor
80 Grosvenor Street, Queen's Park
Toronto ON M7A 1R3
Tel.: 416-212-4724
Fax.: 416-325-6647
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 Public 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) 642-3038
Toll-free: 1-800-575-5386

Seniors' Co-payment Inquiries

For inquiries about co-payment, please contact:

Toronto: (416) 503-4586

Toll-free: 1-888-405-0405

EAP/ICR Requests

Please fax any written requests to:

Toronto: (416) 327-7526

Toll-free: 1-866-811-9908

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

Director,

Drug Program Services

Ontario Public Drug Programs

Hepburn Block, 9th Floor

80 Grosvenor Street, Queen's Park

Toronto ON M7A 1R3

Tel: 416-212-4724

Fax: 416-325-6647

Website: www.health.gov.on.ca

FORMULARY/CDI

LEGEND

ALPHABETICAL REFERENCE

- A. Non-proprietary 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. Designated pharmaceutical products are identified by the letters "dpp".
- 8. "Not a Benefit" indicates a product that is NOT a benefit under the ODB program, but which has retained its interchangeability designation. Claims for the product will not be reimbursed under the ODB program.

SYMBOLS

- * A single asterisk denotes a type of drug product that is provided to residents of long-term care homes 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	5.9209 5.9209
→	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.		

4 —————> **BRIMONIDINE TARTRATE & TIMOLOL MALEATE**

0.2% & 0.5% Oph Sol-5mL Pk 02248347 Combigan ALL 19.7000 19.7000

POLYETHYLENE GLYCOLE & ELECTROLYTES

Pd-1 Kit 02147793 Klean-Prep RIV 16.1700 5.0141 5.0141
Sol-1L Pk 00777846 PegLyte PMS

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 8 percent.

PART III

FORMULARY LISTINGS

PART III-A

**ONTARIO DRUG BENEFIT FORMULARY (ODB) /
COMPARATIVE DRUG INDEX (CDI)**

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)	VAL
2	*50mg Cap	00022764	Benadryl (Not a Benefit)	PDA
		00271411	Allerdryl (Not a Benefit)	VAL

PROMETHAZINE HCL

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

+ = NEW LISTING
= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

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

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

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

08:00 ANTI-INFECTIVE AGENTS

08:08:00 ANTHELMINTICS

MEBENDAZOLE

4	100mg Tab 00556734	Vermox	JNO	3.3383 3.3383

PIPERAZINE ADIPATE

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

08:12:04 ANTIBIOTICS ANTIFUNGALS

AMPHOTERICIN B

6	Inj Pd-50mg Pk 00029149	Fungizone	BQU	66.6720 66.6720

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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

7	10mg/mL O/L 02024152	Diffucan P.O.S.	PFI	1.0109 1.0109
	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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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	50mg Tab			2.4814	4.96
	00891800	Diflucan (Not a Benefit)	PFI		
	02236978	Novo-Fluconazole	NOP	2.4814	4.96
	02237370	Apo-Fluconazole	APX	2.4814	4.96
	02245292	Gen-Fluconazole	GEN	2.4814	4.96
	02245643	PMS-Fluconazole	PMS	2.4814	4.96
	02249294	Taro-Fluconazole	TAR	2.4814	4.96
	02281260	Co Fluconazole	COB	2.4814	4.96
9	100mg Tab			4.4020	4.40
	00891819	Diflucan (Not a Benefit)	PFI		
	02236979	Novo-Fluconazole	NOP	4.4020	4.40
	02237371	Apo-Fluconazole	APX	4.4020	4.40
	02245293	Gen-Fluconazole	GEN	4.4020	4.40
	02245644	PMS-Fluconazole	PMS	4.4020	4.40
	02249308	Taro-Fluconazole	TAR	4.4020	4.40
	02281279	Co Fluconazole	COB	4.4020	4.40
	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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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

08:12:04 ANTIBIOTICS ANTIFUNGALS

KETOCONAZOLE

10	200mg Tab				.9393	.94
	00633836	Nizoral	JAN	1.8786	1.88	
	02231061	Novo-Ketoconazole	NOP	.9393	.94	
	02237235	Apo-Ketoconazole	APX	.9393	.94	
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

11	100000U/mL O/L				.0592	.24
	00248169	Mycostatin (Not a Benefit)	BQU			
	02194201	Ratio-Nystatin	RPH	.0592	.24	
12	500000U Tab				.1680	.50
	00029416	Mycostatin (Not a Benefit)	BQU			
	02194198	Ratio-Nystatin	RPH	.1680	.50	

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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

08:00 ANTI-INFECTIVE AGENTS

08:12:04 ANTIBIOTICS ANTIFUNGALS

VORICONAZOLE

13	50mg Tab				11.8800
	02256460	Vfend	PFI		11.8800
14	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. * 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.			

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

15	100mg/5mL O/L				.7467
	02223716	Zithromax	PFI		1.1093
	02274388	PMS-Azithromycin	PMS		.7467
16	200mg/5mL O/L				1.0578
	02223724	Zithromax	PFI		1.5713
	02274396	PMS-Azithromycin	PMS		1.0578

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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.

AZITHROMYCIN

17	250mg Tab			2.4667	
	02212021	Zithromax	PFI	5.1307	
	02247423	Apo-Azithromycin	APX	2.4667	
	02255340	Co-Azithromycin	COB	2.4667	
	02261634	PMS-Azithromycin	PMS	2.4667	
	02265826	Sandoz Azithromycin	SDZ	2.4667	
	02267845	Novo-Azithromycin	NOP	2.4667	
	02275287	Ratio-Azithromycin	RPH	2.4667	
	02278359	Gen-Azithromycin	GEN	2.4667	

CLARITHROMYCIN

18	500mg ER Tab			2.5144	
	02244756	Biaxin XL	ABB	2.5144	
19	125mg/5mL Ped Gran			.2785	2.79
	02146908	Biaxin	ABB	.2785	2.79
20	250mg/5mL Susp			.5545	
	02244641	Biaxin	ABB	.5545	
21	250mg Tab			.7861	1.57
	01984853	Biaxin	ABB	1.5988	3.20
	02247573	PMS-Clarithromycin	PMS	.7861	1.57
	02247818	Ratio-Clarithromycin	RPH	.7861	1.57
	02248856	Gen-Clarithromycin	GEN	.7861	1.57
	02274744	Apo-Clarithromycin	APX	.7861	1.57

ERYTHROMYCIN BASE

22	250mg Ent Pel Cap			.2205	.88
	00607142	ERYC	PFI	.2205	.88
	00726672	Apo-Erythro E-C (Not a Benefit)	APX		
23	250mg Tab			.1786	.71
	00244635	Erythromid (Not a Benefit)	ABB		
	00682020	Apo-Erythro	APX	.1786	.71

+ = 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

08:12:12 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 ESTOLATE

24	25mg/mL O/L				.0368	.74
	00015474	Ilosone (Not a Benefit)	LIL			
	00021172	Novo-Rythro Estolate	NOP		.0368	.74
25	50mg/mL O/L				.0713	1.43
	00210641	Ilosone (Not a Benefit)	LIL			
	00262595	Novo-Rythro Estolate	NOP		.0713	1.43

ERYTHROMYCIN ETHYLSUCCINATE

26	40mg/mL O/L				.0669	1.00
	00000299	EES-200 (Not a Benefit)	ABB			
	00605859	Novo-Rythro Ethyl Succinate	NOP		.0669	1.00
27	80mg/mL O/L				.1013	1.52
	00453617	EES-400 (Not a Benefit)	ABB			
	00652318	Novo-Rythro Ethyl Succinate	NOP		.1013	1.52
28	600mg Tab				.3248	.97
	00583782	EES-600 (Not a Benefit)	ABB			
	00637416	Apo-Erythro-ES	APX		.3248	.97

ERYTHROMYCIN ETHYLSUCCINATE & SULFISOXAZOLE ACETYL

29	40mg & 120mg/mL O/L				.1258	1.89
	00583405	# Pediazole	ABB		.1258	1.89

ERYTHROMYCIN STEARATE

30	250mg Tab				.2069	.83
	00000434	Erythrocin (Not a Benefit)	ABB			
	00545678	Apo-Erythro-S	APX		.2069	.83
31	500mg Tab				.5300	1.06
	00266515	Erythrocin	ABB		.5390	1.08
	00688568	Apo-Erythro-S	APX		.5300	1.06

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

08:00 ANTI-INFECTIVE AGENTS

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PARTICLE COATED ERYTHROMYCIN

32	333mg Tab			.5200	1.56
	00769991	# PCE Dispertab	ABB	.5200	1.56

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.

33	250mg Cap			.1750	.53
	02041294	Amoxil (Not a Benefit)	WAY		
	00406724	Novamoxin	NOP	.1750	.53
	00628115	Apo-Amoxi (Not a Benefit)	APX		
	00865567	Nu-Amoxi (Not a Benefit)	NXP		
	02230243	PMS-Amoxicillin (Not a Benefit)	PMS		
	02238171	Gen-Amoxicillin (Not a Benefit)	GEN		
34	500mg Cap			.3417	1.03
	02041308	Amoxil (Not a Benefit)	WAY		
	00406716	Novamoxin	NOP	.3417	1.03
	00628123	Apo-Amoxi (Not a Benefit)	APX		
	00865575	Nu-Amoxi (Not a Benefit)	NXP		
	02230244	PMS-Amoxicillin (Not a Benefit)	PMS		
	02238172	Gen-Amoxicillin (Not a Benefit)	GEN		
35	25mg/mL O/L			.0353	.53
	02041316	Amoxil (Not a Benefit)	WAY		
	00452149	Novamoxin	NOP	.0353	.53
	00628131	Apo-Amoxi (Not a Benefit)	APX		
	00865540	Nu-Amoxi (Not a Benefit)	NXP		
	01934171	Novamoxin (Sugar Reduced)			
		(Not a Benefit)	NOP		
	02230245	PMS-Amoxicillin (Not a Benefit)	PMS		

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

08:00 ANTI-INFECTIVE AGENTS

08:12:16 ANTIBIOTICS PENICILLINS

AMOXICILLIN

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

36	50mg/mL O/L			.0540	.81
	02042592	Amoxil (Not a Benefit)	WAY		
	00452130	Novamoxin	NOP	.0540	.81
	00628158	Apo-Amoxi (Not a Benefit)	APX		
	00865559	Nu-Amoxi (Not a Benefit)	NXP		
	01934163	Novamoxin (Sugar Reduced)			
		(Not a Benefit)	NOP		
	02230246	PMS-Amoxicillin (Not a Benefit)	PMS		

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.

37	25mg & 6.25mg/mL O/L			.0517	.78
	01916882	Clavulin	GSK	.1170	1.76
	02243986	Apo-Amoxi Clav	APX	.0517	.78
	02244646	Ratio-Aclavulanate 125F	RPH	.0517	.78
38	50mg & 12.5mg/mL O/L			.0869	1.30
	01916874	Clavulin	GSK	.1964	2.95
	02243987	Apo-Amoxi Clav	APX	.0869	1.30
	02244647	Ratio-Aclavulanate 250F	RPH	.0869	1.30
39	200mg & 28.5mg/5mL Susp			.1440	
	02238831	Clavulin (BID)	GSK	.1440	
40	400mg & 57mg/5mL Susp			.2690	
	02238830	Clavulin (BID)	GSK	.2690	
	02288559	Apo-Amoxi Clav (Not a Benefit)	APX		

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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	250mg & 125mg Tab			.4365	1.31
	01916866	# Clavulin	GSK	.9868	2.96
	02243350	Apo-Amoxi Clav	APX	.4365	1.31
	02243770	Ratio-Aclavulanate	RPH	.4366	1.31
42	500mg & 125mg Tab			.6673	2.00
	01916858	Clavulin	GSK	1.4802	4.44
	02243351	Apo-Amoxi Clav	APX	.6673	2.00
	02243771	Ratio-Aclavulanate	RPH	.6673	2.00
43	875mg & 125mg Tab			1.0009	
	02238829	Clavulin (BID)	GSK	2.2203	
	02245623	Apo-Amoxi Clav	APX	1.0009	
	02247021	Ratio-Aclavulanate	RPH	1.0009	
	02248138	Novo-Clavamoxin 875	NOP	1.0009	

AMPICILLIN

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

44	250mg Cap			.3071	1.23
	00002003	Penbritin (Not a Benefit)	AYE		
	00020877	Novo-Ampicillin	NOP	.3071	1.23
45	500mg Cap			.5955	2.38
	00002011	Penbritin (Not a Benefit)	AYE		
	00020885	Novo-Ampicillin	NOP	.5955	2.38

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

08:00 ANTI-INFECTIVE AGENTS

08:12:16 ANTIBIOTICS PENICILLINS

CLOXACILLIN

46	250mg Cap			.1850	.74
	00002046	Orbenin (Not a Benefit)	AYE		
	00337765	Novo-Cloxin	NOP	.1850	.74
	00618292	Apo-Cloxi (Not a Benefit)	APX		
	00717584	Nu-Cloxi (Not a Benefit)	NXP		
47	500mg Cap			.3498	1.40
	00002054	Orbenin (Not a Benefit)	AYE		
	00337773	Novo-Cloxin	NOP	.3498	1.40
	00618284	Apo-Cloxi (Not a Benefit)	APX		
	00717592	Nu-Cloxi (Not a Benefit)	NXP		
48	25mg/mL O/L			.0450	1.80
	02042975	Orbenin (Not a Benefit)	WAY		
	00337757	Novo-Cloxin	NOP	.0450	1.80
	00644633	Apo-Cloxi (Not a Benefit)	APX		
	00717630	Nu-Cloxi (Not a Benefit)	NXP		

PENICILLIN V (POTASSIUM)

49	25mg/mL O/L			.0535	1.07
	00018635	Nadopen-V (Not a Benefit)	NDA		
	00642223	Apo-Pen V-K	APX	.0535	1.07
50	60mg/mL O/L			.0472	.71
	00331945	VC-K 500 (Not a Benefit)	LIL		
	00391603	Novo-Pen-VK-500	NOP	.0472	.71
	00642231	Apo-Pen V-K (Not a Benefit)	APX		
51	300mg Tab			.0710	.28
	00248843	PVF-K 500 (Not a Benefit)	FRS		
	00021202	Novo-Pen-VK-500	NOP	.0710	.28
	00642215	Apo-Pen V-K (Not a Benefit)	APX		
	00717568	Nu-Pen VK (Not a Benefit)	NXP		

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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

PIVAMPICILLIN

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

52	500mg Tab			.6588	1.32
	00582247	Pondocillin	LEO	.6588	1.32

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.

53	250mg Cap			.0530	.21
	00024422	Tetracyn (Not a Benefit)	PFI		
	00580929	Apo-Tetra	APX	.0530	.21

08:12:28 OTHER ANTIBIOTICS

CEFACLOR

54	250mg Cap			.9697	2.91
	00465186	Ceclor	PHE	1.0207	3.06
	02185830	PMS-Cefaclor (Not a Benefit)	PMS		
	02230263	Apo-Cefaclor	APX	.9697	2.91
	02231432	Nu-Cefaclor (Not a Benefit)	NXP		
	02231691	Novo-Cefaclor (Not a Benefit)	NOP		
55	500mg Cap			1.9300	5.79
	00465194	Ceclor	PHE	2.0040	6.01
	02185849	PMS-Cefaclor (Not a Benefit)	PMS		
	02230264	Apo-Cefaclor	APX	1.9300	5.79
	02231433	Nu-Cefaclor (Not a Benefit)	NXP		
	02231693	Novo-Cefaclor (Not a Benefit)	NOP		
56	25mg/mL Oral Susp			.1037	1.56
	00465208	Ceclor	PHE	.1089	1.63
	02185857	PMS-Cefaclor (Not a Benefit)	PMS		
	02237500	Apo-Cefaclor	APX	.1037	1.56

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08:00 ANTI-INFECTIVE AGENTS

08:12:28 OTHER ANTIBIOTICS

CEFACLOR

57	50mg/mL Oral Susp			.1895	2.84
	00465216	Ceclor	PHE	.1993	2.99
	02185865	PMS-Cefaclor (Not a Benefit)	PMS		
	02237501	Apo-Cefaclor	APX	.1895	2.84
58	375mg/5mL Oral Susp			.2872	
	00832804	Ceclor	PHE	.2872	
	02185873	PMS-Cefaclor (Not a Benefit)	PMS		
	02237502	Apo-Cefaclor (Not a Benefit)	APX		

CEFADROXIL

59	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

CEFIXIME

60	20mg/mL Oral Susp			.3799	
	00868965	Suprax	SAV	.3799	
61	400mg Tab			3.5030	3.50
	00868981	Suprax	SAV	3.5030	3.50

CEFPROZIL

62	125mg/5mL Oral Susp			.0791	
	02163675	Cefzil	BQU	.1644	
	02293943	Apo-Cefprozil	APX	.0791	
63	250mg/5mL Oral Susp			.1581	
	02163683	Cefzil	BQU	.3286	
	02293579	Ran-Cefprozil	RAN	.1581	
	02293951	Apo-Cefprozil	APX	.1581	
64	250mg Tab			.8092	
	02163659	Cefzil	BQU	1.6822	
	02292998	Apo-Cefprozil	APX	.8092	
	02293528	Ran-Cefprozil	RAN	.8092	
	02302179	Sandoz Cefprozil	SDZ	.8092	

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08:00 ANTI-INFECTIVE AGENTS

08:12:28 OTHER ANTIBIOTICS

CEFPROZIL

65	500mg Tab				1.5867
	02163667	Cefzil	BQU	3.2984	
	02293005	Apo-Cefprozil	APX	1.5867	
	02293536	Ran-Cefprozil	RAN	1.5867	
	02302187	Sandoz Cefprozil	SDZ	1.5867	

CEFTRIAZONE DISODIUM

66	0.25g/Vial Inj Pd-1 Vial Pk				5.3750
	00657387	Rocephin	HLR	11.0650	
	02250276	Ceftriaxone Sodium for Injection, BP	MAY	5.3750	
67	1g/Vial Inj Pd-1 Vial Pk				17.0000
	00657417	Rocephin	HLR	35.0000	
	02250292	Ceftriaxone Sodium for Injection, BP	MAY	17.0000	
	02287633	Ceftriaxone Sodium for Injection	NOP	17.0000	
	02292270	Ceftriaxone	SDZ	17.5000	
	02292874	Ceftriaxone for Injection USP	ORC	17.0000	
68	2g/Vial Inj Pd-1 Vial Pk				33.5000
	00657409	Rocephin	HLR	68.9700	
	02250306	Ceftriaxone Sodium for Injection, BP	MAY	33.5000	
	02292289	Ceftriaxone	SDZ	34.4850	
	02292882	Ceftriaxone for Injection USP	ORC	33.5000	

CEFUROXIME AXETIL

69	125mg/5mL Susp				.1747
	02212307	Ceftin	GSK	.1747	
70	250mg Tab				.7237 1.45
	02212277	Ceftin	GSK	1.5813	3.16
	02242656	Ratio-Cefuroxime	RPH	.7237	1.45
	02244393	Apo-Cefuroxime	APX	.7237	1.45
71	500mg Tab				1.4337 2.87
	02212285	Ceftin	GSK	3.1327	6.27
	02242657	Ratio-Cefuroxime	RPH	1.4337	2.87
	02244394	Apo-Cefuroxime	APX	1.4337	2.87

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08:00 ANTI-INFECTIVE AGENTS

08:12:28 OTHER ANTIBIOTICS

CEPHALEXIN MONOHYDRATE

72	250mg Cap				.2250	.90
	00253154	Ceporex (Not a Benefit)	GLA			
	00342084	Novo-Lexin	NOP	.2250	.90	
73	500mg Cap				.4500	1.80
	00253146	Ceporex (Not a Benefit)	GLA			
	00342114	Novo-Lexin	NOP	.4500	1.80	
74	25mg/mL Pd for Oral Susp				.0457	.91
	00015547	Keflex	PHE	.0457	.91	
	00342106	Novo-Lexin	NOP	.0457	.91	
	02177811	PMS-Cephalexin 125 (Not a Benefit)	PMS			
75	50mg/mL Pd for Oral Susp				.0948	1.90
	00035645	Keflex	PHE	.0948	1.90	
	00342092	Novo-Lexin	NOP	.0948	1.90	
	02177838	PMS-Cephalexin 250 (Not a Benefit)	PMS			
76	250mg Tab				.2250	.90
	00403628	Keflex	PHE	.2370	.95	
	00583413	Novo-Lexin (Not a Benefit)	NOP			
	00768723	Apo-Cephalex	APX	.2250	.90	
	00865877	Nu-Cephalex (Not a Benefit)	NXP			
	02177781	PMS-Cephalexin (Not a Benefit)	PMS			
77	500mg Tab				.4500	1.80
	00244392	Keflex	PHE	.4740	1.90	
	00583421	Novo-Lexin (Not a Benefit)	NOP			
	00768715	Apo-Cephalex	APX	.4500	1.80	
	00865885	Nu-Cephalex (Not a Benefit)	NXP			
	02177803	PMS-Cephalexin (Not a Benefit)	PMS			

CLINDAMYCIN HCL

78	150mg Cap				.3881	3.10
	00030570	Dalacin C	PFI	.8073	6.46	
	02130033	Ratio-Clindamycin	RPH	.3881	3.10	
	02241709	Novo-Clindamycin	NOP	.3881	3.10	
	02245232	Apo-Clindamycin	APX	.3881	3.10	
	02258331	Gen-Clindamycin	GEN	.3881	3.10	
	02294826	PMS-Clindamycin	PMS	.3881	3.10	

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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 OTHER ANTIBIOTICS

CLINDAMYCIN HCL

79	300mg Cap				.7762
	02182866	Dalacin C	PFI		1.7054
	02192659	Ratio-Clindamycin	RPH		.7762
	02241710	Novo-Clindamycin	NOP		.7762
	02245233	Apo-Clindamycin	APX		.7762
	02258358	Gen-Clindamycin	GEN		.7762
	02294834	PMS-Clindamycin	PMS		.7762

CLINDAMYCIN PALMITATE

80	15mg/mL Pd for Oral Susp				.1147
	00225851	Dalacin C Flavoured Granules	PFI		.1147

CLINDAMYCIN PHOSPHATE

81	300mg/2mL Inj Sol-2mL Pk				4.5740
	00260436	Dalacin C	PFI		7.4920
	02230540	Clindamycin Phosphate Injection USP	SDZ		4.5740

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

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08:00 ANTI-INFECTIVE AGENTS

08:12:28 OTHER ANTIBIOTICS

SODIUM FUSIDATE

82	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

83	300mg/5mL Inh Sol-5mL Pk				50.6250
	02239630	TOBI	NOV		50.6250

TOBRAMYCIN SULFATE

84	80mg/2mL Inj Sol-2mL Pk				4.3380
	00325449	Nebcin (Not a Benefit)	LIL		
	02241210	Tobramycin	SDZ		4.3380

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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

08:16:00 ANTITUBERCULAR AGENTS

ETHAMBUTOL HCL					
85	100mg Tab				.0973
	00127957	Myambutol (Not a Benefit)	LED		
	00247960	Etibi	VAL		.0973
86	400mg Tab				.2711
	00247979	Etibi	VAL		.2711
	02170078	Myambutol (Not a Benefit)	WAY		
ISONIAZID					
87	300mg Tab				.0640
	00272655	Isotamine	VAL		.0640
PYRAZINAMIDE					
88	500mg Tab				.4980
	00283991	Tebrazid	VAL		.4980

RIFABUTIN					
89	150mg Cap				3.9000
	02063786	Mycobutin	PFI		3.9000
	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.			
	104	Patients with a CD4 cell count less than 100/mm3 without an AIDS-defining diagnosis.			
		LU Authorization Period: 1 year.			

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

90	150mg Cap				.6038
	00393444	Rofact	VAL		.6038
	02091887	Rifadin	SAV		.7340
91	300mg Cap				.9503
	00343617	Rofact	VAL		.9503
	02092808	Rifadin	SAV		1.1551

08:18:00 ANTIVIRALS

ABACAVIR & LAMIVUDINE & ZIDOVUDINE

92	300mg/150mg/300mg Tab				16.9111
	02244757	Trizivir	GSK		16.9111

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

ABACAVIR SULFATE

93	20mg/mL O/L				.4474
	02240358	Ziagen	GSK		.4474

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

94	300mg Tab				6.7109
	02240357	Ziagen	GSK		6.7109

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

ABACAVIR SULFATE & LAMIVUDINE

95	600mg/300mg Tab				22.2692
	02269341	Kivexa	GSK		22.2692

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

96	800mg Tab				2.2664
	01911635	Zovirax	GSK		4.9523
	02078651	Ratio-Acyclovir	RPH		2.2664
	02197421	Nu-Acyclovir	NXP		2.2664
	02207656	Apo-Acyclovir	APX		2.2664
	02242464	Gen-Acyclovir	GEN		2.2664
	02285975	Novo-Acyclovir	NOP		2.2664
	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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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

08:00 ANTI-INFECTIVE AGENTS

08:18:00 ANTIVIRALS

AMPRENAVIR

97	50mg Cap 02243541	Agenerase	GSK	.6691 .6691
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.				
98	150mg Cap 02243542	Agenerase	GSK	2.0074 2.0074
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.				
99	15mg/mL O/L 02243543	Agenerase	GSK	.2007 .2007
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

100	150mg Cap 02248610	Reyataz	BQU	10.1623 10.1623
Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.				
101	200mg Cap 02248611	Reyataz	BQU	10.1970 10.1970
Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.				

DARUNAVIR

102	300mg Tab 02284057	Prezista	JNO	6.9600 6.9600
Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism. In combination with ritonavir, as part of a HIV treatment regimen for treatment-experienced adult patients who have demonstrated failure to at least 2 Protease Inhibitors.				

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

08:00 ANTI-INFECTIVE AGENTS

08:18:00 ANTIVIRALS

DELAVIDINE MESYLATE

103	100mg Tab				.7178
	02238348	Rescriptor	PFI		.7178
Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.					

DIDANOSINE

104	125mg Enteric Coated Cap				3.2793
	02244596	Videx EC	BQU		3.2793
Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.					
105	200mg Enteric Coated Cap				5.2467
	02244597	Videx EC	BQU		5.2467
Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.					
106	250mg Enteric Coated Cap				6.5583
	02244598	Videx EC	BQU		6.5583
Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.					
107	400mg Enteric-Coated Cap				10.5147
	02244599	Videx EC	BQU		10.5147
Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.					

EFAVIRENZ

108	50mg Cap				1.1717
	02239886	Sustiva	BQU		1.1717
Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.					
109	100mg Cap				2.3430
	02239887	# Sustiva	BQU		2.3430
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

EFAVIRENZ

110	200mg Cap				4.6861
	02239888	Sustiva	BQU		4.6861
Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.					
111	600mg Tab				14.0583
	02246045	Sustiva	BQU		14.0583
Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.					

EMTRICITABINE & TENOFOVIR DISOPROXIL FUMARATE

112	200mg & 300mg Tab				25.0500
	02274906	Truvada	GIL		25.0500
Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.					

FAMCICLOVIR

113	500mg Tab				3.2026
	02177102	Famvir	NOV		6.7624
	02278111	PMS-Famciclovir	PMS		3.2026
	02278650	Sandoz Famciclovir	SDZ		3.2026
	02292068	Apo-Famciclovir	APX		3.2026
	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.			

FOSAMPRENAVIR CALCIUM

114	700mg Tab				8.1180
	02261545	Telzir	GSK		8.1180

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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

GANCICLOVIR SODIUM

115	500mg/Vial Pd Inj-10mL Pk 02162695	Cytovene	HLR	41.2140 41.2140
	Reason for Use Code 12	Clinical criteria For the treatment of CMV retinitis secondary to AIDS and other immunosuppressive syndromes. LU Authorization Period: 1 year.		

INDINAVIR

116	200mg Cap 02229161	Crixivan	MFC	1.3467 1.3467
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.			
117	400mg Cap 02229196	Crixivan	MFC	2.6933 2.6933
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.			

LAMIVUDINE

118	10mg/mL O/L 02192691	3TC	GSK	.3067 .3067
	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.			
119	150mg Tab 02192683	3TC	GSK	4.7243 4.7243
	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.			
120	300mg Tab 02247825	3TC	GSK	9.4485 9.4485
	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

121	150mg & 300mg Tab				10.2004
	02239213	Combivir	GSK		10.2004
Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.					

LOPINAVIR & RITONAVIR

122	133.3mg/33.3mg Cap				3.4954
	02243643	Kaletra	ABB		3.4954
Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.					
123	80mg/mL & 20mg/mL O/L				2.0973
	02243644	Kaletra	ABB		2.0973
Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.					
124	200mg & 50mg Tab				5.2431
	02285533	Kaletra	ABB		5.2431
Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.					

NELFINAVIR MESYLATE

125	250mg Tab				1.8200
	02238617	Viracept	PFI		1.8200
Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.					
126	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

127	200mg Tab				4.9383
	02238748	Viramune	BOE		4.9383
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

OSELTAMIVIR PHOSPHATE

128	75mg Cap 02241472	Tamiflu	HLR	3.9000 3.9000
	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

129	100mg Cap 02241480	Norvir SEC	ABB	1.4353 1.4353
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.			
130	80mg/mL O/L 02229145	Norvir	ABB	1.1446 1.1446
	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

131	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.				
132	200mg Cap				1.0557
	02239083	Fortovase		HLR	1.0557
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.				
133	500mg Tab				4.2000
	02279320	Invirase		HLR	4.2000
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.				

STAVUDINE

134	15mg Cap				3.9985
	02216086	Zerit		BQU	3.9985
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.				
135	20mg Cap				4.1572
	02216094	Zerit		BQU	4.1572
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.				
136	30mg Cap				4.3370
	02216108	Zerit		BQU	4.3370
	Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.				
137	40mg Cap				4.4957
	02216116	Zerit		BQU	4.4957
	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

TENOFOVIR DISOPROXIL

138	300mg Tab				16.7376
	02247128	Viread	GIL		16.7376

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

VALACYCLOVIR

139	500mg Tab				3.3924
	02219492	Valtrex	GSK		3.3924

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

140	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.

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

08:00 ANTI-INFECTIVE AGENTS

08:20:00 PLASMODICIDES (ANTIMALARIALS)

CHLOROQUINE PHOSPHATE

141	250mg Tab				.3208
	02017539	Aralen (Not a Benefit)	SAO		
	00021261	Novo-Chloroquine	NOP		.3208

HYDROXYCHLOROQUINE SULFATE

142	200mg Tab				.2620
	02017709	Plaquenil	SAV		.5893
	02246691	Apo-Hydroxyquine	APX		.2620
	02252600	Gen-Hydroxychloroquine	GEN		.2620

08:24:00 SULFONAMIDES

SULFASALAZINE

143	500mg Ent Tab				.2816
	02064472	Salazopyrin	PFI		.3313
	00598488	PMS-Sulfasalazine-E.C.	PMS		.2816
144	500mg Tab				.1804
	02064480	Salazopyrin	PFI		.2122
	00598461	PMS-Sulfasalazine	PMS		.1804

08:32:00 TRICHOMONACIDES

METRONIDAZOLE

145	500mg Cap				.4250	1.28
	01926853	Flagyl	SAV		.8925	2.68
	00783137	PMS-Metronidazole	PMS		.4250	1.28
	02248562	Apo-Metronidazole	APX		.4250	1.28
146	250mg Tab				.0575	.17
	01926896	Flagyl (Not a Benefit)	RPP			
	00545066	Apo-Metronidazole	APX		.0575	.17

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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.

147	50mg Cap				.3187	1.27
	01997637	Macrochantin (Not a Benefit)	PGP			
	02231015	Novo-Furantoin	NOP		.3187	1.27
148	100mg Cap				.6110	2.44
	01997645	Macrochantin (Not a Benefit)	PGP			
	02231016	Novo-Furantoin	NOP		.6110	2.44
149	50mg Tab				.1440	.58
	00017086	Nifuran (Not a Benefit)	MAN			
	00319511	Apo-Nitrofurantoin	APX		.1440	.58
150	100mg Tab				.1920	.77
	00017094	Nifuran (Not a Benefit)	MAN			
	00312738	Apo-Nitrofurantoin	APX		.1920	.77

NITROFURANTOIN MONO/MICRO CRYSTALS

151	100mg Cap				.6702	
	02063662	MacroBID	PGP		.6702	

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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.

152	10g/100mL Oral Susp			.5582	5.58
	02237514	Cipro	BAY	.5582	5.58
153	250mg Tab			1.1105	2.22
	02155958	Cipro	BAY	2.4742	4.95
	02161737	Novo-Ciprofloxacin	NOP	1.1105	2.22
	02229521	Apo-Ciproflox	APX	1.1105	2.22
	02245647	Gen-Ciprofloxacin	GEN	1.1105	2.22
	02246825	Ratio-Ciprofloxacin	RPH	1.1105	2.22
	02247339	Co-Ciprofloxacin	COB	1.1105	2.22
	02248437	PMS-Ciprofloxacin	PMS	1.1105	2.22
	02248756	Sandoz Ciprofloxacin	SDZ	1.1105	2.22
	02266962	Taro-Ciprofloxacin	TAR	1.1105	2.22
	02267934	Ran-Ciprofloxacin	RAN	1.1105	2.22
	02303728	Ran-Ciproflox	RAN	1.1105	2.22
154	500mg Tab			1.2529	2.51
	02155966	Cipro	BAY	2.7915	5.58
	02161745	Novo-Ciprofloxacin	NOP	1.2529	2.51
	02229522	Apo-Ciproflox	APX	1.2529	2.51
	02245648	Gen-Ciprofloxacin	GEN	1.2529	2.51
	02246826	Ratio-Ciprofloxacin	RPH	1.2529	2.51
	02247340	Co-Ciprofloxacin	COB	1.2529	2.51
	02248438	PMS-Ciprofloxacin	PMS	1.2529	2.51
	02248757	Sandoz Ciprofloxacin	SDZ	1.2529	2.51
	02266970	Taro-Ciprofloxacin	TAR	1.2529	2.51
	02267942	Ran-Ciprofloxacin	RAN	1.2529	2.51
	02303736	Ran-Ciproflox	RAN	1.2529	2.51
155	750mg Tab			2.3631	4.73
	02155974	Cipro	BAY	5.1118	10.22
	02161753	Novo-Ciprofloxacin	NOP	2.3631	4.73
	02229523	Apo-Ciproflox	APX	2.3631	4.73
	02245649	Gen-Ciprofloxacin	GEN	2.3631	4.73
	02246827	Ratio-Ciprofloxacin	RPH	2.3631	4.73
	02247341	Co-Ciprofloxacin	COB	2.3631	4.73
	02248439	PMS-Ciprofloxacin	PMS	2.3631	4.73
	02248758	Sandoz Ciprofloxacin	SDZ	2.3631	4.73
	02267950	Ran-Ciprofloxacin	RAN	2.3631	4.73
	02303744	Ran-Ciproflox	RAN	2.3632	4.73

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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

08:40:00 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.

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.
333	GU Tract: Urinary tract infection/prostatitis/epididymitis caused by (suspected or documented) <i>Pseudomonas</i>; 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 <i>B. anthracis</i> 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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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

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.

156	500mg ER Tab 02247916	Cipro XL	BAY	2.9068 2.9068
	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.		
157	1000mg ER Tab 02251787	Cipro XL	BAY	2.9068 2.9068
	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

LEVOFLOXACIN

158	250mg Tab				4.7332
	02236841	Levaquin	JNO		4.7332
159	500mg Tab				5.3410
	02236842	Levaquin	JNO		5.3410
	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

LINEZOLID

160	600mg Tab 02243684	Zyvoxam	PFI	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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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

161	400mg Tab			5.5840
	02242965	Avelox	BAY	5.5840
	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

162	400mg Tab			1.0898	2.18
	00643025	Noroxin (Not a Benefit)	MSD		
	02229524	Apo-Norflox	APX	1.0898	2.18
	02237682	Novo-Norfloxacin	NOP	1.0898	2.18
	02246596	PMS-Norfloxacin	PMS	1.0898	2.18
	02269627	Co Norfloxacin	COB	1.0898	2.18

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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

163	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
164	300mg Tab			1.2161	2.43
	01968416	Floxin (Not a Benefit)	JNO		
	02231531	Apo-Oflox	APX	1.2161	2.43
	02243475	Novo-Ofloxacin	NOP	1.2161	2.43
165	400mg Tab			1.2161	2.43
	01968408	Floxin (Not a Benefit)	JNO		
	02231532	Apo-Oflox	APX	1.2161	2.43
	02243476	Novo-Ofloxacin	NOP	1.2161	2.43
	Reason for Use Code	Clinical criteria			
	340	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. LU Authorization Period: 1 year.			
	341	GU Tract: Urinary tract infection / prostatitis / epididymitis; sexually transmitted disease. 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.			
	335	GI: Traveller's diarrhea; enteric fever syndromes. 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.			

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

08:00 ANTI-INFECTIVE AGENTS

08:40:00 MISCELLANEOUS ANTI-INFECTIVES

SULFAMETHOXAZOLE & TRIMETHOPRIM

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

166	40mg & 8mg/mL O/L			.0198	.20
	00270644	Septra (Not a Benefit)	BWE		
	00272485	Bactrim Sugar Free (Not a Benefit)	HLR		
	00726540	Novo-Trimel	NOP	.0198	.20
	00865753	Nu-Cotrimox	NXP	.0198	.20
167	400mg & 80mg Tab			.0482	.19
	00270636	Septra (Not a Benefit)	BWE		
	00272469	Bactrim (Not a Benefit)	HLR		
	00445274	Apo-Sulfatrim	APX	.0482	.19
	00510637	Novo-Trimel	NOP	.0482	.19
	00865710	Nu-Cotrimox	NXP	.0482	.19
168	800mg & 160mg Tab			.1221	.24
	00368040	Septra DS (Not a Benefit)	BWE		
	00371823	Bactrim-DS (Not a Benefit)	HLR		
	00445282	Apo-Sulfatrim-DS	APX	.1221	.24
	00510645	Novo-Trimel DS	NOP	.1221	.24
	00865729	Nu-Cotrimox	NXP	.1221	.24

TRIMETHOPRIM

169	100mg Tab			.1891	.38
	00675229	Proloprim (Not a Benefit)	BWE		
	02243116	Apo-Trimethoprim	APX	.1891	.38
170	200mg Tab			.3885	.39
	00677590	Proloprim (Not a Benefit)	BWE		
	02243117	Apo-Trimethoprim	APX	.3885	.39

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

10:00 ANTINEOPLASTIC AGENTS

ALTRETAMINE

171	50mg Cap				3.3600
	02126230	Hexalen	LIL		3.3600

ANASTROZOLE

172	1mg Tab				4.9500
	02224135	Arimidex	AZC		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

173	50mg Tab			3.2200
	02184478	Casodex	AZC	6.4400
	02270226	Novo-Bicalutamide	NOP	3.2200
	02274337	Co Bicalutamide	COB	3.2200
	02275589	PMS-Bicalutamide	PMS	3.2200
	02276089	Sandoz Bicalutamide	SDZ	3.2200
	02277700	Ratio-Bicalutamide	RPH	3.2200
	02296063	Apo-Bicalutamide	APX	3.2200
	02302403	Gen-Bicalutamide	GEN	3.2200

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

10:00 ANTINEOPLASTIC AGENTS

BUSERELIN ACETATE

174	6.3mg Implant Kit 02228955	Suprefact Depot	SAV	703.5000 703.5000
175	9.45mg Implant Kit 02240749	Suprefact Depot	SAV	1039.5000 1039.5000
176	1mg/mL Inj Sol-5.5mL Pk 02225166	Suprefact	SAV	56.9800 56.9800
177	1mg/mL Nas Sp-10mL Pk 02225158	Suprefact	SAV	72.7000 72.7000

BUSULFAN

178	2mg Tab 00004618	Myleran	GSK	1.4043 1.4043

CAPECITABINE

179	150mg Tab 02238453	Xeloda	HLR	1.8300 1.8300
180	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.		
	406	For adjuvant treatment of stage 3 or high risk stage 2* colon cancer in patients who have completed surgery (within three months), who would normally be candidates for adjuvant chemotherapy with 5FU/LV. * high risk stage 2 colon cancer is defined as one of the following: - obstruction, - perforation, - poorly differentiated adenocarcinoma, - inadequate lymph node sampling, - T4 tumour. LU Authorization Period: 6 months.		

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

10:00 ANTINEOPLASTIC AGENTS

CHLORAMBUCIL

181	2mg Tab				1.3236
	00004626	Leukeran	GSK		1.3236

CLADRIBINE

182	1mg/mL Inj				53.5650
	02022117	Leustatin	JNO		53.5650
	Reason for Use Code	Clinical criteria			
	99	For hairy cell leukemia, as a single 7-day treatment course.			
		LU Authorization Period: 1 year.			

CYCLOPHOSPHAMIDE

183	200mg Inj Pd-Vial Pk				5.7630
	02241797	Procytox	BAX		5.7630
184	1000mg Inj Pd-Vial Pk				13.4436
	02241799	Procytox	BAX		13.4436
185	25mg Tab				.3520
	00344877	Cytosan	BQU		.3794
	02241795	Procytox	BAX		.3520
186	50mg Tab				.4740
	00344885	Cytosan	BQU		.5109
	02241796	Procytox	BAX		.4740

CYPROTERONE ACETATE

187	50mg Tab				1.4085
	00704431	Androcur	BAY		1.4085
	02229723	Gen-Cyproterone	GEN		1.4085
	02232872	# Novo-Cyproterone	NOP		1.4085
	02245898	Apo-Cyproterone	APX		1.4085

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

10:00 ANTINEOPLASTIC AGENTS

CYTARABINE

188	100mg Inj Pd-Vial Pk 00386715	Cytosar	PFI	9.4780
				9.4780

DAUNORUBICIN

189	Inj Pd-20mg Pk 01926683	Cerubidine	ERF	85.0000
				85.0000

ESTRAMUSTINE PHOSPHATE DISODIUM

190	140mg Cap 02063794	Emcyt	PFI	3.0070
				3.0070

ETOPOSIDE

191	50mg Cap 00616192	Vepesid	BQU	33.5365
				33.5365

EXEMESTANE

192	25mg Tab 02242705	Aromasin	PFI	4.9500
				4.9500
	Reason for Use Code	Clinical criteria		
	180	For the hormonal treatment of metastatic breast cancer in hormone receptor positive post-menopausal women who have disease progression following tamoxifen therapy.		
		LU Authorization Period: Indefinite.		
	407	For the sequential treatment of postmenopausal women with estrogen receptor-positive early breast cancer who have received 2-3 years of initial adjuvant tamoxifen therapy.		
		LU Authorization Period: Treatment period required to complete a total of 5 years of adjuvant therapy.		

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

10:00 ANTINEOPLASTIC AGENTS

FLUDARABINE PHOSPHATE

193	10mg Tab			37.4475
	02246226	Fludara	BAY	37.4475
	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.		

FLUTAMIDE

194	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

195	3.6mg Depot Inj			381.7500
	02049325	Zoladex	AZC	381.7500
196	10.8mg Depot Inj			1087.9800
	02225905	Zoladex LA	AZC	1087.9800

HYDROXYUREA

197	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

IMATINIB MESYLATE

198	100mg Tab				26.4838
	02253275	Gleevec	NOV		26.4838
199	400mg Tab				105.9353
	02253283	Gleevec	NOV		105.9353

Note: These products must be prescribed based on the following criteria:

- For the treatment of Philadelphia chromosome-positive chronic myeloid leukemia (CML) in chronic phase.
The initial dose is 400mg/day. The dose may be increased up to a maximum of 800mg/day in patients who do not have an adequate hematologic response at 3 months or cytogenetic response at 1 year; or if there has been loss of a previously achieved hematologic and/or cytogenetic response.
- For the treatment of Philadelphia chromosone-positive chronic myeloid leukemia (CML) in blast crisis or accelerated phase.
The initial dose is 600mg/day. The dose may be increased to a maximum of 800mg/day in patients who do not have an adequate hematologic response at 3 months or cytogenetic response at 1 year; or loss of a previously achieved hematologic and/or cytogenetic response.

INTERFERON ALFA-2B

200	15mu/mL 18mu MD Pen Kit				203.9400
	02240693	Intron A	SCH		203.9400
201	25mu/mL 30mu MD Pen Kit				339.9000
	02240694	Intron A	SCH		339.9000
202	50mu/mL 60mu MD Pen Kit				679.8000
	02240695	Intron A	SCH		679.8000

Reason for Clinical criteria
Use Code

28	For hairy cell leukemia. LU Authorization Period: Indefinite.
29	For Kaposi's Sarcoma. 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

LETROZOLE

203	2.5mg Tab			5.5120
	02231384	Femara	NOV	5.5120
	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.		
	403	For the treatment of hormone receptor positive early breast cancer in postmenopausal women who have received 5 years of adjuvant tamoxifen therapy.		
		LU Authorization Period: 5 years.		
	408	As an alternative to tamoxifen for the adjuvant treatment of post-menopausal women with hormone receptor positive early breast cancer for a maximum of five years.		
		LU Authorization Period: 5 years.		

LEUPROLIDE ACETATE

204	3.75mg Inj-Kit			329.7800
	00884502	Lupron Depot PDS	ABB	329.7800
205	7.5mg Inj-Kit			387.9700
	00836273	Lupron Depot PDS	ABB	387.9700
206	11.25mg Inj-Kit			989.3700
	02239834	Lupron Depot PDS	ABB	989.3700
207	22.5mg Inj-Kit			1071.0000
	02230248	Lupron Depot PDS	ABB	1071.0000
208	30mg Inj-Kit			1428.0000
	02239833	Lupron Depot PDS	ABB	1428.0000
209	7.5mg Pd Susp Inj-Pref Syr Kit			343.5800
	02248239	Eligard	SAV	343.5800
210	22.5mg Pd Susp Inj-Pref Syr Kit			891.0000
	02248240	Eligard	SAV	891.0000
211	30mg Pd Susp Inj-Pref Syr Kit			1285.2000
	02248999	Eligard	SAV	1285.2000
212	45mg Pd Susp Inj-Pref Syr Kit			1782.0000
	02268892	Eligard	SAV	1782.0000

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

10:00 ANTINEOPLASTIC AGENTS

LOMUSTINE (CCNU)

213	10mg Cap				5.9675
	00360430	CeeNU	BQU		5.9675
214	40mg Cap				10.2725
	00360422	CeeNU	BQU		10.2725
215	100mg Cap				16.9595
	00360414	CeeNU	BQU		16.9595

MEGESTROL ACETATE

216	40mg Tab				.9054
	00386391	Megace (Not a Benefit)	BQU		
	02195917	Apo-Megestrol	APX		.9054
217	160mg Tab				2.6867
	00731323	Megace	BQU		5.6840
	02185423	Nu-Megestrol	NXP		2.6867
	02195925	Apo-Megestrol	APX		2.6867

MELPHALAN

218	2mg Tab				1.5310
	00004715	Alkeran	GSK		1.5310

MERCAPTOPURINE

219	50mg Tab				3.6680
	00004723	Purinethol	NOP		3.6680

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

METHOTREXATE

220	20mg/2mL Inj Sol-2mL Pk				12.5000
	02182947	Methotrexate Sodium	MAY		12.5000
221	50mg/2mL Inj Sol-2mL Pk				12.4800
	02170671	Methotrexate (Not a Benefit)	WAY		
	02182777	Methotrexate	MAY		12.4800

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

10:00 ANTINEOPLASTIC AGENTS

METHOTREXATE

222	2.5mg Tab				.6325
	02170698	Methotrexate	WAY		.6325
	02182963	Apo-Methotrexate	APX		.6325
	02244798	Ratio-Methotrexate Sodium	RPH		.6325

NILUTAMIDE

223	50mg Tab				1.9679
	02221861	Anandron	SAV		1.9679

PROCARBAZINE HCL

224	50mg Cap				.4079
	00012750	Matulane	SIG		.4079
Note: Procarbazine inhibits monoamine oxidase. Avoid alcohol and foods with high tyramine content (e.g. aged cheese, red wine, yogurt, etc.)					

STREPTOZOCIN

225	Inj Pd-1g Pk				37.6600
	00622141	Zanosar	PFI		37.6600

TAMOXIFEN CITRATE

226	10mg Tab				.1750
	02048477	Nolvadex (Not a Benefit)	AZC		
	00812404	Apo-Tamox	APX		.1750
	00851965	Novo-Tamoxifen	NOP		.1750
	01926624	Tamofen	SAV		.1838
	02088428	Gen-Tamoxifen	GEN		.1750
227	20mg Tab				.3500
	02048485	Nolvadex D	AZC		.3600
	00812390	Apo-Tamox	APX		.3500
	00851973	Novo-Tamoxifen	NOP		.3500
	01926632	Tamofen	SAV		.3675
	02089858	Gen-Tamoxifen	GEN		.3500

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

10:00 ANTINEOPLASTIC AGENTS

TEMOZOLOMIDE

228	5mg Cap				7.1300
	02241093	Temodal	SCH		7.1300
229	20mg Cap				28.5200
	02241094	Temodal	SCH		28.5200
230	100mg Cap				142.6000
	02241095	Temodal	SCH		142.6000
231	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.			

THIOGUANINE

232	40mg Tab				4.0921
	00282081	Lanvis	GSK		4.0921

TRIPTORELIN PAMOATE

233	3.75mg/Vial Inj Pd with Sterile Water-Vial Pk				291.0000
	09857199	Trelstar (1 Month)	PAL		291.0000
234	11.25mg/Vial Inj Pd with Sterile Water-Vial Pk				891.0000
	09857200	Trelstar LA (3 Month)	PAL		891.0000
235	3.75mg/Vial Inj Pd-Vial Pk				291.0000
	02240000	Trelstar (1 Month)	PAL		291.0000
236	11.25mg/Vial Inj Pd-Vial Pk				891.0000
	02243856	Trelstar LA (3 Month)	PAL		891.0000

VINCRISTINE SULFATE

237	1mg/mL Inj Sol				7.1300
	00611182	Oncovin (Not a Benefit)	LIL		
	02143305	Vincristine Sulfate	NOP		7.1300

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

12:00 AUTONOMIC AGENTS

12:04:00 PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

BETHANECHOL CHLORIDE

238	10mg Tab 01947958	Duvoid	SQI	.2552 .2552
239	25mg Tab 01947931	Duvoid	SQI	.4135 .4135
240	50mg Tab 01947923	Duvoid	SQI	.5446 .5446

CARBACHOL

241	2mg Tab 00885568	Carbachol	GLA	.3727 .3727

DONEPEZIL HCL

242	5mg Tab 02232043	Aricept	PFI	4.7771 4.7771
243	10mg Tab 02232044	Aricept	PFI	4.7771 4.7771

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.

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

12:00 AUTONOMIC AGENTS

12:04:00 PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

GALANTAMINE HYDROBROMIDE

244	8mg ER Cap 02266717	Reminyl ER	JNO	4.7277 4.7277
245	16mg ER Cap 02266725	Reminyl ER	JNO	4.7277 4.7277
246	24mg ER Cap 02266733	Reminyl ER	JNO	4.7277 4.7277
	Reason for Use Code 347	Clinical criteria <u>Initial Trial:</u> For patients with mild to moderate Alzheimer’s Disease (Mini-Mental State Exam [MMSE] 10-26). Patients will be reimbursed for a period of up to 3 months after which continued treatment must be reassessed. NETWORK NOTE: Maximum duration 3 months. LU Authorization Period: 1 year.		
	348	<u>Continuation:</u> Further reimbursement will be made available to those patients whose disease has not progressed/deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26. LU Authorization Period: 1 year.		

NEOSTIGMINE BROMIDE

247	15mg Tab 00869945	Prostigmin	VAL	.4370 .4370

PYRIDOSTIGMINE BROMIDE

248	180mg LA Tab 00869953	Mestinon	VAL	.9397 .9397
249	60mg Tab 00869961	Mestinon	VAL	.4295 .4295

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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

250	1.5mg Cap				2.5300
	02242115	Exelon		NOV	2.5300
251	3mg Cap				2.5300
	02242116	Exelon		NOV	2.5300
252	4.5mg Cap				2.5300
	02242117	Exelon		NOV	2.5300
253	6mg Cap				2.5300
	02242118	Exelon		NOV	2.5300
	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.			

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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

12:08:00 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

254	2mg Tab				.0450
	00016357	Cogentin (Not a Benefit)	MSD		
	00426857	Apo-Benztropine	APX		.0450

ETHOPROPAZINE HCL

255	50mg Tab				.2000
	01927744	Parsitan	ERF		.2000

FLAVOXATE HCL

256	200mg Tab				
	00728179	Urispas (Not a Benefit)	PAL		
	02244842	Apo-Flavoxate (Not a Benefit)	APX		
	02245480	PMS-Flavoxate (Not a Benefit)	PMS		

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

12:00 AUTONOMIC AGENTS

12:08:00 PARASYMPATHOLYTIC (CHOLINERGIC BLOCKING) AGENTS

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

IPRATROPIUM BROMIDE

257	250mcg/mL Inh Sol-20mL Pk			8.7850
	00731439	Atrovent (Not a Benefit)	BOE	
	02097141	Ratio-Ipratropium	RPH	8.7850
	02126222	Apo-Ipravent Inhalation Solution	APX	8.7850
	02210479	Novo-Ipramide	NOP	8.7850
	02231136	PMS-Ipratropium	PMS	8.7850
	02239131	Gen-Ipratropium	GEN	8.7850
	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

12:08:00 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

258	125mcg/mL Inh Sol-2mL UDV Pk			.6590
	02026759	Atrovent UDV (Not a Benefit)	BOE	
	02097176	Ratio-Ipratropium UDV	RPH	.6590
	02231135	PMS-Ipratropium	PMS	.6590
259	250mcg/mL Inh Sol-2mL UDV Pk			1.3180
	01950681	Atrovent UDV (Not a Benefit)	BOE	
	02097168	Ratio-Ipratropium UDV	RPH	1.3180
	02216221	Gen-Ipratropium	GEN	1.3180
	02231245	PMS-Ipratropium	PMS	1.3180
	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

12:08:00 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

260	20mcg/Metered Dose Inh-200 Dose Pk 02247686	Atrovent HFA	BOE	18.3400 18.3400

IPRATROPIUM BROMIDE/SALBUTAMOL

261	20mcg/100mcg/md 02163721	Aero Inh # Combivent	BOE	21.2400 21.2400

262	500mcg/2.5mg/2.5mL 02231675	Inh Sol-2.5mL Pk Combivent UDV		.7340 1.5075
	02243789	Ratio-IPRA SAL UDV	RPH	.7340
	02266393	Apo-Salvent Ipravent Sterules	APX	.7340
	02272695	Gen-Combo Sterinebs	GEN	.7340
	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

12:08:00 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

263	1mg/mL O/L				.0444
	01924753	Ditropan (Not a Benefit)	JNO		
	02223376	PMS-Oxybutynin	PMS		.0444
264	5mg Tab				.1973
	01924761	Ditropan (Not a Benefit)	PGP		
	02158590	Nu-Oxybutyn	NXP		.1973
	02163543	Apo-Oxybutynin	APX		.1973
	02220059	# Oxybutyn	VAL		.2485
	02230394	Novo-Oxybutynin	NOP		.1973
	02230800	Gen-Oxybutynin	GEN		.1973
	02240550	PMS-Oxybutynin	PMS		.1973

PROCYCLIDINE HCL

265	0.5mg/mL O/L				.0307
	00004405	Kemadrin	BWE		.0307
266	2.5mg Tab				.0555
	00649392	PMS-Procyclidine	PMS		.0555
267	5mg Tab				.0255
	00004758	Kemadrin (Not a Benefit)	BWE		
	00587354	PMS-Procyclidine	PMS		.0255

TIOTROPIUM BROMIDE MONOHYDRATE

268	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

12:08:00 PARASYMPATHOLYTIC (CHOLINERGIC BLOCKING) AGENTS

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

TRIHEXYPHENIDYL HCL

269	2mg Tab				.0248
	00015040	Artane (Not a Benefit)	LED		
	00545058	Apo-Trihex	APX		.0248
270	5mg Tab				.0449
	00015059	Artane (Not a Benefit)	LED		
	00545074	Apo-Trihex	APX		.0449

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

271	100mcg/6mcg Pd Inh-120 Dose Pk				60.0000
	02245385	Symbicort 100 Turbuhaler	AZC		60.0000
272	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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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.

EPINEPHRINE HCL

273	30mg/30mL Inj Sol-30mL Pk				16.1000
	00155357	Adrenalin	ERF		16.1000

FORMOTEROL FUMARATE

274	12mcg/Cap Inh Pd-Device Pk				46.9500
	02230898	Foradil	NOV		46.9500

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

275	6mcg/Metered Dose Pd Inh-60 Dose Pk				32.7000
	02237225	Oxeze Turbuhaler	AZC		32.7000

276	12mcg/Metered Dose Pd Inh-60 Dose Pk				43.5500
	02237224	Oxeze Turbuhaler	AZC		43.5500

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.

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

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

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

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

12:00 AUTONOMIC AGENTS

12:12:00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

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

ISOPROTERENOL HCL

277	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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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

278	2mg/mL O/L				.0302
	00249920	Alupent (Not a Benefit)	BOE		
	02192675	Tanta Orciprenaline	TAN		.0302
	02236783	Apo-Orciprenaline	APX		.0302

PSEUDOEPHEDRINE HCL

279	6mg/mL O/L				
	00004561	Sudafed (Not a Benefit)	BWE		
	00425516	Robidrine (Not a Benefit)	WHB		
280	60mg Tab				
	00004766	Sudafed (Not a Benefit)	BWE		
	00342726	Robidrine (Not a Benefit)	WHB		

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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

281	1mg/mL Inh Sol-2.5mL Pk			.4828
	02213419	Ventolin Nebules P.F.	GSK	1.0094
	01926934	Gen-Salbutamol Sterinebs P.F.	GEN	.4828
	01986864	Ratio-Salbutamol Respirator Sol P.F.	RPH	.4828
	02208229	PMS-Salbutamol	PMS	.4828
	02231488	# Apo-Salvent Sterule	APX	.4828
	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

282	2mg/mL Inh Sol-2.5mL Pk			.9173
	02213427	Ventolin Nebules P.F.	GSK	1.9180
	02173360	Gen-Salbutamol	GEN	.9173
	02208237	PMS-Salbutamol	PMS	.9173
	02231678	# Apo-Salvent Sterule	APX	.9173
	02239366	Ratio-Salbutamol	RPH	.9173
	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

283	5mg/mL Inh Sol-10mL Pk			4.6850
	02213486	Ventolin	GSK	9.7963
	00860808	Ratio-Salbutamol Respirator Sol	RPH	4.6850
	02069571	PMS-Salbutamol Respirator Solution	PMS	4.6850
	02154412	Sandoz Salbutamol	SDZ	4.6850
	02232987	Gen-Salbutamol	GEN	4.6850
	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 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.

SALBUTAMOL

284	100mcg/Metered Dose Inh-200 Dose Pk			7.7300
	02213478	Ventolin (Not a Benefit)	GLW	
	00790419	Apo-Salvent (Not a Benefit)	APX	
	00851841	Ratio-Salbutamol Inhaler (Not a Benefit)	RPH	
	00874086	Novo-Salmol (Not a Benefit)	NOP	
	02232570	Airomir HFA (Not a Benefit)	MMH	
	02244914	Ratio-Salbutamol HFA	RPH	7.7300
	02245669	Apo-Salvent CFC Free	APX	7.7300
285	0.4mg/mL O/L			.0476
	02212390	Ventolin	GSK	.0711
	02091186	PMS-Salbutamol	PMS	.0476
286	2mg Tab			.0990
	01961039	Ventolin (Not a Benefit)	GLA	
	02146843	Apo-Salvent	APX	.0990
287	4mg Tab			.1655
	01932691	Ventolin (Not a Benefit)	GLA	
	02146851	Apo-Salvent	APX	.1655

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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

288	50mcg/Blister 02214261	Diskhaler-60 Disk Pk SereVent Diskhaler Disks	GSK	54.8051 54.8051
289	50mcg Pd Inh-60 Dose Pk 02231129	SereVent Diskus	GSK	54.8051 54.8051
	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.		

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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

290	25/125mcg/Metered Dose Inh-120 Dose Pk 02245126	Advair 125	GSK	93.7814 93.7814
291	25/250mcg/Metered Dose Inh-120 Dose Pk 02245127	Advair 250	GSK	133.1235 133.1235
292	50/100mcg Inh-60 Dose Pk 02240835	Advair Diskus	GSK	78.3393 78.3393
293	50/250mcg Inh-60 Dose Pk 02240836	Advair Diskus	GSK	93.7814 93.7814
294	50/500mcg Inh-60 Dose Pk 02240837	Advair Diskus	GSK	133.1235 133.1235
	Reason for Use Code 330	Clinical criteria 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

295	0.5mg/Dose Inh-200 Dose Pk 00786616	Bricanyl Turbuhaler	AZC	14.7000 14.7000

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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 TARTRATE & CAFFEINE

296	1mg & 100mg Tab 00176095	Cafergot	NOV	.7526 .7526

METHYSERGIDE BIMALEATE

297	2mg Tab 00027499	Sansert	NOV	.9616 .9616

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

PIZOTYLIN

298	0.5mg Tab 00329320	Sandomigran	SQI	.3581 .3581
299	1mg Tab 00511552	Sandomigran DS	SQI	.5946 .5946

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

300	10mg Tab 00455881	Lioresal	NOV	.2311 .6075
	02063735	PMS-Baclofen	PMS	.2311
	02088398	Gen-Baclofen	GEN	.2311
	02136090	Nu-Baclo	NXP	.2311
	02139332	Apo-Baclofen	APX	.2311
	02236507	Ratio-Baclofen	RPH	.2311

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

12:00 AUTONOMIC AGENTS

12:20:00 SKELETAL MUSCLE RELAXANTS

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

BACLOFEN

301	20mg Tab				.4498
	00636576	Lioresal DS	NOV		1.1824
	02063743	PMS-Baclofen	PMS		.4498
	02088401	Gen-Baclofen	GEN		.4498
	02136104	Nu-Baclo	NXP		.4498
	02139391	Apo-Baclofen	APX		.4498
	02236508	Ratio-Baclofen	RPH		.4498

CYCLOBENZAPRINE HCL

302	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

303	25mg Cap				.3780
	01997602	Dantrium	PGP		.3780
304	100mg Cap				.7684
	01997653	Dantrium	PGP		.7684

ORPHENADRINE CITRATE

305	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 DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

20:00 BLOOD FORMATION AND COAGULATION

20:04:00 ANTIANEMIA DRUGS

FERROUS FUMARATE

306	300mg Cap				.1234
	01923420	Palafer	GSK		.1996
	02237556	Euro-Fer	EUR		.1234
307	60mg/mL O/L				.0849
	01923439	Palafer	GSK		.0849

FERROUS GLUCONATE

308	*300mg Tab				.0212
	00031097	Ferrous Gluconate (Not a Benefit)	RPR		
	00021458	Novo-Ferrogluc	NOP		.0212
	00545031	Apo-Ferrous Gluconate	APX		.0212

FERROUS SULFATE

309	75mg/mL O/L				.2436
	00762954	Fer-In-Sol	MJS		.2436

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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

310	2500IU/0.2mL Inj Pref Syr				4.9400
	02132621	Fragmin	PFI		4.9400
311	5000IU/0.2mL Inj Pref Syr				9.8280
	02132648	Fragmin	PFI		9.8280
312	10000IU/0.4mL Inj Pref Syr				19.7600
	09853790	Fragmin	PFI		19.7600
313	12500IU/0.5mL Inj Pref Syr				24.7000
	09853820	Fragmin	PFI		24.7000
314	15000IU/0.6mL Inj Pref Syr				29.6400
	09853880	Fragmin	PFI		29.6400
315	18000IU/0.72mL Inj Pref Syr				35.5680
	09853910	Fragmin	PFI		35.5680
316	10000IU/mL Inj Sol-1mL Pk				15.6000
	02132664	Fragmin	PFI		15.6000
317	25000IU/mL Multidose 3.8mL Pk				148.2000
	02231171	Fragmin	PFI		148.2000
	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

318	100mg/mL Inj Sol-3mL Vial Pk 02236564	Lovenox	SAV	61.5000 61.5000
319	30mg/0.3mL Pref Syr-0.3mL Pk 02012472	Lovenox	SAV	6.1900 6.1900
320	40mg/0.4mL Pref Syr-0.4mL Pk 02236883	Lovenox	SAV	8.2000 8.2000
321	60mg/0.6mL Pref Syr-0.6mL Pk 09852468	Lovenox	SAV	12.3000 12.3000
322	80mg/0.8mL Pref Syr-0.8mL Pk 09852476	Lovenox	SAV	16.4000 16.4000
323	120mg/0.8mL Pref Syr-0.8mL Pk 09857137	Lovenox HP	SAV	24.6000 24.6000
324	100mg/mL Pref Syr-1mL Pk 09852484	Lovenox	SAV	20.5000 20.5000
325	150mg/mL Pref Syr-1mL Pk 02242692	Lovenox HP	SAV	30.7500 30.7500
	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

326	2.5mg Inj-0.5mL Pk				15.0761
	02245531	Arixtra	GSK		15.0761
	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 SODIUM

327	10000USP U/10mL Inj Sol-10mL Pk				3.5000
	00740519	Hepalean	ORG		3.5000
328	50000USP U/5mL Inj Sol-5mL Pk				5.8900
	00740497	Hepalean	ORG		5.8900

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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

329	9500IU/mL Pref Syr-0.3mL Pk 09853936	Fraxiparine	GSK	9.3572 9.3572
330	9500IU/mL Pref Syr-0.4mL Pk 09853944	Fraxiparine	GSK	9.3572 9.3572
331	9500IU/mL Pref Syr-0.6mL Pk 09853952	Fraxiparine	GSK	9.3572 9.3572
332	19000IU/mL Pref Syr-0.6mL Pk 02240114	Fraxiparine Forte	GSK	18.7145 18.7145
333	9500IU/mL Pref Syr-0.8mL Pk 09853979	Fraxiparine	GSK	9.3572 9.3572
334	19000IU/mL Pref Syr-0.8mL Pk 09854100	Fraxiparine Forte	GSK	18.7145 18.7145
335	9500IU/mL Pref Syr-1.0mL Pk 09853987	Fraxiparine	GSK	9.3572 9.3572
336	19000IU/mL Pref Syr-1.0mL Pk 09854118	Fraxiparine Forte	GSK	18.7145 18.7145
	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

TINZAPARIN SODIUM

337	10000IU/mL Inj-2mL Pk 02167840	Innohep	LEO	32.0000 32.0000
338	20000IU/mL Inj-2mL Pk 02229515	Innohep	LEO	64.0000 64.0000
339	3500IU/0.35mL Inj Pref Syr 02229755	Innohep	LEO	5.6450 5.6450
340	4500IU/0.45mL Inj Pref Syr 09853898	Innohep	LEO	7.2580 7.2580
341	10000IU/0.5mL Inj Pref Syr 02231478	Innohep	LEO	16.0000 16.0000
342	14000IU/0.7mL Inj Pref Syr 09853901	Innohep	LEO	22.4000 22.4000
343	18000IU/0.9mL Inj Pref Syr 09853928	Innohep	LEO	28.8000 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.

344	1mg Tab				.1415
	01918311	Coumadin	BQU		.3029
	02242680	Taro-Warfarin	TAR		.1415
	02242924	Apo-Warfarin	APX		.1415
	02244462	Gen-Warfarin	GEN		.1415
	02265273	Novo-Warfarin	NOP		.1415
345	2mg Tab				.1496
	01918338	Coumadin	BQU		.3203
	02242681	Taro-Warfarin	TAR		.1496
	02242925	Apo-Warfarin	APX		.1496
	02244463	Gen-Warfarin	GEN		.1496
	02265281	Novo-Warfarin	NOP		.1496
346	2.5mg Tab				.1198
	01918346	Coumadin	BQU		.2564
	02242682	Taro-Warfarin	TAR		.1198
	02242926	Apo-Warfarin	APX		.1198
	02244464	Gen-Warfarin	GEN		.1198
	02265303	Novo-Warfarin	NOP		.1198
347	3mg Tab				.1855
	02240205	Coumadin	BQU		.3971
	02242683	Taro-Warfarin	TAR		.1855
	02245618	Apo-Warfarin	APX		.1855
	02265311	Novo-Warfarin	NOP		.1855
	02287498	Gen-Warfarin	GEN		.1910
348	4mg Tab				.1855
	02007959	Coumadin	BQU		.3971
	02242684	Taro-Warfarin	TAR		.1855
	02242927	Apo-Warfarin	APX		.1855
	02244465	Gen-Warfarin	GEN		.1855
	02265338	Novo-Warfarin	NOP		.1855

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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.

349	5mg Tab				.1200
	01918354	Coumadin	BQU		.2569
	02242685	Taro-Warfarin	TAR		.1200
	02242928	Apo-Warfarin	APX		.1200
	02244466	Gen-Warfarin	GEN		.1200
	02265346	Novo-Warfarin	NOP		.1200
350	10mg Tab				.2153
	01918362	Coumadin	BQU		.4610
	02242687	Taro-Warfarin	TAR		.2153
	02242929	Apo-Warfarin	APX		.2153
	02244467	Gen-Warfarin	GEN		.2153

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

20:00 BLOOD FORMATION AND COAGULATION

20:16:00 HEMATOPOIETIC AGENTS

DARBEPOETIN ALFA

351	150mcg/0.3mL Pref Syr-0.3mL Pk 02246360	Aranesp	AMG	402.0000 402.0000
352	200mcg/0.4mL Pref Syr-0.4mL Pk 09857185	Aranesp	AMG	536.0000 536.0000
353	300mcg/0.6mL Pref Syr-0.6mL Pk 09857186	Aranesp	AMG	828.0000 828.0000
354	500mcg/1.0mL Pref Syr-1.0mL Pk 09857187	Aranesp	AMG	1,380.0000 1,380.0000

NOTE: These products must be prescribed based on the following criteria:

For the treatment of chemotherapy-induced anemia in patients with malignant cancer undergoing myelosuppressive chemotherapy with a hemoglobin count of less than 100g/L and MCV level between 75fL and 120fL.

NOTE: Darbepoietin therapy should be re-assessed after 3 months of therapy and should not be continued for those patients who do not respond to therapy (i.e. Hgb level has not improved by at least 15g/L or transfusions were required after first 2 weeks of therapy) or who are no longer anemic.

The following dosage regimens for Aranesp are recommended by the Committee to Evaluate Drugs:

- I. 200mcg q2weekly x 6 weeks, then increase to 300mcg q2weekly if inadequate response;
OR
- II. 500mcg q3weekly x maximum duration of 3 cycles, then decrease to 300mcg q3weekly for maintenance; OR
- III. 150mcg qweekly.

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

20:00 BLOOD FORMATION AND COAGULATION

20:16:00 HEMATOPOIETIC AGENTS

RECOMBINANT HUMAN ERYTHROPOIETIN (R-HUEPO)

355	20,000IU/mL Inj Sol-1mL Vial Pk 02206072 Eprex	JNO	267.9000 267.9000
356	10,000IU/mL Pref Syr-1mL Pk 02231587 Eprex	JNO	142.5000 142.5000
357	40,000IU/mL Pref Syr-1mL Pk 02240722 Eprex	JNO	401.8500 401.8500

NOTE: These products must be prescribed based on the following criteria:

For the treatment of chemotherapy-induced anemia in patients with malignant cancer undergoing myelosuppressive chemotherapy with a hemoglobin count of less than 100g/L and MCV level between 75fL and 120fL.

NOTE: Erythropoietin therapy should be re-assessed after 3 months of therapy and should not be continued for those patients who do not respond to therapy (i.e. Hgb level has not improved by at least 15g/L or transfusions were required after first 2 weeks of therapy or who are no longer anemic.

The following dosage regimens for Eprex are recommended by the Committee to Evaluate Drugs:

- I. 150 IU/kg subcutaneously 3 times a week for 4 weeks. If no response, the dose may be increased to 300 IU/kg subcutaneously 3 times a week; OR
- II. 40,000 IU once weekly. If no response after 4 weeks, the dose may be increased to 60,000 IU once weekly for 4 weeks.

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

20:00 BLOOD FORMATION AND COAGULATION

20:24:00 HEMORRHEOLOGIC AGENTS

PENTOXIFYLLINE

358	400mg SR Tab				.3046
	02221977	Trental	SAV		.7424
	01968432	Ratio-Pentoxifylline	RPH		.3046
	02230090	Apo-Pentoxifylline	APX		.3046
	02230401	Nu-Pentoxifylline	NXP		.3046
	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 DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

ACEBUTOLOL HCL

359	100mg Tab			.1294	.26
	01910140	Rhotral	SAV	.1294	.26
	01926543	Sectral	SAV	.2996	.60
	02036290	Monitan (Not a Benefit)	WAY		
	02147602	Apo-Acebutolol	APX	.1294	.26
	02165546	Nu-Acebutolol	NXP	.1294	.26
	02204517	Novo-Acebutolol	NOP	.1294	.26
	02237721	Gen-Acebutolol	GEN	.1294	.26
	02237885	Gen-Acebutolol (Type S)	GEN	.1294	.26
	02257599	Sandoz Acebutolol	SDZ	.1294	.26
360	200mg Tab			.1936	.39
	01910159	Rhotral	SAV	.1936	.39
	01926551	Sectral	SAV	.4484	.90
	02036436	Monitan (Not a Benefit)	WAY		
	02147610	Apo-Acebutolol	APX	.1936	.39
	02165554	Nu-Acebutolol	NXP	.1936	.39
	02204525	Novo-Acebutolol	NOP	.1936	.39
	02237722	Gen-Acebutolol	GEN	.1936	.39
	02237886	Gen-Acebutolol (Type S)	GEN	.1936	.39
	02257602	Sandoz Acebutolol	SDZ	.1936	.39
361	400mg Tab			.3847	.77
	01910167	Rhotral	SAV	.3847	.77
	01926578	Sectral	SAV	.9392	1.88
	02036444	Monitan (Not a Benefit)	WAY		
	02147629	Apo-Acebutolol	APX	.3847	.77
	02165562	Nu-Acebutolol	NXP	.3847	.77
	02204533	Novo-Acebutolol	NOP	.3847	.77
	02237723	Gen-Acebutolol	GEN	.3847	.77
	02237887	Gen-Acebutolol (Type S)	GEN	.3847	.77
	02257610	Sandoz Acebutolol	SDZ	.3847	.77

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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

362	200mg Tab				1.0295
	02036282	Cordarone	WAY		2.0589
	02239835	Novo-Amiodarone	NOP		1.0295
	02240071	Ratio-Amiodarone	RPH		1.0295
	02240604	Gen-Amiodarone	GEN		1.0295
	02242472	PMS-Amiodarone	PMS		1.0295
	02243836	Sandoz Amiodarone	SDZ		1.0295
	02246194	Apo-Amiodarone	APX		1.0295

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

363	5mg Tab				1.3312	1.33
	00878928	Norvasc	PFI		1.3312	1.33
364	10mg Tab				1.9760	1.98
	00878936	Norvasc	PFI		1.9760	1.98

ATENOLOL

365	50mg Tab				.2790	.28
	02039532	Tenormin	AZC		.5746	.57
	00773689	Apo-Atenol	APX		.2790	.28
	00886114	Nu-Atenol	NXP		.2790	.28
	01912062	Novo-Atenol	NOP		.2790	.28
	02146894	Gen-Atenolol	GEN		.2790	.28
	02171791	Ratio-Atenolol	RPH		.2790	.28
	02231731	Sandoz Atenolol	SDZ		.2790	.28
	02237600	PMS-Atenolol	PMS		.2790	.28
	02255545	Co-Atenolol	COB		.2790	.28
	02267985	Ran-Atenolol	RAN		.2790	.28

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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

366	100mg Tab				.4586 .46
	02039540	Tenormin	AZC	.9446	.94
	00773697	Apo-Atenol	APX	.4586	.46
	00886122	Nu-Atenol	NXP	.4586	.46
	01912054	Novo-Atenol	NOP	.4586	.46
	02147432	Gen-Atenolol	GEN	.4586	.46
	02171805	Ratio-Atenolol	RPH	.4586	.46
	02231733	Sandoz Atenolol	SDZ	.4586	.46
	02237601	PMS-Atenolol	PMS	.4586	.46
	02255553	Co-Atenolol	COB	.4586	.46
	02267993	Ran-Atenolol	RAN	.4586	.46

BISOPROLOL FUMARATE

367	5mg Tab				.1750
	02241148	Monacor	BIO	.3974	
	02247439	Sandoz Bisoprolol	SDZ	.1750	
	02256134	Apo-Bisoprolol	APX	.1750	
	02267470	Novo-Bisoprolol	NOP	.1750	
	02302632	PMS-Bisoprolol	PMS	.1750	
368	10mg Tab				.2900
	02241149	Monacor	CRY	.5800	
	02247440	Sandoz Bisoprolol	SDZ	.2900	
	02256177	Apo-Bisoprolol	APX	.2900	
	02267489	Novo-Bisoprolol	NOP	.2900	
	02302640	PMS-Bisoprolol	PMS	.2900	

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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

369	3.125mg Tab			.6350	1.27
	02229650	Coreg (Not a Benefit)	GSK		
	02245914	PMS-Carvedilol	PMS	.6350	1.27
	02247933	Apo-Carvedilol	APX	.6350	1.27
	02252309	Ratio-Carvedilol	RPH	.6350	1.27
	02268027	Ran-Carvedilol	RAN	.6350	1.27
370	6.25mg Tab			.6350	1.27
	02229651	Coreg (Not a Benefit)	GSK		
	02245915	PMS-Carvedilol	PMS	.6350	1.27
	02247934	Apo-Carvedilol	APX	.6350	1.27
	02252317	Ratio-Carvedilol	RPH	.6350	1.27
	02268035	Ran-Carvedilol	RAN	.6350	1.27
371	12.5mg Tab			.6350	1.27
	02229652	Coreg (Not a Benefit)	GSK		
	02245916	PMS-Carvedilol	PMS	.6350	1.27
	02247935	Apo-Carvedilol	APX	.6350	1.27
	02252325	Ratio-Carvedilol	RPH	.6350	1.27
	02268043	Ran-Carvedilol	RAN	.6350	1.27
372	25mg Tab			.6350	1.27
	02229653	Coreg (Not a Benefit)	GSK		
	02245917	PMS-Carvedilol	PMS	.6350	1.27
	02247936	Apo-Carvedilol	APX	.6350	1.27
	02252333	Ratio-Carvedilol	RPH	.6350	1.27
	02268051	Ran-Carvedilol	RAN	.6350	1.27
	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.

373	0.05mg/mL O/L			.3561
	02242320	Lanoxin	VRO	.3561
374	0.0625mg Tab			.1089
	02242321	Lanoxin	VRO	.2177
	02245426	PMS-Digoxin	PMS	.1089
	02281236	Apo-Digoxin	APX	.1089
375	0.125mg Tab			.1030
	02242322	Lanoxin	VRO	.2060
	02245427	PMS-Digoxin	PMS	.1030
	02281228	Apo-Digoxin	APX	.1030
376	0.25mg Tab			.1030
	02242323	Lanoxin	VRO	.2060
	02245428	PMS-Digoxin	PMS	.1030
	02281201	Apo-Digoxin	APX	.1030

DILTIAZEM HCL

377	120mg ER Tab			.7681
	02256738	Tiazac XC	BIO	.7681
378	180mg ER Tab			1.0195
	02256746	Tiazac XC	BIO	1.0195
379	240mg ER Tab			1.3523
	02256754	Tiazac XC	BIO	1.3523
380	300mg ER Tab			1.3523
	02256762	Tiazac XC	BIO	1.3523
381	360mg ER Tab			1.3523
	02256770	Tiazac XC	BIO	1.3523
382	120mg LA Cap			.6366
	02097249	Cardizem CD	BIO	1.3703
	02229781	Ratio-Diltiazem CD	RPH	.6366
	02230997	Apo-Diltiaz CD	APX	.6366
	02242538	Novo-Diltiazem CD	NOP	.6366
	02243338	Sandoz Diltiazem CD	SDZ	.6366
	02254808	Gen-Diltiazem CD	GEN	.6366

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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

383	180mg LA Cap			.8450	.85
	02097257	Cardizem CD	BIO	1.8190	1.82
	02229782	Ratio-Diltiazem CD	RPH	.8450	.85
	02230998	Apo-Diltiaz CD	APX	.8450	.85
	02242539	Novo-Diltazem CD	NOP	.8450	.85
	02243339	Sandoz Diltiazem CD	SDZ	.8450	.85
	02254816	Gen-Diltiazem CD	GEN	.8450	.85
384	240mg LA Cap			1.1208	1.12
	02097265	Cardizem CD	BIO	2.4127	2.41
	02229783	Ratio-Diltiazem CD	RPH	1.1208	1.12
	02230999	Apo-Diltiaz CD	APX	1.1208	1.12
	02242540	Novo-Diltazem CD	NOP	1.1208	1.12
	02243340	Sandoz Diltiazem CD	SDZ	1.1208	1.12
	02254824	Gen-Diltiazem CD	GEN	1.1208	1.12
385	300mg LA Cap			1.4010	1.40
	02097273	Cardizem CD	BIO	3.0159	3.02
	02229526	Apo-Diltiaz CD	APX	1.4010	1.40
	02229784	Ratio-Diltiazem CD	RPH	1.4010	1.40
	02242541	Novo-Diltazem CD	NOP	1.4010	1.40
	02243341	Sandoz Diltiazem CD	SDZ	1.4010	1.40
	02254832	Gen-Diltiazem CD	GEN	1.4010	1.40
386	60mg LA Cap			.3635	.36
	02097214	Cardizem-SR (Not a Benefit)	CRY		
	02222957	Apo-Diltiaz SR	APX	.3635	.36
387	90mg LA Cap			.5455	.55
	02097222	Cardizem-SR (Not a Benefit)	CRY		
	02222965	Apo-Diltiaz SR	APX	.5455	.55
388	120mg LA Cap			.7270	.73
	02097230	Cardizem-SR (Not a Benefit)	CRY		
	02222973	Apo-Diltiaz SR	APX	.7270	.73
389	120mg SR Cap			.4043	.40
	02231150	Tiazac	BIO	.8533	.85
	02245918	Sandoz Diltiazem T	SDZ	.4043	.40
	02271605	Novo-Diltiazem HCL ER	NOP	.4043	.40

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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

DILTIAZEM HCL

390	180mg SR Cap			.5366	.54
	02231151	Tiazac	BIO	1.1386	1.14
	02245919	Sandoz Diltiazem T	SDZ	.5366	.54
	02271613	Novo-Diltiazem HCL ER	NOP	.5366	.54
391	240mg SR Cap			.7118	.71
	02231152	Tiazac	BIO	1.5102	1.51
	02245920	Sandoz Diltiazem T	SDZ	.7118	.71
	02271621	Novo-Diltiazem HCL ER	NOP	.7118	.71
392	300mg SR Cap			.8897	.89
	02231154	Tiazac	BIO	1.8878	1.89
	02245921	Sandoz Diltiazem T	SDZ	.8897	.89
	02271648	Novo-Diltiazem HCL ER	NOP	.8897	.89
393	360mg SR Cap			1.0732	1.07
	02231155	Tiazac	BIO	2.2771	2.28
	02245922	Sandoz Diltiazem T	SDZ	1.0732	1.07
	02271656	Novo-Diltiazem HCL ER	NOP	1.0732	1.07
394	30mg Tab			.1866	
	02097370	Cardizem	BIO	.3715	
	00771376	Apo-Diltiaz	APX	.1866	
	00862924	Novo-Diltiazem	NOP	.1866	
	00886068	Nu-Diltiaz	NXP	.1866	
	02146916	# Gen-Diltiazem	GEN	.1866	
395	60mg Tab			.3273	
	02097389	Cardizem	BIO	.6516	
	00771384	Apo-Diltiaz	APX	.3273	
	00862932	Novo-Diltiazem	NOP	.3273	
	00886076	Nu-Diltiaz	NXP	.3273	
	02146924	# Gen-Diltiazem	GEN	.3273	

DISOPYRAMIDE

396	100mg Cap			.2545	
	02030799	Norpace (Not a Benefit)	RBT		
	02224801	Rythmodan	SAV	.2545	
397	150mg Cap			.3598	
	02030802	Norpace (Not a Benefit)	RBT		
	02224828	Rythmodan	SAV	.3598	

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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

398	50mg Tab				.3620
	01966197	Tambocor	GRA	.5274	
	02275538	Apo-Flecainide	APX	.3620	
399	100mg Tab				.7239
	01966200	Tambocor	GRA	1.0549	
	02275546	Apo-Flecainide	APX	.7239	

METOPROLOL TARTRATE

400	100mg LA Tab				.1415	
	00658855	Lopresor SR	NOV	.2830		
	02285169	Apo-Metoprolol SR	APX	.2021		
	02303396	+ Sandoz Metoprolol SR	SDZ	.1415		
401	200mg LA Tab				.2568	
	00534560	Lopresor SR	NOV	.5135		
	02285177	Apo-Metoprolol SR	APX	.3668		
	02303418	+ Sandoz Metoprolol SR	SDZ	.2568		
402	50mg Tab				.0968	.19
	00397423	Lopresor	NOV	.2376		.48
	00402605	Betaloc	AZC	.2315		.46
	00618632	Apo-Metoprolol	APX	.0968		.19
	00648035	Novo-Metoprol	NOP	.0968		.19
	00749354	Apo-Metoprolol (Type L)	APX	.0968		.19
	00842648	Novo-Metoprol (Uncoated)	NOP	.1080		.22
	00865605	Nu-Metop	NXP	.1080		.22
	02174545	Gen-Metoprolol (Type L)	GEN	.0968		.19
	02230803	PMS-Metoprolol-L	PMS	.0968		.19
	02247875	Sandoz Metoprolol (Type L)	SDZ	.0968		.19
403	100mg Tab				.1747	.35
	00397431	Lopresor	NOV	.4291		.86
	00402540	Betaloc	AZC	.3965		.79
	00618640	Apo-Metoprolol	APX	.1747		.35
	00648043	Novo-Metoprol	NOP	.1747		.35
	00751170	Apo-Metoprolol (Type L)	APX	.1747		.35
	00842656	Novo-Metoprol (Uncoated)	NOP	.1830		.37
	00865613	Nu-Metop	NXP	.1830		.37
	02174553	Gen-Metoprolol (Type L)	GEN	.1747		.35
	02230804	PMS-Metoprolol-L	PMS	.1747		.35
	02247876	Sandoz Metoprolol (Type L)	SDZ	.1747		.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

MEXILETINE HCL

404	100mg Cap				.8162
	00599956	Mexitil (Not a Benefit)	BOE		
	02230359	Novo-Mexiletine	NOP		.8162
405	200mg Cap				1.0930
	00599964	Mexitil (Not a Benefit)	BOE		
	02230360	Novo-Mexiletine	NOP		1.0930

NADOLOL

406	40mg Tab				.2465	.25
	00607126	Corgard (Not a Benefit)	BQU			
	00782505	Apo-Nadol	APX		.2465	.25
	02126753	Novo-Nadolol	NOP		.2465	.25
407	80mg Tab				.3515	.70
	00463256	Corgard (Not a Benefit)	BQU			
	00782467	Apo-Nadol	APX		.3515	.70
	02126761	Novo-Nadolol	NOP		.3515	.70
408	160mg Tab				.6595	.66
	00523372	Corgard (Not a Benefit)	BQU			
	00782475	Apo-Nadol	APX		.6595	.66

NIFEDIPINE

409	5mg Cap				.2440	
	02155869	Adalat (Not a Benefit)	BAH			
	00725110	Apo-Nifed	APX		.2440	
410	10mg Cap				.1858	
	02155877	Adalat (Not a Benefit)	BAH			
	00755907	Apo-Nifed	APX		.1858	
	00865591	Nu-Nifed	NXP		.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	BRAND NAME	MANUFACTURER	DBP	DAILY COST

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

PROCAINAMIDE HCL

411	250mg LA Tab				.3500
	00638692	Procan SR	ERF		.3500
412	500mg LA Tab				.4500
	00638676	Procan SR	ERF		.4500
413	750mg LA Tab				.7000
	00638684	Procan SR	ERF		.7000

PROPAFENONE HCL

414	150mg Tab				.3395
	00603708	Rythmol	ABB		1.0759
	02243324	Apo-Propafenone	APX		.3395
	02243727	# PMS-Propafenone	PMS		.3395
	02245372	Gen-Propafenone	GEN		.3395
	02294559	PMS-Propafenone	PMS		.3395
415	300mg Tab				.5985
	00603716	Rythmol	ABB		1.8964
	02243325	Apo-Propafenone	APX		.5985
	02243728	# PMS-Propafenone	PMS		.5985
	02245373	Gen-Propafenone	GEN		.5985
	02294575	PMS-Propafenone	PMS		.5985

PROPRANOLOL

416	10mg Tab				.0192
	02042177	Inderal (Not a Benefit)	WAY		
	00402788	Apo-Propranolol	APX		.0192
	00496480	Novo-Pranol	NOP		.0192
	00582255	PMS-Propranolol	PMS		.0192

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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

PROPRANOLOL

417	20mg Tab				.0346	
	02042193	Inderal (Not a Benefit)	WAY			
	00663719	Apo-Propranolol	APX	.0346		
	00740675	Novo-Pranol	NOP	.0346		
418	40mg Tab			.0348	.07	
	02042207	Inderal-40 (Not a Benefit)	AYE			
	00402753	Apo-Propranolol	APX	.0348	.07	
	00496499	Novo-Pranol	NOP	.0348	.07	
	00582263	PMS-Propranolol	PMS	.0348	.07	
419	80mg Tab			.0585	.12	
	02042215	Inderal (Not a Benefit)	WAY			
	00402761	Apo-Propranolol	APX	.0585	.12	
	00496502	Novo-Pranol	NOP	.0585	.12	
	00582271	PMS-Propranolol	PMS	.0585	.12	
420	120mg Tab			.1059	.21	
	02042223	Inderal (Not a Benefit)	WAY			
	00504335	Apo-Propranolol	APX	.1059	.21	

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

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

SOTALOL HCL

421	160mg Tab			.6492	
	00483923	Sotacor (Not a Benefit)	BQU		
	02084236	Ratio-Sotalol	RPH	.6492	
	02163772	Nu-Sotalol	NXP	.6492	
	02167794	Apo-Sotalol	APX	.6492	
	02229779	Gen-Sotalol	GEN	.6492	
	02231182	Novo-Sotalol	NOP	.6492	
	02234013	Rhoxal-Sotalol	SDZ	.6492	
	02238327	PMS-Sotalol	PMS	.6492	
	02257858	Sandoz Sotalol	SDZ	.6492	
	02270633	Co Sotalol	COB	.6492	

TIMOLOL MALEATE

422	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
423	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
424	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

VERAPAMIL HCL

425	80mg Tab			.2735	.82
	00554316	Isoptin (Not a Benefit)	ABB		
	00782483	Apo-Verap	APX	.2735	.82
	00886033	Nu-Verap	NXP	.2735	.82
	02237921	Gen-Verapamil	GEN	.2735	.82

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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

426	120mg Tab				.4250	1.28
	00554324	Isoptin (Not a Benefit)	ABB			
	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.

AMLODIPINE BESYLATE / ATORVASTATIN CALCIUM

427	5mg/10mg Tab				2.4500	
	02273233	Caduet	PFI	2.4500		
428	5mg/20mg Tab				3.2000	
	02273241	Caduet	PFI	3.2000		
429	5mg/40mg Tab				3.2000	
	02273268	Caduet	PFI	3.2000		
430	5mg/80mg Tab				3.2000	
	02273276	Caduet	PFI	3.2000		
431	10mg/10mg Tab				2.4500	
	02273284	Caduet	PFI	2.4500		
432	10mg/20mg Tab				3.2000	
	02273292	Caduet	PFI	3.2000		
433	10mg/40mg Tab				3.2000	
	02273306	Caduet	PFI	3.2000		
434	10mg/80mg Tab				3.2000	
	02273314	Caduet	PFI	3.2000		

Note: Patients should be stabilized on a statin or a calcium channel blocker before being initiated on Caduet.

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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.

ATORVASTATIN CALCIUM

435	10mg Tab				1.6640
	02230711	Lipitor	PFI		1.6640
436	20mg Tab				2.0800
	02230713	Lipitor	PFI		2.0800
437	40mg Tab				2.2360
	02230714	Lipitor	PFI		2.2360
438	80mg Tab				2.2360
	02243097	Lipitor	PFI		2.2360

BEZAFIBRATE

439	400mg SR Tab				1.6000
	02083523	Bezalip	HLR		1.6000
440	200mg Tab				.8833
	02084082	Bezalip (Not a Benefit)	HLR		
	02240331	PMS-Bezafibrate	PMS		.8833

CHOLESTYRAMINE RESIN

441	Oral Pd-42 Dose Pk				19.9200
	00634093	Questran (Not a Benefit)	BQU		
	02141795	# PMS-Cholestyramine (Sugar Free)	PMS		19.9200
	02207745	# PMS-Cholestyramine	PMS		19.9200
442	Oral Pd-Pouch Pk				1.3167
	00464880	Questran 9g Pk (Not a Benefit)	BQU		
	00890960	PMS-Cholestyramine Sugar Free 5g Pk	PMS		1.3167
	01918486	Questran Light 4g Pk (Not a Benefit)	BQU		
	02210320	PMS-Cholestyramine 9g Pk	PMS		1.3167

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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.

CLOFIBRATE

443	500mg Cap 00002038 00337382	Atromid-S (Not a Benefit) Novo-Fibrate (Not a Benefit)	AYE NOP	

COLESTIPOL HCL

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

444	Gran-5g Pk 00642975	Colestid Regular	PFI	.8510 .8510
445	Gran-7.5g Pk 02132699	Colestid Orange	PFI	.8510 .8510

EZETIMIBE

446	10mg Tab 02247521	Ezetrol	MFS	1.6800 1.6800
	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.		

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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.

FENOFIBRATE

447	100mg Cap				.4325
	00885827	Lipidil (Not a Benefit)	JOU		
	02223600	Nu-Fenofibrate	NXP		.4325
	02225980	Apo-Fenofibrate	APX		.4325
448	200mg Cap				1.0890
	02146959	Lipidil Micro	SPH		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
	02273551	PMS-Fenofibrate Micro	PMS		1.0890
449	160mg Tab				.6231
	02241602	Lipidil Supra	SPH		1.2463
	02246860	Apo-Feno-Super	APX		.6231
	02288052	Sandoz Fenofibrate S	SDZ		.6231
	02289091	Novo-Fenofibrate-S	NOP		.6231
450	48mg Tab				.4100
	02269074	Lipidil EZ	FOU		.4100
451	145mg Tab				1.0500
	02269082	Lipidil EZ	FOU		1.0500

FLUVASTATIN SODIUM

452	20mg Cap				.8426
	02061562	Lescol	NOV		.8426
453	40mg Cap				1.1831
	02061570	Lescol	NOV		1.1831
454	80mg ER Tab				1.4271
	02250527	Lescol XL	NOV		1.4271

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

24:00 CARDIOVASCULAR DRUGS

24:06:00 ANTILIPEMIC DRUGS

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

GEMFIBROZIL

455	300mg Cap			.2352
	00599026	Lopid	PFI	.4892
	01979574	Apo-Gemfibrozil	APX	.2352
	02185407	Gen-Gemfibrozil	GEN	.2352
	02239951	PMS-Gemfibrozil	PMS	.2352
	02241704	Novo-Gemfibrozil	NOP	.2352

LOVASTATIN

456	20mg Tab			.8657
	00795860	Mevacor	MFC	1.9103
	02220172	Apo-Lovastatin	APX	.8657
	02243127	Gen-Lovastatin	GEN	.8657
	02245822	Ratio-Lovastatin	RPH	.8657
	02246013	PMS-Lovastatin	PMS	.8657
	02246542	Novo-Lovastatin	NOP	.8657
	02247056	Sandoz Lovastatin	SDZ	.8657
	02248572	Co-Lovastatin	COB	.8657
	02267969	Ran-Lovastatin	RAN	.8657
457	40mg Tab			1.5968
	00795852	Mevacor	MFC	3.5232
	02220180	Apo-Lovastatin	APX	1.5968
	02243129	Gen-Lovastatin	GEN	1.5968
	02245823	Ratio-Lovastatin	RPH	1.5968
	02246014	PMS-Lovastatin	PMS	1.5968
	02246543	Novo-Lovastatin	NOP	1.5968
	02247057	Sandoz Lovastatin	SDZ	1.5968
	02248573	Co-Lovastatin	COB	1.5968
	02267977	Ran-Lovastatin	RAN	1.5968

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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

24:06:00 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.

PRAVASTATIN SODIUM

458	10mg Tab			.7567
	00893749	Pravachol	BQU	1.6200
	02243506	Apo-Pravastatin	APX	.7567
	02244350	Nu-Pravastatin	NXP	.7567
	02246930	Ratio-Pravastatin	RPH	.7567
	02247008	Novo-Pravastatin	NOP	.7567
	02247655	PMS-Pravastatin	PMS	.7567
	02247856	Sandoz Pravastatin	SDZ	.7567
	02248182	Co Pravastatin	COB	.7567
	02257092	Gen-Pravastatin	GEN	.7567
	02284421	Ran-Pravastatin	RAN	.7567
459	20mg Tab			.8925
	00893757	Pravachol	BQU	1.9111
	02243507	Apo-Pravastatin	APX	.8925
	02244351	Nu-Pravastatin	NXP	.8925
	02246931	Ratio-Pravastatin	RPH	.8925
	02247009	Novo-Pravastatin	NOP	.8925
	02247656	PMS-Pravastatin	PMS	.8925
	02247857	Sandoz Pravastatin	SDZ	.8925
	02248183	Co Pravastatin	COB	.8925
	02257106	Gen-Pravastatin	GEN	.8925
	02284448	Ran-Pravastatin	RAN	.8925
460	40mg Tab			1.0750
	02222051	Pravachol	BQU	2.3019
	02243508	Apo-Pravastatin	APX	1.0750
	02244352	Nu-Pravastatin	NXP	1.0750
	02246932	Ratio-Pravastatin	RPH	1.0750
	02247010	Novo-Pravastatin	NOP	1.0750
	02247657	PMS-Pravastatin	PMS	1.0750
	02247858	Sandoz Pravastatin	SDZ	1.0750
	02248184	Co Pravastatin	COB	1.0750
	02257114	Gen-Pravastatin	GEN	1.0750
	02284456	Ran-Pravastatin	RAN	1.0750

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

24:00 CARDIOVASCULAR DRUGS

24:06:00 ANTILIPEMIC DRUGS

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

ROSUVASTATIN CALCIUM

461	5mg Tab				1.2900
	02265540	Crestor	AZC		1.2900
462	10mg Tab				1.3600
	02247162	Crestor	AZC		1.3600
463	20mg Tab				1.7000
	02247163	Crestor	AZC		1.7000
464	40mg Tab				1.9900
	02247164	Crestor	AZC		1.9900

SIMVASTATIN

465	5mg Tab				.4500
	00884324	Zocor	MFC		.9929
	02246582	Gen-Simvastatin	GEN		.4500
	02247011	Apo-Simvastatin	APX		.4500
	02247067	Ratio-Simvastatin	RPH		.4500
	02248103	Co-Simvastatin	COB		.4500
	02250144	Novo-Simvastatin	NOP		.4500
	02269252	PMS-Simvastatin	PMS		.4500
466	10mg Tab				.8900
	00884332	Zocor	MFC		1.9643
	02246583	Gen-Simvastatin	GEN		.8900
	02247012	Apo-Simvastatin	APX		.8900
	02247068	Ratio-Simvastatin	RPH		.8900
	02247828	Sandoz Simvastatin	SDZ		.8900
	02248104	Co-Simvastatin	COB		.8900
	02250152	Novo-Simvastatin	NOP		.8900
	02265885	Taro-Simvastatin	TAR		.8900
	02269260	PMS-Simvastatin	PMS		.8900

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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

467	20mg Tab			1.1000
	00884340	Zocor	MFC	2.4275
	02246737	Gen-Simvastatin	GEN	1.1000
	02247013	Apo-Simvastatin	APX	1.1000
	02247069	Ratio-Simvastatin	RPH	1.1000
	02247830	Sandoz Simvastatin	SDZ	1.1000
	02248105	Co-Simvastatin	COB	1.1000
	02250160	Novo-Simvastatin	NOP	1.1000
	02265893	Taro-Simvastatin	TAR	1.1000
	02269279	PMS-Simvastatin	PMS	1.1000
468	40mg Tab			1.1000
	00884359	Zocor	MFC	2.4275
	02246584	Gen-Simvastatin	GEN	1.1000
	02247014	Apo-Simvastatin	APX	1.1000
	02247070	Ratio-Simvastatin	RPH	1.1000
	02247831	Sandoz Simvastatin	SDZ	1.1000
	02248106	Co-Simvastatin	COB	1.1000
	02250179	Novo-Simvastatin	NOP	1.1000
	02265907	Taro-Simvastatin	TAR	1.1000
	02269287	PMS-Simvastatin	PMS	1.1000
469	80mg Tab			1.1000
	02240332	Zocor	MFC	2.4275
	02246585	Gen-Simvastatin	GEN	1.1000
	02247015	Apo-Simvastatin	APX	1.1000
	02247071	Ratio-Simvastatin	RPH	1.1000
	02247833	Sandoz Simvastatin	SDZ	1.1000
	02248107	Co-Simvastatin	COB	1.1000
	02250187	Novo-Simvastatin	NOP	1.1000
	02269295	PMS-Simvastatin	PMS	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)

ATENOLOL & CHLORTHALIDONE

470	50 & 25mg Tab				.3195
	02049961	Tenoretic 50/25	AZC	.6389	
	02248763	Apo-Atenidone	APX	.4343	
	02302918	Novo-Atenolthalidone	NOP	.3195	
471	100 & 25mg Tab				.5236
	02049988	Tenoretic 100/25	AZC	1.0471	
	02248764	Apo-Atenidone	APX	.7118	
	02302926	Novo-Atenolthalidone	NOP	.5236	

BENAZEPRIL

472	5mg Tab			.4722	.47
	00885835	Lotensin	NOV	.7082	.71
	02290332	Apo-Benazepril	APX	.4722	.47
473	10mg Tab			.5583	.56
	00885843	Lotensin	NOV	.8375	.84
	02290340	Apo-Benazepril	APX	.5583	.56
474	20mg Tab			.5460	.55
	00885851	Lotensin	NOV	.9607	.96
	02273918	Apo-Benazepril	APX	.5460	.55

CANDESARTAN CILEXETIL

475	4mg Tab			.6800	
	02239090	Atacand	AZC	.6800	
476	8mg Tab			1.1400	
	02239091	Atacand	AZC	1.1400	
477	16mg Tab			1.1400	
	02239092	Atacand	AZC	1.1400	

CANDESARTAN CILEXETIL & HYDROCHLOROTHIAZIDE

478	16mg/12.5mg Tab			1.1400	
	02244021	Atacand Plus	AZC	1.1400	

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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

479	12.5mg Tab			.2120	.64
	00695661	Capoten	BQU	.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
480	25mg Tab			.3000	.90
	00546283	Capoten	BQU	.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
481	50mg Tab			.5590	1.68
	00546291	Capoten	BQU	.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
482	100mg Tab			1.0395	
	00546305	# Capoten	BQU	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	
	02242791	Captopril	ZYN	1.0395	

CILAZAPRIL

483	1mg Tab			.2950	
	01911465	Inhibace	HLR	.6107	
	02266350	Novo-Cilazapril	NOP	.2950	
	02280442	PMS-Cilazapril	PMS	.2950	
	02283778	Gen-Cilazapril	GEN	.2950	
	02291134	Apo-Cilazapril	APX	.2950	

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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)

CILAZAPRIL

484	2.5mg Tab				.3400	.34
	01911473	Inhibace	HLR		.7038	.70
	02266369	Novo-Cilazapril	NOP		.3400	.34
	02280450	PMS-Cilazapril	PMS		.3400	.34
	02283786	Gen-Cilazapril	GEN		.3400	.34
	02285215	Co Cilazapril	COB		.3400	.34
	02291142	Apo-Cilazapril	APX		.3400	.34
485	5mg Tab				.3950	.40
	01911481	Inhibace	HLR		.8177	.82
	02266377	Novo-Cilazapril	NOP		.3950	.40
	02280469	PMS-Cilazapril	PMS		.3950	.40
	02283794	Gen-Cilazapril	GEN		.3950	.40
	02285223	Co Cilazapril	COB		.3950	.40
	02291150	Apo-Cilazapril	APX		.3950	.40

CILAZAPRIL & HYDROCHLOROTHIAZIDE

486	5mg/12.5mg Tab				.5530	
	02181479	Inhibace Plus	HLR		.8175	
	02284987	Apo-Cilazapril/HCTZ	APX		.5530	

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.

487	0.1mg Tab				.1358	.54
	00259527	Catapres	BOE		.1853	.74
	00868949	Apo-Clonidine	APX		.1358	.54
	01913786	Nu-Clonidine	NXP		.1358	.54
	02046121	Novo-Clonidine	NOP		.1358	.54
488	0.2mg Tab				.2424	.97
	00291889	Catapres	BOE		.3306	1.32
	00868957	Apo-Clonidine	APX		.2424	.97
	01913220	Nu-Clonidine	NXP		.2424	.97
	02046148	Novo-Clonidine	NOP		.2424	.97

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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)

DOXAZOSIN MESYLATE

489	1mg Tab				.2750	.28
	01958100	Cardura-1	AZC	.5665	.57	
	02240498	Gen-Doxazosin	GEN	.2750	.28	
	02240588	Apo-Doxazosin	APX	.2750	.28	
	02242728	Novo-Doxazosin	NOP	.2750	.28	
	02244527	PMS-Doxazosin	PMS	.2750	.28	
490	2mg Tab				.3300	.33
	01958097	Cardura-2	AZC	.6795	.68	
	02240499	Gen-Doxazosin	GEN	.3300	.33	
	02240589	Apo-Doxazosin	APX	.3300	.33	
	02242729	Novo-Doxazosin	NOP	.3300	.33	
	02244528	PMS-Doxazosin	PMS	.3300	.33	
491	4mg Tab				.4290	.43
	01958119	Cardura-4	AZC	.8835	.88	
	02240500	Gen-Doxazosin	GEN	.4290	.43	
	02240590	Apo-Doxazosin	APX	.4290	.43	
	02242730	Novo-Doxazosin	NOP	.4290	.43	
	02244529	PMS-Doxazosin	PMS	.4290	.43	

ENALAPRIL MALEATE

492	2.5mg Tab				.3617	.36
	00851795	** Vasotec	MFC	.7450	.75	
	02020025	Apo-Enalapril	APX	.3617	.36	
	02291878	** Co Enalapril	COB	.3617	.36	
	02299933	** Sandoz Enalapril	SDZ	.3617	.36	
	02299984	** Ratio-Enalapril	RPH	.3617	.36	
	02300036	** Gen-Enalapril	GEN	.3617	.36	
	02300079	** PMS-Enalapril	PMS	.3617	.36	
	02300117	** Taro-Enalapril	TAR	.3617	.36	
	02300680	** Novo-Enalapril	NOP	.3617	.36	

Note: ** Each tablet is made with 2.5mg of enalapril maleate that is equivalent to 2mg of enalapril sodium, in the finished tablets.

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)

ENALAPRIL MALEATE

493	5mg Tab			.4279	.43
	00708879	** Vasotec	MFC	.8813	.88
	02019884	Apo-Enalapril	APX	.4279	.43
	02233005	** Novo-Enalapril	NOP	.4279	.43
	02291886	** Co Enalapril	COB	.4279	.43
	02299941	** Sandoz Enalapril	SDZ	.4279	.43
	02299992	** Ratio-Enalapril	RPH	.4279	.43
	02300044	** Gen-Enalapril	GEN	.4279	.43
	02300087	** PMS-Enalapril	PMS	.4279	.43
	02300125	** Taro-Enalapril	TAR	.4279	.43

Note: ** Each tablet is made with 5mg of enalapril maleate that is equivalent to 4mg of enalapril sodium, in the finished tablets.

494	10mg Tab			.5142	.51
	00670901	** Vasotec	MFC	1.0589	1.06
	02019892	Apo-Enalapril	APX	.5142	.51
	02233006	** Novo-Enalapril	NOP	.5142	.51
	02291894	** Co Enalapril	COB	.5142	.51
	02299968	** Sandoz Enalapril	SDZ	.5142	.51
	02300001	** Ratio-Enalapril	RPH	.5142	.51
	02300052	** Gen-Enalapril	GEN	.5142	.51
	02300095	** PMS-Enalapril	PMS	.5142	.51
	02300133	** Taro-Enalapril	TAR	.5142	.51

Note: ** Each tablet is made with 10mg of enalapril maleate that is equivalent to 8mg of enalapril sodium, in the finished tablets.

495	20mg Tab			.6204	.62
	00670928	** Vasotec	MFC	1.2779	1.28
	02019906	Apo-Enalapril	APX	.6204	.62
	02233007	** Novo-Enalapril	NOP	.6204	.62
	02291908	** Co Enalapril	COB	.6204	.62
	02299976	** Sandoz Enalapril	SDZ	.6204	.62
	02300028	** Ratio-Enalapril	RPH	.6204	.62
	02300060	** Gen-Enalapril	GEN	.6204	.62
	02300109	** PMS-Enalapril	PMS	.6204	.62
	02300141	** Taro-Enalapril	TAR	.6204	.62

Note: ** Each tablet is made with 20mg of enalapril maleate that is equivalent to 16mg of enalapril sodium, in the finished tablets.

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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)

EPROSARTAN MESYLATE

496	400mg Tab 02240432	Teveten	SPH	.6868 .6868	
497	600mg Tab 02243942	Teveten	SPH	1.0304 1.0304	

EPROSARTAN MESYLATE & HYDROCHLOROTHIAZIDE

498	600mg & 12.5mg Tab 02253631	Teveten Plus	SPH	1.0304 1.0304	

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.

499	2.5mg ER Tab 02057778	Plendil	AZC	.5087 .5087	
500	5mg ER Tab 00851779 02280264	Plendil Sandoz Felodipine	AZC SDZ	.4620 .6797 .4620	.46 .68 .46
501	10mg ER Tab 00851787 02280272	Plendil Sandoz Felodipine	AZC SDZ	.6925 1.0197 .6925	.69 1.02 .69
502	2.5mg SR Tab 02221985	Renedil	SAV	.5301 .5301	
503	5mg SR Tab 02221993 09857203	Renedil Sandoz Felodipine	SAV SDZ	.4620 .7086 .4620	.46 .71 .46
504	10mg SR Tab 02222000 09857204	Renedil Sandoz Felodipine	SAV SDZ	.6925 1.0622 .6925	.69 1.06 .69

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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

505	10mg Tab				.3950	.40
	01907107	Monopril	BQU		.8457	.85
	02242733	Lin-Fosinopril	LON		.3950	.40
	02247802	Novo-Fosinopril	NOP		.3950	.40
	02255944	PMS-Fosinopril	PMS		.3950	.40
	02262401	Gen-Fosinopril	GEN		.3950	.40
	02266008	Apo-Fosinopril	APX		.3950	.40
	02275252	Ratio-Fosinopril	RPH		.3950	.40
506	20mg Tab				.4750	.48
	01907115	Monopril	BQU		1.0170	1.02
	02242734	Lin-Fosinopril	LON		.4750	.48
	02247803	Novo-Fosinopril	NOP		.4750	.48
	02255952	PMS-Fosinopril	PMS		.4750	.48
	02262428	Gen-Fosinopril	GEN		.4750	.48
	02266016	Apo-Fosinopril	APX		.4750	.48
	02275260	Ratio-Fosinopril	RPH		.4750	.48

HYDRALAZINE HCL

507	20mg/mL Inj Sol-1mL Pk				11.6500	
	00723754	Apresoline	STE		11.6500	
508	10mg Tab				.1026	.41
	00005525	Apresoline (Not a Benefit)	NOV			
	00441619	Apo-Hydralazine	APX		.1026	.41
509	25mg Tab				.1644	.66
	00005533	Apresoline (Not a Benefit)	STE			
	00441627	Apo-Hydralazine	APX		.1644	.66
	00759473	Novo-Hylazin	NOP		.1644	.66
510	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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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

24:00 CARDIOVASCULAR DRUGS

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

IRBESARTAN

511	75mg Tab				1.1874
	02237923	Avapro	SAV		1.1874
512	150mg Tab				1.1874
	02237924	Avapro	SAV		1.1874
513	300mg Tab				1.1874
	02237925	Avapro	SAV		1.1874

IRBESARTAN & HYDROCHLOROTHIAZIDE

514	150 & 12.5mg Tab				1.1874
	02241818	Avalide	SAV		1.1874
515	300 & 12.5mg Tab				1.1874
	02241819	Avalide	SAV		1.1874
516	300 & 25mg Tab				1.1641
	02280213	Avalide	SAV		1.1641

LABETALOL HCL

517	100mg Tab				.1977
	02106272	Trandate	SQI		.2474
	02243538	Apo-Labetalol	APX		.1977
518	200mg Tab				.3358
	02106280	Trandate	SQI		.4374
	02243539	Apo-Labetalol	APX		.3358

LISINOPRIL

519	5mg Tab				.2694	.27
	00839388	Prinivil	MFC		.5547	.55
	02256797	Ratio-Lisinopril P	RPH		.2694	.27
	02285061	Novo-Lisinopril (Type P)	NOP		.2694	.27
	09853685	Apo-Lisinopril	APX		.2694	.27
	09857272	Sandoz Lisinopril	SDZ		.2694	.27
520	10mg Tab				.3237	.32
	00839396	Prinivil	MFC		.6664	.67
	02256800	Ratio-Lisinopril P	RPH		.3237	.32
	02285088	Novo-Lisinopril (Type P)	NOP		.3237	.32
	09853960	Apo-Lisinopril	APX		.3237	.32
	09857286	Sandoz Lisinopril	SDZ		.3237	.32

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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

521	20mg Tab			.3890	.39
	00839418	Prinivil	MFC	.8012	.80
	02256819	Ratio-Lisinopril P	RPH	.3890	.39
	02285096	Novo-Lisinopril (Type P)	NOP	.3890	.39
	09854010	Apo-Lisinopril	APX	.3890	.39
	09857287	Sandoz Lisinopril	SDZ	.3890	.39
522	5mg Tab			.2694	.27
	02049333	Zestril	AZC	.5388	.54
	02217481	Apo-Lisinopril	APX	.2694	.27
	02271443	Co Lisinopril	COB	.2694	.27
	02274833	Gen-Lisinopril	GEN	.2694	.27
	02285118	Novo-Lisinopril (Type Z)	NOP	.2694	.27
	02289199	Sandoz Lisinopril	SDZ	.2694	.27
	02292203	PMS-Lisinopril	PMS	.2694	.27
	02294230	Ran-Lisinopril	RAN	.2694	.27
	02299879	Ratio-Lisinopril Z	RPH	.2694	.27
523	10mg Tab			.3237	.32
	02049376	Zestril	AZC	.6474	.65
	02217503	Apo-Lisinopril	APX	.3237	.32
	02271451	Co Lisinopril	COB	.3237	.32
	02274841	Gen-Lisinopril	GEN	.3237	.32
	02285126	Novo-Lisinopril (Type Z)	NOP	.3237	.32
	02289202	Sandoz Lisinopril	SDZ	.3237	.32
	02292211	PMS-Lisinopril	PMS	.3237	.32
	02294249	Ran-Lisinopril	RAN	.3237	.32
	02299887	Ratio-Lisinopril Z	RPH	.3237	.32
524	20mg Tab			.3890	.39
	02049384	Zestril	AZC	.7779	.78
	02217511	Apo-Lisinopril	APX	.3890	.39
	02271478	Co Lisinopril	COB	.3890	.39
	02274868	Gen-Lisinopril	GEN	.3890	.39
	02285134	Novo-Lisinopril (Type Z)	NOP	.3890	.39
	02289229	Sandoz Lisinopril	SDZ	.3890	.39
	02292238	PMS-Lisinopril	PMS	.3890	.39
	02294257	Ran-Lisinopril	RAN	.3890	.39
	02299895	Ratio-Lisinopril Z	RPH	.3890	.39

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

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

24:00 CARDIOVASCULAR DRUGS

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

LISINOPRIL & HYDROCHLOROTHIAZIDE

525	10mg & 12.5mg Tab				.4168
	02103729	Zestoretic	AZC		.8335
	02261979	Apo-Lisinopril-HCTZ	APX		.4168
	02297736	Gen-Lisinopril HCTZ	GEN		.4168
	02301768	Novo-Lisinopril/HCTZ (Type Z)	NOP		.4168
	02302365	Sandoz Lisinopril HCT	SDZ		.4168
526	10mg & 12.5mg Tab				.3334
	02108194	Prinzide	MFC		.6868
	02302136	Novo-Lisinopril/HCTZ (Type P)	NOP		.3334
527	20mg & 12.5mg Tab				.4006
	00884413	Prinzide	MFC		.8252
	02302144	Novo-Lisinopril/HCTZ (Type P)	NOP		.4006
528	20mg & 12.5mg Tab				.5008
	02045737	Zestoretic	AZC		1.0016
	02261987	Apo-Lisinopril/HCTZ	APX		.5008
	02297744	Gen-Lisinopril HCTZ	GEN		.5008
	02301776	Novo-Lisinopril/HCTZ (Type Z)	NOP		.5008
	02302373	Sandoz Lisinopril HCT	SDZ		.5008

LOSARTAN POTASSIUM

529	25mg Tab				1.2136
	02182815	Cozaar	MFC		1.2136
530	50mg Tab				1.2136
	02182874	Cozaar	MFC		1.2136
531	100mg Tab				1.2136
	02182882	Cozaar	MFC		1.2136

LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE

532	50mg/12.5mg Tab				1.2136
	02230047	Hyzaar	MFC		1.2136
533	100mg/25mg Tab				1.2136
	02241007	Hyzaar DS	MFC		1.2136

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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

534	125mg Tab				
	00016551	Aldomet (Not a Benefit)	MSD	.0966	.39
	00360252	Apo-Methyldopa	APX	.0966	.39
535	250mg Tab			.1400	.56
	00016578	Aldomet (Not a Benefit)	MSD		
	00360260	Apo-Methyldopa	APX	.1400	.56
536	500mg Tab			.2479	.50
	00016586	Aldomet (Not a Benefit)	MSD		
	00426830	Apo-Methyldopa	APX	.2479	.50

MINOXIDIL

537	2.5mg Tab			.3288	
	00514497	Loniten	PFI	.3288	
538	10mg Tab			.7250	
	00514500	Loniten	PFI	.7250	

NIFEDIPINE

539	20mg ER Tab			1.1336	
	02237618	Adalat XL	BAY	1.1336	
540	30mg ER Tab			1.1336	1.13
	02155907	Adalat XL	BAY	1.1336	1.13
541	60mg ER Tab			1.7874	1.79
	02155990	Adalat XL	BAY	1.7874	1.79
542	10mg LA Tab			.2245	.45
	02155885	Adalat PA 10 (Not a Benefit)	BAH		
	02197448	Apo-Nifed PA	APX	.2245	.45
543	20mg LA Tab			.3900	.78
	02155893	Adalat PA 20 (Not a Benefit)	BAH		
	02181525	Apo-Nifed PA	APX	.3900	.78

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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)

OXPRENOLOL HCL					
544	40mg Tab				.2907
	00402575	# Trasicor	NOV		.2907
PERINDOPRIL ERBUMINE					
545	2mg Tab				.6000
	02123274	Coversyl	SEV		.6000
546	4mg Tab				.7500
	02123282	Coversyl	SEV		.7500
547	8mg Tab				1.0500
	02246624	Coversyl	SEV		1.0500
	02289296	Apo-Perindopril (Not a Benefit)	APX		
PERINDOPRIL ERBUMINE & INDAPAMIDE					
548	2mg & 0.625mg Tab				.7900
	02246568	Preterax	SEV		.7900
549	4mg & 1.25mg Tab				.9400
	02246569	Coversyl Plus	SEV		.9400
PINDOLOL					
550	5mg Tab				.2023 .40
	00417270	Visken	NOV	.5183	1.04
	00755877	Apo-Pindol	APX	.2023	.40
	00869007	Novo-Pindol	NOP	.2023	.40
	00886149	Nu-Pindol	NXP	.2023	.40
	02057808	Gen-Pindolol	GEN	.2023	.40
	02231536	PMS-Pindolol	PMS	.2023	.40
	02261782	Sandoz Pindolol	SDZ	.2023	.40
551	10mg Tab				.3490 .70
	00443174	Visken	NOV	.8850	1.77
	00755885	Apo-Pindol	APX	.3490	.70
	00869015	Novo-Pindol	NOP	.3490	.70
	00886009	Nu-Pindol	NXP	.3490	.70
	02057816	Gen-Pindolol	GEN	.3490	.70
	02231537	PMS-Pindolol	PMS	.3490	.70
	02261790	Sandoz Pindolol	SDZ	.3490	.70

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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

552	15mg Tab				.5128	1.03
	00417289	Visken	NOV		1.2839	2.57
	00755893	Apo-Pindol	APX		.5128	1.03
	00869023	Novo-Pindol	NOP		.5128	1.03
	00886130	Nu-Pindol	NXP		.5128	1.03
	02057824	Gen-Pindolol	GEN		.5128	1.03
	02231539	PMS-Pindolol	PMS		.5128	1.03
	02261804	Sandoz Pindolol	SDZ		.5128	1.03

PINDOLOL & HYDROCHLOROTHIAZIDE

553	10mg & 25mg Tab				.7944	
	00568627	Viskazide 10/25	NOV		.7944	
554	10mg & 50mg Tab				.7944	
	00568635	Viskazide 10/50	NOV		.7944	

PRAZOSIN HCL

555	1mg Tab				.1371	.27
	00560952	Minipress	PFI		.2743	.55
	00882801	Apo-Prazo	APX		.1371	.27
	01913794	Nu-Prazo	NXP		.1371	.27
	01934198	Novo-Prazin	NOP		.1371	.27
556	2mg Tab				.1862	.37
	00560960	Minipress	PFI		.3725	.75
	00882828	Apo-Prazo	APX		.1862	.37
	01913808	Nu-Prazo	NXP		.1862	.37
	01934201	Novo-Prazin	NOP		.1862	.37
557	5mg Tab				.2560	.51
	00560979	Minipress	PFI		.5121	1.02
	00882836	Apo-Prazo	APX		.2560	.51
	01913816	Nu-Prazo	NXP		.2560	.51
	01934228	Novo-Prazin	NOP		.2560	.51

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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)

QUINAPRIL HCL

558	5mg Tab				.8543	.85
	01947664	Accupril	PFI		.8543	.85
559	10mg Tab				.8543	.85
	01947672	Accupril	PFI		.8543	.85
560	20mg Tab				.8543	.85
	01947680	Accupril	PFI		.8543	.85
561	40mg Tab				.8543	.85
	01947699	Accupril	PFI		.8543	.85

QUINAPRIL HCL & HYDROCHLOROTHIAZIDE

562	10mg & 12.5mg Tab				.8543	
	02237367	Accuretic	PFI		.8543	
563	20mg & 12.5mg Tab				.8543	
	02237368	Accuretic	PFI		.8543	
564	20mg & 25mg Tab				.8214	
	02237369	Accuretic	PFI		.8214	

RAMIPRIL

565	1.25mg				.3250	
	02221829	Altace Cap	SAV		.6797	
	02251515	Apo-Ramipril Cap	APX		.3250	
	02287692	Ratio-Ramipril Cap	RPH		.3250	
	02291398	Sandoz Ramipril Tab	SDZ		.3250	
	02295482	Co Ramipril Cap	COB		.3250	
566	2.5mg				.3750	
	02221837	Altace Cap	SAV		.7842	
	02247945	Novo-Ramipril Cap	NOP		.3750	
	02251531	Apo-Ramipril Cap	APX		.3750	
	02287706	Ratio-Ramipril Cap	RPH		.3750	
	02291401	Sandoz Ramipril Tab	SDZ		.3750	
	02295490	Co Ramipril Cap	COB		.3750	

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

24:00 CARDIOVASCULAR DRUGS

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

RAMIPRIL

567	5mg				.3750
	02221845	Altace Cap	SAV		.7842
	02247946	Novo-Ramipril Cap	NOP		.3750
	02251574	Apo-Ramipril Cap	APX		.3750
	02287714	Ratio-Ramipril Cap	RPH		.3750
	02291428	+ Sandoz Ramipril Tab	SDZ		.3750
	02295504	Co Ramipril Cap	COB		.3750
568	10mg				.4750
	02221853	Altace Cap	SAV		.9738
	02247947	Novo-Ramipril Cap	NOP		.4750
	02251582	Apo-Ramipril Cap	APX		.4750
	02287722	Ratio-Ramipril Cap	RPH		.4750
	02291436	Sandoz Ramipril Tab	SDZ		.4750
	02295512	Co Ramipril Cap	COB		.4750

RAMIPRIL & HYDROCHLOROTHIAZIDE

569	2.5mg & 12.5mg Tab				.7500
	02283131	Altace HCT	SAV		.7500
570	5mg & 12.5mg Tab				.7500
	02283158	Altace HCT	SAV		.7500
571	5mg & 25mg Tab				.7500
	02283174	Altace HCT	SAV		.7500
572	10mg & 12.5mg Tab				.9500
	02283166	Altace HCT	SAV		.9500
573	10mg & 25mg Tab				.9500
	02283182	Altace HCT	SAV		.9500

TELMISARTAN

574	40mg Tab				1.1296
	02240769	Micardis	BOE		1.1296
575	80mg Tab				1.1296
	02240770	Micardis	BOE		1.1296

TELMISARTAN & HYDROCHLOROTHIAZIDE

576	80mg/12.5mg Tab				1.1296
	02244344	Micardis Plus	BOE		1.1296

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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

577	1mg Tab				.2770	.28
	00818658	Hytrin	ABB	.6658	.67	
	02218941	Ratio-Terazosin	RPH	.2770	.28	
	02230805	Novo-Terazosin	NOP	.2770	.28	
	02233047	Nu-Terazosin	NXP	.2770	.28	
	02234502	Apo-Terazosin	APX	.2770	.28	
	02243518	PMS-Terazosin	PMS	.2770	.28	
578	2mg Tab				.3521	.35
	00818682	Hytrin	ABB	.8464	.85	
	02218968	Ratio-Terazosin	RPH	.3521	.35	
	02230806	Novo-Terazosin	NOP	.3521	.35	
	02233048	Nu-Terazosin	NXP	.3521	.35	
	02234503	Apo-Terazosin	APX	.3521	.35	
	02243519	PMS-Terazosin	PMS	.3521	.35	
579	5mg Tab				.4782	.48
	00818666	Hytrin	ABB	1.1494	1.15	
	02218976	Ratio-Terazosin	RPH	.4782	.48	
	02230807	Novo-Terazosin	NOP	.4782	.48	
	02233049	Nu-Terazosin	NXP	.4782	.48	
	02234504	Apo-Terazosin	APX	.4782	.48	
	02243520	PMS-Terazosin	PMS	.4782	.48	
580	10mg Tab				.7000	.70
	00818674	Hytrin	ABB	1.6825	1.68	
	02218984	Ratio-Terazosin	RPH	.7000	.70	
	02230808	Novo-Terazosin	NOP	.7000	.70	
	02233050	Nu-Terazosin	NXP	.7000	.70	
	02234505	Apo-Terazosin	APX	.7000	.70	
	02243521	PMS-Terazosin	PMS	.7000	.70	

TRANDOLAPRIL

581	1mg Cap				.6901	
	02231459	Mavik	ABB	.6901		
582	2mg Cap				.7931	
	02231460	Mavik	ABB	.7931		
583	4mg Cap				.9785	
	02239267	Mavik	ABB	.9785		

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

24:00 CARDIOVASCULAR DRUGS

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

VALSARTAN

584	80mg Tab				1.1636
	02244781	Diovan	NOV		1.1636
585	160mg Tab				1.1636
	02244782	Diovan	NOV		1.1636
586	320mg Tab				1.1371
	02289504	Diovan	NOV		1.1371

VALSARTAN & HYDROCHLOROTHIAZIDE

587	80mg/12.5mg Tab				1.1636
	02241900	Diovan-HCT	NOV		1.1636
588	160mg/12.5mg Tab				1.1636
	02241901	Diovan-HCT	NOV		1.1636
589	160mg/25mg Tab				1.1636
	02246955	Diovan-HCT	NOV		1.1636

VERAPAMIL HCL

590	180mg LA Tab				.5204	.52
	01934317	Isoptin SR	ABB		1.3807	1.38
	02210355	Gen-Verapamil SR	GEN		.5204	.52
	02246894	Apo-Verap SR	APX		.5204	.52
591	240mg LA Tab				.6940	.69
	00742554	Isoptin SR	ABB		1.8412	1.84
	02210363	Gen-Verapamil SR	GEN		.6940	.69
	02211920	Novo-Veramil SR	NOP		.6940	.69
	02237791	PMS-Verapamil SR	PMS		.6940	.69
	02246895	Apo-Verap SR	APX		.6940	.69
592	180mg SR Tab				.8112	.81
	02231676	Covera-HS	PFI		.8112	.81

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

593	240mg SR Tab				.9069	.91
	02231677	Covera-HS	PFI		.9069	.91

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

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

24:00 CARDIOVASCULAR DRUGS

24:12:00 VASODILATING DRUGS

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

DIPYRIDAMOLE & ACETYLSALICYLIC ACID

594	200mg/25mg Cap				.8230
	02242119	Aggrenox	BOE		.8230
	Reason for Use Code	Clinical criteria			
	349	For the secondary prevention of stroke.			
		LU Authorization Period: Indefinite.			

ISOSORBIDE DINITRATE

595	20mg LA Tab				
	00786683	Coradur-SR (Not a Benefit)	GLA		
	00740721	Cedocard SR (Not a Benefit)	PMS		
596	5mg SL Tab				.0600
	02042606	Isordil (Not a Benefit)	WAY		
	00670944	Apo-ISDN	APX		.0600
597	10mg Tab				.0357
	02042622	Isordil (Not a Benefit)	WAY		
	00441686	Apo-ISDN	APX		.0357
598	30mg Tab				.0837
	02042614	Isordil (Not a Benefit)	WAY		
	00441694	Apo-ISDN	APX		.0837

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

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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).

NIMODIPINE

599	30mg SG Cap			6.2465
	02155923	Nimotop	BAY	6.2465
	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.		

NITROGLYCERIN

600	2% Oint			.5905
	01926454	Nitrol	SQI	.5905
601	0.4mg/Hr/20 Sq Cm Patch			.6790
	00852384	Transderm-Nitro	NOV	.6790
602	0.4mg/Hr/20 Sq Cm Patch			.6400
	01911902	Nitro-Dur	SCH	.6400
603	0.6mg/Hr/30 Sq Cm Patch			.6790
	02046156	Transderm-Nitro	NOV	.6790
604	0.6mg/Hr/30 Sq Cm Patch			.6400
	01911929	Nitro-Dur	SCH	.6400
605	0.4mg/Hr/13.3 Sq Cm Patch			.6593
	02163527	Minitran	GRA	.6593
606	0.4mg/Hr/14 Sq Cm Patch			.6400
	02230733	Trinipatch	NOV	.6400

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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

607	0.6mg/Hr/20 Sq Cm Patch 02163535	Minitran	GRA	.6597 .6597
608	0.6mg/Hr/21 Sq Cm Patch 02230734	Trinipatch	NOV	.6400 .6400
609	0.3mg SL Tab 00037613	Nitrostat	PFI	.0278 .0278
610	*0.6mg SL Tab 00037621	Nitrostat	PFI	.0289 .0289
611	0.4mg/Metered Dose Spray-200 Dose Pk 01926721 02243588	Nitrolingual (Not a Benefit) Gen-Nitro SL	AVE GEN	8.4600 8.4600
612	0.4mg/Metered Dose Spray-200 Dose Pk 02231441	Nitrolingual Pump Spray	SAV	13.3200 13.3200

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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

613	*325mg Ent Tab				.0280
	00010332	Entrophen	PEN		.0280
	00216666	Novasen (Not a Benefit)	NOP		
614	*650mg Ent Tab				.0862
	00010340	Entrophen	PEN		.0862
	00229296	Novasen (Not a Benefit)	NOP		
615	*325mg Tab				.0585
	00036145	ASA (Not a Benefit)	RPR		
	00040851	PMS-ASA	PMS		.0585

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CELECOXIB

616	100mg Cap 02239941	Celebrex	PFI	.6500 .6500
617	200mg Cap 02239942	Celebrex	PFI	1.3000 1.3000
	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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DICLOFENAC SODIUM

618	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
619	50mg Ent Tab				.3125
	00514012	Voltaren	NOV		.7863
	00808547	Novo-Difenac	NOP		.3125
	00839183	Apo-Diclo	APX		.3125
	00886025	Nu-Diclo	NXP		.3125
	02231503	PMS-Diclofenac	PMS		.3125
620	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
	02261901	Sandoz Diclofenac SR (Not a Benefit)	SDZ		

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DICLOFENAC SODIUM

621	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
	02261944	Sandoz Diclofenac SR (Not a Benefit)	SDZ		
622	50mg Sup				.4950
	00632724	Voltaren	NOV		1.1807
	02231506	PMS-Diclofenac	PMS		.4950
	02241224	Sab-Diclofenac	SDZ		.4950
623	100mg Sup				.6665
	00632732	Voltaren	NOV		1.5893
	02231508	PMS-Diclofenac	PMS		.6665
	02241225	Sab-Diclofenac	SDZ		.6665

DICLOFENAC SODIUM & MISOPROSTOL

624	50mg & 200mcg Tab				.5762
	01917056	Arthrotec 50	PFI		.5762
625	75mg & 200mcg Tab				.7842
	02229837	Arthrotec 75	PFI		.7842

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DIFLUNISAL

626	250mg Tab				.2824
	00587699	Dolobid (Not a Benefit)	FRS		
	02039486	Apo-Diflunisal	APX		.2824
	02048493	Novo-Diflunisal	NOP		.2824
627	500mg Tab				.5180
	00576131	Dolobid (Not a Benefit)	FRS		
	02039494	Apo-Diflunisal	APX		.5180

FLOCTAFENINE

628	200mg Tab				.4032
	02017628	Idarac (Not a Benefit)	SAO		
	02244680	Apo-Floctafenine	APX		.4032
629	400mg Tab				.7845
	02017636	Idarac (Not a Benefit)	SAO		
	02244681	Apo-Floctafenine	APX		.7845

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FLURBIPROFEN

630	50mg Tab				.3710
	02223066	# Froben	ABB		.3710
631	50mg Tab				.2221
	00647942	Ansaid	PFI		.5124
	01912046	Apo-Flurbiprofen	APX		.2221
	02020661	Nu-Flurbiprofen	NXP		.2221
	02100509	Novo-Flurprofen	NOP		.2221
632	100mg Tab				.3039
	00600792	Ansaid	PFI		.6708
	01912038	Apo-Flurbiprofen	APX		.3039
	02020688	Nu-Flurbiprofen	NXP		.3039
	02100517	Novo-Flurprofen	NOP		.3039

IBUPROFEN

633	200mg Tab				.0243
	00252409	Motrin (Not a Benefit)	UPJ		
	00441643	Apo-Ibuprofen	APX		.0243
	00629324	Novo-Profen	NOP		.0243

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IBUPROFEN

634	300mg Tab				.0284
	00327794	Motrin (Not a Benefit)	UPJ		
	00441651	Apo-Ibuprofen	APX		.0284
635	400mg Tab				.0372
	00364142	Motrin	UPJ		.1871
	00506052	Apo-Ibuprofen	APX		.0372
	00629340	Novo-Profen	NOP		.0372
636	600mg Tab				.0465
	00484911	Motrin (Not a Benefit)	UPJ		
	00585114	Apo-Ibuprofen	APX		.0465
	00629359	Novo-Profen	NOP		.0465

INDOMETHACIN

637	25mg Cap				.0871
	00016039	Indocid (Not a Benefit)	MSD		
	00337420	Novo-Methacin	NOP		.0871
	00611158	Apo-Indomethacin	APX		.0871
	00865850	Nu-Indo	NXP		.0871

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INDOMETHACIN

638	50mg Cap				.1511
	00016047	Indocid (Not a Benefit)	MSD		
	00337439	Novo-Methacin	NOP		.1511
	00611166	Apo-Indomethacin	APX		.1511
	00865869	Nu-Indo	NXP		.1511
639	50mg Sup				.8020
	00594466	Indocid (Not a Benefit)	MSD		
	02231799	Sab-Indomethacin	SDZ		.8020
640	100mg Sup				.8919
	00016233	Indocid (Not a Benefit)	MSD		
	01934139	Ratio-Indomethacin	RPH		.8919
	02231800	Sab-Indomethacin	SDZ		.8919

KETOPROFEN

641	50mg Cap				.1662
	01926403	Orudis (Not a Benefit)	RPP		
	00790427	Apo-Keto	APX		.1662
642	50mg Ent Tab				.1662
	01926381	Orudis E-50 (Not a Benefit)	RPP		
	00790435	Apo-Keto-E	APX		.1662
	02150816	# PMS-Ketoprofen E-50	PMS		.1662

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KETOPROFEN

643	100mg Ent Tab				.3078
	01926365	Orudis E-100 (Not a Benefit)	RPP		
	00761680	# Rhodis-EC	SAV		.3078
	00842664	Apo-Keto-E	APX		.3078
644	200mg LA Tab				.6156
	01926373	Orudis SR-200 (Not a Benefit)	RPP		
	02172577	Apo-Keto SR	APX		.6156
645	100mg Sup				.9930
	01926411	Orudis (Not a Benefit)	AVE		
	02015951	PMS-Ketoprofen	PMS		.9930

MEFENAMIC ACID

646	250mg Cap				.2626
	00155225	Ponstan (Not a Benefit)	PFI		
	02229452	Apo-Mefenamic	APX		.2626
	02229569	Nu-Mefenamic	NXP		.2626
	02231208	PMS-Mefenamic Acid	PMS		.2626

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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.

MELOXICAM

647	7.5mg Tab			.3900
	02242785	Mobicox	BOE	.8011
	02247889	Ratio-Meloxicam	RPH	.3900
	02248267	PMS-Meloxicam	PMS	.3900
	02248973	Apo-Meloxicam	APX	.3900
	02250012	Co-Meloxicam	COB	.3900
	02255987	Gen-Meloxicam	GEN	.3900
	02258315	Novo-Meloxicam	NOP	.3900
648	15mg Tab			.4500
	02242786	Mobicox	BOE	.9243
	02248031	Ratio-Meloxicam	RPH	.4500
	02248268	PMS-Meloxicam	PMS	.4500
	02248974	Apo-Meloxicam	APX	.4500
	02250020	Co-Meloxicam	COB	.4500
	02255995	Gen-Meloxicam	GEN	.4500
	02258323	Novo-Meloxicam	NOP	.4500

NAPROXEN

649	25mg/mL O/L			.0601
	02162431	Naprosyn	HLR	.0601
650	750mg SR Tab			.7604
	02162466	Naprosyn SR (Not a Benefit)	HLR	
	02177072	Apo-Naproxen SR	APX	.7604

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28:08:04 ANALGESICS NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

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NAPROXEN

651	500mg Sup				.4775
	02162458	Naprosyn (Not a Benefit)	HLR		
	02017237	PMS-Naproxen	PMS	.4775	
	02230477	Naproxen	SDZ	.4775	
652	125mg Tab				.0763
	00299413	Naprosyn (Not a Benefit)	SYN		
	00522678	Apo-Naproxen	APX	.0763	
653	250mg Tab				.1068
	02162474	Naprosyn (Not a Benefit)	HLR		
	00522651	Apo-Naproxen	APX	.1068	
	00565350	Novo-Naprox	NOP	.1068	
	00865648	Nu-Naprox	NXP	.1068	
654	375mg Tab				.1458
	02162482	Naprosyn (Not a Benefit)	HLR		
	00600806	Apo-Naproxen	APX	.1458	
	00627097	Novo-Naprox	NOP	.1458	
	00865656	Nu-Naprox	NXP	.1458	
655	500mg Tab				.2110
	02162490	Naprosyn (Not a Benefit)	HLR		
	00589861	Novo-Naprox	NOP	.2110	
	00592277	Apo-Naproxen	APX	.2110	
	00865664	Nu-Naprox	NXP	.2110	

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

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PIROXICAM

656	10mg Cap				.4147
	00525596	Feldene (Not a Benefit)	PFI		
	00642886	Apo-Piroxicam	APX		.4147
	00695718	Novo-Pirocam	NOP		.4147
	00865761	Nu-Pirox	NXP		.4147
	02171813	Gen-Piroxicam	GEN		.4147
657	20mg Cap				.7158
	00525618	Feldene (Not a Benefit)	PFI		
	00642894	Apo-Piroxicam	APX		.7158
	00695696	Novo-Pirocam	NOP		.7158
	00865788	Nu-Pirox	NXP		.7158
	02171821	Gen-Piroxicam	GEN		.7158
658	20mg Sup				1.6460
	00632716	Feldene (Not a Benefit)	PFI		
	02154463	PMS-Piroxicam	PMS		1.6460

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SULINDAC

659	150mg Tab				.3824
	00456888	Clinoril (Not a Benefit)	FRS		
	00745588	Novo-Sundac	NOP		.3824
	00778354	Apo-Sulin	APX		.3824
	02042576	Nu-Sulindac	NXP		.3824
660	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

661	200mg Tab				.3437
	01989782	Surgam (Not a Benefit)	HRU		
	02136112	Apo-Tiaprofenic	APX		.3437
	02179679	Novo-Tiaprofenic	NOP		.3437
662	300mg Tab				.3258
	02221950	Surgam	SAV		.7542
	02136120	Apo-Tiaprofenic	APX		.3258
	02179687	Novo-Tiaprofenic	NOP		.3258
	02230828	PMS-Tiaprofenic	PMS		.3258

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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.

ACETAMINOPHEN & CODEINE PHOSPHATE

663	160mg & 8mg/5mL O/L				.0586
	02163942	Tylenol With Codeine (Not a Benefit)	JNO		
	00816027	PMS-Acetaminophen With Codeine	PMS		.0586
664	300mg & 30mg Tab				.1300
	00666130	Empracet-30 (Not a Benefit)	BWE		
	00608882	Ratio-Emtec	RPH		.1300
665	300mg & 60mg Tab				.1384
	02163918	Tylenol No.4	JNO		.1384
	00621463	Ratio-Lenoltec No.4	RPH		.1384
	00666149	Empracet-60 (Not a Benefit)	BWE		

ACETAMINOPHEN COMPOUND WITH CODEINE

666	15mg Tab				.0476
	02163934	Tylenol No.2	JNO		.0476
	00293504	Atasol-15 (Not a Benefit)	HOR		
	00653241	Ratio-Lenoltec No.2	RPH		.0476
667	30mg Tab				.0524
	02163926	Tylenol No.3	JNO		.0524
	00293512	Atasol-30 (Not a Benefit)	HOR		
	00653276	Ratio-Lenoltec No.3	RPH		.0524

ACETYLSALICYLIC ACID COMPOUND WITH CODEINE

668	30mg Tab				.1020
	02238645	292	PEN		.1020

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CODEINE PHOSPHATE

669	5mg/mL O/L				.0196
	00779474	Ratio-Codeine	RPH		.0196
670	15mg Tab				.0542
	00779458	Codeine	ROG		.0542
	00593435	Ratio-Codeine	RPH		.0542
671	30mg Tab				.0773
	00593451	Ratio-Codeine	RPH		.0773

CODEINE SULFATE TRIHYDRATE & MONOHYDRATE

672	50mg CR Tab				.2990
	02230302	Codeine Contin	PFP		.2990
673	100mg CR Tab				.5980
	02163748	Codeine Contin	PFP		.5980
674	150mg CR Tab				.9038
	02163780	Codeine Contin	PFP		.9038
675	200mg CR Tab				1.1962
	02163799	Codeine Contin	PFP		1.1962
	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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FENTANYL TRANSDERMAL SYSTEM

676	25mcg/hr Trans Patch			4.2500
	01937383	Duragesic 25	JNO	9.9540
	02249391	Ran-Fentanyl	RAN	4.2500
	02282941	Ratio-Fentanyl	RPH	4.2500
677	50mcg/hr Trans Patch			8.0000
	01937391	Duragesic 50	JNO	18.7320
	02249413	Ran-Fentanyl	RAN	8.0000
	02282968	Ratio-Fentanyl	RPH	8.0000
678	75mcg/hr Trans Patch			11.2500
	01937405	Duragesic 75	JNO	26.3440
	02249421	Ran-Fentanyl	RAN	11.2500
	02282976	Ratio-Fentanyl	RPH	11.2500
679	100mcg/hr Trans Patch			14.0000
	01937413	Duragesic 100	JNO	32.7920
	02249448	Ran-Fentanyl	RAN	14.0000
	02282984	Ratio-Fentanyl	RPH	14.0000
	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.		

HYDROMORPHONE HCL

680	3mg CR Cap			.6380
	02125323	Hydromorph Contin	PFP	.6380
681	6mg CR Cap			.9570
	02125331	Hydromorph Contin	PFP	.9570
682	12mg CR Cap			1.6588
	02125366	Hydromorph Contin	PFP	1.6588

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HYDROMORPHONE HCL

683	18mg CR Cap				2.3924
	02243562	Hydromorph Contin	PFP		2.3924
684	24mg CR Cap				3.0624
	02125382	Hydromorph Contin	PFP		3.0624
685	30mg CR Cap				3.6684
	02125390	Hydromorph Contin	PFP		3.6684
686	20mg/mL Inj				3.6680
	02146118	Dilaudid-HP-Plus	ABB		3.6680
	02145936	Hydromorphone HP-20	SDZ		3.6680
687	2mg/mL Inj Sol-1mL Pk				.9450
	00627100	Dilaudid	ABB		.9500
	02145901	Hydromorphone	SDZ		.9450
688	10mg/mL Inj Sol-1mL Pk				2.3380
	00622133	Dilaudid-HP	ABB		2.3380
	02145928	Hydromorphone HP-10	SDZ		2.3380
689	50mg/mL Inj-1mL Pk				9.7335
	02145863	Dilaudid-XP	ABB		9.7335
	02146126	Hydromorphone HP-50	SDZ		9.7335
690	1mg/mL Oral Sol				.0652
	00786535	Dilaudid	ABB		.0931
	01916386	PMS-Hydromorphone	PMS		.0652
691	250mg Pd Vial Pk				67.5750
	02085895	Dilaudid Sterile Powder	ABB		67.5750
692	3mg Sup				2.6000
	00125105	Dilaudid	ABB		2.6000
693	1mg Tab				.0959
	00705438	Dilaudid	ABB		.0959
	00885444	PMS-Hydromorphone	PMS		.0959

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HYDROMORPHONE HCL

694	2mg Tab				.1417
	00125083	Dilaudid	ABB		.1417
	00885436	PMS-Hydromorphone	PMS		.1417
695	4mg Tab				.2240
	00125121	Dilaudid	ABB		.2240
	00885401	PMS-Hydromorphone	PMS		.2240
696	8mg Tab				.3528
	00786543	Dilaudid	ABB		.3528
	00885428	PMS-Hydromorphone	PMS		.3528

MEPERIDINE HCL

697	50mg Tab				.1197
	02138018	Demerol	SAV		.1197
	Reason for Use Code	Clinical criteria			
	270	Limited to 2 weeks supply for acute pain.			
		LU Authorization Period: 1 year.			

MORPHINE HCL

698	1mg/mL O/L				.0200
	00486582	M.O.S. (Not a Benefit)	VAL		
	00607762	Ratio-Morphine	RPH		.0200
699	5mg/mL O/L				.0842
	00514217	M.O.S.	VAL		.0842
	00607770	Ratio-Morphine	RPH		.0842
700	10mg/mL O/L				.1838
	00632503	M.O.S.	VAL		.1838
	00690783	Ratio-Morphine	RPH		.1838

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MORPHINE HCL

701	20mg/mL O/L				.5240
	00632481	M.O.S.	VAL		.5240
	00690791	Ratio-Morphine	RPH		.5241
702	50mg/mL O/L				1.2426
	00690236	M.O.S. Conc 50	VAL		1.2426
703	10mg Tab				.1700
	00690198	M.O.S.-10	VAL		.1700
704	20mg Tab				.3243
	00690201	M.O.S.-20	VAL		.3243
705	40mg Tab				.4214
	00690228	M.O.S.-40	VAL		.4214
706	60mg Tab				.5851
	00690244	M.O.S.-60	VAL		.5851

MORPHINE SULFATE

707	10mg ER Cap				.2900
	02019930	M-Eslon	ETH		.2900
708	15mg ER Cap				.3350
	02177749	M-Eslon	ETH		.3350
709	30mg ER Cap				.5000
	02019949	M-Eslon	ETH		.5000
710	60mg ER Cap				.8875
	02019957	M-Eslon	ETH		.8875
711	100mg ER Cap				1.9100
	02019965	M-Eslon	ETH		1.9100
712	200mg ER Cap				3.8198
	02177757	M-Eslon	ETH		3.8198

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MORPHINE SULFATE

713	15mg/mL Inj Sol Amp				.9000
	00850330	Morphine Sulfate Injection USP			
		(Not a Benefit)	ABB		
	00392561	Morphine Sulfate	SDZ		.9000
714	50mg/mL Inj Sol-1mL Pk				3.1400
	00617288	Morphine HP-50	SDZ		3.1400
715	1mg/mL O/L				.0200
	00591467	Statex	PMS		.0200
716	5mg/mL O/L				.0803
	00591475	Statex	PMS		.0803
717	20mg/mL Oral Drops				.3857
	00621935	Statex	PMS		.3857
718	10mg SR Cap				.3502
	02242163	Kadian	ABB		.3502
719	20mg SR Cap				.7004
	02184435	Kadian	ABB		.7004
720	50mg SR Cap				1.2875
	02184443	Kadian	ABB		1.2875
721	100mg SR Cap				2.2454
	02184451	Kadian	ABB		2.2454
722	15mg SR Tab				.2977
	02015439	MS Contin	PFP		.6490
	02244790	Ratio-Morphine SR	RPH		.2977
	02245284	PMS-Morphine Sulfate	PMS		.2977
723	30mg SR Tab				.4495
	02014297	MS Contin	PFP		.9798
	02244791	Ratio-Morphine SR	RPH		.4495
	02245285	PMS-Morphine Sulfate	PMS		.4495

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MORPHINE SULFATE

724	60mg SR Tab				.7924
	02014300	MS Contin	PFP		1.7272
	02244792	Ratio-Morphine SR	RPH		.7924
	02245286	PMS-Morphine Sulfate	PMS		.7924
	02302780	Novo-Morphine SR	NOP		.7924
725	100mg SR Tab				1.2909
	02014319	MS Contin	PFP		2.6334
	02245287	+ PMS-Morphine Sulfate SR	PMS		1.2909
	02302799	Novo-Morphine SR	NOP		1.2909
726	200mg SR Tab				2.3999
	02014327	MS Contin	PFP		4.8958
	02245288	+ PMS-Morphine Sulfate SR	PMS		2.3999
	02302802	Novo-Morphine SR	NOP		2.3999
727	20mg Tab				.3290
	02014238	MS-IR	PFP		.3290
728	30mg Tab				.4224
	02014254	MS-IR	PFP		.4224
729	5mg Tab				.1100
	00594652	Statex	PMS		.1100
730	10mg Tab				.1700
	00594644	Statex	PMS		.1700
731	25mg Tab				.2250
	00594636	Statex	PMS		.2250
732	50mg Tab				.3450
	00675962	Statex	PMS		.3450

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DBP = DRUG BENEFIT PRICE

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

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

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:08 ANALGESICS OPIATE AGONISTS

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

OXYCODONE HCL

733	10mg SR Tab 02202441	Oxycontin	PFP	.8506 .8506
734	20mg SR Tab 02202468	Oxycontin	PFP	1.2758 1.2758
735	40mg SR Tab 02202476	Oxycontin	PFP	2.2116 2.2116
736	80mg SR Tab 02202484	Oxycontin	PFP	4.0828 4.0828
	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

737	5mg & 325mg Tab			.1285
	00580201	Percocet (Not a Benefit)	BQU	
	00608165	Ratio-Oxycocet	RPH	.1285
	01916548	Endocet	BQU	.1285

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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

28:08:08 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

738	5mg & 325mg Tab				.2576
	00580236	Percodan (Not a Benefit)	BQU		
	00608157	Ratio-Oxycodan	RPH		.2576

28:08:92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

ACETAMINOPHEN

739	80mg/mL O/L				.1197
	00631353	Atasol (Not a Benefit)	HOR		
	00642401	Tempra (Not a Benefit)	MJS		
	02027801	Pediatrix	RPH		.1197
740	120mg Sup				.5367
	01919385	Abenol (Not a Benefit)	PEN		
	02230434	ACET 120	PMS		.5367
741	325mg Sup				.6625
	01919393	Abenol (Not a Benefit)	PEN		
	02230436	ACET 325	PMS		.6625
742	650mg Sup				.7608
	01919407	Abenol (Not a Benefit)	PEN		
	02230437	ACET 650	PMS		.7608
743	*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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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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:92 MISCELLANEOUS ANALGESICS AND ANTIPYRETICS

ACETAMINOPHEN

744	*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

28:12:00 ANTICONVULSANTS

CARBAMAZEPINE

745	100mg Chew Tab				.0612
	00369810	Tegretol	NOV		.1446
	02231542	PMS-Carbamazepine	PMS		.0612
	02244403	Taro-Carbamazepine	TAR		.0612
	02261855	Sandoz Carbamazepine Chewtabs	SDZ		.0612
746	200mg Chew Tab				.1207
	00665088	Tegretol	NOV		.2852
	02231540	PMS-Carbamazepine	PMS		.1207
	02244404	Taro-Carbamazepine	TAR		.1207
	02261863	Sandoz Carbamazepine Chewtabs	SDZ		.1207

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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

CARBAMAZEPINE

747	200mg LA Tab				.1498
	00773611	Tegretol CR	NOV		.3541
	02231543	PMS-Carbamazepine CR	PMS		.1498
	02241882	Gen-Carbamazepine CR	GEN		.1498
	02242908	Apo-Carbamazepine CR	APX		.1887
	02261839	Sandoz Carbamazepine CR	SDZ		.1498
748	400mg LA Tab				.2996
	00755583	Tegretol CR	NOV		.7081
	02231544	PMS-Carbamazepine CR	PMS		.2996
	02241883	Gen-Carbamazepine CR	GEN		.2996
	02242909	Apo-Carbamazepine CR	APX		.3774
	02261847	Sandoz Carbamazepine CR	SDZ		.2996
	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.			
749	100mg/5mL Oral Susp				.0683
	02194333	Tegretol	NOV		.0683
750	200mg Tab				.0795
	00010405	Tegretol (Not a Benefit)	NOV		
	00402699	Apo-Carbamazepine	APX		.0795
	00782718	Novo-Carbamaz	NOP		.0795
	02042568	Nu-Carbamazepine	NXP		.0795

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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

CLOBAZAM

751	10mg Tab			.1709
	02221799	Frisium	OVA	.4393
	02238334	Novo-Clobazam	NOP	.1709
	02238797	Ratio-Clobazam	RPH	.1709
	02244474	PMS-Clobazam	PMS	.1709
	02244638	Apo-Clobazam	APX	.1709
	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

752	0.5mg Tab			.0925
	00382825	Rivotril	HLR	.1943
	02048701	PMS-Clonazepam	PMS	.0925
	02103656	Ratio-Clonazepam	RPH	.0925
	02173344	Nu-Clonazepam	NXP	.0925
	02177889	Apo-Clonazepam	APX	.0925
	02207818	PMS-Clonazepam-R	PMS	.0925
	02230950	Gen-Clonazepam	GEN	.0925
	02233960	Sandoz Clonazepam	SDZ	.0925
	02239024	Novo-Clonazepam	NOP	.0925
	02270641	Co Clonazepam	COB	.0925
753	2mg Tab			.1595
	00382841	Rivotril	HLR	.3350
	02048736	PMS-Clonazepam	PMS	.1595
	02103737	Ratio-Clonazepam	RPH	.1595
	02173352	Nu-Clonazepam	NXP	.1595
	02177897	Apo-Clonazepam	APX	.1595
	02230951	Gen-Clonazepam	GEN	.1595
	02233985	Sandoz Clonazepam	SDZ	.1595
	02239025	Novo-Clonazepam	NOP	.1595
	02270676	Co Clonazepam	COB	.1595

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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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12:00 ANTICONVULSANTS

DIVALPROEX SODIUM

754	125mg Ent Tab				.1093
	00596418	Epival	ABB		.2627
	02239517	Nu-Divalproex	NXP		.1093
	02239698	Apo-Divalproex	APX		.1093
	02239701	Novo-Divalproex	NOP		.1093
	02244138	PMS-Divalproex	PMS		.1093
	02265133	Gen-Divalproex	GEN		.1093
755	250mg Ent Tab				.1964
	00596426	Epival	ABB		.4721
	02239518	Nu-Divalproex	NXP		.1964
	02239699	Apo-Divalproex	APX		.1964
	02239702	Novo-Divalproex	NOP		.1964
	02244139	PMS-Divalproex	PMS		.1964
	02265141	Gen-Divalproex	GEN		.1964
756	500mg Ent Tab				.3931
	00596434	Epival	ABB		.9447
	02239519	Nu-Divalproex	NXP		.3931
	02239700	Apo-Divalproex	APX		.3931
	02239703	Novo-Divalproex	NOP		.3931
	02244140	PMS-Divalproex	PMS		.3931
	02265168	Gen-Divalproex	GEN		.3931

ETHOSUXIMIDE

757	250mg Cap				.3100
	00022799	Zarontin	ERF		.3100
758	50mg/mL O/L				.0620
	00023485	Zarontin	ERF		.0620

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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

GABAPENTIN

759	100mg Cap				.2000
	02084260	Neurontin	PFI		.4160
	02243446	PMS-Gabapentin	PMS		.2000
	02244304	Apo-Gabapentin	APX		.2000
	02244513	Novo-Gabapentin	NOP		.2000
	02248259	Gen-Gabapentin	GEN		.2000
	02256142	Co-Gabapentin	COB		.2000
	02260883	Ratio-Gabapentin	RPH		.2000
760	300mg Cap				.4865
	02084279	Neurontin	PFI		1.0119
	02243447	PMS-Gabapentin	PMS		.4865
	02244305	Apo-Gabapentin	APX		.4865
	02244514	Novo-Gabapentin	NOP		.4865
	02248260	Gen-Gabapentin	GEN		.4865
	02256150	Co-Gabapentin	COB		.4865
	02260891	Ratio-Gabapentin	RPH		.4865
761	400mg Cap				.5798
	02084287	Neurontin	PFI		1.2059
	02243448	PMS-Gabapentin	PMS		.5798
	02244306	Apo-Gabapentin	APX		.5798
	02244515	Novo-Gabapentin	NOP		.5798
	02248261	Gen-Gabapentin	GEN		.5798
	02256169	Co-Gabapentin	COB		.5798
	02260905	Ratio-Gabapentin	RPH		.5798
	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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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12:00 ANTICONVULSANTS

LAMOTRIGINE

762	25mg Tab				.1658
	02142082	Lamictal	GSK		.3656
	02243352	Ratio-Lamotrigine	RPH		.1658
	02245208	Apo-Lamotrigine	APX		.1658
	02246897	PMS-Lamotrigine	PMS		.1658
	02248232	Novo-Lamotrigine	NOP		.1658
	02265494	Gen-Lamotrigine	GEN		.1658
763	100mg Tab				.6630
	02142104	Lamictal	GSK		1.4595
	02243353	Ratio-Lamotrigine	RPH		.6630
	02245209	Apo-Lamotrigine	APX		.6630
	02246898	PMS-Lamotrigine	PMS		.6630
	02248233	Novo-Lamotrigine	NOP		.6630
	02265508	Gen-Lamotrigine	GEN		.6630
764	150mg Tab				.9945
	02142112	Lamictal	GSK		2.2018
	02245210	Apo-Lamotrigine	APX		.9945
	02246899	PMS-Lamotrigine	PMS		.9945
	02246963	Ratio-Lamotrigine	RPH		.9945
	02248234	Novo-Lamotrigine	NOP		.9945
	02265516	Gen-Lamotrigine	GEN		.9945
	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

765	300mg Cap				.3800
	00022802	Celontin	ERF		.3800

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12:00 ANTICONVULSANTS

PHENYTOIN (DIPHENYLHYDANTOIN)

766	6mg/mL O/L 00023442	Dilantin	PFI	.0390 .0390
767	25mg/mL O/L 00023450 02250896	Dilantin Taro-Phenytoin	PFI TAR	.0323 .0462 .0323
768	50mg Tab 00023698	Dilantin	PFI	.0709 .0709

PHENYTOIN (DIPHENYLHYDANTOIN) SODIUM

769	30mg Cap 00022772	Dilantin	PFI	.0517 .0517
770	100mg Cap 00022780	Dilantin	PFI	.0646 .0646

PRIMIDONE

771	125mg Tab 02042363 00399310	Mysoline (Not a Benefit) Apo-Primidone	WAY APX	.0435 .0435
772	250mg Tab 02042355 00396761	Mysoline (Not a Benefit) Apo-Primidone	WAY APX	.0685 .0685

TOPIRAMATE

773	15mg Sprinkle Cap 02239907	Topamax Sprinkle	JNO	1.1087 1.1087
774	25mg Sprinkle Cap 02239908	Topamax Sprinkle	JNO	1.1640 1.1640
	Reason for Use Code 321	Clinical criteria 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.		

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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

TOPIRAMATE

775	25mg Tab				.5250
	02230893	Topamax	JNO		1.2339
	02248860	Novo-Topiramate	NOP		.5250
	02256827	Ratio-Topiramate	RPH		.5250
	02260050	Sandoz Topiramate	SDZ		.5250
	02262991	PMS-Topiramate	PMS		.5250
	02263351	Gen-Topiramate	GEN		.5250
	02279614	Apo-Topiramate	APX		.5250
	02287765	Co Topiramate	COB		.5250
776	100mg Tab				.9950
	02230894	Topamax	JNO		2.3388
	02248861	Novo-Topiramate	NOP		.9950
	02256835	Ratio-Topiramate	RPH		.9950
	02260069	Sandoz Topiramate	SDZ		.9950
	02263009	PMS-Topiramate	PMS		.9950
	02263378	Gen-Topiramate	GEN		.9950
	02279630	Apo-Topiramate	APX		.9950
	02287773	Co Topiramate	COB		.9950
777	200mg Tab				1.5750
	02230896	Topamax	JNO		3.4923
	02248862	Novo-Topiramate	NOP		1.5750
	02256843	Ratio-Topiramate	RPH		1.5750
	02263017	PMS-Topiramate	PMS		1.5750
	02263386	Gen-Topiramate	GEN		1.5750
	02267837	Sandoz Topiramate	SDZ		1.5750
	02279649	Apo-Topiramate	APX		1.5750
	02287781	Co Topiramate	COB		1.5750
	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.			

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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

VALPROATE SODIUM

778	50mg/mL O/L			.0458
	00443832	Depakene	ABB	.1033
	02140063	Ratio-Valproic	RPH	.0458
	02236807	PMS-Valproic Acid	PMS	.0458
	02238370	Apo-Valproic	APX	.0458

VALPROIC ACID

779	250mg Cap			.2062
	00443840	Depakene	ABB	.4957
	02100630	Novo-Valproic	NOP	.2062
	02140047	Ratio-Valproic	RPH	.2062
	02184648	Gen-Valproic	GEN	.2062
	02230768	PMS-Valproic Acid	PMS	.2062
	02237830	Nu-Valproic	NXP	.2062
	02238048	Apo-Valproic	APX	.2062
	02239714	Sandoz Valproic	SDZ	.2062
780	500mg Ent Cap			.4125
	00507989	Depakene (Not a Benefit)	ABB	
	02140055	Ratio-Valproic EC	RPH	.4125
	02229628	PMS-Valproic Acid	PMS	.4125
	02239713	Sandoz Valproic	SDZ	.4125

VIGABATRIN

781	500mg Tab			.9110
	02065819	Sabril	OVA	.9110

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

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

AMITRIPTYLINE

782	10mg Tab				.0435
	00016322	Elavil (Not a Benefit)	MSD		
	00335053	Apo-Amitriptyline	APX		.0435
783	25mg Tab				.0829
	00016330	Elavil (Not a Benefit)	MSD		
	00335061	Apo-Amitriptyline	APX		.0829
784	50mg Tab				.1540
	00016349	Elavil (Not a Benefit)	MSD		
	00335088	Apo-Amitriptyline	APX		.1540

BUPROPION HCL

785	100mg Tab				.2667
	02237824	Wellbutrin SR	BIO		.6008
	02275074	Sandoz Bupropion SR	SDZ		.2667
	02285657	Ratio-Bupropion SR	RPH		.2667
786	150mg Tab				.4000
	02237825	Wellbutrin SR	BIO		.8925
	02260239	Novo-Bupropion SR	NOP		.4000
	02275082	Sandoz Bupropion SR	SDZ		.4000
	02285665	Ratio-Bupropion SR	RPH		.4000
787	150mg Tab				.5190
	02275090	Wellbutrin XL	BIO		.5190
788	300mg Tab				1.0380
	02275104	Wellbutrin XL	BIO		1.0380
	Reason for Use Code	Clinical criteria			
	315	For the treatment of depression.			
		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

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

CITALOPRAM HYDROBROMIDE

789	20mg Tab				.6250
	02239607	Celexa	VLH		1.3055
	02246056	Apo-Citalopram	APX		.6250
	02246594	Gen-Citalopram	GEN		.6250
	02248010	PMS-Citalopram	PMS		.6250
	02248050	Co-Citalopram	COB		.6250
	02248170	Sandoz Citalopram	SDZ		.6250
	02251558	# Novo-Citalopram	NOP		.6250
	02252112	Ratio-Citalopram	RPH		.6250
	02285622	Ran-Citalo	RAN		.6250
	02293218	Novo-Citalopram	NOP		.6250
790	40mg Tab				.6250
	02239608	Celexa	VLH		1.3057
	02246057	Apo-Citalopram	APX		.6250
	02246595	Gen-Citalopram	GEN		.6250
	02248011	PMS-Citalopram	PMS		.6250
	02248051	Co-Citalopram	COB		.6250
	02248171	Sandoz Citalopram	SDZ		.6250
	02251566	# Novo-Citalopram	NOP		.6250
	02252120	Ratio-Citalopram	RPH		.6250
	02285630	Ran-Citalo	RAN		.6250
	02293226	Novo-Citalopram	NOP		.6250

CLOMIPRAMINE HCL

791	10mg Tab				.1290
	00330566	Anafranil	ORY		.2581
	02040786	Apo-Clomipramine	APX		.1290
	02139340	# Gen-Clomipramine	GEN		.1290
	02244816	Co-Clomipramine	COB		.1290
792	25mg Tab				.1758
	00324019	Anafranil	ORY		.3516
	02040778	Apo-Clomipramine	APX		.1758
	02139359	# Gen-Clomipramine	GEN		.1758
	02244817	Co-Clomipramine	COB		.1758
793	50mg Tab				.3237
	00402591	Anafranil	ORY		.6474
	02040751	Apo-Clomipramine	APX		.3237
	02139367	# Gen-Clomipramine	GEN		.3237
	02244818	Co-Clomipramine	COB		.3237

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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

DESIPRAMINE

794	25mg Tab				.1729
	02099128	# Norpramin	SAV		.4004
	00010448	Pertofrane (Not a Benefit)	GEI		
	01946269	PMS-Desipramine	PMS		.1885
	01948784	Ratio-Desipramine	RPH		.1729
	02211947	Nu-Desipramine	NXP		.1885
	02216256	Apo-Desipramine	APX		.1729
795	50mg Tab				.3048
	02099136	# Norpramin	SAV		.7057
	01946277	PMS-Desipramine	PMS		.3048
	01948792	Ratio-Desipramine	RPH		.3048
	02211955	Nu-Desipramine	NXP		.3048
	02216264	Apo-Desipramine	APX		.3048
796	75mg Tab				.4696
	02099144	Norpramin (Not a Benefit)	HMR		
	01946242	PMS-Desipramine	PMS		.4696
	02211963	Nu-Desipramine	NXP		.4696
	02216272	Apo-Desipramine	APX		.4696

DOXEPIN HCL

797	10mg Cap				.1745
	00024325	Sinequan	ERF		.2493
	02049996	Apo-Doxepin	APX		.1745
798	25mg Cap				.2140
	00024333	Sinequan	ERF		.3058
	02050005	Apo-Doxepin	APX		.2140
799	50mg Cap				.3971
	00024341	Sinequan	ERF		.5673
	02050013	Apo-Doxepin	APX		.3971
800	75mg Cap				.3916
	00400750	Sinequan	ERF		.8146
	01913441	Novo-Doxepin	NOP		.3916
	02050021	Apo-Doxepin	APX		.3916
801	100mg Cap				.5160
	00326925	Sinequan	ERF		1.0733
	01913468	Novo-Doxepin	NOP		.5160
	02050048	Apo-Doxepin	APX		.5160

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

DOXEPIN HCL

802	150mg Cap				.7109
	00584274	Sinequan (Not a Benefit)	PFI		
	01913476	Novo-Doxepin	NOP		.7109

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.

803	20mg Cap				.8025
	00636622	Prozac	LIL		1.8038
	02177587	PMS-Fluoxetine	PMS		.8025
	02192764	Nu-Fluoxetine	NXP		.8025
	02216361	Apo-Fluoxetine	APX		.8025
	02216590	Novo-Fluoxetine	NOP		.8025
	02237814	Gen-Fluoxetine	GEN		.8025
	02241374	Ratio-Fluoxetine	RPH		.8025
	02242178	Co-Fluoxetine	COB		.8025
	02243487	Sandoz Fluoxetine	SDZ		.8025

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.

804	50mg Tab				.3930
	01919342	Luvox	SPH		.8253
	02218453	Ratio-Fluvoxamine	RPH		.3930
	02231192	Nu-Fluvoxamine	NXP		.3930
	02231329	Apo-Fluvoxamine	APX		.3930
	02239953	Novo-Fluvoxamine	NOP		.3930
	02240682	PMS-Fluvoxamine	PMS		.3930
	02247054	Sandoz Fluvoxamine	SDZ		.3930
	02255529	Co-Fluvoxamine	COB		.3930

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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

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.

805	100mg Tab				.7065
	01919369	Luvox	SPH		1.4837
	02218461	Ratio-Fluvoxamine	RPH		.7065
	02231193	Nu-Fluvoxamine	NXP		.7065
	02231330	Apo-Fluvoxamine	APX		.7065
	02239954	Novo-Fluvoxamine	NOP		.7065
	02240683	PMS-Fluvoxamine	PMS		.7065
	02247055	Sandoz Fluvoxamine	SDZ		.7065
	02255537	Co-Fluvoxamine	COB		.7065

IMIPRAMINE

806	10mg Tab				.0865
	00010464	Tofranil (Not a Benefit)	NOV		
	00360201	Apo-Imipramine	APX		.0865
807	25mg Tab				.1374
	00010472	# Tofranil	NOV		.2601
	00312797	Apo-Imipramine	APX		.1374
808	50mg Tab				.2554
	00010480	Tofranil	NOV		.5076
	00326852	Apo-Imipramine	APX		.2554

MAPROTILINE HCL

809	25mg Tab				.5493
	00360481	Ludiomil (Not a Benefit)	CIB		
	02158612	Novo-Maprotiline	NOP		.5493
810	50mg Tab				1.0401
	00360503	Ludiomil (Not a Benefit)	NOV		
	02158620	Novo-Maprotiline	NOP		1.0401
811	75mg Tab				1.4204
	00360511	Ludiomil (Not a Benefit)	NOV		
	02158639	Novo-Maprotiline	NOP		1.4204

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

MIRTAZAPINE

812	15mg Orally Disintegrating Tab				.1950
	02248542	Remeron RD	ORG		.3900
	02279894	Novo-Mirtazapine OD	NOP		.1950
813	30mg Orally Disintegrating Tab				.3900
	02248543	Remeron RD	ORG		.7800
	02279908	Novo-Mirtazapine OD	NOP		.3900
814	45mg Orally Disintegrating Tab				.5850
	02248544	Remeron RD	ORG		1.1700
	02279916	Novo-Mirtazapine OD	NOP		.5850
815	30mg Tab				.6200
	02243910	Remeron	ORG		1.2400
	02248762	PMS-Mirtazapine	PMS		.6200
	02250608	Sandoz Mirtazapine	SDZ		.6200
	02256118	Gen-Mirtazapine	GEN		.6200
	02259354	Novo-Mirtazapine	NOP		.6200
	02267292	Sandoz Mirtazapine FC	SDZ		.6200
	02270927	Ratio-Mirtazapine	RPH		.6200
	02274361	Co Mirtazapine	COB		.6200
	02286629	Apo-Mirtazapine	APX		.6200

MOCLOBEMIDE

816	100mg Tab				.2520
	00899348	Manerix (Not a Benefit)	HLR		
	02232148	Apo-Moclobemide	APX		.2520
	02239746	Novo-Moclobemide	NOP		.2520
817	150mg Tab				.2900
	00899356	Manerix	HLR		.5939
	02232150	Apo-Moclobemide	APX		.2900
	02239747	Novo-Moclobemide	NOP		.2900
	02243218	PMS-Moclobemide	PMS		.2900
818	300mg Tab				.5695
	02166747	Manerix	HLR		1.1663
	02239748	Novo-Moclobemide	NOP		.5695
	02240456	Apo-Moclobemide	APX		.5695
	02243219	PMS-Moclobemide	PMS		.5695

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

NORTRIPTYLINE

819	10mg Cap				.1000
	00015229	Aventyl	PHE		.2000
	02177692	PMS-Nortriptyline	PMS		.1000
	02223139	Nu-Nortriptyline	NXP		.1000
	02223511	Apo-Nortriptyline	APX		.1000
	02231686	Gen-Nortriptyline	GEN		.1000
	02231781	Novo-Nortriptyline	NOP		.1000
	02240789	Ratio-Nortriptyline	RPH		.1000
820	25mg Cap				.2022
	00015237	Aventyl	PHE		.4043
	02177706	PMS-Nortriptyline	PMS		.2022
	02223147	Nu-Nortriptyline	NXP		.2022
	02223538	Apo-Nortriptyline	APX		.2022
	02231687	Gen-Nortriptyline	GEN		.2022
	02231782	Novo-Nortriptyline	NOP		.2022
	02240790	Ratio-Nortriptyline	RPH		.2022

PAROXETINE HCL

821	20mg Tab				.7950
	01940481	Paxil	GSK		1.7640
	02240908	Apo-Paroxetine	APX		.7950
	02247751	PMS-Paroxetine	PMS		.7950
	02247811	Ratio-Paroxetine	RPH		.7950
	02248013	Gen-Paroxetine	GEN		.7950
	02248557	Novo-Paroxetine	NOP		.7950
	02254751	Sandoz Paroxetine	SDZ		.7950
	02262754	Co-Paroxetine	COB		.7950
822	30mg Tab				.8450
	01940473	Paxil	GSK		1.8742
	02240909	Apo-Paroxetine	APX		.8450
	02247752	PMS-Paroxetine	PMS		.8450
	02247812	Ratio-Paroxetine	RPH		.8450
	02248014	Gen-Paroxetine	GEN		.8450
	02248558	Novo-Paroxetine	NOP		.8450
	02254778	Sandoz Paroxetine	SDZ		.8450
	02262762	Co-Paroxetine	COB		.8450

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

PHENELZINE SULFATE

823	15mg Tab				.3482
	00476552	Nardil	ERF		.3482

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

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.

824	25mg Cap				.4000
	02132702	Zoloft	PFI		.8000
	02238280	Apo-Sertraline	APX		.4000
	02240485	Novo-Sertraline	NOP		.4000
	02242519	Gen-Sertraline	GEN		.4000
	02244838	PMS-Sertraline	PMS		.4000
	02245159	Sandoz Sertraline	SDZ		.4000
	02245787	Ratio-Sertraline	RPH		.4000
	02287390	Co Sertraline	COB		.4000
825	50mg Cap				.8000
	01962817	Zoloft	PFI		1.6000
	02238281	Apo-Sertraline	APX		.8000
	02240484	Novo-Sertraline	NOP		.8000
	02242520	Gen-Sertraline	GEN		.8000
	02244839	PMS-Sertraline	PMS		.8000
	02245160	Sandoz Sertraline	SDZ		.8000
	02245788	Ratio-Sertraline	RPH		.8000
	02287404	Co Sertraline	COB		.8000
826	100mg Cap				.8750
	01962779	Zoloft	PFI		1.7500
	02238282	Apo-Sertraline	APX		.8750
	02240481	Novo-Sertraline	NOP		.8750
	02242521	Gen-Sertraline	GEN		.8750
	02244840	PMS-Sertraline	PMS		.8750
	02245161	Sandoz Sertraline	SDZ		.8750
	02245789	Ratio-Sertraline	RPH		.8750
	02287412	Co Sertraline	COB		.8750

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

TRANLYCYPROMINE SULFATE

827	10mg Tab				.3598
	01919598	Parnate	GSK		.3598

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

TRAZODONE HYDROCHLORIDE

828	50mg Tab				.2214
	00579351	Desyrel	BQU		.2214
	01937227	PMS-Trazodone	PMS		.2214
	02144263	Novo-Trazodone	NOP		.2214
	02147637	Apo-Trazodone	APX		.2214
	02231683	Gen-Trazodone	GEN		.2214
	02277344	Ratio-Trazodone	RPH		.2214
829	100mg Tab				.3956
	00579378	Desyrel	BQU		.3956
	01937235	PMS-Trazodone	PMS		.3956
	02144271	Novo-Trazodone	NOP		.3956
	02147645	Apo-Trazodone	APX		.3956
	02231684	Gen-Trazodone	GEN		.3956
	02277352	Ratio-Trazodone	RPH		.3956
830	150mg Tab				.5812
	00702277	Desyrel Dividose	BQU		.5812
	02144298	Novo-Trazodone	NOP		.5812
	02147653	Apo-Trazodone D	APX		.5812
	02277360	Ratio-Trazodone	RPH		.5812

TRIMIPRAMINE

831	75mg Cap				.5197
	00761656	# Rhotrimine	SAV		.5197
	01926349	Surmontil (Not a Benefit)	RPP		
	02070987	Apo-Trimip	APX		.5197
832	12.5mg Tab				.0820
	01926357	Surmontil (Not a Benefit)	RPP		
	00740799	Apo-Trimip	APX		.0820
833	25mg Tab				.1040
	01926322	Surmontil (Not a Benefit)	RPP		
	00740802	Apo-Trimip	APX		.1040
	02020602	Nu-Trimipramine	NXP		.1040

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

TRIMIPRAMINE

834	50mg Tab				.1999
	01926330	Surmontil (Not a Benefit)	RPP		
	00740810	Apo-Trimip	APX		.1999
	02020610	Nu-Trimipramine	NXP		.1999
835	100mg Tab				.3418
	01926284	Surmontil (Not a Benefit)	RPP		
	00740829	Apo-Trimip	APX		.3418
	00761648	# Rhotrimine	SAV		.3418
	02020629	Nu-Trimipramine	NXP		.3418

VENLAFAXINE HCL

836	37.5mg ER Cap				.4200
	02237279	Effexor XR	WAY		.8567
	02273969	Ratio-Venlafaxine XR	RPH		.4200
	02275023	Novo-Venlafaxine XR	NOP		.4200
	02278545	PMS-Venlafaxine XR	PMS		.4200
	02304317	Co Venlafaxine XR	COB		.4200
837	75mg ER Cap				.8399
	02237280	Effexor XR	WAY		1.7133
	02273977	Ratio-Venlafaxine XR	RPH		.8399
	02275031	Novo-Venlafaxine XR	NOP		.8399
	02278553	PMS-Venlafaxine XR	PMS		.8399
	02304325	Co Venlafaxine XR	COB		.8399
838	150mg ER Cap				.8868
	02237282	Effexor XR	WAY		1.8090
	02273985	Ratio-Venlafaxine XR	RPH		.8868
	02275058	Novo-Venlafaxine XR	NOP		.8868
	02278561	PMS-Venlafaxine XR	PMS		.8868
	02304333	Co Venlafaxine XR	COB		.8868

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

ALPRAZOLAM

839	0.25mg Tab				.0760
	00548359	Xanax	PFI		.2291
	00865397	Apo-Alpraz	APX		.0760
	01913239	Nu-Alpraz	NXP		.0760
	01913484	Novo-Alprazol	NOP		.0760
	02137534	Gen-Alprazolam	GEN		.0760

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

ALPRAZOLAM

840	0.5mg Tab				.0920
	00548367	Xanax	PFI		.2745
	00865400	Apo-Alpraz	APX		.0920
	01913247	Nu-Alpraz	NXP		.0920
	01913492	Novo-Alprazol	NOP		.0920
	02137542	Gen-Alprazolam	GEN		.0920

BROMAZEPAM

841	1.5mg Tab				.0515
	00682314	Lectopam	HLR		.1082
	02171856	Nu-Bromazepam	NXP		.0515
	02177153	Apo-Bromazepam	APX		.0515
	02192705	Gen-Bromazepam	GEN		.0515
842	3mg Tab				.0700
	00518123	Lectopam	HLR		.1470
	02171864	Nu-Bromazepam	NXP		.0700
	02177161	Apo-Bromazepam	APX		.0700
	02192713	Gen-Bromazepam	GEN		.0700
	02230584	Novo-Bromazepam	NOP		.0700
843	6mg Tab				.1022
	00518131	Lectopam	HLR		.2147
	02171872	Nu-Bromazepam	NXP		.1022
	02177188	Apo-Bromazepam	APX		.1022
	02192721	Gen-Bromazepam	GEN		.1022
	02230585	Novo-Bromazepam	NOP		.1022

CHLORDIAZEPOXIDE

844	5mg Cap				.0663
	00012629	Librium (Not a Benefit)	HLR		
	00522724	Apo-Chlordiazepoxide	APX		.0663
845	10mg Cap				.1045
	00012637	Librium (Not a Benefit)	HLR		
	00522988	Apo-Chlordiazepoxide	APX		.1045
846	25mg Cap				.1620
	00012645	Librium (Not a Benefit)	HLR		
	00522996	Apo-Chlordiazepoxide	APX		.1620

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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

847	25mg Tab				.1365
	01929917	Largactil (Not a Benefit)	RPP		
	00232823	Novo-Chlorpromazine	NOP		.1365
848	50mg Tab				.1565
	01929925	Largactil (Not a Benefit)	RPP		
	00232807	Novo-Chlorpromazine	NOP		.1565
849	100mg Tab				.3200
	01929933	Largactil (Not a Benefit)	RPP		
	00232831	Novo-Chlorpromazine	NOP		.3200

CLORAZEPATE DIPOTASSIUM

850	3.75mg Cap				.0694
	00264938	Tranxene (Not a Benefit)	ABB		
	00628190	# Novo-Clopatе	NOP		.0694
	00860689	Apo-Clorazepate	APX		.0694
851	7.5mg Cap				.0953
	00264946	Tranxene	ABB		.1905
	00628204	# Novo-Clopatе	NOP		.0953
	00860700	Apo-Clorazepate	APX		.0953
852	15mg Cap				.1715
	00264911	Tranxene	ABB		.3430
	00628212	# Novo-Clopatе	NOP		.1715
	00860697	Apo-Clorazepate	APX		.1715

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

DIAZEPAM

853	5mg/mL Rect Gel-2x5mg Pk 02238162	Diastat	VAL	134.5000 134.5000
854	5mg/mL Rect Gel-2x10mg Pk 09853340	Diastat	VAL	134.5000 134.5000
855	5mg/mL Rect Gel-2x15mg Pk 09853430	Diastat	VAL	134.5000 134.5000
856	2mg Tab 00013277	Valium (Not a Benefit)	HLR	.0508
	00405329	Apo-Diazepam	APX	.0508
857	5mg Tab 00013285	Valium (Not a Benefit)	HLR	.0650
	00362158	Apo-Diazepam	APX	.0650
858	10mg Tab 00013293	Valium (Not a Benefit)	HLR	.0867
	00405337	Apo-Diazepam	APX	.0867

FLUPENTHIXOL DECANOATE

859	200mg/2mL Inj Sol-2mL Pk 02156040	Fluanxol Depot	VLH	70.4500 70.4500
860	200mg/10mL Inj Sol-10mL Pk 02156032	Fluanxol Depot	VLH	70.4500 70.4500

FLUPENTHIXOL DIHYDROCHLORIDE

861	0.5mg Tab 02156008	Fluanxol	VLH	.2434 .2434
862	3mg Tab 02156016	Fluanxol	VLH	.5257 .5257

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

FLUPHENAZINE DECANOATE

863	100mg/mL Inj Sol-1mL Pk				29.7800
	00755575	Modecate Concentrate	BQU		29.7800
864	125mg/5mL Inj Susp-5mL Pk				23.1600
	00349917	Modecate (Not a Benefit)	BQU		
	02091275	PMS-Fluphenazine Decanoate	PMS		23.1600

FLUPHENAZINE HCL

865	1mg Tab				.1680
	00029378	Moditen HCL (Not a Benefit)	BQU		
	00405345	Apo-Fluphenazine	APX		.1680
866	2mg Tab				.2040
	00029386	Moditen HCL (Not a Benefit)	BQU		
	00410632	Apo-Fluphenazine	APX		.2040
867	5mg Tab				.1720
	00029408	Moditen HCL (Not a Benefit)	BQU		
	00405361	Apo-Fluphenazine	APX		.1720

HALOPERIDOL

868	5mg/mL Inj Sol-1mL Pk				3.8620
	00017574	Haldol (Not a Benefit)	OMC		
	00808652	Haloperidol	SDZ		3.8620
869	0.5mg Tab				.0360
	00017655	Haldol (Not a Benefit)	OMC		
	00363685	Novo-Peridol	NOP		.0360
	00396796	Apo-Haloperidol	APX		.0360

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

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HALOPERIDOL

870	1mg Tab				.0614
	00017663	Haldol (Not a Benefit)	OMC		
	00363677	Novo-Peridol	NOP		.0614
	00396818	Apo-Haloperidol	APX		.0614
871	2mg Tab				.1050
	00017671	Haldol (Not a Benefit)	OMC		
	00363669	Novo-Peridol	NOP		.1050
	00396826	Apo-Haloperidol	APX		.1050
872	5mg Tab				.1487
	00017698	Haldol (Not a Benefit)	OMC		
	00363650	Novo-Peridol	NOP		.1487
	00396834	Apo-Haloperidol	APX		.1487
873	10mg Tab				.1330
	00381772	Haldol (Not a Benefit)	OMC		
	00463698	Apo-Haloperidol	APX		.1330
	00713449	Novo-Peridol	NOP		.1330
874	20mg Tab				.6304
	00499579	Haldol (Not a Benefit)	OMC		
	00768820	Novo-Peridol	NOP		.6304

HALOPERIDOL DECANOATE

875	100mg/mL Oily Inj Sol-1mL Pk				11.6648
	00599093	Haldol-LA (Not a Benefit)	OMC		
	02130300	Haloperidol LA	SDZ		11.6648
876	50mg/mL Oily Inj Sol-5mL Pk				29.5190
	00599085	Haldol-LA (Not a Benefit)	OMC		
	02130297	Haloperidol LA	SDZ		29.5190
877	100mg/mL Oily Inj Sol-5mL Pk				58.3240
	00980803	Haldol-LA (Not a Benefit)	OMC		
	09853758	Haloperidol LA	SDZ		58.3240

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

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HYDROXYZINE HCL

878	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	
879	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	
880	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

881	0.5mg Tab				.0359
		02041413	Ativan	WAY	.0359
		00655740	Apo-Lorazepam	APX	.0359
		00711101	Novo-Lorazem	NOP	.0359
		00728187	PMS-Lorazepam	PMS	.0359
		00865672	Nu-Loraz	NXP	.0359
882	1mg Tab				.0447
		02041421	Ativan	WAY	.0447
		00637742	Novo-Lorazem	NOP	.0447
		00655759	Apo-Lorazepam	APX	.0447
		00728195	PMS-Lorazepam	PMS	.0447
		00865680	Nu-Loraz	NXP	.0447
883	2mg Tab				.0699
		02041448	Ativan	WAY	.0699
		00637750	Novo-Lorazem	NOP	.0699
		00655767	Apo-Lorazepam	APX	.0699
		00728209	PMS-Lorazepam	PMS	.0699
		00865699	Nu-Loraz	NXP	.0699

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OLANZAPINE

884	5mg Rapid Dissolve Tab				3.4764
	02243086	Zyprexa Zydis	LIL		3.4764
885	10mg Rapid Dissolve Tab				6.9525
	02243087	Zyprexa Zydis	LIL		6.9525
886	15mg Rapid Dissolve Tab				10.4289
	02243088	Zyprexa Zydis	LIL		10.4289
887	2.5mg Tab				1.2656
	02229250	Zyprexa	LIL		1.7972
	02276712	Novo-Olanzapine	NOP		1.2656
888	5mg Tab				2.5313
	02229269	Zyprexa	LIL		3.5944
	02276720	Novo-Olanzapine	NOP		2.5313
889	7.5mg Tab				3.7969
	02229277	Zyprexa	LIL		5.3916
	02276739	Novo-Olanzapine	NOP		3.7969
890	10mg Tab				5.0625
	02229285	Zyprexa	LIL		7.1888
	02276747	Novo-Olanzapine	NOP		5.0625
891	15mg Tab				7.5938
	02238850	Zyprexa	LIL		10.7831
	02276755	Novo-Olanzapine	NOP		7.5938

OXAZEPAM

892	10mg Tab				.0350
	02043653	Serax (Not a Benefit)	WAY		
	00402680	Apo-Oxazepam	APX		.0350
893	15mg Tab				.0550
	02043661	Serax (Not a Benefit)	WAY		
	00402745	Apo-Oxazepam	APX		.0550
894	30mg Tab				.0750
	02043688	Serax (Not a Benefit)	WAY		
	00402737	Apo-Oxazepam	APX		.0750

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

PERICYAZINE

895	5mg Cap 01926780	Neuleptil	ERF	.1825 .1825
896	10mg Cap 01926772	Neuleptil	ERF	.2930 .2930
897	10mg/mL O/L 01926756	Neuleptil	ERF	.3600 .3600

PERPHENAZINE

898	2mg Tab 00028290 00335134	Trilafon (Not a Benefit) Apo-Perphenazine	SCH APX	.0612 .0612
899	4mg Tab 00028304 00335126	Trilafon (Not a Benefit) Apo-Perphenazine	SCH APX	.0741 .0741
900	8mg Tab 00028312 00335118	Trilafon (Not a Benefit) Apo-Perphenazine	SCH APX	.0813 .0813
901	16mg Tab 00028320 00335096	Trilafon (Not a Benefit) Apo-Perphenazine	SCH APX	.1245 .1245

PIMOZIDE

902	2mg Tab 00313815 02245432	Orap Apo-Pimozide	PHE APX	.2279 .2279 .2279
903	4mg Tab 00313823 02245433	Orap Apo-Pimozide	PHE APX	.4136 .4136 .4136

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28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

PIPOTIAZINE PALMITATE

904	25mg/mL Inj Sol-1mL Pk			14.7600
	01926667	Piportil L4	SAV	14.7600
905	50mg/mL Inj Sol-1mL Pk			25.0200
	00990507	Piportil L4	SAV	25.0200
906	100mg/2mL Inj Sol-2mL Pk			47.5300
	01926675	Piportil L4	SAV	47.5300

PROCHLORPERAZINE

907	10mg/2mL Inj Sol-2mL Pk			1.3380
	01927779	Stemetil (Not a Benefit)	SAV	
	00789747	Prochlorperazine Mesylate	SDZ	1.3380
908	5mg Tab			.1055
	01927752	Stemetil (Not a Benefit)	AVE	
	00886440	Apo-Prochlorazine	APX	.1055
	01964399	Nu-Prochlor	NXP	.1055
909	10mg Tab			.1290
	01927760	Stemetil (Not a Benefit)	AVE	
	00886432	Apo-Prochlorazine	APX	.1290
	01964402	Nu-Prochlor	NXP	.1290

QUETIAPINE

910	25mg Tab			.4940
	02236951	Seroquel	AZC	.4940
911	100mg Tab			1.3180
	02236952	Seroquel	AZC	1.3180
912	200mg Tab			2.6467
	02236953	Seroquel	AZC	2.6467
913	300mg Tab			3.8625
	02244107	Seroquel	AZC	3.8625
914	50mg ER Tab			.9800
	02300184	+ Seroquel XR	AZC	.9800
915	200mg ER Tab			2.6200
	02300192	+ Seroquel XR	AZC	2.6200
916	300mg ER Tab			3.8600
	02300206	+ Seroquel XR	AZC	3.8600
917	400mg ER Tab			5.2400
	02300214	+ Seroquel XR	AZC	5.2400

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28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

RISPERIDONE

918	1mg/mL O/L				.5520
	02236950	Risperdal	JNO	1.3320	
	02279266	PMS-Risperidone	PMS	.5520	
	02280396	Apo-Risperidone	APX	.5520	
919	0.5mg Orally Disintegrating Tab				.7157
	02247704	Risperdal M-Tab	JNO	.7157	
920	1mg Orally Disintegrating Tab				.9889
	02247705	Risperdal M-Tab	JNO	.9889	
921	2mg Orally Disintegrating Tab				1.9739
	02247706	Risperdal M-Tab	JNO	1.9739	
922	3mg Orally Disintegrating Tab				2.9614
	02268086	Risperdal M-Tab	JNO	2.9614	
923	4mg Orally Disintegrating Tab				3.9482
	02268094	Risperdal M-Tab	JNO	3.9482	
924	0.25mg Tab				.2075
	02240551	Risperdal	JNO	.5007	
	02252007	PMS-Risperidone	PMS	.2075	
	02264757	Ratio-Risperidone	RPH	.2075	
	02280906	Ran-Risperidone	RAN	.2075	
	02282119	Apo-Risperidone	APX	.2075	
	02282240	Gen-Risperidone	GEN	.2075	
	02282585	Co Risperidone	COB	.2075	
	02282690	Novo-Risperidone	NOP	.2075	
	02292807	Sandoz Risperidone	SDZ	.2075	
925	0.5mg Tab				.3475
	02240552	Risperdal	JNO	.8387	
	02252015	PMS-Risperidone	PMS	.3475	
	02264188	Novo-Risperidone	NOP	.3475	
	02264765	Ratio-Risperidone	RPH	.3475	
	02279495	Sandoz Risperidone	SDZ	.3475	
	02280914	Ran-Risperidone	RAN	.3475	
	02282127	Apo-Risperidone	APX	.3475	
	02282259	Gen-Risperidone	GEN	.3475	
	02282593	Co Risperidone	COB	.3475	

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

RISPERIDONE

926	1mg Tab				.4800
	02025280	Risperdal	JNO		1.1585
	02252023	PMS-Risperidone	PMS		.4800
	02264196	Novo-Risperidone	NOP		.4800
	02264773	Ratio-Risperidone	RPH		.4800
	02279800	Sandoz Risperidone	SDZ		.4800
	02280922	Ran-Risperidone	RAN		.4800
	02282135	Apo-Risperidone	APX		.4800
	02282267	Gen-Risperidone	GEN		.4800
	02282607	Co Risperidone	COB		.4800
927	2mg Tab				.9583
	02025299	Risperdal	JNO		2.3127
	02252031	PMS-Risperidone	PMS		.9583
	02264218	Novo-Risperidone	NOP		.9583
	02264781	Ratio-Risperidone	RPH		.9583
	02279819	Sandoz Risperidone	SDZ		.9583
	02280930	Ran-Risperidone	RAN		.9583
	02282143	Apo-Risperidone	APX		.9583
	02282275	Gen-Risperidone	GEN		.9583
	02282615	Co Risperidone	COB		.9583
928	3mg Tab				1.4375
	02025302	Risperdal	JNO		3.4695
	02252058	PMS-Risperidone	PMS		1.4375
	02264226	Novo-Risperidone	NOP		1.4375
	02264803	Ratio-Risperidone	RPH		1.4375
	02279827	Sandoz Risperidone	SDZ		1.4375
	02280949	Ran-Risperidone	RAN		1.4375
	02282151	Apo-Risperidone	APX		1.4375
	02282283	Gen-Risperidone	GEN		1.4375
	02282623	Co Risperidone	COB		1.4375
929	4mg Tab				1.9167
	02025310	Risperdal	JNO		4.6260
	02252066	PMS-Risperidone	PMS		1.9167
	02264234	Novo-Risperidone	NOP		1.9167
	02264811	Ratio-Risperidone	RPH		1.9167
	02279835	Sandoz Risperidone	SDZ		1.9167
	02280957	Ran-Risperidone	RAN		1.9167
	02282178	Apo-Risperidone	APX		1.9167
	02282291	Gen-Risperidone	GEN		1.9167
	02282631	Co Risperidone	COB		1.9167

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28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

THIOTHIXENE

930	2mg Cap 00024430	Navane	ERF	.3000 .3000
931	5mg Cap 00024449	Navane	ERF	.3321 .3321
932	10mg Cap 00024457	Navane	ERF	.4275 .4275

TRIFLUOPERAZINE

933	1mg Tab 01918206 00345539	Stelazine (Not a Benefit) Apo-Trifluoperazine	SMJ APX	.1015 .1015
934	2mg Tab 01918214 00312754	Stelazine (Not a Benefit) Apo-Trifluoperazine	SMJ APX	.1110 .1110
935	5mg Tab 01918222 00312746	Stelazine (Not a Benefit) Apo-Trifluoperazine	SMJ APX	.1470 .1470
936	10mg Tab 01918230 00326836	Stelazine (Not a Benefit) Apo-Trifluoperazine	SMJ APX	.1762 .1762

28:16:12 PSYCHOTHERAPEUTIC AGENTS OTHER PSYCHOTROPICS

LITHIUM CARBONATE

937	150mg Cap 00461733 02216132 02242837	Carbolith PMS-Lithium Carbonate Apo-Lithium Carbonate	VAL PMS APX	.0422 .0844 .0422 .0422
938	150mg Cap 02013231 09857532	Lithane Apo-Lithium Carbonate	ERF APX	.0413 .0995 .0413

+ = 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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:12 PSYCHOTHERAPEUTIC AGENTS OTHER PSYCHOTROPICS

LITHIUM CARBONATE

939	300mg Cap				.0443
	00236683	Carbolith	VAL		.0886
	02216140	PMS-Lithium Carbonate	PMS		.0443
	02242838	Apo-Lithium Carbonate	APX		.0443
940	300mg Cap				.0471
	00406775	Lithane	ERF		.0991
	09857540	Apo-Lithium Carbonate	APX		.0471

LOXAPINE HCL

941	25mg/mL O/L				.5232
	02170000	Loxapac (Not a Benefit)	WAY		
	02239101	# PMS-Loxapine	PMS		.5232

LOXAPINE SUCCINATE

942	5mg Tab				.1500
	02170019	Loxapac (Not a Benefit)	WAY		
	02230837	PMS-Loxapine	PMS		.1500
	02237534	Nu-Loxapine	NXP		.1500
	02237651	Apo-Loxapine	APX		.1500
943	10mg Tab				.2498
	02170027	Loxapac (Not a Benefit)	WAY		
	02230838	PMS-Loxapine	PMS		.2498
	02237535	Nu-Loxapine	NXP		.2498
	02237652	Apo-Loxapine	APX		.2498
944	25mg Tab				.3872
	02170132	Loxapac (Not a Benefit)	WAY		
	02230839	PMS-Loxapine	PMS		.3872
	02237536	Nu-Loxapine	NXP		.3872
	02237653	Apo-Loxapine	APX		.3872
945	50mg Tab				.5162
	02170035	Loxapac (Not a Benefit)	WAY		
	02230840	PMS-Loxapine	PMS		.5162
	02237537	Nu-Loxapine	NXP		.5162
	02237654	Apo-Loxapine	APX		.5162

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

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

946	5mg Tab				.5345
	01924516	Dexedrine	GSK		.5345

METHYLPHENIDATE HCL

947	20mg LA Tab				.3364
	00632775	Ritalin SR	NOV		.5639
	02266687	Apo-Methylphenidate SR	APX		.3364
948	10mg Tab				.1262
	00005606	Ritalin	NOV		.3109
	00584991	PMS-Methylphenidate	PMS		.1262
	02249324	Apo-Methylphenidate	APX		.1262

28:24:00 SEDATIVES AND HYPNOTICS

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

AMOBARBITAL SODIUM

949	60mg Cap				.0960
	00015148	Amytal Sodium	LIL		.0960
950	200mg Cap				.2114
	00015156	Amytal Sodium	LIL		.2114

FLURAZEPAM

951	15mg Cap				.0810
	00012696	Dalmane (Not a Benefit)	VAL		
	00521698	Apo-Flurazepam	APX		.0810
952	30mg Cap				.0930
	00012718	Dalmane (Not a Benefit)	VAL		
	00521701	Apo-Flurazepam	APX		.0930

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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

953	25mg/mL Inj Sol-1mL Pk			2.3710
	01927698	Nozinan	SAV	2.3710
954	2mg Tab			.0505
	01927647	Nozinan (Not a Benefit)	AVE	
	02238403	Apo-Methoprazine	APX	.0505
955	5mg Tab			.0528
	01927655	# Nozinan	SAV	.0528
	02232903	PMS-Methotrimeprazine	PMS	.0528
	02238404	Apo-Methoprazine	APX	.0528
956	25mg Tab			.1131
	01927663	# Nozinan	SAV	.1131
	02232904	PMS-Methotrimeprazine	PMS	.1131
	02238405	Apo-Methoprazine	APX	.1131
957	50mg Tab			.1541
	01927671	# Nozinan	SAV	.1541
	02232905	PMS-Methotrimeprazine	PMS	.1541
	02238406	Apo-Methoprazine	APX	.1541

NITRAZEPAM

958	5mg Tab			.0680
	00511528	Mogadon	VAL	.1428
	02229654	Nitrazadon	VAL	.0680
	02234003	Sandoz Nitrazepam	SDZ	.0680
	02245230	Apo-Nitrazepam	APX	.0680
959	10mg Tab			.1017
	00511536	Mogadon	VAL	.2137
	02229655	Nitrazadon	VAL	.1017
	02234007	Sandoz Nitrazepam	SDZ	.1017
	02245231	Apo-Nitrazepam	APX	.1017

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:24:00 SEDATIVES AND HYPNOTICS

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

PENTOBARBITAL SODIUM

960	100mg Cap 00000086	Nembutal	ABB	.2038 .2038

SECOBARBITAL SODIUM

961	100mg Cap 00015288	Seconal	LIL	.1069 .1069

TEMAZEPAM

962	15mg Cap			.0875
	00604453	Restoril	ORY	.1750
	02223570	Nu-Temazepam	NXP	.0875
	02225964	Apo-Temazepam	APX	.0875
	02229455	# PMS-Temazepam	PMS	.0875
	02230095	Novo-Temazepam	NOP	.0875
	02231615	Gen-Temazepam	GEN	.0875
	02243023	Ratio-Temazepam	RPH	.0875
	02244814	Co-Temazepam	COB	.0875
	02273039	PMS-Temazepam	PMS	.0875

963	30mg Cap			.1053
	00604461	Restoril	ORY	.2105
	02223589	Nu-Temazepam	NXP	.1053
	02225972	Apo-Temazepam	APX	.1053
	02229456	# PMS-Temazepam	PMS	.1053
	02230102	Novo-Temazepam	NOP	.1053
	02231616	Gen-Temazepam	GEN	.1053
	02243024	Ratio-Temazepam	RPH	.1053
	02244815	Co-Temazepam	COB	.1053
	02273047	PMS-Temazepam	PMS	.1053

TRIAZOLAM

964	0.125mg Tab			.1181
	00512559	Halcion (Not a Benefit)	UPJ	
	00808563	Apo-Triazo	APX	.1181
	01995227	Gen-Triazolam	GEN	.1181

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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

965	0.25mg Tab				.2086
	00443158	Halcion (Not a Benefit)	PFI		
	00808571	Apo-Triazo	APX		.2090
	01913506	Gen-Triazolam	GEN		.2086

28:92:00 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

ENTACAPONE

966	200mg Tab				1.5648
	02243763	Comtan	NOV		1.5648
	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

Note: Mirapex is indicated for both the symptomatic treatment of idiopathic Parkinson's Disease and moderate to severe idiopathic Restless Legs Syndrome under the manufacturer's Drug Identification Number (DIN). Mirapex has also been assigned a Product Identification Number (PIN) for the indication of Parkinson's Disease specifically. Apo-Pramipexole, Novo-Pramipexole and PMS-Pramipexole products are interchangeable with Mirapex for the treatment of Parkinson's Disease.

967	0.25mg Tab				1.0513
	02237145	Mirapex	BOE		1.0513
968	0.25mg Tab				.4950
	09857268	Mirapex	BOE		1.0513
	02269309	Novo-Pramipexole	NOP		.4950
	02290111	PMS-Pramipexole	PMS		.4950
	02292378	Apo-Pramipexole	APX		.4950

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:92:00 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE

Note: Mirapex is indicated for both the symptomatic treatment of idiopathic Parkinson’s Disease and moderate to severe idiopathic Restless Legs Syndrome under the manufacturer’s Drug Identification Number (DIN). Mirapex has also been assigned a Product Identification Number (PIN) for the indication of Parkinson’s Disease specifically. Apo-Pramipexole, Novo-Pramipexole and PMS-Pramipexole products are interchangeable with Mirapex for the treatment of Parkinson’s Disease.

969	1mg Tab			2.1028
	02237146	Mirapex	BOE	2.1028
970	1mg Tab			.9900
	09857269	Mirapex	BOE	2.1028
	02269325	Novo-Pramipexole	NOP	.9900
	02290146	PMS-Pramipexole	PMS	.9900
	02292394	Apo-Pramipexole	APX	.9900
971	1.5mg Tab			2.1028
	02237147	Mirapex	BOE	2.1028
972	1.5mg Tab			.9900
	09857270	Mirapex	BOE	2.1028
	02269333	Novo-Pramipexole	NOP	.9900
	02290154	PMS-Pramipexole	PMS	.9900
	02292408	Apo-Pramipexole	APX	.9900

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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

973	1mg/mL Inj Susp-1mL Pk				29.3200
	00253952	Synacthen Depot	NOV		29.3200

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

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:12:00 REPLACEMENT AGENTS

CALCIUM CARBONATE

974	Eq To 250mg Elemental Calcium Tab			
	02042983	Os-Cal 250 (Not a Benefit)	WAY	
	00645958	Calcium-250 (Not a Benefit)	NOP	
	00682047	Apo-Cal 250 (Not a Benefit)	APX	
975	Eq To 500mg Elemental Calcium Tab			
	02042991	Os-Cal 500 (Not a Benefit)	WAY	
	00645923	Calcium-500 (Not a Benefit)	NOP	
	00682039	Apo-Cal 500 (Not a Benefit)	APX	

CALCIUM GLUCONATE

976	Eq To 60mg Elemental Calcium Tab			
	00179698	Calcium Gluconate (Not a Benefit)	SDR	
	00241717	Calcium Gluconate (Not a Benefit)	RPR	
	00441473	Calcium Gluconate (Not a Benefit)	NOP	

CALCIUM LACTATE

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

ELECTROLYTE & DEXTROSE

978	O/L			
	00630365	Pedialyte Regular	ABB	.0074
	00981095	Pedialyte Flavored	ABB	.0074

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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

ELECTROLYTE & DEXTROSE

979	Oral Pd-1 Sach Pk				.7950
	01931563	Gastrolyte	SAV		.7950

PEG-ELECTROLYTES

980	Pd-4L Pk				16.4500
	00677442	Colyte (Not a Benefit)	ZYN		
	00777838	PegLyte	PMS		16.4500

POLYETHYLENE GLYCOL & ELECTROLYTES

981	Pd-1 Kit				16.1700
	02147793	Klean-Prep	RIV		16.1700
982	Sol-1L Pk				5.0141
	00777846	# PegLyte	PMS		5.0141

POTASSIUM CHLORIDE

983	*1.33mEq/mL O/L				.0102
	01918303	K-10	GSK		.0150
	02063859	Kaochlor-10 (Not a Benefit)	PMJ		
	02166372	Roychlor (Not a Benefit)	WAB		
	02238604	PMS-Potassium Chloride	PMS		.0102
984	20mEq/Pouch	Oral Pd-3g Pk			.2917
	00481211	# K-Lor	ABB		.2917
985	25mEq/Pouch	Oral Pd-7.8g Pk			.4783
	02089580	K-Lyte/Cl	WEL		.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

40:18:00 POTASSIUM-REMOVING RESINS

POLYSTYRENE SODIUM SULFONATE

986	1mEq/g Oral Pd-454g Pk				75.9675
	02026961	Kayexalate	SAV		75.9675

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

987	5mg Tab				.2002
	00487805	Midamor (Not a Benefit)	MSD		
	02249510	Apo-Amiloride	APX		.2002

AMILORIDE HCL & HYDROCHLOROTHIAZIDE

988	5mg & 50mg Tab			.1917	.10
	00487813	Moduret (Not a Benefit)	PRE		
	00784400	Apo-Amilzide	APX	.1917	.10
	00886106	Nu-Amilzide	NXP	.1917	.10
	01937219	Novamilor	NOP	.1917	.10
	02257378	Gen-Amilazide	GEN	.1917	.10

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

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:28:00 DIURETICS

Note: The Canadian Hypertension Society Consensus Conference recommends lower doses of diuretics for treatment of hypertension, particularly in the elderly, to avoid dose-related adverse effects. Hydrochlorothiazide, 25 to 50mg daily, or other diuretics in equivalent amounts are recommended.

CHLORTHALIDONE

989	50mg Tab				.0785	.08
	00010413	Hygroton (Not a Benefit)	GEI			
	00360279	Apo-Chlorthalidone	APX		.0785	.08
990	100mg Tab				.0397	
	00010421	Hygroton (Not a Benefit)	GEI			
	00360287	Apo-Chlorthalidone	APX		.0397	

FUROSEMIDE

991	10mg/mL O/L				.2513	
	02224720	Lasix	SAV		.2513	
992	20mg Tab				.0373	
	02224690	Lasix	SAV		.0798	
	00337730	Novo-Semide	NOP		.0373	
	00396788	Apo-Furosemide	APX		.0373	
993	40mg Tab				.0558	
	02224704	Lasix	SAV		.1167	
	00337749	Novo-Semide	NOP		.0558	
	00362166	Apo-Furosemide	APX		.0558	

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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

994	500mg Tab			2.7494
	02224755	Lasix Special	SAV	2.7494
	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

995	25mg Tab			.0313	.03
	00016500	HydroDIURIL (Not a Benefit)	MSD		
	00021474	Novo-Hydrazide	NOP	.0313	.03
	00326844	Apo-Hydro 25	APX	.0313	.03
	02247386	PMS-Hydrochlorothiazide	PMS	.0313	.03
996	50mg Tab			.0434	
	00016519	HydroDIURIL (Not a Benefit)	MSD		
	00021482	Novo-Hydrazide	NOP	.0434	
	00312800	Apo-Hydro 50	APX	.0434	
	02247387	PMS-Hydrochlorothiazide	PMS	.0434	

HYDROCHLOROTHIAZIDE & SPIRONOLACTONE

997	25mg & 25mg Tab			.0859	.04
	00180408	Aldactazide-25	PFI	.0893	.04
	00613231	Novo-Spirozine-25	NOP	.0859	.04
998	50mg & 50mg Tab			.2236	
	00594377	Aldactazide-50	PFI	.2325	
	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

Note: The Canadian Hypertension Society Consensus Conference recommends lower doses of diuretics for treatment of hypertension, particularly in the elderly, to avoid dose-related adverse effects. Hydrochlorothiazide, 25 to 50mg daily, or other diuretics in equivalent amounts are recommended.

HYDROCHLOROTHIAZIDE & TRIAMTERENE

999	25mg & 50mg Tab			.0608	.06
	01919547	Dyazide (Not a Benefit)	SMJ		
	00441775	Apo-Triazide	APX	.0608	.06
	00532657	Novo-Triamzide	NOP	.0608	.06
	00865532	Nu-Triazide (Not a Benefit)	NXP		

INDAPAMIDE

1000	1.25mg Tab			.1490	
	02179709	Lozide	SEV	.2979	
	02227339	Indapamide Hemihydrate	SEV	.1877	
	02239619	PMS-Indapamide	PMS	.1490	
	02240067	Gen-Indapamide	GEN	.1490	
	02245246	Apo-Indapamide	APX	.1490	
1001	2.5mg Tab			.2364	.24
	00564966	Lozide	SEV	.4727	.47
	02049341	Indapamide	SEV	.2977	.30
	02153483	Gen-Indapamide	GEN	.2364	.24
	02223597	Nu-Indapamide	NXP	.2364	.24
	02223678	Apo-Indapamide	APX	.2364	.24
	02231184	Novo-Indapamide	NOP	.2364	.24
	02239620	PMS-Indapamide	PMS	.2364	.24

METOLAZONE

1002	2.5mg Tab			.1776	
	00888400	Zaroxolyn	SAV	.1776	

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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

1003	2.5mg Tab				.2999
	01934392	Amatine	SHI		.4504
	02278677	Apo-Midodrine	APX		.2999
1004	5mg Tab				.4998
	01934406	Amatine	SHI		.7507
	02278685	Apo-Midodrine	APX		.4998
	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.

1005	25mg Tab				.0692
	00028606	Aldactone	PFI		.0720
	00613215	Novo-Spiroton	NOP		.0692
1006	100mg Tab				.2120
	00285455	Aldactone	PFI		.2205
	00613223	Novo-Spiroton	NOP		.2120

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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

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:40:00 URICOSURIC DRUGS

PROBENECID					
1007	500mg Tab				.1884
	00016616	Benemid (Not a Benefit)	MSD		
	00294926	Benuryl	VAL		.1884

SULFINPYRAZONE					
1008	200mg Tab				.1980
	00010529	Anturan (Not a Benefit)	GEI		
	00441767	Apo-Sulfinpyrazone	APX		.1980

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

48:00 COUGH PREPARATIONS

48:04:00 ANTITUSSIVES

DEXTROMETHORPHAN HBR

1009	*3mg/mL O/L				.0088
	00391069	DM-Syrup (Not a Benefit)	PDA		
	01928783	Koffex DM	ROG		.0088

HYDROCODONE BITARTRATE

1010	1mg/mL O/L				.1053
	01916580	Hycodan	BQU		.1053

48:08:00 EXPECTORANTS

GUAIFENESIN

1011	*20mg/mL O/L				
	00026468	Robitussin (Not a Benefit)	WHB		
	00026794	Guaifenesin (Not a Benefit)	ROG		
	00990930	Guaifenesin Sugar Free (Not a Benefit)	ROG		

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

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04:04 ANTI-INFECTIVES ANTIBIOTICS

CHLORAMPHENICOL

1012	0.25% Oph Sol				.5100
	01980556	Pentamycetin	SDZ		.5100

FRAMYCETIN SULFATE

1013	0.5% Oph Oint-5g Pk				15.0000
	02224895	Soframycin	ERF		15.0000
1014	0.5% Oph Sol				1.0250
	02224887	Soframycin	ERF		1.0250

FRAMYCETIN SULFATE & GRAMICIDIN & DEXAMETHASONE

1015	5mg & 50mcg & 0.5mg/mL Oph/Ot Sol				.9800
	02224623	Sofracort	SAV		1.7023
	02247920	Sandoz Opticort	SDZ		.9800

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

1016	3mg & 1mg/mL Oph/Ot Drops				1.1965
	00682217	Garasone	SCH		1.2813
	02244999	Sandoz Pentasone	SDZ		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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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION
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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM	BRAND NAME	MANUFACTURER	DBP	DAILY COST

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04:04 ANTI-INFECTIVES ANTIBIOTICS

GENTAMICIN SULFATE

1017	0.3% Oph Oint-3.5g Pk			4.0000
	00028339	Garamycin	SCH	4.0000
1018	0.3% Oph Sol			.4060
	00436771	Alcomicin	ALC	.5300
	00512192	Garamycin	SCH	.4060
1019	0.3% Ot Sol			1.0320
	00512184	Garamycin	SCH	1.0320
	02229441	Sandoz Gentamicin	SDZ	1.0320

POLYMYXIN B SULFATE & BACITRACIN (ZINC)

1020	10000U & 500U/g Oph Oint 3.5g Pk			5.5400
	02239157	Polysporin	PFI	5.5400

POLYMYXIN B SULFATE & GRAMICIDIN

1021	10000U & 0.025mg/mL Oph/Ot Sol			.6920
	02239156	Polysporin	PFI	.6920

POLYMYXIN B SULFATE & NEOMYCIN SULFATE & HYDROCORTISONE

1022	10000U & 5mg & 10mg/mL Ot Sol			1.2515
	01912828	Cortisporin	GSK	1.2515

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

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04:04 ANTI-INFECTIVES ANTIBIOTICS

TOBRAMYCIN

1023	0.3% Oph Oint				2.3629
	00614254	Tobrex	ALC		2.3629
1024	0.3% Oph Sol				.8333
	00513962	Tobrex	ALC		1.6660
	02239577	PMS-Tobramycin	PMS		.8333
	02241755	Sandoz Tobramycin	SDZ		.8333

TOBRAMYCIN & DEXAMETHASONE

1025	0.3% & 0.1% Oph Oint				2.9143
	00778915	TobraDex	ALC		2.9143
1026	0.3% & 0.1% Oph Susp				1.9680
	00778907	TobraDex	ALC		1.9680

52:04:08 ANTI-INFECTIVES SULFONAMIDES

SULFACETAMIDE (SODIUM)

1027	10% Oph Oint-3.5g Pk				3.3400
	00252522	Cetamide	ALC		3.3400

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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

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04:12 OTHER ANTI-INFECTIVES

OFLOXACIN

1028	0.3% Oph Sol			.7080
	02143291	Ocuflox	ALL	2.4460
	02248398	Apo-Ofloxacin	APX	.7080
	02252570	PMS-Ofloxacin	PMS	.7080
	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

1029	1% Oph Sol			3.0387
	00687456	Viroptic	THE	3.0387

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

1030	50mcg Nas Sp-200 Dose Pk			12.2600
	02213702	Beconase Aqueous (Not a Benefit)	GLW	
	00872318	Ratio-Beclomethasone AQ	RPH	12.2600
	02172712	Gen-Beclo AQ	GEN	12.2600

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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

52:08:00 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

1031	100mcg/Metered Dose Nas Aero-200 Dose 02035324	Rhinocort Turbuhaler	AZC	22.7000 22.7000
1032	64mcg/Metered Dose Nas Sp-120 Dose Pk 02231923	Rhinocort Aqua	AZC	10.2000 10.2000
1033	100mcg/Metered Dose Nas Sp-165 Dose Pk 01974432	Rhinocort Aqua (Not a Benefit)	AST	12.7400
	02230648	Gen-Budesonide AQ	GEN	12.7400

DEXAMETHASONE

1034	0.1% Oph Oint-3.5g Pk 00042579	Maxidex	ALC	8.3500 8.3500
1035	0.1% Oph Susp 00042560	Maxidex	ALC	1.5400 1.5400

FLUMETHASONE PIVALATE & IODOCHLORHYDROXYQUIN

1036	0.02% & 1% Ot Sol 00074454	Locacorten-Vioform	SQI	1.3670 1.3670

FLUNISOLIDE

1037	0.025% Nas Sp-25mL Pk 02162687	Rhinalar	IVA	9.9000 19.8000
	00878790	Ratio-Flunisolide Nasal Mist	RPH	9.9000
	02239288	Apo-Flunisolide	APX	9.9000

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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

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

1038	0.1% Oph Susp				2.5480
	00247855	FML		ALL	2.5480

FLUOROMETHOLONE ACETATE

1039	0.1% Oph Susp				1.7400
	00756784	Flarex		ALC	1.7400

KETOROLAC TROMETHAMINE

1040	0.5% Oph Sol				1.6000
	01968300	Acular		ALL	3.3600
	02245821	Apo-Ketorolac		APX	1.6000
	02247461	Ratio-Ketorolac		RPH	1.6000

LODOXAMIDE TROMETHAMINE

1041	0.1% Oph Sol				1.0250
	00893560	Alomide		ALC	1.0250

PREDNISOLONE ACETATE

1042	0.12% Oph Susp				1.7960
	00299405	Pred Mild		ALL	1.7960
1043	1% Oph Susp				2.4400
	00301175	Pred Forte (Not a Benefit)		ALL	
	00700401	Ratio-Prednisolone		RPH	2.4400
	02023768	Diopred (Not a Benefit)		SDZ	

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

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:16:00 LOCAL ANESTHETICS

BENZYDAMINE HCL

1044	0.15% Oral Rinse				.0290
	01966065	Tantum	GRA		.1325
	02229777	PMS-Benzzydamine	PMS		.0290
	02229799	Novo-Benzzydamine	NOP		.0290
	02230170	Ratio-Benzzydamine	RPH		.0290
	02239044	Apo-Benzzydamine	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

1045	2% O/L				.0875
	00001686	Xylocaine Viscous	AZC		.0875

52:20:00 MIOTICS

CARBACHOL

1046	1.5% Oph Sol				.6733
	00000655	Isopto Carbachol	ALC		.6733
1047	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					
1048	4% Oph Gel				2.4980
	00575240	Pilopine HS	ALC		2.4980
1049	1% Oph Sol				.2047
	00000841	Isopto Carpine	ALC		.2047
	02023725	Diocarpine (Not a Benefit)	DKT		
1050	2% Oph Sol				.2360
	00000868	Isopto Carpine	ALC		.2360
	02023741	Diocarpine (Not a Benefit)	DKT		
1051	4% Oph Sol				.2667
	00000884	Isopto Carpine	ALC		.2667
1052	6% Oph Sol				.4580
	00000892	Isopto Carpine	ALC		.4580

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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

1053	1% Oph Oint-3.5g Pk				5.0500
	00252484	Atropine Sulfate	ALC		5.0500
1054	1% Oph Sol				.6000
	00035017	Isopto Atropine	ALC		.6000
	01948598	Atropine (Not a Benefit)	NOV		

52:32:00 VASOCONSTRICTORS

NAPHAZOLINE HCL

1055	0.1% Oph Sol				
	00759880	Vasocon (Not a Benefit)	IOB		
	00001147	Albalon (Not a Benefit)	ALL		
	00390283	Naphcon Forte (Not a Benefit)	ALC		
	00750786	Opcon (Not a Benefit)	BSH		

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

ACETAZOLAMIDE

1056	250mg Tab				.0780
	02238072	Diamox (Not a Benefit)	WAY		
	00545015	Apo-Acetazolamide	APX		.0780

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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

1057	0.25% Oph Susp			2.2280
	01908448	Betoptic S	ALC	2.2280

BIMATOPROST

1058	0.03% Oph Sol			10.8100
	02245860	Lumigan	ALL	10.8100
	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

1059	0.15% Oph Sol			2.3100
	02248151	Alphagan P	ALL	2.3100
1060	0.2% Oph Sol			1.6500
	02236876	Alphagan	ALL	3.3000
	02243026	Ratio-Brimonidine	RPH	1.6500
	02246284	PMS-Brimonidine	PMS	1.6500
	02260077	Apo-Brimonidine	APX	1.6500
	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

1061	0.2% & 0.5% Oph-Sol 5mL Pk			20.0600
	02248347	Combigan	ALL	20.0600
	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

1062	1% Oph Susp			3.2200
	02238873	Azopt	ALC	3.2200
	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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DBP = DRUG BENEFIT PRICE

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

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

DEXTRAN 70 & HYDROXYPROPYL METHYLCELLULOSE

1063	0.1%/0.3% Oph-Sol				.2800
	00390291	Tears Naturale	ALC		.2800
	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

1064	0.1%/0.3%/0.001%	Oph-Sol			.2880
	00743445	Tears Naturale II	ALC		.2880
	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

1065	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

1066	2% Oph Sol				3.6400
	02216205	Trusopt		MFC	3.6400
	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

1067	2% & 0.5% Oph Sol				5.5170
	02240113	Cosopt		MFC	5.5170
	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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= 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

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

IPRATROPIUM BROMIDE

1068	0.03% Nasal Spray			.4640
	02163705	Atrovent	BOE	.9930
	02239627	PMS-Ipratropium	PMS	.4640
	02246083	Apo-Ipravent	APX	.4640
	Reason for Use Code	Clinical criteria		
	03	For the treatment of non-allergic vasomotor rhinitis		
		LU Authorization Period: 1 year.		

LATANOPROST

1069	0.005% Oph Sol-2.5mL Pk			27.0400
	02231493	Xalatan	PFI	27.0400
	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

1070	50mcg/mL & 5mg/mL Oph Sol-2.5mL Pk			30.6000
	02246619	Xalacom	PFI	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

1071	0.25% Oph Sol			.9334
	02031159	Ratio-Levobunolol	RPH	.9334
	02241715	Sandoz Levobunolol	SDZ	.9334
1072	0.5% Oph Sol			1.2345
	00637661	Betagan	ALL	3.2900
	02031167	Ratio-Levobunolol	RPH	1.2345
	02237991	PMS-Levobunolol	PMS	1.2345
	02241574	Apo-Levobunolol	APX	1.2345
	02241716	Sandoz Levobunolol	SDZ	1.2345

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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

1073	50mg Tab				.4706
	02238071	Neptazane (Not a Benefit)	WAY		
	02245882	Apo-Methazolamide	APX		.4706

METHYLCELLULOSE

1074	*0.5% Oph-Sol				.3407
	00000809	Isopto Tears	ALC		.3407
1075	*1% Oph-Sol				.4220
	00000817	Isopto Tears	ALC		.4220
	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

1076	55%/42.5% Oph Oint-3.5g Pk				6.9800
	00210889	Lacri-Lube	ALL		6.9800
1077	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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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

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

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

POLYVINYL ALCOHOL

1078	1% Oph-Sol				.3720
	02133253	Hypotears	NOV		.3720
1079	1.4% Oph-Sol				.6373
	00045616	Liquifilm Tears	ALL		.6373
	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 & POLYVINYLPIRROLIDONE

1080	Oph-Sol				.3553
	00579408	Tears Plus	ALL		.3553
	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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DAILY COST - SEE DRUG COST PAGE IN PART I FOR METHOD OF CALCULATION

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

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36:00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

RANIBIZUMAB

1081	10mg/mL Inj Sol-0.3mL Vial Pk			1575.0000
	02296810	Lucentis	NOV	1575.0000

Note: For the treatment of patients with new onset (< 3 months) neovascular (wet) age-related macular degeneration (AMD) in a verteporfin PDT (Visudyne)-naïve eye. Initial diagnosis should be confirmed by an appropriate diagnostic procedure and administration should be done by a qualified ophthalmologist experienced in Intravitreal injections.

Patients receiving concurrent administration of verteporfin PDT (Visudyne) are not eligible for reimbursement.

Treatment should be initiated with a loading phase of one injection per month for three consecutive months, followed by a maintenance phase.

During the maintence phase, patients should be monitored for best corrected visual acuity or continued disease activity. If there is clinical or diagnostic evidence of disease activity such as a loss of greater than 5 letters in visual acuity (Early Treatment Diabetic Retinopathy Score (ETDRS) chart or one Snellen line equivalent), Lucentis may be administered. The interval between two doses should not be shorter than one month.

SODIUM CROMOGLYCATE

1082	2% Nas Sol-26mL Pk			13.7600
	00605255	Rynacrom (Not a Benefit)	FIS	
	01950541	Cromolyn	PMS	13.7600
	02231390	Apo-Cromolyn	APX	13.7600
1083	2% Oph Sol			.9500
	02230621	Opticrom	ALL	.9980
	02009277	Cromolyn	PMS	.9500

TIMOLOL MALEATE

1084	0.25% Oph Gellan Sol			1.9560
	02171880	Timoptic-XE	MFC	3.5960
	02242275	Timolol Maleate-EX	ALC	1.9560

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

1085	0.5% Oph Gellan Sol			2.3400
	02171899	Timoptic-XE	MFC	4.3040
	02242276	Timolol Maleate-EX	ALC	2.3400

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

TIMOLOL MALEATE

1086	0.25% Oph Sol				1.2780
	00451193	Timoptic	MFC		2.7650
	00755826	Apo-Timop	APX		1.2780
	00893773	Gen-Timolol	GEN		1.2780
	02083353	PMS-Timolol	PMS		1.2780
	02166712	Sandoz Timolol	SDZ		1.2780

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

1087	0.5% Oph Sol				1.5125
	00451207	Timoptic	MFC		3.3690
	00755834	Apo-Timop	APX		1.5125
	00893781	Gen-Timolol	GEN		1.5125
	02083345	PMS-Timolol	PMS		1.5125
	02166720	Sandoz Timolol	SDZ		1.5125

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

TRAVOPROST

1088	0.004% Oph Sol				10.8160
	02244896	Travatan	ALC		10.8160

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

1089	*40mg & 40mg/mL	O/L dpp			
	02163136	Maalox (Not a Benefit)		NOV	
	00261173	Neutralca-S (Not a Benefit)		DES	
1090	120mg & 60mg/mL	O/L dpp			
	00491217	Diovol EX (Not a Benefit)		HOR	
	02162369	Maalox TC (Not a Benefit)		NOV	
1091	400mg & 400mg	Tab dpp			
	00483605	Gelusil Extra Strength (Not a Benefit)		PDA	
	02208253	Maalox (Not a Benefit)		NOV	

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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

1092	2.5mg & 0.025mg Tab			.4358
	00036323	Lomotil	PFI	.4358
	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

1093	2mg Caplet				.1903
	00860743	Imodium	JAN		.3806
	02132591	Novo-Loperamide	NOP		.1903
	02212005	Apo-Loperamide	APX		.1903
	02228351	PMS-Loperamide	PMS		.1903
	02229552	Diarr-eze (Not a Benefit)	PMS		
	02257564	Sandoz Loperamide	SDZ		.1903
	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

56:12:00 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

1094	*5mg Ent Tab				.0450
	00254142	Dulcolax	BOE		.1860
	00545023	Apo-Bisacodyl	APX		.0450
1095	5mg Sup				1.0933
	00003867	Dulcolax	BOE		1.0933
1096	*10mg Sup				.4681
	00003875	Dulcolax	BOE		1.1000
	00404802	Ratio-Bisacodyl	RPH		.4681

DOCUSATE CALCIUM (DIOCTYL CALCIUM SULFOSUCCINATE)

1097	240mg Cap				.1287
	02224666	Surfak (Not a Benefit)	HMR		
	00664553	PMS-Docusate Calcium	PMS		.1287

DOCUSATE SODIUM (DIOCTYL SODIUM SULFOSUCCINATE)

1098	*100mg Cap				.0383
	02106256	Colace	WEL		.1310
	00716731	Docusate Sodium	TAR		.0383
	01994344	Soflax	PMS		.0383
1099	4mg/mL O/L				.0232
	02086018	Colace	WEL		.0232
	02006758	Soflax Syrup	PMS		.0232
1100	10mg/mL O/L				.1770
	02090163	Colace	WEL		.1770

GRAIN & CITRUS FIBRE

1101	*Tab				.0565
	00779768	Fibyrax (Not a Benefit)	LED		
	00595829	Novo-Fibre	NOP		.0565

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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

1102	40% Jelly-Unidose Pk 00739561	GEL-OSE	JOU	.4534 .4534
1103	667mg/mL O/L 00703486	PMS-Lactulose	PMS	.0147 .0147

MAGNESIUM OXIDE, CITRIC ACID, SODIUM PICOSULFATE

1104	3.5g/12g/10mg Pd for Sol-2X12g Sachet Pk 02254794	Pico-Salax	FEI	12.0000 12.0000

MINERAL OIL

1105	Enema 00107875	Fleet	MFC	.0326 .0326

PSYLLIUM MUCILLOID

1106	*Oral Pd 02174812	Metamucil Fibre Therapy- Original Texture	PGI	.0175 .0246
	00599875	Mucillium	PMS	.0175
	01912879	Metamucil Sugar Free (Not a Benefit)	PGI	

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ITEM NO.	DRUG NAME, STRENGTH, DOSAGE FORM DIN	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

1107	1.7mg/mL Syrup			.0318
	00367729	Senokot	PFP	.0318
1108	*8.6mg Tab			.0595
	00026158	Senokot	PFP	.0595
	00604402	Glysennid (Not a Benefit)	NOV	
1109	*12mg Tab			.0745
	00027502	Glysennid	NOV	.0745

SODIUM BIPHOSPHATE & SODIUM PHOSPHATE

1110	160mg & 60mg/mL	Ped Rect Sol			.0440
	00108065	Fleet		MFC	.0440
1111	*160mg & 60mg/mL	Rect Sol			.0205
	00009911	Fleet		MFC	.0236
	02096900	Enemol		DPC	.0205

SODIUM CITRATE & SODIUM LAURYL SULFOACETATE

1112	Micro Enema-5mL Pk			.9152
	02063905	Microlax	PFI	.9152

STERCULIA GUM

1113	62% W/W Gran 1 Sach Pk				.2750
	02147831	Normacol		RIV	.2750

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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

1114	8000 & 30000 & 30000 USP Units	Cap			.1828
	00263818	Cotazym	ORG		.1828
1115	4000 & 11000 & 11000 USP Units	Ent Microsph Cap			.1795
	02181215	Cotazym ECS 4	ORG		.1795
1116	8000 & 30000 & 30000 USP Units	Ent Microsph Cap			.3299
	00502790	Cotazym ECS 8	ORG		.3299
1117	20000 & 55000 & 55000 USP Units	Ent Microsph Cap			.8648
	00821373	Cotazym ECS 20	ORG		.8648
	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

1118	4000 & 12000 & 12000 USP Units	Ent Microsph Cap		.3945
	00789445	Pancrease MT4	JNO	.3945
	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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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

1119	5000 & 16600 & 18750 USP Units	Ent Minimicrosph Cap			.1670
	02239007	Creon 5	SPH		.1670
1120	10000 & 33200 & 37500 USP Units	Ent Minimicrosph Cap			.2670
	02200104	Creon 10	SPH		.2670
1121	20000 & 66400 & 75000 USP Units	Ent Minimicrosph Cap			.7923
	02239008	Creon 20	SPH		.7923
1122	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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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

1123	16800 & 70000 & 70000 USP U/0.7g	Pd-114g Pk		31.9800
	02230020	Viokase	BFI	31.9800
1124	4500 & 20000 & 25000 USP Units	SR Cap		.3751
	02242374	# Pancrease	JNO	.3751
1125	8000 & 30000 & 30000 USP Units	Tab		.1599
	02230019	Viokase	BFI	.1599
1126	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

1127	2.5mg Cap				1.9332
	00611190	Marinol		SPH	1.9332
1128	5mg Cap				3.8662
	00611204	Marinol		SPH	3.8662
	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

1129	*50mg Tab				
	00013803	Gravol Filmkote (Not a Benefit)		HOR	
	00021423	Novo-Dimenate (Not a Benefit)		NOP	
	00363766	Apo-Dimenhydrinate (Not a Benefit)		APX	
	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

1130	50mg Tab				13.9992
	02231378	Anzemet	SAV		13.9992
1131	100mg Tab				27.9983
	02231379	Anzemet	SAV		27.9983
	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

1132	10mg & 10mg SR Tab				1.2000
	00609129	Diclectin	DUI		1.2000

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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

1133	1mg Tab 02185881	Kytril	HLR	18.0000 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. <u>NOTE:</u> The therapeutic value of Kytril more than 24 hours after the last dose of chemotherapy is unproven. LU Authorization Period: 1 year.		

MECLIZINE HCL

1134	25mg Tab 00220442	Bonamine	PFI	.2919 .2919

NABILONE

1135	0.5mg Cap 02256193	Cesamet	VAL	3.1026 3.1026
1136	1mg Cap 00548375	Cesamet	VAL	6.2050 6.2050

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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

1137	4mg/5mL O/L				1.9971
	02229639	Zofran	GSK		1.9971
1138	4mg Tab				5.9884
	02213567	Zofran	GSK		13.0886
	02258188	PMS-Ondansetron	PMS		5.9884
	02264056	Novo-Ondansetron	NOP		5.9884
	02274310	Sandoz Ondansetron	SDZ		5.9884
	02278529	Ratio-Ondansetron	RPH		5.9884
	02288184	Apo-Ondansetron	APX		5.9884
	02297868	Gen-Ondansetron	GEN		5.9884
1139	4mg Tab				13.0886
	02239372	Zofran ODT	GSK		13.0886
1140	8mg Tab				9.1402
	02213575	Zofran	GSK		19.9722
	02258196	PMS-Ondansetron	PMS		9.1402
	02264064	Novo-Ondansetron	NOP		9.1402
	02274329	Sandoz Ondansetron	SDZ		9.1402
	02278537	Ratio-Ondansetron	RPH		9.1402
	02288192	Apo-Ondansetron	APX		9.1402
	02297876	Gen-Ondansetron	GEN		9.1402
1141	8mg Tab				19.9722
	02239373	Zofran ODT	GSK		19.9722
	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

1142	500mg Del-Release Tab				.5569
	02099683	Pentasa	FEI		.5569
1143	1g/100mL Enema				3.7000
	02153521	Pentasa	FEI		3.7000
1144	4g/100mL Enema				4.4600
	02153556	Pentasa	FEI		4.4600
1145	500mg Ent Tab				.4840
	02112787	Salofalk	BFI		.4840
1146	500mg Ent Tab				.6003
	01914030	Mesasal	GSK		.6003
1147	4g Rect Susp-Pk				5.9600
	02112809	Salofalk	BFI		5.9600
1148	500mg Sup				1.0893
	02112760	Salofalk	BFI		1.0893
1149	1000mg Sup				1.6000
	02242146	Salofalk	BFI		1.6000
1150	1g Sup				1.6300
	02153564	Pentasa	FEI		1.6300
1151	400mg Tab				.5098
	01997580	Asacol	PGP		.5098
1152	800mg Tab				.9900
	02267217	Asacol	PGP		.9900

BETAMETHASONE DISODIUM PHOSPHATE

1153	5mg/100mL Enema-100mL Pk				8.7914
	02060884	Betnesol	SQI		8.7914

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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.

1154	200mg Tab			.0737
	01916793	Tagamet (Not a Benefit)	SMJ	
	00582409	Novo-Cimetidine	NOP	.0737
	00584215	Apo-Cimetidine	APX	.0737
	00865796	Nu-Cimet	NXP	.0737
1155	300mg Tab			.0860
	01916815	Tagamet (Not a Benefit)	SMJ	
	00487872	Apo-Cimetidine	APX	.0860
	00582417	Novo-Cimetidine	NOP	.0860
	00865818	Nu-Cimet	NXP	.0860
	02227444	Gen-Cimetidine	GEN	.0860
1156	400mg Tab			.1350
	01916785	Tagamet (Not a Benefit)	SMJ	
	00600059	Apo-Cimetidine	APX	.1350
	00603678	Novo-Cimetidine	NOP	.1350
	00865826	Nu-Cimet	NXP	.1350
	02227452	Gen-Cimetidine	GEN	.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.

1157	600mg Tab			.1720
	01916777	Tagamet (Not a Benefit)	SMJ	
	00600067	Apo-Cimetidine	APX	.1720
	00603686	Novo-Cimetidine	NOP	.1720
	00865834	Nu-Cimet	NXP	.1720
	02227460	Gen-Cimetidine	GEN	.1720
1158	800mg Tab			.2530
	01916769	Tagamet (Not a Benefit)	SMJ	
	00663727	Novo-Cimetidine	NOP	.2530
	00749494	Apo-Cimetidine	APX	.2530

DOMPERIDONE MALEATE

1159	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
	02268078	Ran-Domperidone	RAN	.1496
	02278669	Gen-Domperidone (Not a Benefit)	GEN	

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

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

FAMOTIDINE

Note: Cimetidine is less expensive than alternatives, and is effective and well tolerated in most patients. Adequate acid suppression can be achieved by giving cimetidine as opposed to using other longer acting H2-antagonists. Long-term use of these drugs for prevention of recurrent peptic ulcers should be reviewed; specific cure of Helicobacter pylori infection with antibiotics is a more effective and less costly approach.

1160	20mg Tab				.4679
	00710121	Pepcid	MFC		1.0323
	01953842	Apo-Famotidine	APX		.4679
	02022133	Novo-Famotidine	NOP		.4679
	02024195	Nu-Famotidine	NXP		.4679
	02196018	Gen-Famotidine	GEN		.4679
1161	40mg Tab				.8423
	00710113	Pepcid	MFC		1.8770
	01953834	Apo-Famotidine	APX		.8423
	02022141	Novo-Famotidine	NOP		.8423
	02024209	Nu-Famotidine	NXP		.8423
	02196026	Gen-Famotidine	GEN		.8423

HYDROCORTISONE

1162	100mg/60mL Enema-60mL Pk				5.1429
	00230316	Hycort	VAL		5.1429
	02112736	Cortenema	BFI		6.0500

HYDROCORTISONE ACETATE

1163	10% Rect Aero-15g Pk				77.0600
	00579335	Cortifoam	SQI		77.0600

LACTULOSE

1164	666.7mg/mL O/L				.0145
	02091925	Cephulac (Not a Benefit)	MRR		
	00854409	Ratio-Lactulose	RPH		.0145
	02242814	Apo-Lactulose Solution	APX		.0145

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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

1165	15mg DR Cap			2.0000
	02165503	Prevacid	ABB	2.0000
1166	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			

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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
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 these settings. LU Authorization Period: 1 Year
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

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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

1167	30mg & 500mg & 500mg Tab/Cap Pk			80.2000
	02238525	Hp-PAC	ABB	80.2000
	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

1168	5mg Tab			.0556
	02099195	Maxeran (Not a Benefit)	HMR	
	00842826	Apo-Metoclop	APX	.0556
	02143275	Nu-Metoclopramide	NXP	.0556
	02230431	PMS-Metoclopramide	PMS	.0556
1169	10mg Tab			.0583
	02099209	Maxeran (Not a Benefit)	HMR	
	00842834	Apo-Metoclop	APX	.0583
	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

1170	100mcg Tab				.1360
	00813966	Cytotec (Not a Benefit)	SEA		
	02240754	# Novo-Misoprostol	NOP		.1360
	02244022	Apo-Misoprostol	APX		.1360
1171	200mcg Tab				.2265
	00632600	Cytotec (Not a Benefit)	SEA		
	02244023	Apo-Misoprostol	APX		.2265

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.

1172	150mg Cap				.4196
	00778338	Axid	PHE		.8392
	02177714	PMS-Nizatidine	PMS		.4196
	02220156	Apo-Nizatidine	APX		.4196
	02240457	Novo-Nizatidine	NOP		.4196
	02246046	Gen-Nizatidine	GEN		.4196
1173	300mg Cap				.7603
	00778346	Axid	PHE		1.5206
	02177722	PMS-Nizatidine	PMS		.7603
	02220164	Apo-Nizatidine	APX		.7603
	02240458	Novo-Nizatidine	NOP		.7603
	02246047	Gen-Nizatidine	GEN		.7603

OLSALAZINE SODIUM

1174	250mg Cap				.4961
	00875848	Dipentum	VLH		.4961

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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

1175	20mg				1.1000
	02190915	Losec DR Tab	AZC		2.2000
	02245058	Apo-Omeprazole Cap	APX		1.1000
	02260867	Ratio-Omeprazole DR Tab	RPH		1.1000
1176	20mg Cap				1.1000
	00846503	Losec (Not a Benefit)	AST		
	02296446	Sandoz Omeprazole	SDZ		1.1000
	09857285	Apo-Omeprazole	APX		1.1000
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				
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				

Continued on next page...

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 these settings. LU Authorization Period: 1 Year
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

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

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

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

OMEPRAZOLE MAGNESIUM

1177	20mg DR Tab				1.1000
	09857195	Losec	AZC		2.2000
	09857267	Ratio-Omeprazole	RPH		1.1000
Reason for Use Code	Clinical criteria				
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				

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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

1178	40mg Ent Tab				.9785
	02229453	Pantoloc	NYC		1.9570
	02285487	+ Novo-Pantoprazole	NOP		.9785
	02292920	Apo-Pantoprazole	APX		.9785
	02305046	Ran-Pantoprazole	RAN		.9785
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

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 these settings. 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

1179	10mg Tab				.3250
	02243796	Pariet	JNO	.6500	
	02296632	Novo-Rabeprazole EC	NOP	.3250	
	02298074	Ran-Rabeprazole	RAN	.3250	
1180	20mg Tab				.6500
	02243797	Pariet	JNO	1.3000	
	02296640	Novo-Rabeprazole EC	NOP	.6500	
	02298082	Ran-Rabeprazole	RAN	.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.

1181	50mg/2mL Inj Sol-2mL Pk				2.7988
	02212366	Zantac	GSK	2.7988	
1182	15mg/mL Oral Sol				.0932
	02212374	Zantac	GSK	.2037	
	02242940	Novo-Ranitidine	NOP	.0932	
	02280833	Apo-Ranitidine	APX	.0932	
1183	150mg Tab				.4042
	02212331	Zantac	GSK	1.1967	
	00733059	Apo-Ranitidine	APX	.4042	
	00828564	Novo-Ranitidine	NOP	.4042	
	00828823	Ratio-Ranitidine	RPH	.4042	
	00865737	Nu-Ranit	NXP	.4042	
	02207761	Gen-Ranitidine	GEN	.4042	
	02242453	PMS-Ranitidine	PMS	.4042	
	02243229	Sandoz Ranitidine	SDZ	.4042	
	02248570	Co-Ranitidine	COB	.4042	

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56:00 GASTROINTESTINAL DRUGS

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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.

1184	300mg Tab			.7787
	02212358	Zantac	GSK	2.2527
	00733067	Apo-Ranitidine	APX	.7787
	00828556	Novo-Ranidine	NOP	.7787
	00828688	Ratio-Ranitidine	RPH	.7787
	00865745	Nu-Ranit	NXP	.7787
	02207788	Gen-Ranitidine	GEN	.7787
	02242454	PMS-Ranitidine	PMS	.7787
	02243230	Sandoz Ranitidine	SDZ	.7787
	02248571	Co-Ranitidine	COB	.7787

SUCRALFATE

1185	1g/5mL Oral Susp			.0934
	02103567	Sulcrate Suspension Plus	BFI	.0934
1186	1g Tab			.2335
	02100622	Sulcrate	BFI	.5141
	02045702	Novo-Sucralate	NOP	.2335
	02125250	Apo-Sucralfate	APX	.2335
	02134829	Nu-Sucralfate	NXP	.2335
	02238209	PMS-Sucralfate	PMS	.2335

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

60:00 GOLD COMPOUNDS

AURANOFIN					
1187	3mg Cap				1.9463
	01916823	Ridaura	SQI		1.9463
SODIUM AUROTHIOMALATE					
1188	10mg/mL Inj Sol-1mL Pk				6.3100
	01927620	Myochrysine	SAV		10.9600
	02245456	Sodium Aurothiomalate	SDZ		6.3100
1189	25mg/mL Inj Sol-1mL Pk				7.6567
	01927612	Myochrysine	SAV		13.2900
	02245457	Sodium Aurothiomalate	SDZ		7.6567
1190	50mg/mL Inj Sol-1mL Pk				11.8900
	01927604	Myochrysine	SAV		20.6500
	02245458	Sodium Aurothiomalate	SDZ		11.8900

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

64:00 HEAVY METAL ANTAGONISTS

PENICILLAMINE

1191	250mg Cap				3.2965
	00016055	Cuprimine	ATO		3.2965

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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

1192	50mcg/Metered Dose Aero Inh-200 Dose Pk 02242029	QVAR	GRA	29.2000 29.2000
1193	100mcg/Metered Dose Aero Inh-200 Dose Pk 02242030	QVAR	GRA	58.4000 58.4000

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68:00 HORMONES AND SUBSTITUTES

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BUDESONIDE

1194	0.125mg/mL Inh Susp			.2063
	02229099	Pulmicort Nebuamp	AZC	.2063
1195	0.25mg/mL Inh Susp			.4125
	01978918	Pulmicort Nebuamp	AZC	.4125
1196	0.5mg/mL Inh Susp			.8250
	01978926	Pulmicort Nebuamp	AZC	.8250
	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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BUDESONIDE

1197	100mcg/Metered Dose 00852074	Pd Inh-200 Dose Pk Pulmicort Turbuhaler	AZC	30.4000 30.4000
1198	200mcg/Metered Dose 00851752	Pd Inh-200 Dose Pk Pulmicort Turbuhaler	AZC	60.8500 60.8500
1199	400mcg/Metered Dose 00851760	Pd Inh-200 Dose Pk Pulmicort Turbuhaler	AZC	109.5000 109.5000

CICLESONIDE

1200	100mcg/Actuation 02285606	Inh-120 Dose Pk Alvesco	NYC	41.4000 41.4000
1201	200mcg/Actuation 02285614	Inh-120 Dose Pk Alvesco	NYC	68.4000 68.4000

DEXAMETHASONE

1202	0.5mg Tab 00016462 01964976 02240684 02261081	Decadron (Not a Benefit) PMS-Dexamethasone Ratio-Dexamethasone Apo-Dexamethasone	MSD PMS RPH APX	.1564 .1564 .1564 .1564
1203	4mg Tab 00354309 01964070 02240687 02250055	Decadron (Not a Benefit) PMS-Dexamethasone Ratio-Dexamethasone Apo-Dexamethasone	MSD PMS RPH APX	.6092 .6092 .6092 .6092

DEXAMETHASONE 21-PHOSPHATE

1204	4mg/mL Inj Sol 00213624 00664227 01977547	Decadron (Not a Benefit) Dexamethasone Sodium Dexamethasone Sodium	MSD SDZ CYI	1.6900 1.6900 1.6900

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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.

FLUDROCORTISONE ACETATE

1205	0.1mg Tab				.2281
	02086026	Florinef		SQI	.2281

FLUTICASONE PROPIONATE

1206	50mcg/Metered Dose Inh-120 Dose Pk				24.5274
	02244291	Flovent HFA		GSK	24.5274
1207	125mcg/Metered Dose Inh-120 Dose Pk				40.3249
	02244292	Flovent HFA		GSK	40.3249
1208	250mcg/Metered Dose Inh-120 Dose Pk				80.6394
	02244293	Flovent HFA		GSK	80.6394
1209	250mcg/Blister Pd Inh-60 Dose Pk				40.3249
	02237246	Flovent Diskus		GSK	40.3249
1210	500mcg/Blister Pd Inh-60 Dose Pk				80.6394
	02237247	Flovent Diskus		GSK	80.6394

HYDROCORTISONE

1211	10mg Tab				.1496
	00030910	Cortef		PFI	.1496
1212	20mg Tab				.2543
	00030929	Cortef		PFI	.2543

METHYLPREDNISOLONE

1213	4mg Tab				.3252
	00030988	Medrol		PFI	.3252

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68:00 HORMONES AND SUBSTITUTES

68:04:00 CORTICOSTEROIDS

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METHYLPREDNISOLONE ACETATE

1214	40mg/mL Inj Susp-1mL Pk				4.6920
	00030759	Depo-Medrol	PFI		4.6920
1215	80mg/mL Inj Susp-1mL Pk				9.0000
	00030767	Depo-Medrol	PFI		9.0000
1216	100mg/5mL Inj Susp-5mL Pk				10.5100
	01934325	Depo-Medrol	PFI		10.5100

PREDNISOLONE SODIUM PHOSPHATE

1217	6.7mg/5mL O/L				.0671
	02230619	Pediapred Oral Liquid	SAV		.1165
	02245532	PMS-Prednisolone	PMS		.0671

PREDNISONE

1218	1mg Tab				.1035
	00271373	Winpred	VAL		.1035
	00598194	Apo-Prednisone	APX		.1035
1219	5mg Tab				.0220
	00210188	Deltasone (Not a Benefit)	UPJ		
	00021695	Novo-Prednisone	NOP		.0220
	00312770	Apo-Prednisone	APX		.0220
1220	50mg Tab				.0913
	00252417	Deltasone (Not a Benefit)	UPJ		
	00232378	Novo-Prednisone	NOP		.0913
	00550957	Apo-Prednisone	APX		.0913

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TRIAMCINOLONE ACETONIDE

1221	40mg/mL Inj Susp-1mL Pk			4.7700
	00990876	Kenalog-40	BQU	6.8200
	02229550	Triamcinolone Acetonide	SDZ	4.7700
1222	50mg/5mL Inj Susp-5mL Pk			10.2800
	01999761	Kenalog-10	BQU	14.6900
	02229540	Triamcinolone Acetonide	SDZ	10.2800
1223	200mg/5mL Inj Susp-5mL Pk			16.7100
	01999869	Kenalog-40	BQU	23.8700
	09857128	Triamcinolone Acetonide	SDZ	16.7100

68:08:00 ANDROGENS

DANAZOL

1224	50mg Cap			.8250
	02018144	Cyclomen	SAV	.8250
1225	100mg Cap			1.2242
	02018152	Cyclomen	SAV	1.2242
1226	200mg Cap			1.9563
	02018160	Cyclomen	SAV	1.9563

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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

TESTOSTERONE

1227	1% 2.5g Foil Packet 02245345	Androgel	SPH	3.7600 3.7600
1228	1% 5.0g Foil Packet 02245346	Androgel	SPH	3.7600 3.7600
1229	12.2mg Transdermal Patch 02239653	Androderm	PAL	1.9333 1.9333
	Reason for Use Code 397	Clinical criteria	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.	

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68:00 HORMONES AND SUBSTITUTES

68:08:00 ANDROGENS

TESTOSTERONE CYPIONATE

1230	100mg/mL Oily Inj Sol-10mL Pk			24.1400
	00030783	Depo-Testosterone	PFI	24.1400
	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 ENANTHATE

1231	1000mg/5mL Oily Inj Sol-5mL Pk			24.4200
	00029246	Delatestryl	THE	24.4200
	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.		

+ = 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

68:00 HORMONES AND SUBSTITUTES

68:08:00 ANDROGENS

TESTOSTERONE UNDECANOATE

1232	40mg Cap 00782327	Andriol	ORG	.9400 .9400
	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.		

68:16:00 ESTROGENS

CONJUGATED EQUINE ESTROGEN & MEDROXYPROGESTERONE ACETATE

1233	0.625mg/2.5mg Tab-28 Day Pk 02242878	Premplus	WAY	7.1400 7.1400
1234	0.625mg/5mg Tab-28 Day Pk 02242879	Premplus	WAY	7.1400 7.1400
	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.		

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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 ESTROGENS

1235	0.3mg Tab				.1239
	02043394	Premarin	WAY		.1239
1236	0.625mg Tab				.0774
	00265470	C.E.S.	VAL		.0774
	02043408	Premarin	WAY		.1239
1237	1.25mg Tab				.1293
	00265489	C.E.S.	VAL		.1293
	02043424	Premarin	WAY		.2206
	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.			

1238	0.625mg/g Vag Cr				.5914
	02043440	Premarin	WAY		.5914

ESTRADIOL

1239	2mg Vag Ring				60.0000
	02168898	Estring	PFI		60.0000

ESTRADIOL 17-B

1240	25mcg Vag Tab				2.6440
	02241332	Vagifem	NOO		2.6440

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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

ESTROPIPATE (CALCULATED AS SODIUM ESTRONE SULFATE 1.25MG)

1241	1.5mg Tab				.2804
	02089769	Ogen 1.25	PFI		.2804
	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.			

ESTROPIPATE (CALCULATED AS SODIUM ESTRONE SULFATE 2.5MG)

1242	3mg Tab				.4434
	02089777	Ogen 2.5	PFI		.4434
	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.			

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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

1243	50mg Tab				.2518
	02190885	Glucobay		BAY	.2518
1244	100mg Tab				.3487
	02190893	Glucobay		BAY	.3487
	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.

GLICLAZIDE

1245	30mg SR Tab				.3725
	02242987	Diamicron MR	SEV		.3725
1246	80mg Tab				.1863
	00765996	Diamicron	SEV		.3725
	02229519	Gen-Gliclazide	GEN		.1863
	02238103	Novo-Gliclazide	NOP		.1863
	02245247	Apo-Gliclazide	APX		.1863
	02294400	+ PMS-Gliclazide	PMS		.1863

- Note:** These products must be prescribed based on the following criteria for the treatment of type 2 diabetes in a patient with:
- a. Inadequate glycemic control (HbA1c > 7%) using maximal doses of glyburide (10mg/day) AND metformin (2000mg/day); OR
 - b. Inadequate glycemic control and demonstrated intolerance or contraindication to metformin and are on maximal doses of glyburide; OR
 - c. Inadequate glycemic control and demonstrated intolerance or contraindication to glyburide and are on maximal doses of metformin; OR
 - d. Demonstrated intolerance or contraindication to both glyburide AND metformin; OR
 - e. Adequate glycemic control (HbA1c <= 7%) who develops intolerance or contraindication to glyburide or metformin; OR
 - f. HbA1c <= 7% and greater than 50% of fasting blood glucose (FBG > 7mmol/L) or post-prandial plasma glucose (PPG > 10mmol/L) levels are not within target range and using maximally tolerated doses of glyburide and metformin.

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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

1247	2.5mg Tab			.0393
	02224550	Diabeta	SAV	.1222
	00720933	Euglucon	PMS	.0450
	00808733	Gen-Glybe	GEN	.0393
	01900927	Ratio-Glyburide	RPH	.0393
	01913654	Apo-Glyburide	APX	.0393
	01913670	Novo-Glyburide	NOP	.0393
	02020734	Nu-Glyburide	NXP	.0393
	02236733	PMS-Glyburide	PMS	.0393
	02248008	Sandoz Glyburide	SDZ	.0393
1248	5mg Tab			.0683
	02224569	Diabeta	SAV	.2188
	00720941	Euglucon	PMS	.0725
	00808741	Gen-Glybe	GEN	.0683
	01900935	Ratio-Glyburide	RPH	.0683
	01913662	Apo-Glyburide	APX	.0683
	01913689	Novo-Glyburide	NOP	.0683
	02020742	Nu-Glyburide	NXP	.0683
	02236734	PMS-Glyburide	PMS	.0683
	02248009	Sandoz Glyburide	SDZ	.0683

METFORMIN HCL

1249	500mg Tab			.0965
	02099233	Glucophage	SAV	.2234
	02045710	Novo-Metformin	NOP	.0965
	02148765	Gen-Metformin	GEN	.0965
	02162822	Nu-Metformin	NXP	.0965
	02167786	Apo-Metformin	APX	.0965
	02223562	PMS-Metformin	PMS	.0965
	02233999	Rhoxal-Metformin	SDZ	.0965
	02242794	Metformin	ZYN	.1216
	02242974	Ratio-Metformin	RPH	.0965
	02246820	Sandoz Metformin FC	SDZ	.0965
	02257726	Co-Metformin	COB	.0965
	02269031	Ran-Metformin	RAN	.0965

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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.

PIOGLITAZONE HCL

1250	15mg Tab			1.1225
	02242572	Actos	LIL	2.2451
	02274914	Novo-Pioglitazone	NOP	1.1226
	02297906	Sandoz Pioglitazone	SDZ	1.1226
	02298279	Gen-Pioglitazone	GEN	1.1226
	02301423	Ratio-Pioglitazone	RPH	1.1226
	02302861	Co Pioglitazone	COB	1.1225
	02302942	Apo-Pioglitazone	APX	1.1225
	02303124	PMS-Pioglitazone	PMS	1.1226
1251	30mg Tab			1.5726
	02242573	Actos	LIL	3.1453
	02274922	Novo-Pioglitazone	NOP	1.5727
	02297914	Sandoz Pioglitazone	SDZ	1.5727
	02298287	Gen-Pioglitazone	GEN	1.5727
	02301431	Ratio-Pioglitazone	RPH	1.5727
	02302888	Co Pioglitazone	COB	1.5726
	02302950	Apo-Pioglitazone	APX	1.5726
	02303132	PMS-Pioglitazone	PMS	1.5727
1252	45mg Tab			2.3646
	02242574	Actos	LIL	4.7293
	02274930	Novo-Pioglitazone	NOP	2.3647
	02297922	Sandoz Pioglitazone	SDZ	2.3647
	02298295	Gen-Pioglitazone	GEN	2.3647
	02301458	Ratio-Pioglitazone	RPH	2.3647
	02302896	Co Pioglitazone	COB	2.3646
	02302977	Apo-Pioglitazone	APX	2.3646
	02303140	PMS-Pioglitazone	PMS	2.3647

Note: These products must be prescribed based on the following criteria for the treatment of type 2 diabetes in a patient with:

- Inadequate glycemic control (HbA1c > 7%) using maximal doses of glyburide (10mg/day) AND metformin (2000mg/day); OR
- Inadequate glycemic control and demonstrated intolerance or contraindication to metformin and are on maximal doses of glyburide; OR

Continued on next page...

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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.

PIOGLITAZONE HCL

Note: Continued...

- Inadequate glycemic control and demonstrated intolerance or contraindication to glyburide and are on maximal doses of metformin; OR
- Demonstrated intolerance or contraindication to both glyburide AND metformin; OR
- Adequate glycemic control (HbA1c <= 7%) who develops intolerance or contraindication to glyburide or metformin; OR
- HbA1c <= 7% and greater than 50% of fasting blood glucose (FBG > 7mmol/L) or post-prandial plasma glucose (PPG > 10mmol/L) levels are not within target range and using maximally tolerated doses of glyburide and metformin.

ROSIGLITAZONE

1253	2mg Tab				1.2853
	02241112	Avandia	GSK		1.2853
1254	4mg Tab				2.0169
	02241113	Avandia	GSK		2.0169
1255	8mg Tab				2.8842
	02241114	Avandia	GSK		2.8842

Note: These products must be prescribed based on the following criteria for the treatment of type 2 diabetes in a patient with:

- Inadequate glycemic control (HbA1c > 7%) using maximal doses of glyburide (10mg/day) AND metformin (2000mg/day); OR
- Inadequate glycemic control and demonstrated intolerance or contraindication to metformin and are on maximal doses of glyburide; OR
- Inadequate glycemic control and demonstrated intolerance or contraindication to glyburide and are on maximal doses of metformin; OR
- Demonstrated intolerance or contraindication to both glyburide AND metformin; OR
- Adequate glycemic control (HbA1c <= 7%) who develops intolerance or contraindication to glyburide or metformin; OR
- HbA1c <= 7% and greater than 50% of fasting blood glucose (FBG > 7mmol/L) or post-prandial plasma glucose (PPG > 10mmol/L) levels are not within target range and using maximally tolerated doses of glyburide and metformin.

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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)

1256	1000U/10mL Inj Sol-10mL Pk 00586714	Humulin Regular	LIL	18.8600 18.8600
1257	100U/mL Inj Sol-5X3mL Pk 09853766	Humulin R	LIL	37.9700 37.9700

INSULIN ASPART

1258	100U/mL Inj Sol-10mL Pk 02245397	NovoRapid	NOO	26.0700 26.0700
1259	100U/mL Inj Sol-5x3mL Pk 02244353	NovoRapid Penfill	NOO	52.1800 52.1800
	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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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

1260	1000U/10mL Inj Sol-10mL Pk 02024233	Novolin ge Toronto	NOO	18.8600 18.8600
1261	100U/mL Inj Sol-5X3mL Pk 09853774	Novolin ge Toronto Penfill	NOO	37.0100 37.0100

INSULIN LISPRO

1262	100U/mL Inj Sol-10mL Pk 02229704	Humalog	LIL	25.7900 25.7900
1263	100U/mL Inj Sol-5x3mL Pk 09853715	Humalog	LIL	51.5900 51.5900

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

68:00 HORMONES AND SUBSTITUTES

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

INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC

1264	1000U/10mL Inj Susp-10mL Pk				18.8600
	02024225	Novolin ge NPH	NOO		18.8600
1265	100U/mL Inj Susp-5X3mL Pk				36.8700
	09853782	Novolin ge NPH Penfill	NOO		36.8700

INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC (RDNA ORIGIN)

1266	1000U/10mL Inj Susp-10mL Pk				18.8600
	00587737	Humulin NPH	LIL		18.8600
1267	100U/mL Inj Susp-5X3mL Pk				36.8700
	09853804	Humulin N	LIL		36.8700

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

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

1268	100U/mL Inj Susp-5X3mL Pk				37.7300
	02024292	Novolin ge 10/90 Penfill	NOO		37.7300

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

1269	100U/mL Inj Susp-5X3mL Pk				37.7300
	02024306	Novolin ge 20/80 Penfill	NOO		37.7300

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

1270	1000U/10mL Inj Susp-10mL Pk				18.8600
	02024217	Novolin ge 30/70	NOO		18.8600
1271	100U/mL Inj Susp-5X3mL Pk				37.0100
	09853812	Novolin ge 30/70 Penfill	NOO		37.0100

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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

1272	100U/mL Inj Susp-5X3mL Pk				37.7300
	02024314	Novolin ge 40/60 Penfill	NOO		37.7300

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

1273	100U/mL Inj Susp-5X3mL Pk				37.7300
	02024322	Novolin ge 50/50 Penfill	NOO		37.7300

INSULIN ASPART

1274	100U/mL Inj Susp-5x3mL Pk				48.8000
	02265435	NovoMix 30 Penfill	NOO		48.8000

INSULIN HUMAN BIOSYNTHETIC 30% & ISOPHANE 70%

1275	1000U/10mL Inj Susp-10mL Pk				18.8600
	00795879	Humulin 30/70	LIL		18.8600
1276	100U/mL Inj Susp-5X3mL Pk				37.9700
	09853855	Humulin 30/70	LIL		37.9700

INSULIN LISPRO & INSULIN LISPRO PROTAMINE

1277	25% & 75% Inj Susp-5X3mL Pk				51.5900
	02240294	Humalog Mix25	LIL		51.5900
	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.			

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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

68:24:00 PARATHYROID AGENTS

CALCITONIN (SALMON SYNTHETIC)

1278	100IU/mL Inj Sol-1mL Pk				7.8200
	02007134	Caltine 100	FEI		7.8200
1279	400IU/2mL Inj Sol-2mL Pk				50.6500
	01926691	Calcimar	SAV		50.6500

68:28:00 PITUITARY AGENTS

DESMOPRESSIN ACETATE

1280	0.1mg/mL Nas Sol-2.5mL Pk				47.2000
	00402516	DDAVP	FEI		47.2000
1281	1.5mg/mL Nas Sp-2.5mL Pk				386.0000
	02237860	Octostim	FEI		386.0000
1282	10mcg/Metered Dose Nas Sp-2.5mL Pk				33.0400
	00836362	DDAVP	FEI		47.2000
	02242465	Apo-Desmopressin	APX		33.0400
1283	60mcg Orally Disintegrating Tab				.9913
	02284995	DDAVP Melt	FEI		.9913
1284	120mcg Orally Disintegrating Tab				1.9826
	02285002	DDAVP Melt	FEI		1.9826
1285	0.1mg Tab				.6609
	00824305	DDAVP	FEI		1.3217
	02284030	Apo-Desmopressin	APX		.6609
	02287730	Novo-Desmopressin	NOP		.6609
1286	0.2mg Tab				1.3217
	00824143	DDAVP	FEI		2.6434
	02284049	Apo-Desmopressin	APX		1.3217
	02287749	Novo-Desmopressin	NOP		1.3217

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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

68:28:00 PITUITARY AGENTS

THYROTROPIN ALFA

1287	0.9mg/mL Inj Pd-2x1.1mg Vial Pk 02246016	Thyrogen	GZM	1,324.0000 1,324.0000
	Reason for Use Code 368	Clinical criteria For use in the monitoring of patients with well-differentiated thyroid cancer.		
		LU Authorization Period: Indefinite.		

68:32:00 PROGESTOGENS AND ORAL CONTRACEPTIVES

DESOGESTREL & ETHINYL ESTRADIOL

1288	0.15mg & 0.03mg Tab-21 Pk 02042487	Marvelon 21	ORG	12.2500 12.2500
1289	0.15mg & 0.03mg Tab-21 Pk 02042541	# Ortho-Cept	JNO	13.1900 13.1900
1290	0.15mg & 0.03mg Tab-28 Pk 02042479	Marvelon 28	ORG	12.2500 12.2500
1291	0.15mg & 0.03mg Tab-28Pk 02042533	Ortho-Cept	JNO	14.5092 14.5092

DROSPIRENONE & ETHINYL ESTRADIOL

1292	3.0mg & 0.03mg Tab-21 Pk 02261723	Yasmin 21	BAH	11.6000 11.6000
1293	3.0mg & 0.03mg Tab-28 Pk 02261731	Yasmin 28	BAH	11.6000 11.6000

ETHINYL ESTRADIOL & ETHYNODIOL DIACETATE

1294	0.03mg & 2mg Tab-21 Pk 00469327	Demulen 30	PFI	12.1300 12.1300
1295	0.03mg & 2mg Tab-28 Pk 00471526	Demulen 30	PFI	12.9800 12.9800

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

68:00 HORMONES AND SUBSTITUTES

68:32:00 PROGESTOGENS AND ORAL CONTRACEPTIVES

ETHINYL ESTRADIOL & LEVONORGESTREL

1296	20mcg & 100mcg	Tab-21 Pk			9.7400
	02236974	Alesse		WAY	13.2400
	02298538	Aviane 21		BAR	9.7400
1297	0.03mg & 0.15mg	Tab-21 Pk			9.7400
	02042320	Min-Ovral		WAY	13.2400
	02295946	Portia 21		BAR	9.7400
1298	3 Phase	Tab-21 Pk			13.4900
	00707600	Triquilar 21		BAY	13.4900
1299	20mcg & 100mcg	Tab-28 Pk			9.7400
	02236975	Alesse		WAY	13.2400
	02298546	Aviane 28		BAR	9.7400
1300	0.03mg & 0.15mg	Tab-28 Pk			9.7400
	02042339	Min-Ovral		WAY	13.2400
	02295954	Portia 28		BAR	9.7400
1301	3 Phase	Tab-28 Pk			13.4900
	00707503	Triquilar 28		BAY	13.4900

ETHINYL ESTRADIOL & NORETHINDRONE

1302	0.035mg & 0.5mg Tab-21 Pk 00317047	Ortho 0.5/35	JNO	14.5092 14.5092
1303	0.035mg & 1mg Tab-21 Pk 00372846	Ortho 1/35	JNO	14.5092 14.5092
1304	3 Phase Tab-21 Pk 00602957	Ortho 7/7/7	JNO	14.5092 14.5092
1305	0.035mg & 0.5mg Tab-21 Pk 02187086	Brevicon	PFI	11.1200 11.1200
1306	0.035mg & 1mg Tab-21 Pk 02189054	Brevicon 1/35	PFI	11.1200 11.1200

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

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

68:00 HORMONES AND SUBSTITUTES

68:32:00 PROGESTOGENS AND ORAL CONTRACEPTIVES

ETHINYL ESTRADIOL & NORETHINDRONE

1307	3 Phase Tab-21 Pk 02187108	Synphasic	PFI	10.2200 10.2200
1308	0.035mg & 0.5mg Tab-28 Pk 00340731	Ortho 0.5/35	JNO	14.5092 14.5092
1309	0.035mg & 1mg Tab-28 Pk 00372838	Ortho 1/35	JNO	14.5092 14.5092
1310	3 Phase Tab-28 Pk 00602965	Ortho 7/7/7	JNO	14.5092 14.5092
1311	0.035mg & 0.5mg Tab-28 Pk 02187094	Brevicon	PFI	11.1200 11.1200
1312	0.035mg & 1mg Tab-28 Pk 02189062	Brevicon 1/35	PFI	11.1200 11.1200
1313	3 Phase Tab-28 Pk 02187116	Synphasic	PFI	10.2200 10.2200

ETHINYL ESTRADIOL & NORETHINDRONE ACETATE

1314	0.02mg & 1mg Tab-21 Pk 00315966	Minestrin 1/20	SQI	12.0400 12.0400
1315	0.03mg & 1.5mg Tab-21 Pk 00297143	Loestrin 1.5/30	SQI	12.0400 12.0400
1316	0.02mg & 1mg Tab-28 Pk 00343838	Minestrin 1/20	SQI	12.0400 12.0400
1317	0.03mg & 1.5mg Tab-28 Pk 00353027	Loestrin 1.5/30	SQI	12.0400 12.0400

ETHINYL ESTRADIOL & NORGESTREL

1318	0.05mg & 0.25mg Tab-21 Pk 02043033	Ovral	WAY	13.2400 13.2400

LEVONORGESTREL

1319	52mg Insert 02243005	Mirena	BAY	314.0400 314.0400
1320	0.75mg Tab-2 Tabs Pk 02241674	Plan B	PAI	16.4400 16.4400

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

68:00 HORMONES AND SUBSTITUTES

68:32:00 PROGESTOGENS AND ORAL CONTRACEPTIVES

MEDROXYPROGESTERONE ACETATE

1321	150mg/mL Inj				25.9500
	00585092	Depo-Provera	PFI	25.9500	
1322	50mg/mL Inj Sol-5mL Pk				24.1900
	00030848	Depo-Provera	PFI	24.1900	
1323	2.5mg Tab				.0630
	00708917	Provera	PFI	.1599	
	02148552	Ratio-MPA	RPH	.0630	
	02221284	Novo-Medrone	NOP	.0630	
	02229838	Gen-Medroxy	GEN	.0630	
	02244726	Apo-Medroxy	APX	.0630	
	02246627	PMS-Medroxyprogesterone	PMS	.0630	
1324	5mg Tab				.1246
	00030937	Provera	PFI	.3164	
	02148560	Ratio-MPA	RPH	.1246	
	02221292	Novo-Medrone	NOP	.1246	
	02229839	Gen-Medroxy	GEN	.1246	
	02244727	Apo-Medroxy	APX	.1246	
	02246628	PMS-Medroxyprogesterone	PMS	.1246	
1325	10mg Tab				.2515
	00729973	Provera	PFI	.6388	
	02148579	Ratio-MPA	RPH	.2516	
	02221306	Novo-Medrone	NOP	.2516	
	02229840	Gen-Medroxy	GEN	.2516	
	02246629	PMS-Medroxyprogesterone	PMS	.2516	
	02277298	Apo-Medroxy	APX	.2515	
1326	10mg Tab				.6392
	02010933	Provera-Pak	PFI	.6392	
1327	100mg Tab				.8543
	00030945	Provera	PFI	1.2204	
	02267640	Apo-Medroxy	APX	.8543	

NORETHINDRONE

1328	0.35mg Tab-28 Pk				14.5092
	00037605	Micronor	JNO	14.5092	

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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

NORGESTIMATE & ETHINYL ESTRADIOL

1329	3 Phase Tab-21 Pk 02028700	Tri-Cyclen	JNO	14.5092 14.5092
1330	3 Phase Tab-21 Pk 02258560	Tri-Cyclen Lo	JNO	11.8450 11.8450
1331	0.25mg & 0.035mg Tab-21 Pk 01968440	Cyclen	JNO	14.5092 14.5092
1332	3 Phase Tab-28 Pk 02029421	Tri-Cyclen	JNO	14.5092 14.5092
1333	3 Phase Tab-28 Pk 02258587	Tri-Cyclen Lo	JNO	11.8450 11.8450
1334	0.25mg & 0.035mg Tab-28 Pk 01992872	Cyclen	JNO	14.5092 14.5092

68:36:00 THYROIDS

LEVOTHYROXINE (SODIUM)

1335	0.025mg Tab 02172062	Synthroid	ABB	.0790 .0790
1336	0.05mg Tab 02172070 02213192	Synthroid Eltroxin	ABB GSK	.0274 .0515 .0274
1337	0.075mg Tab 02172089	Synthroid	ABB	.0854 .0854
1338	0.088mg Tab 02172097	Synthroid	ABB	.0854 .0854
1339	0.1mg Tab 02172100 02213206	Synthroid Eltroxin	ABB GSK	.0336 .0637 .0336
1340	0.112mg Tab 02171228	Synthroid	ABB	.0902 .0902
1341	0.125mg Tab 02172119	Synthroid	ABB	.0916 .0916

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

68:00 HORMONES AND SUBSTITUTES

68:36:00 THYROIDS

LEVOTHYROXINE (SODIUM)

1342	0.15mg Tab				.0373
	02172127	Synthroid	ABB		.0684
	02213214	Eltroxin	GSK		.0373
1343	0.175mg Tab				.0979
	02172135	Synthroid	ABB		.0979
1344	0.2mg Tab				.0394
	02172143	Synthroid	ABB		.0729
	02213222	Eltroxin	GSK		.0394
1345	0.3mg Tab				.0994
	02172151	Synthroid	ABB		.0994
	02213230	Eltroxin (Not a Benefit)	GLW		

THYROID

1346	30mg Tab				.0440
	00023949	Thyroid	ERF		.0440
1347	60mg Tab				.0518
	00023957	Thyroid	ERF		.0518
1348	125mg Tab				.0800
	00023965	Thyroid	ERF		.0800

68:38:00 ANTI-THYROIDS

PROPYLTHIOURACIL

1349	50mg Tab				.2056
	00010200	Propyl-Thyracil	SQI		.2056
1350	100mg Tab				.3217
	00010219	Propyl-Thyracil	SQI		.3217

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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

84:04:04 ANTI-INFECTIVES ANTIBIOTICS

CLINDAMYCIN PHOSPHATE & BENZOYL PEROXIDE

1351	1% & 5% Gel				.8620
	02243158	Clindoxyl	STI		.8620
1352	1% & 5% Top Gel				.8540
	02248472	BenzaClin	SAV		.8540

FUSIDIC ACID

1353	2% Cr				.5618
	00586668	Fucidin	LEO		.5618

MUPIROCIN

1354	2% Cr				.5182
	02239757	Bactroban	GSK		.5182
1355	2% Oint				.3556
	01916947	Bactroban	GSK		.5182
	02279983	Taro-Mupirocin	TAR		.3556

SODIUM FUSIDATE

1356	2% Oint				.5618
	00586676	Fucidin	LEO		.5618

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

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04:08 ANTI-INFECTIVES FUNGICIDES

Note: Due to its efficacy and significantly lower cost, clotrimazole should be the first line of treatment for Tinea corporis and cruris. In Tinea pedis, topical terbinafine should be considered the first line of treatment due to its efficacy and lower rate of relapse.

CLOTRIMAZOLE

1357	10mg/g Cr				.0884
	02150867	Canesten 1% Topical Cream	BAY		.0999
	00812382	Clotrimaderm	TAR		.0884
1358	500mg & 1% Tab & Cr				12.0800
	02264102	Canesten 1 Comfortab Combi-Pak	BAY		12.0800
1359	10mg/g Vag Cr-App				.1750
	02150891	Canesten 6 Cream	BAY		.2212
	00812366	Clotrimaderm Vaginal Cream	TAR		.1750
1360	20mg/g Vag Cr-App				.3500
	02150905	Canesten 3 Cream	BAY		.4424
	00812374	Clotrimaderm Vaginal Cream	TAR		.3500

ECONAZOLE NITRATE

1361	1% Cr				.4407
	02011948	Ecostatin	BQU		.4407
1362	150mg Vag Sup				5.9167
	02010267	Ecostatin	BQU		5.9167

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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

1363	150mg Cap				7.2900
	02141442	Diflucan-150	PFI		15.1630
	02241895	Apo-Fluconazole-150	APX		7.2900
	02243645	Novo-Fluconazole-150	NOP		7.2900
	02245697	Gen-Fluconazole	GEN		7.2900
	02282348	PMS-Fluconazole	PMS		7.2900
	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

1364	2% Cr				.3167
	00703974	Nizoral	JAN		.4530
	02245662	Ketoderm	TAR		.3167

MICONAZOLE NITRATE

1365	2% Cr				.2970
	00497797	Monistat Derm	OMC		.2970
	02085852	Micatin	MCL		.2970
1366	2% Vag Cr-App 35g Pk				9.7800
	02084309	Monistat 7	MCL		9.7800
1367	400mg Vag Sup				3.2600
	02126605	Monistat 3	MCL		3.2600
1368	2% Cr-9g & 400mg Vag Sup-3 Pk				11.2200
	02126249	Monistat 3 Dual Pak	MCL		11.2200
1369	100mg Vag Sup-7 Pk				9.7800
	02084295	Monistat 7	MCL		9.7800

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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.

NYSTATIN

1370	100000U/g Cr				.0700
	00029092	Mycostatin (Not a Benefit)	BQU		
	00716871	Nyaderm	TAR		.0700
	02194236	Ratio-Nystatin	RPH		.0700

Note: Nystatin is not effective in the treatment of Dermatophyte infections or Tinea versicolor.

1371	100000U/g Oint				.0903
	00029556	Mycostatin (Not a Benefit)	BQU		
	02194228	Ratio-Nystatin	RPH		.0903

Note: Nystatin is not effective in the treatment of Dermatophyte infections or Tinea versicolor.

1372	25000U/g Vag Cr				.0492
	00295973	Mycostatin (Not a Benefit)	BQU		
	00716901	Nyaderm	TAR		.0492
1373	100000U/g Vag Cr				.2553
	02194163	Ratio-Nystatin	RPH		.2553

TERBINAFINE HCL

1374	1% Cr				.4943
	02031094	Lamisil	NOV		.4943

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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.

TERCONAZOLE

1375	0.4% Cr				.2726
	00894729	Terazol 7	JNO		.4251
	02247651	Taro-Terconazole	TAR		.2726
1376	80mg Vag Ovule				6.3767
	00894710	Terazol 3	JNO		6.3767

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.

ISOPROPYL MYRISTATE

1377	50% Top Sol-120mL Pk				12.2500
	09857292	Resultz	NYC		12.2500
1378	50% Top Sol-240mL Pk				22.4200
	02279592	Resultz	NYC		22.4200

LINDANE (GAMMA BENZENE HEXACHLORIDE)

1379	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

1380	5% Cr				.4600
	02219905	# Nix Dermal Cream	GSK		.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.			

1381	1% Cr Rinse				.0955
	00771368	Nix	BWE		.0955
1382	1% Cr Rinse				.1140
	02231480	# Kwellada-P	GSK		.1140
1383	5% Lot				.2485
	02231348	# Kwellada-P	GSK		.2485

PYRETHRINS PIPERONYL BUTOXIDE & PETROLEUM DISTILLATE

1384	0.3% & 3% & 1.2% Top Sol				.0796
	02125447	# R & C Shampoo/Conditioner	GSK		.0796

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

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04:16 OTHER ANTI-INFECTIVES

METRONIDAZOLE

1385	0.75% Cr				.4933
	02226839	MetroCream	GAC		.4933
1386	1% Cr				.4937
	02242919	Rosasol	STI		.4937
1387	1% Top Cr				.4933
	02156091	Noritate	SAV		.4933
1388	0.75% Top Gel				.6000
	02092832	Metrogel	GAC		.6000
1389	0.75% Top Lot				.4933
	02248206	MetroLotion	GAC		.4933
1390	10% Vag Cr-App				.2118
	01926861	Flagyl	SAV		.2118

METRONIDAZOLE & NYSTATIN

1391	500mg & 100000U/g	Vag Cr-App			.5180
	01926845	Flagystatin	SAV		.5180
1392	500mg & 100000U	Vag Sup			2.8490
	01926829	Flagystatin	SAV		2.8490

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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 OTHER ANTI-INFECTIVES

POVIDONE - IODINE

1393	*10% Top Sol	00158348	Betadine (Not a Benefit)	PFP	
		00172944	Proviiodine (Not a Benefit)	ROG	
1394	10% Vag Gel	00026034	Betadine (Not a Benefit)	PFP	
		00026611	Proviiodine (Not a Benefit)	ROG	
1395	10% Vag Sol	00026093	Betadine (Not a Benefit)	PFP	
		00252824	Proviiodine (Not a Benefit)	ROG	

SILVER SULFADIAZINE

1396	1% Cr	00323098	Flamazine	SNE	.1320
					.1320
1397	1% Cr-50g Pk	09854037	Flamazine	SNE	10.9600
					10.9600

84:06:00 ANTI-INFLAMMATORY

AMCINONIDE

1398	0.1% Cr				.1955
		02192284	Cyclocort	STI	.4027
		02246714	Taro-Amcinonide	TAR	.1955
		02247098	Ratio-Amcinonide	RPH	.1955
1399	0.1% Lot				.2270
		02192276	Cyclocort	STI	.3343
		02247097	Ratio-Amcinonide	RPH	.2270
1400	0.1% Oint				.2740
		02192268	Cyclocort	STI	.4027
		02247096	Ratio-Amcinonide	RPH	.2740

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

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06:00 ANTI-INFLAMMATORY

BECLOMETHASONE DIPROPIONATE

1401	0.025% Cr				.4244
	02089602	Propaderm	SQI		.4244
1402	0.025% Oint				.4038
	01927957	Propaderm	GLA		.4038

BETAMETHASONE DIPROPIONATE

1403	0.05% Cr				.2048
	00323071	Diprosone	SCH		.2048
	01925350	Taro-Sone	TAR		.2048
1404	0.05% Lot				.1980
	00417246	Diprosone	SCH		.1980
	00809187	Ratio-Topisone	RPH		.1980
1405	0.05% Oint				.2152
	00344923	Diprosone	SCH		.2152
	00805009	Ratio-Topisone	RPH		.2152

BETAMETHASONE DIPROPIONATE IN A BASE CONTAINING PROPYLENE GLYCOL

1406	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 DIN	BRAND NAME	MANUFACTURER	DBP	DAILY COST

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06:00 ANTI-INFLAMMATORY

BETAMETHASONE DIPROPIONATE IN PROPYLENE GLYCOL BASE

1407	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

1408	0.05% Cr				.0611
	00011916	Betnovate-1/2 (Not a Benefit)	GLA		
	00027898	Celestoderm-V/2 (Not a Benefit)	SCH		
	00535427	Ratio-Ectosone Mild	RPH		.0611
	00716618	Betaderm (Not a Benefit)	TAR		
1409	0.1% Cr				.0911
	00011924	Betnovate (Not a Benefit)	GLA		
	00027901	Celestoderm-V (Not a Benefit)	SCH		
	00535435	Ratio-Ectosone Regular	RPH		.0911
	00716626	Betaderm (Not a Benefit)	TAR		
1410	0.05% Lot				.1900
	02100185	Betnovate-1/2 (Not a Benefit)	RBT		
	00653209	Ratio-Ectosone Mild	RPH		.1900
1411	0.1% Lot				.2500
	02100193	Betnovate (Not a Benefit)	SHI		
	00750050	Ratio-Ectosone Regular	RPH		.2500
1412	0.05% Oint				.0606
	00012378	Betnovate-1/2 (Not a Benefit)	GLA		
	00028355	Celestoderm-V/2 (Not a Benefit)	SCH		
	00716642	Betaderm	TAR		.0606
1413	0.1% Oint				.0903
	00012386	Betnovate (Not a Benefit)	GLA		
	00028363	Celestoderm-V (Not a Benefit)	SCH		
	00716650	Betaderm	TAR		.0903
1414	0.1% Scalp Lot				.0853
	00027944	Valisone	SCH		.0853
	00653217	Ratio-Ectosone	RPH		.0853
	00716634	Betaderm	TAR		.0853

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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

CALCIPOTRIOL & BETAMETHASONE DIPROPIONATE

1415	50mcg/g & 0.5mg/g Oint				1.6000
	02244126	Dovobet	LEO		1.6000

Note: For use in patients with psoriasis who have failed 1st line topical steroids and Dovonex (calcipotriol) therapy.

CLOBETASOL PROPIONATE

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

1416	0.05% Cr				.3256
	02213265	Dermovate	TPH		.6512
	01910272	Ratio-Clobetasol	RPH		.3256
	02024187	Gen-Clobetasol	GEN		.3256
	02093162	Novo-Clobetasol	NOP		.3256
	02232191	PMS-Clobetasol	PMS		.3256
	02245523	Taro-Clobetasol Cream USP	TAR		.3256
1417	0.05% Oint				.3256
	02213273	Dermovate	TPH		.6512
	01910280	Ratio-Clobetasol	RPH		.3256
	02026767	Gen-Clobetasol	GEN		.3256
	02126192	Novo-Clobetasol	NOP		.3256
	02232193	PMS-Clobetasol	PMS		.3256
	02245524	Taro-Clobetasol Ointment USP	TAR		.3256
1418	0.05% Scalp Lot				.2843
	02213281	Dermovate	TPH		.5685
	01910299	Ratio-Clobetasol	RPH		.2843
	02216213	Gen-Clobetasol	GEN		.2843
	02232195	PMS-Clobetasol	PMS		.2843
	02245522	Taro-Clobetasol Topical Solution USP	TAR		.2843

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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

CLOBETASONE BUTYRATE

1419	0.05% Cr				.3893
	02214415	Eumovate	GSK		.3893

DESONIDE

1420	0.05% Cr				.2610
	02048639	Desocort	GAC		.2900
	02154862	Tridesilon (Not a Benefit)	CPL		
	02229315	PMS-Desonide	PMS		.2610
1421	0.05% Lot				.1450
	02115514	Desocort	GAC		.1450
1422	0.05% Oint				.2610
	02115522	Desocort	GAC		.2900
	02154870	Tridesilon (Not a Benefit)	CPL		
	02229323	PMS-Desonide	PMS		.2610

DIFLUCORTOLONE VALERATE

1423	0.1% Cr				.3743
	00587826	Nerisone	STI		.3743
1424	0.1% Oily Cr				.3742
	00587818	Nerisone	STI		.3742
1425	0.1% Oint				.3743
	00587834	Nerisone	STI		.3743

FLUOCINOLONE ACETONIDE

1426	0.01% Cr				.2387
	00030414	Synalar Mild	SYN		.2387

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84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06:00 ANTI-INFLAMMATORY

FLUOCINONIDE

1427	0.05% Cr				.2617
	00716863	Lyderm	TAR		.2617
	02161923	Lidex (Not a Benefit)	MEC		
1428	0.05% Emol Cr				.2433
	00598933	Tiamol	TAR		.2433
	02163152	Lidemol (Not a Benefit)	MEC		
1429	0.05% Gel				.3418
	02161974	Topsyn (Not a Benefit)	MEC		
	02236997	Lyderm	TAR		.3418
1430	0.05% Oint				.3373
	02161966	Lidex (Not a Benefit)	MEC		
	02236996	Lyderm	TAR		.3373

FLUOCINONIDE & PROCINONIDE & CIPROCINONIDE

1431	Emol Cr				.3256
	00781371	Trisyn	BAK		.3256

HALCINONIDE

1432	0.1% Cr				.5407
	02011921	# Halog	BQU		.5407
1433	0.1% Oint				.5407
	02010283	# Halog	BQU		.5407

HYDROCORTISONE

1434	0.5% Cr				.1333
	00513288	Cortate	SCH		.1333
1435	1% Cr				.1629
	00192597	Emo-Cort	STI		.1629
	00502200	Cortate (Not a Benefit)	SCH		

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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

1436	2.5% Cr				.1893
	00595799	Emo-Cort	STI		.1893
1437	1% Lot				.1505
	00192600	Emo-Cort	STI		.1505
1438	2.5% Lot				.1992
	00595802	Emo-Cort	STI		.1992
1439	0.5% Oint				.1333
	00513261	Cortate	SCH		.1333
	00716685	Cortoderm	TAR		.1400
1440	1% Oint				.0390
	00502197	Cortate (Not a Benefit)	SCH		
	00716693	Cortoderm	TAR		.0390

HYDROCORTISONE ACETATE

1441	1% Cr				.0364
	00477699	Corticreme (Not a Benefit)	ROG		
	00716839	Hyderm	TAR		.0364

HYDROCORTISONE ACETATE & UREA

1442	1% & 10% Cr				.1580
	00503134	Uremol-HC	STI		.1580
1443	1% & 10% Lot				.0921
	00560022	Uremol-HC	STI		.0921

HYDROCORTISONE VALERATE

1444	0.2% Cr				.1212
	01910124	Westcort	BQU		.1212
	02242984	Hydroval	TPH		.1212
1445	0.2% Oint				.1212
	01910132	# Westcort	BQU		.1212
	02242985	Hydroval	TPH		.1212

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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

1446	0.1% Cr				.6190
	00851744	Elocom	SCH		.6190
1447	0.1% Lot				.4463
	00871095	Elocom	SCH		.4463
1448	0.1% Oint				.2771
	00851736	Elocom	SCH		.5985
	02248130	Ratio-Mometasone	RPH		.2771
	02264749	Taro-Mometasone	TAR		.2771
	02270862	PMS-Mometasone	PMS		.2771

TRIAMCINOLONE ACETONIDE

1449	0.1% Cr				.0533
	00029114	Kenalog (Not a Benefit)	WSQ		
	00716960	Triaderm	TAR		.0533
	02194058	Aristocort R	VAE		.0533
1450	0.1% Oint				.1300
	01999796	Kenalog (Not a Benefit)	WSQ		
	02194031	Aristocort R	VAE		.1300

TRIAMCINOLONE ACETONIDE 0.1% IN ORABASE

1451	Oral Top Oint				.9110
	01964054	Oracort	TAR		.9110
	01999788	Kenalog-Orabase	BQU		1.2960

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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

1452	0.1% Cr				.2246
	00537594	Anthranol	MEI		.2246
1453	0.2% Cr				.2368
	00537608	Anthranol	MEI		.2368
1454	0.4% Cr				.2476
	00537616	Anthranol	MEI		.2476
1455	1% Oint				.3058
	00566756	Anthraforte 1	MEI		.3058
1456	2% Oint				.3226
	00566748	Anthraforte 2	MEI		.3226

BENZOYL PEROXIDE

1457	5% Lot				.1295
	00236063	Benoxyl	STI		.1295
1458	10% Lot				.1760
	00370568	Benoxyl	STI		.1760
1459	20% Lot				.1898
	00187585	Benoxyl	STI		.1955
	00374318	Oxyderm	VAL		.1898

BENZOYL PEROXIDE IN ACETONE-CONTAINING GEL

1460	5% Gel				.1158
	00406821	AcetOxyl	STI		.1158
1461	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

1462	5% Gel				.1058
	00263702	Panoxyl	STI		.1208
	02162113	5-Benzagel	NOV		.1058
1463	10% Gel				.1417
	00263699	Panoxyl	STI		.1417
1464	15% Gel				.1663
	00403571	# Panoxyl	STI		.1663
1465	20% Gel				.1845
	00373036	Panoxyl	STI		.1845

BENZOYL PEROXIDE IN WATER-BASED GEL

1466	5% Gel				.1208
	01908863	Desquam-X5 (Not a Benefit)	WSQ		
	01925180	Benzac W5	GAC		.1250
	02214849	Panoxyl Aquagel	STI		.1208
1467	10% Gel				.1545
	01908871	# Desquam-X10	BQU		.1545
	02223856	Panoxyl Aquagel (Not a Benefit)	STI		

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

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:28:00 KERATOLYTIC AGENTS

TRETINOIN

1468	0.01% Cr				.2840
	00657204	Stieva-A	STI		.2840
1469	0.025% Cr				.2840
	00578576	Stieva-A	STI		.2840
1470	0.05% Cr				.2840
	00518182	Stieva-A	STI		.2840
	01926519	Vitamin A Acid	SAV		.2840
1471	0.01% Gel				.2840
	01926462	Vitamin A Acid	SAV		.2840
1472	0.025% Gel				.2840
	00587966	Stieva-A	STI		.2840
1473	0.05% Gel				.2840
	01926489	Vitamin A Acid	SAV		.2840
1474	0.025% Sol				.1780
	00578568	Stieva-A	STI		.1780
	Reason for Use Code	Clinical criteria			
	269	For the treatment of acne vulgaris.			
		LU Authorization Period: 1 year.			

TRETINOIN & ERYTHROMYCIN

1475	0.025% & 4% Top Gel				.5200
	01905112	Stievamycin Gel	STI		.5200

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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.

1476	10mg Cap				1.6240
	02070847	Soriatane	HLR		1.6240
1477	25mg Cap				2.8527
	02070863	Soriatane	HLR		2.8527

CALCIPOTRIOL

1478	50mcg/g Cr				.7150
	02150956	Dovonex	LEO		.7150
1479	50mcg/g Oint				.7150
	01976133	Dovonex	LEO		.7150
	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

1480	5% Cr				.8000
	00330582	Efudex	VAL		.8000

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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.

1481	10mg Cap			.9313
	00582344	Accutane	HLR	.9313
	02257955	Clarus	PRE	.9313
1482	40mg Cap			1.9003
	00582352	Accutane	HLR	1.9003
	02257963	Clarus	PRE	1.9003

METHOXSALEN

1483	10mg Cap			.5436
	01946374	Oxsoralen	VAL	.5436
1484	10mg SG Cap			.4755
	00646237	UltraMOP	CDX	.4755

PIMECROLIMUS

1485	1% Cr			2.1277
	02247238	Elidel	NOV	2.1277

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

1486	*0.5% Oint				.1033
	01945939	Anusol	PFI		.1320
	00621447	Sandoz Anuzinc	SDZ		.1033
1487	*10mg Sup				.3542
	00621439	Anuzinc	SDZ		.3542

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

86:00 SPASMOLYTICS

AMINOPHYLLINE

1488	225mg SR Tab				.2168
	02014270	Phyllocontin	PFP		.2168
1489	350mg SR Tab				.2762
	02014289	Phyllocontin-350	PFP		.2762

OXTRIPHYLLINE

1490	10mg/mL O/L				.0110
	00476390	Choledyl (Not a Benefit)	PDA		
	00792934	# PMS-Oxtriphylline	PMS		.0110
1491	20mg/mL O/L				.0229
	00476366	Choledyl	ERF		.0347
	00792942	PMS-Oxtriphylline	PMS		.0229

THEOPHYLLINE ANHYDROUS

1492	300mg LA Tab				.1400
	00461008	Theo-Dur (Not a Benefit)	AZC		
	02230087	Novo-Theophyl SR	NOP		.1400
1493	5.3mg/mL O/L				.0028
	01966219	Theolair Alcohol Free Oral Liquid	GRA		.0229
	00575151	# PMS-Theophylline	PMS		.0028
1494	400mg SR Tab				.4980
	02014165	Uniphyll	PFP		.4980
1495	600mg SR Tab				.6032
	02014181	Uniphyll	PFP		.6032

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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

88:00 VITAMINS

88:08:00 VITAMIN B

CYANOCOBALAMIN

1496	*1mg/mL Inj Sol-10mL Pk				3.1000
	00029165	Rubramin (Not a Benefit)	BQU		
	00521515	Vitamin B12-1000mcg/mL	SDZ		3.1000
	01987003	Cyanocobalamin	CYI		3.1000

FOLIC ACID

1497	5mg Tab				.0259
	00014966	Folvite (Not a Benefit)	LED		
	00426849	Apo-Folic	APX		.0259

LEUCOVORIN CALCIUM

1498	5mg Tab				5.5294
	02170493	Leucovorin Calcium	WAY		5.5294

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.

1499	50mg Tab dpp				
	00268593	Niacin-ICN (Not a Benefit)	VAL		
	00274496	Novo-Niacin (Not a Benefit)	NOP		
1500	100mg Tab dpp				.0295
	00268585	Niacin-ICN	VAL		.0295

PYRIDOXINE HCL

1501	25mg Tab dpp				.0188
	00232475	Vitamin B6	PMS		.0188
	00268607	Vitamin B6-ICN	VAL		.0188
	00416185	Vitamin B6 (Not a Benefit)	RPR		

THIAMINE HCL

1502	50mg Tab dpp				
	00268631	Vitamin B1-ICN (Not a Benefit)	VAL		
	00610267	Vitamin B1 (Not a Benefit)	LEA		

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

88:00 VITAMINS

88:12:00 VITAMIN C

ASCORBIC ACID

1503	*100mg Tab				
	00021970	Novo-C (Not a Benefit)		NOP	
	00466646	Apo-C (Not a Benefit)		APX	
1504	*250mg Tab				
	00021237	Novo-C (Not a Benefit)		NOP	
	00036161	Vitamin C (Not a Benefit)		RPR	
	00466638	Apo-C (Not a Benefit)		APX	
1505	*500mg Tab				
	00021997	Novo-C (Not a Benefit)		NOP	
	00036188	Vitamin C (Not a Benefit)		RPR	
	00466611	Apo-C (Not a Benefit)		APX	
1506	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

1507	0.25mcg Cap dpp				.4090
	00474517	One-Alpha	LEO		.4090
1508	1mcg Cap dpp				1.2243
	00474525	One-Alpha	LEO		1.2243

CALCITRIOL

1509	0.25mcg Cap dpp				.9098
	00481823	Rocaltrol	HLR		.9098
1510	0.5mcg Cap dpp				1.4469
	00481815	Rocaltrol	HLR		1.4469

ERGOCALCIFEROL

1511	8288IU/mL O/L				.4268
	02017598	Drisdol	SAV		.4268

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88:00 VITAMINS

88:16:00 VITAMIN D

VITAMIN D

1512	50000IU Cap				.2169
	00009830	# Ostoforte	MFC		.2169

88:28:00 MULTIVITAMINS

HEXAVITAMINS USP

1513	*Tab				
	00269034	Hexavitamins (Not a Benefit)	NOP		
	00701130	Apo-Hexa (Not a Benefit)	APX		

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

ALENDRONATE

1514	10mg Tab				.8775
	02201011	Fosamax	MFC		1.9364
	02247373	Novo-Alendronate	NOP		.8775
	02248728	Apo-Alendronate	APX		.8775
	02270129	Gen-Alendronate	GEN		.8775
	02288087	Sandoz Alendronate	SDZ		.8775
1515	70mg Tab				4.4250
	02245329	Fosamax	MFC		9.7650
	02248730	Apo-Alendronate	APX		4.4250
	02258110	Co-Alendronate	COB		4.4250
	02261715	Novo-Alendronate	NOP		4.4250
	02273179	PMS-Alendronate	PMS		4.4250
	02275279	Ratio-Alendronate	RPH		4.4250
	02284006	PMS-Alendronate-FC	PMS		4.4250
	02286335	Gen-Alendronate	GEN		4.4250
	02288109	Sandoz Alendronate	SDZ		4.4250

ALENDRONATE/CHOLECALCIFEROL

1516	70mg/70mcg Tab				9.7650
	02276429	Fosavance	MFC		9.7650

ALFUZOSIN HYDROCHLORIDE

1517	10mg Prolong-Rel Tab				.9933
	02245565	Xatral	SAV		.9933
	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

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.

1518	100mg Tab				.0780
	00004588	Zyloprim (Not a Benefit)	BWE		
	00364282	Novo-Purol	NOP	.0780	
	00402818	Apo-Allopurinol	APX	.0780	
1519	200mg Tab				.1300
	00506370	Zyloprim (Not a Benefit)	BWE		
	00479799	Apo-Allopurinol	APX	.1300	
	00565342	Novo-Purol	NOP	.1300	
1520	300mg Tab				.2125
	00294322	Zyloprim (Not a Benefit)	BWE		
	00363693	Novo-Purol	NOP	.2125	
	00402796	Apo-Allopurinol	APX	.2125	

AMANTADINE HCL

Note: Amantadine increases central and peripheral effects of anticholinergic drugs.

1521	100mg Cap				.5179
	01914006	Symmetrel (Not a Benefit)	BQU		
	01990403	PMS-Amantadine HCL	PMS	.5179	
	02034468	Endantadine	BQU	.5179	
	02139200	Gen-Amantadine	GEN	.5179	
1522	10mg/mL O/L				.0810
	01913999	Symmetrel	BQU	.0810	
	02022826	PMS-Amantadine	PMS	.0810	

ANAGRELIDE HCL

1523	0.5mg Cap				3.3491
	02260107	Sandoz Anagrelide	SDZ	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.			

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

AZATHIOPRINE

1524	50mg Tab				.4300
	00004596	Imuran	GSK		.9396
	02231491	Gen-Azathioprine	GEN		.4300
	02236819	Novo-Azathioprine	NOP		.4300
	02242907	Apo-Azathioprine	APX		.4300

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

BOTULINUM TOXIN TYPE A

1525	100U/Vial Pd Inj-100U Vial Pk				368.0000
	01981501	Botox	ALL		368.0000
	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

1526	5mg Cap				.7708
	00568643	Parlodel (Not a Benefit)	NOV		
	02230454	Apo-Bromocriptine	APX		.7708
	02236949	PMS-Bromocriptine	PMS		.7708
1527	2.5mg Tab				.4328
	00371033	# Parlodel	NOV		1.0297
	02087324	Apo-Bromocriptine	APX		.4328
	02231702	PMS-Bromocriptine	PMS		.4328

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

CLODRONATE DISODIUM

1528	400mg Cap				1.2083
	01927078	Ostac	HLR		1.8137
	02245828	Clasteon	ORY		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

1529	400mg Cap				1.7500
	01984845	Bonefos	BAY		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

1530	75mg Tab				2.5193
	02238682	Plavix	SAV		2.5193
	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.			
	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.			

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

CYCLOSPORINE

1531	10mg Cap				.6238
	02237671	Neoral	NOV		.6238
1532	25mg Cap				.9952
	02150689	Neoral	NOV		1.4500
	02247073	Sandoz Cyclosporine	SDZ		.9952
1533	50mg Cap				1.9400
	02150662	Neoral	NOV		2.8270
	02247074	Sandoz Cyclosporine	SDZ		1.9400
1534	100mg Cap				3.8815
	02150670	Neoral	NOV		5.6560
	02242821	Sandoz Cyclosporine	SDZ		3.8815
1535	100mg/mL O/L				5.0276
	02150697	Neoral	NOV		5.0276
	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

1536	0.5mg Cap			1.6188
	02247813	Avodart	GSK	1.6188
	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

1537	200mg Tab			.6554
	01997629	Didronel	PGP	1.4275
	02245330	Gen-Etidronate	GEN	.6554
	02248686	Co-Etidronate	COB	.6554
	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

1538	400mg/500mg Tab-90 Tablets Kit				19.9900
	02176017	Didrocal	PGP		39.9800
	02247323	+ Gen-Eti Cal Carepac	GEN		19.9900
	02263866	+ Co Etidrocal	COB		19.9900

FINASTERIDE

1539	5mg Tab				1.7989
	02010909	Proscar	MFC		1.7989
	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

1540	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

1541	1mg/Vial Inj Pd-Vial Pk				84.6600
	02243297	Glucagon	LIL		84.6600

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

LEFLUNOMIDE

1542	10mg Tab				4.7950
	02241888	Arava	SAV		10.5730
	02256495	Apo-Leflunomide	APX		4.7950
	02261251	Novo-Leflunomide	NOP		4.7950
	02283964	Sandoz Leflunomide	SDZ		4.7950
	02288265	PMS-Leflunomide	PMS		4.7950
1543	20mg Tab				4.7950
	02241889	Arava	SAV		10.5730
	02256509	Apo-Leflunomide	APX		4.7950
	02261278	Novo-Leflunomide	NOP		4.7950
	02283972	Sandoz Leflunomide	SDZ		4.7950
	02288273	PMS-Leflunomide	PMS		4.7950
	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

1544	50mg & 12.5mg Cap				.2678
	00522597	Prolopa 50-12.5	HLR		.2678
1545	100mg & 25mg Cap				.4410
	00386464	Prolopa 100-25	HLR		.4410
1546	200mg & 50mg Cap				.7403
	00386472	Prolopa 200-50	HLR		.7403

LEVODOPA & CARBIDOPA

1547	100mg & 10mg Tab				.1877
	00355658	Sinemet	MFC		.4221
	02182831	Nu-Levocarb	NXP		.1877
	02195933	Apo-Levocarb	APX		.1877
	02244494	Novo-Levocarbidopa	NOP		.1877

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

LEVODOPA & CARBIDOPA

1548	100mg & 25mg Tab				.2803
	00513997	Sinemet	MFC		.6303
	02182823	Nu-Levocarb	NXP		.2803
	02195941	Apo-Levocarb	APX		.2803
	02244495	Novo-Levocarbidopa	NOP		.2803

1549	100mg & 25mg Tab				.6835
	02028786	Sinemet CR	MFC		.6835
1550	200mg & 50mg Tab				.7385
	00870935	Sinemet CR	MFC		1.2609
	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.			

1551	250mg & 25mg Tab				.3129
	00328219	Sinemet	MFC		.7036
	02182858	Nu-Levocarb	NXP		.3129
	02195968	Apo-Levocarb	APX		.3129
	02244496	Novo-Levocarbidopa	NOP		.3129

MONTELUKAST SODIUM

1552	4mg Chew Tab				1.3989
	02243602	Singulair	MFC		1.3989
	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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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

MYCOPHENOLATE MOFETIL

1553	200mg/mL Pd for Oral Susp-175mL Pk			288.6800
	02242145	CellCept	HLR	288.6800
1554	250mg SG Cap			2.0620
	02192748	CellCept	HLR	2.0620
1555	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.		

MYCOPHENOLATE SODIUM

1556	180mg Ent Coated Tab			1.9585
	02264560	Myfortic	NOV	1.9585
1557	360mg Ent Coated Tab			3.9170
	02264579	Myfortic	NOV	3.9170

OCTREOTIDE

1558	10mg Inj Kit Pk			1218.8100
	02239323	Sandostatin LAR	NOV	1218.8100
1559	20mg Inj Kit Pk			1629.7600
	02239324	Sandostatin LAR	NOV	1629.7600
1560	30mg Inj Kit Pk			2039.9700
	02239325	Sandostatin LAR	NOV	2039.9700
1561	50mcg/mL Inj Sol-1mL Amp Pk			2.4950
	00839191	Sandostatin	NOV	4.9900
	02248639	Octreotide Acetate Omega	OMG	2.4950
1562	100mcg/mL Inj Sol-1mL Amp Pk			4.7100
	00839205	Sandostatin	NOV	9.4200
	02248640	Octreotide Acetate Omega	OMG	4.7100

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

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

OCTREOTIDE

1563	500mcg/mL Inj Sol-1mL Amp Pk				22.1350
	00839213	Sandostatin	NOV		44.2700
	02248641	Octreotide Acetate Omega	OMG		22.1350
1564	200mcg/mL Inj Sol-5mL Vial Pk				45.3000
	02049392	Sandostatin	NOV		90.6000
	02248642	Octreotide Acetate Omega	OMG		45.3000

PHENAZOPYRIDINE HCL

Note: There is no evidence that continuing treatment with phenazopyridine beyond the first 48 hours in urinary tract infections is beneficial.

1565	100mg Tab				.1180
	00271489	Phenazo	VAL		.1180
	00476714	Pyridium (Not a Benefit)	PDA		
1566	200mg Tab				.1636
	00454583	Phenazo	VAL		.1636
	00476722	Pyridium (Not a Benefit)	PDA		

QUINAGOLIDE HCL

1567	0.075mg Tab				1.0900
	02223767	Norprolac	FEI		1.0900
1568	0.15mg Tab				1.6300
	02223775	Norprolac	FEI		1.6300

Reason for
Use Code

405

Clinical criteria

For the treatment of hyperprolactinemia in patients who have:

- Failed to respond to a greater than or equal to 3 month trial of bromocriptine; or
- Failed to tolerate bromocriptine; or
- Failed to shrink a prolactinoma by greater than 1 cm after 12 months of bromocriptine therapy..

LU Authorization Period: 5 years.

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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

RALOXIFENE HCL

1569	60mg Tab			1.7853
	02239028	Evista	LIL	1.7853
	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.		

RISEDRONATE SODIUM

1570	5mg Tab			1.7550
	02242518	Actonel	PGP	1.7550
1571	30mg Tab			11.3700
	02239146	Actonel	PGP	11.3700
1572	35mg Tab			9.3600
	02246896	Actonel	PGP	9.3600

ROPINIROLE

1573	0.25mg Tab			.2773
	02232565	ReQuip	GSK	.2773
1574	1mg Tab			1.1092
	02232567	ReQuip	GSK	1.1092
1575	2mg Tab			1.2201
	02232568	ReQuip	GSK	1.2201
1576	5mg Tab			3.4384
	02232569	ReQuip	GSK	3.4384

+ = NEW LISTING

= BEING DISCONTINUED AS BENEFIT IN FUTURE

DBP = DRUG BENEFIT PRICE

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

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

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

SELEGILINE HCL

1577	5mg Tab				1.0043
	02123312	Eldepryl	BJH		2.0085
	02068087	Novo-Selegiline	NOP		1.0043
	02230641	Apo-Selegiline	APX		1.0043
	02230717	Nu-Selegiline	NXP		1.0043
	02231036	Gen-Selegiline	GEN		1.0043
	02238102	PMS-Selegiline	PMS		1.0043

SIROLIMUS

1578	1mg/mL O/L				7.1547
	02243237	Rapamune	WAY		7.1547
1579	1mg Tab				7.1546
	02247111	Rapamune	WAY		7.1546

Reason for Use Code

392

Clinical criteria

For the prophylaxis of organ rejection in patients receiving allogeneic renal transplants.

LU Authorization Period: Indefinite.

SODIUM CROMOGLYCAT

1580	1% Inh Sol-2mL Pk				.4846
	00534609	Intal (Not a Benefit)	AVE		
	02046113	PMS-Sodium Cromoglycate	PMS		.4846
	02231431	Apo-Cromolyn	APX		.4846
	02231671	Nu-Cromolyn	NXP		.4846

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

SODIUM FLUORIDE

1581	20mg Tab				.3756
	02099225	Fluotic	SAV		.3756
	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.			

TACROLIMUS

1582	5mg/mL Amp				124.5000
	02176009	Prograf	FUJ		124.5000
1583	1mg Cap				2.5200
	02175991	Prograf	FUJ		2.5200
1584	5mg Cap				12.6200
	02175983	Prograf	FUJ		12.6200
	Reason for Use Code	Clinical criteria			
	173	For solid organ transplant and bone marrow transplant.			
		LU Authorization Period: Indefinite.			

TACROLIMUS

1585	0.03% Oint				2.1500
	02244149	Protopic	FUJ		2.1500
1586	0.1% Oint				2.3000
	02244148	Protopic	FUJ		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

1587	0.4mg Cap				.4750
	02238123	Flomax (Not a Benefit)	BOE		
	02281392	Novo-Tamsulosin SR	NOP		.4750
	02294265	Ratio-Tamsulosin	RPH		.4750
	02294885	Ran-Tamsulosin	RAN		.4750
	02295121	Sandoz Tamsulosin	SDZ		.4750
	02298570	Gen-Tamsulosin	GEN		.4750
1588	0.4mg Tab				.6000
	02270102	Flomax CR	BOE		.6000
Note: Randomized controlled trials have shown no significant differences in efficacy between daily doses of 0.4mg and 0.8mg of tamsulosin. Therefore, the daily tamsulosin dose should not exceed 0.4mg.					
	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

TICLOPIDINE HCL

1589	250mg Tab				.5464
	02162776	Ticlid	HLR		1.2564
	02236848	Novo-Ticlopidine	NOP		.5464
	02237560	Nu-Ticlopidine	NXP		.5464
	02237701	Apo-Ticlopidine	APX		.5464
	02239744	Gen-Ticlopidine	GEN		.5464
	02243587	Sandoz Ticlopidine	SDZ		.5464
	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

1590	2mg SR Cap 02244612	Detrol LA	PFI	1.8200
1591	4mg SR Cap 02244613	Detrol LA	PFI	1.8200
1592	1mg Tab 02239064	Detrol	PFI	.9100
1593	2mg Tab 02239065	Detrol	PFI	.9100
	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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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

URSODIOL

1594	250mg Tab				.8635
	02238984	Urso		BFI	1.2336
	02273497	PMS-Ursodiol C		PMS	.8635
	Reason for Use Code	Clinical criteria			
	273	For the treatment of primary biliary cirrhosis.			
		LU Authorization Period: Indefinite.			

1595	500mg Tab				1.6380
	02245894	Urso DS		BFI	2.3400
	02273500	PMS-Ursodiol C		PMS	1.6380
	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.			

ZOLEDRONIC ACID

1596	5mg/100mL Inj Sol-100mL Pk				645.0000
	02269198	Aclasta		NOV	645.0000
	Reason for Use Code	Clinical criteria			
	319	For the treatment of Paget's disease.			
		LU Authorization Period: Indefinite.			

+ = 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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PART III-B

OFF-FORMULARY INTERCHANGEABLE DRUGS (OFI)

Off-Formulary Interchangeability

Off-Formulary Interchangeability (OFI) is the application of interchangeable designations to drug products where the original products are not listed as ODB benefits in the Formulary/CDI. OFI became effective April 1, 2007 when changes to Regulation 935 under the DIDFA came into force. Listed off-formulary interchangeable drug products are reviewed by the CED or by the Ministry, and upon approval of the Executive Officer, are determined to be interchangeable with the brand non-benefit products.

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

04:00 ANTIHISTAMINICS

CETIRIZINE HYDROCHLORIDE

1	10mg Tab			
	02223554	Reactine	MCL	
	02231603	Apo-Cetirizine	APX	0.5000

LORATADINE

2	10mg Tab			
	00782696	Claritin	SCP	
	02243880	Apo-Loratadine	APX	0.6500

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

08:00 ANTI-INFECTIVE AGENTS

08:12:04 ANTIBIOTICS ANTIFUNGALS

TERBINAFINE HCL

3	250mg Tab			
	02031116	Lamisil	NOV	
	02239893	Apo-Terbinafine	APX	2.5243
	02240346	Novo-Terbinafine	NOP	2.5243
	02240807	PMS-Terbinafine	PMS	2.5245
	02242503	Gen-Terbinafine	GEN	2.5243
	02254727	Co Terbinafine	COB	2.5243
	02262177	Sandoz Terbinafine	SDZ	2.5243

08:12:12 ANTIBIOTICS ERYTHROMYCINS

AZITHROMYCIN

4	600mg Tab			
	02231143	Zithromax	PFI	
	02256088	Co Azithromycin	COB	7.6250

CLARITHROMYCIN

5	500mg Tab			
	02126710	Biaxin	ABB	
	02247574	PMS-Clarithromycin	PMS	2.2009
	02247819	Ratio-Clarithromycin	RPH	2.2009
	02248857	Gen-Clarithromycin	GEN	2.2009
	02274752	Apo-Clarithromycin	APX	2.2009

08:12:24 ANTIBIOTICS TETRACYCLINES

MINOCYCLINE HCL

6	50mg Cap			
	02173514	Minocin	STI	
	01914138	Ratio-Minocycline	RPH	0.5350
	02084090	Apo-Minocycline	APX	0.5350
	02230735	Gen-Minocycline	GEN	0.5350
	02237313	Sandoz Minocycline	SDZ	0.5350
	02294419	PMS-Minocycline	PMS	0.5350

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

08:00 ANTI-INFECTIVE AGENTS

08:12:24 ANTIBIOTICS TETRACYCLINES

MINOCYCLINE HCL

7	100mg Cap			
	02173506	Minocin	STI	
	01914146	Ratio-Minocycline	RPH	1.0332
	02084104	Apo-Minocycline	APX	1.0332
	02230736	Gen-Minocycline	GEN	1.0332
	02237314	Sandoz Minocycline	SDZ	1.0332
	02294427	PMS-Minocycline	PMS	1.0332

08:12:28 OTHER ANTIBIOTICS

CEFOXITIN SODIUM

8	1g/Vial Inj Pd-1 Vial Pk			
	00663697	Mefoxin	MSD	
	02291711	Cefoxitin for Injection	ORC	10.6000
9	2g/Vial Inj Pd-1 Vial Pk			
	00663700	Mefoxin	MSD	
	02291738	Cefoxitin for Injection	ORC	21.2500

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

08:00 ANTI-INFECTIVE AGENTS

08:18:00 ANTIVIRALS

ACYCLOVIR				
10	200mg Tab			
	00634506	Zovirax	GSK	
	02078627	Ratio-Acyclovir	RPH	0.8783
	02207621	Apo-Acyclovir	APX	0.8783
	02242784	Gen-Acyclovir	GEN	0.8783
	02285959	Novo-Acyclovir	NOP	0.8783
11	400mg Tab			
	01911627	Zovirax	GSK	
	02078635	Ratio-Acyclovir	RPH	1.7288
	02207648	Apo-Acyclovir	APX	1.7288
	02242463	Gen-Acyclovir	GEN	1.7288
	02285967	Novo-Acyclovir	NOP	1.7288

FAMCICLOVIR				
12	125mg Tab			
	02229110	Famvir	NOV	
	02278081	PMS-Famciclovir	PMS	2.0240
	02278634	Sandoz Famciclovir	SDZ	2.0240
	02292025	Apo-Famciclovir	APX	2.0240
13	250mg Tab			
	02229129	Famvir	NOV	
	02278103	PMS-Famciclovir	PMS	2.7200
	02278642	Sandoz Famciclovir	SDZ	2.7200
	02292041	Apo-Famciclovir	APX	2.7200

08:40:00 MISCELLANEOUS ANTI-INFECTIVES

MEFLOQUINE HCL				
14	250mg Tab			
	02018055	Lariam	HLR	
	02244366	Apo-Mefloquine	APX	3.5688

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

12:00 AUTONOMIC AGENTS

12:08:00 PARASYMPATHOLYTIC (CHOLINERGIC BLOCKING) AGENTS

TRIMEBUTINE MALEATE

15	100mg Tab	00587869	Modulon	AXC	0.2598
		02245663	Apo-Trimebutine	APX	
16	200mg Tab	00803499	Modulon	AXC	0.5056
		02245664	Apo-Trimebutine	APX	

12:20:00 SKELETAL MUSCLE RELAXANTS

TIZANIDINE HCL

17	4mg Tab	02239170	Zanaflex	ELA	0.5106
		02259893	Apo-Tizanidine	APX	
		02272059	Gen-Tizanidine	GEN	

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

20:00 BLOOD FORMATION AND COAGULATION

20:12:00 COAGULANTS AND ANTI-COAGULANTS

WARFARIN

18	6mg Tab			
	02240206	Coumadin	BQU	
	02287501	Gen-Warfarin	GEN	0.2805

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

24:00 CARDIOVASCULAR DRUGS

24:04:00 CARDIAC DRUGS

SOTALOL HCL

19	80mg Tab			
	00897272	Sotacor	BQU	
	02084228	Ratio-Sotalol	RPH	0.5932
	02210428	Apo-Sotalol	APX	0.5932
	02229778	Gen-Sotalol	GEN	0.5932
	02231181	Novo-Sotalol	NOP	0.5932
	02238326	PMS-Sotalol	PMS	0.5932
	02257831	Sandoz Sotalol	SDZ	0.5932
	02270625	Co Sotalol	COB	0.5932

24:06:00 ANTILIPEMIC DRUGS

FENOFIBRATE

20	67mg Cap			
	02230283	Lipidil Micro	FOU	
	02243180	Apo-Feno-Micro	APX	0.4325

GEMFIBROZIL

21	600mg Tab			
	00659606	Lopid	PFI	
	01979582	Apo-Gemfibrozil	APX	0.7520
	02142074	Novo-Gemfibrozil	NOP	0.7520
	02230183	PMS-Gemfibrozil	PMS	0.7520
	02230476	Gen-Gemfibrozil	GEN	0.7520

24:08:00 HYPOTENSIVE DRUGS

CLONIDINE HCL

22	0.025mg Tab			
	00519251	Dixarit	BOE	
	02248732	Apo-Clonidine	APX	0.1817
	02304163	Novo-Clonidine	NOP	0.1817

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

24:00 CARDIOVASCULAR DRUGS

24:08:00 HYPOTENSIVE DRUGS

VERAPAMIL HCL

23	120mg LA Tab				
	01907123	Isoptin SR	ABB		
	02210347	Gen-Verapamil SR	GEN		0.6900
	02246893	Apo-Verap SR	APX		0.6900

24:12:00 VASODILATING DRUGS

BETAHISTINE DIHYDROCHLORIDE

24	16mg Tab				
	02243878	Serc	SPH		
	02280191	Novo-Betahistine	NOP		0.2940
25	24mg Tab				
	02247998	Serc	SPH		
	02280205	Novo-Betahistine	NOP		0.4410

ISOSORBIDE-5-MONONITRATE

26	60mg ER Tab				
	02126559	Imdur	AZC		
	02272830	Apo-ISMN	APX		0.4950

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:04 ANALGESICS NONSTERODIAL ANTI-INFLAMMATORY AGENTS

DICLOFENAC POTASSIUM

27	50mg Tab			
	00881635	Voltaren Rapide	NOV	
	02239355	Novo-Difenac-K	NOP	0.3937
	02239753	PMS-Diclofenac K	PMS	0.3937
	02243433	Apo-Diclo Rapide	APX	0.3937
	02261774	Sandoz Diclofenac Rapide	SDZ	0.3937

ETODOLAC

28	200mg Cap			
	02142023	Ultradol	PGP	
	02232317	Apo-Etodolac	APX	0.6000
29	300mg Cap			
	02142031	Ultradol	PGP	
	02232318	Apo-Etodolac	APX	0.6000

NABUMETONE

30	500mg Tab			
	02083531	Relafen	GSK	
	02238639	Apo-Nabumetone	APX	0.5025
	02240867	Novo-Nabumetone	NOP	0.5025
	02242912	Sandoz Nabumetone	SDZ	0.5025
	02244563	Gen-Nabumetone	GEN	0.5025
31	750mg Tab			
	02083558	Relafen	GSK	
	02240868	Novo-Nabumetone	NOP	0.6825

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08:04 ANALGESICS NONSTERODIAL ANTI-INFLAMMATORY AGENTS

NAPROXEN

32	250mg Ent Tab			
	02162792	Naprosyn E	HLR	
	02243431	Gen-Naproxen EC	GEN	0.2835
	02246699	Apo-Naproxen EC	APX	0.2835
33	375mg Ent Tab			
	02162415	Naprosyn E	HLR	
	02243432	Gen-Naproxen EC	GEN	0.3675
	02246700	Apo-Naproxen EC	APX	0.3675
	02294702	PMS-Naproxen EC	PMS	0.3675
34	500mg Ent Tab			
	02162423	Naprosyn E	HLR	
	02241024	Gen-Naproxen EC	GEN	0.6894
	02246701	Apo-Naproxen EC	APX	0.6894
	02294710	PMS-Naproxen EC	PMS	0.6894

NAPROXEN SODIUM

35	275mg Tab			
	02162725	Anaprox	HLR	
	00784354	Apo-Napro-Na	APX	0.3422
36	550mg Tab			
	02162717	Anaprox DS	HLR	
	01940309	Apo-Napro-Na DS	APX	0.6667

OXAPROZIN

37	600mg Tab			
	02027860	Daypro	HLR	
	02243661	Apo-Oxaprozin	APX	0.4875

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12:00 ANTICONVULSANTS

GABAPENTIN

38	600mg Tab			
	02239717	Neurontin	PFI	
	02248457	Novo-Gabapentin	NOP	1.3045
	02255898	PMS-Gabapentin	PMS	1.3045
	02260913	Ratio-Gabapentin	RPH	1.3045
39	800mg Tab			
	02239718	Neurontin	PFI	
	02247346	Novo-Gabapentin	NOP	1.7393
	02255901	PMS-Gabapentin	PMS	1.7393
	02260921	Ratio-Gabapentin	RPH	1.7393

LEVETIRACETAM

40	250mg Tab			
	02247027	Keppra	VLH	
	02274183	Co Levetiracetam	COB	1.1175
	02285924	Apo-Levetiracetam	APX	1.1175
	02296101	PMS-Levetiracetam	PMS	1.1175
41	500mg Tab			
	02247028	Keppra	VLH	
	02274191	Co Levetiracetam	COB	1.3650
	02285932	Apo-Levetiracetam	APX	1.3650
	02296128	PMS-Levetiracetam	PMS	1.3650
42	750mg Tab			
	02247029	Keppra	VLH	
	02274205	Co Levetiracetam	COB	1.9425
	02285940	Apo-Levetiracetam	APX	1.9425
	02296136	PMS-Levetiracetam	PMS	1.9425

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:12:00 ANTICONVULSANTS

OXCARBAZEPINE				
43	150mg Tab	02242067	Trileptal	NOV
		02284294	Apo-Oxcarbazepine	APX 0.5625
44	300mg Tab	02242068	Trileptal	NOV
		02284308	Apo-Oxcarbazepine	APX 1.1250
45	600mg Tab	02242069	Trileptal	NOV
		02284316	Apo-Oxcarbazepine	APX 2.2500

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

FLUOXETINE HCL

46	10mg Cap			
	02018985	Prozac	LIL	
	02177579	PMS-Fluoxetine	PMS	1.1773
	02216353	Apo-Fluoxetine	APX	1.1773
	02216582	Novo-Fluoxetine	NOP	1.1773
	02237813	Gen-Fluoxetine	GEN	1.1773
	02241371	Ratio-Fluoxetine	RPH	1.1773
	02243486	Sandoz Fluoxetine	SDZ	1.1773

PAROXETINE HCL

47	10mg Tab			
	02027887	Paxil	SMJ	
	02240907	Apo-Paroxetine	APX	1.0430
	02247750	PMS-Paroxetine	PMS	1.0430
	02247810	Ratio-Paroxetine	RPH	1.0430
	02248012	Gen-Paroxetine	GEN	1.0430
	02248556	Novo-Paroxetine	NOP	1.0430
	02262746	Co Paroxetine	COB	1.0430

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

ALPRAZOLAM

48	1mg Tab			
	00723770	Xanax	PFI	
	02229813	Gen-Alprazolam	GEN	0.3099
	02243611	Apo-Alpraz	APX	0.3099
49	2mg Tab			
	00813958	Xanax TS	PFI	
	02229814	Gen-Alprazolam	GEN	0.5508
	02243612	Apo-Alpraz TS	APX	0.5508

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

CLOZAPINE

50	25mg Tab			
	00894737	Clozaril	NOV	
	02247243	Gen-Clozapine	GEN	0.6594
	02248034	Apo-Clozapine	APX	0.6594
51	100mg Tab			
	00894745	Clozaril	NOV	
	02247244	Gen-Clozapine	GEN	2.6446
	02248035	Apo-Clozapine	APX	2.6446

28:16:12 PSYCHOTHERAPEUTIC AGENTS OTHER PSYCHOTROPICS

LITHIUM CARBONATE

52	300mg ER Tab			
	00590665	Duralith	JNO	
	02266695	Apo-Lithium Carbonate SR	APX	0.1334

TRYPTOPHAN

53	500mg Cap			
	00718149	Tryptan	VAL	
	02248540	Apo-Tryptophan	APX	0.4987
54	500mg Tab			
	02029456	Tryptan	VAL	
	02248538	Apo-Tryptophan	APX	0.4987
55	1g Tab			
	00654531	Tryptan	VAL	
	02248539	Apo-Tryptophan	APX	0.8978

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

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

METHYLPHENIDATE HCL

56	20mg Tab			
	00005614	Ritalin	NOV	
	00585009	PMS-Methylphenidate	PMS	0.3536
	02249332	Apo-Methylphenidate	APX	0.3536

MODAFINIL

57	100mg Tab			
	02239665	Alertec	BJH	
	02285398	Apo-Modafinil	APX	0.9293

28:24:00 SEDATIVES AND HYPNOTICS

BUSPIRONE HYDROCHLORIDE

58	10mg Tab			
	00603821	Buspar	BQU	
	02211076	Apo-Buspirone	APX	0.6521
	02230874	Gen-Buspirone	GEN	0.6521
	02230942	PMS-Buspirone	PMS	0.6521
	02231492	Novo-Buspirone	NOP	0.6521
	02237858	Ratio-Buspirone	RPH	0.6521

ZOPICLONE

59	5mg Tab			
	02216167	Imovane	SAV	
	02243426	PMS-Zopiclone	PMS	0.2231
	02245077	Apo-Zopiclone	APX	0.2231
	02246534	Ratio-Zopiclone	RPH	0.2231
	02251450	Novo-Zopiclone	NOP	0.2231
	02257572	Sandoz Zopiclone	SDZ	0.2231
	02267918	Ran-Zopiclone	RAN	0.2231
	02271931	Co Zopiclone	COB	0.2231
	02296616	Gen-Zopiclone	GEN	0.2231

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:24:00 SEDATIVES AND HYPNOTICS

ZOPICLONE

60	7.5mg Tab			
	01926799	Imovane	SAV	
	02008203	Rhovane	SAV	0.4685
	02218313	Apo-Zopiclone	APX	0.4685
	02238596	Gen-Zopiclone	GEN	0.4685
	02240606	PMS-Zopiclone	PMS	0.4685
	02242481	Ratio-Zopiclone	RPH	0.4685
	02251469	Novo-Zopiclone	NOP	0.4685
	02257580	Sandoz Zopiclone	SDZ	0.4685
	02267926	Ran-Zopiclone	RAN	0.4685
	02271958	Co Zopiclone	COB	0.4685

28:92:00 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE

61	0.5mg Tab			
	02241594	Mirapex	BOE	
	02269317	Novo-Pramipexole	NOP	1.3860
	02290138	PMS-Pramipexole	PMS	1.3860
	02292386	Apo-Pramipexole	APX	1.3860

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

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:92:00 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

SUMATRIPTAN SUCCINATE

62	25mg Tab	Imitrex	GSK	
		02256428 PMS-Sumatriptan	PMS	8.9900
		02257882 Co Sumatriptan	COB	8.9900
		02268906 Gen-Sumatriptan	GEN	8.9900
63	25mg Tab	Imitrex DF	GSK	
		02239738		
		02286815 Novo-Sumatriptan DF	NOP	8.9900
64	50mg Tab	Imitrex	GSK	
		02163764 PMS-Sumatriptan	PMS	9.0650
		02256436 Co Sumatriptan	COB	9.0650
		02257890 Sandoz Sumatriptan	SDZ	9.0650
		02263025 Apo-Sumatriptan	APX	9.0650
		02268388 Gen-Sumatriptan	GEN	9.0650
		02268914 Ratio-Sumatriptan	RPH	9.0650
65	50mg Tab	Imitrex DF	GSK	
		02212153		
		02286823 Novo-Sumatriptan DF	NOP	9.0650
66	100mg Tab	Imitrex	GSK	
		01950614 PMS-Sumatriptan	PMS	9.9867
		02256444 Co Sumatriptan	COB	9.9867
		02257904 Sandoz Sumatriptan	SDZ	9.9867
		02263033 Apo-Sumatriptan	APX	9.9867
		02268396 Gen-Sumatriptan	GEN	9.9867
		02268922 Ratio-Sumatriptan	RPH	9.9867
67	100mg Tab	Imitrex DF	GSK	
		02212161		
		02286831 Novo-Sumatriptan DF	NOP	9.9866

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

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:08:00 ANTI-INFLAMMATORY AGENTS

FLUTICASONE PROPIONATE

68	50mcg/Actuation	Nas Sp-120 Dose Pk		
	02213672	Flonase	GSK	
	02294745	Apo-Fluticasone	APX	21.9700
	02296071	Ratio-Fluticasone	RPH	21.9700

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

56:00 GASTROINTESTINAL DRUGS

56:40:00 MISCELLANEOUS G.I. DRUGS

PANTOPRAZOLE SODIUM

69	20mg Ent Tab			
	02241804	Pantoloc	NYC	
	02292912	Apo-Pantoprazole	APX	1.2750

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

64:00 HEAVY METAL ANTAGONISTS

DEFEROXAMINE MESYLATE

70	2g/Vial Inj Pd-2g Vial Pk			
	01981250	Desferal	NOV	
	02243450	PMS-Deferoxamine	PMS	42.0000
71	500mg/Vial Inj Pd-500mg Vial Pk			
	01981242	Desferal	NOV	
	02242055	PMS-Deferoxamine	PMS	8.1750

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

68:00 HORMONES AND SUBSTITUTES

68:20:02 ANTI-DIABETIC AGENTS ORAL ANTI-DIABETIC AGENTS

GLIMEPIRIDE

72	1mg Tab			
	02245272	Amaryl	SAV	
	02269589	Sandoz Glimepiride	SDZ	0.4900
	02273101	Ratio-Glimepiride	RPH	0.4900
	02273756	Novo-Glimepiride	NOP	0.4900
	02274248	Co Glimepiride	COB	0.4900
	02279061	Gen-Glimepiride	GEN	0.4900
	02295377	Apo-Glimepiride	APX	0.4900
73	2mg Tab			
	02245273	Amaryl	SAV	
	02269597	Sandoz Glimepiride	SDZ	0.4900
	02273128	Ratio-Glimepiride	RPH	0.4900
	02273764	Novo-Glimepiride	NOP	0.4900
	02274256	Co Glimepiride	COB	0.4900
	02279088	Gen-Glimepiride	GEN	0.4900
	02295385	Apo-Glimepiride	APX	0.4900
74	4mg Tab			
	02245274	Amaryl	SAV	
	02269619	Sandoz Glimepiride	SDZ	0.4900
	02273136	Ratio-Glimepiride	RPH	0.4900
	02273772	Novo-Glimepiride	NOP	0.4900
	02274272	Co Glimepiride	COB	0.4900
	02279126	Gen-Glimepiride	GEN	0.4900
	02295393	Apo-Glimepiride	APX	0.4900

METFORMIN HCL

75	850mg Tab			
	02162849	Glucophage	SAV	
	02229656	Gen-Metformin	GEN	0.2090
	02242589	PMS-Metformin	PMS	0.2090
	02242931	Ratio-Metformin	RPH	0.2090
	02246821	Sandoz Metformin FC	SDZ	0.2090
	02257734	Co Metformin	COB	0.2090
	02269058	Ran-Metformin	RAN	0.2090

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

68:00 HORMONES AND SUBSTITUTES

68:24:00 PARATHYROID AGENTS

CALCITONIN (SALMON SYNTHETIC)

76	200U/Metered Dose	Nas Sp-2x14 Dose Pk		
	02240775	Miacalcin	NOV	
	02261766	Sandoz Calcitonin NS	SDZ	48.3112

68:32:00 PROGESTOGENS AND ORAL CONTRACEPTIVES

CYPROTERONE ACETATE & ETHINYL ESTRADIOL

77	2mg & 0.035mg	Tab-21 Pk		
	02233542	Diane-35	BAY	
	02290308	Cyestra-35	PMS	23.3394

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

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

ALENDRONATE

78	5mg Tab			
	02233055	Fosamax	MFC	
	02248251	Novo-Alendronate	NOP	1.0370
	02248727	Apo-Alendronate	APX	1.0370
	02270110	Gen-Alendronate	GEN	1.0370
	02288079	Sandoz Alendronate	SDZ	1.0370
79	40mg Tab			
	02201038	Fosamax	MFC	
	02258102	Co Alendronate	COB	2.6097

CABERGOLINE

80	0.5mg Tab			
	02242471	Dostinex	PMJ	
	02301407	Co Cabergoline	COB	8.8550

PAMIDRONATE DISODIUM

81	3mg/mL Inj Sol-10mL Vial			
	02059762	Aredia	NOV	
	02245998	PMS-Pamidronate	PMS	88.3500
	02264951	Pamidronate Disodium	SDZ	88.3500
82	6mg/mL Inj Sol-10mL Vial			
	02059770	Aredia	NOV	
	02264978	Pamidronate Disodium	SDZ	176.7000
83	9mg/mL Inj Sol-10mL Vial			
	02059789	Aredia	NOV	
	02245999	PMS-Pamidronate	PMS	279.0000
	02264986	Pamidronate Disodium	SDZ	265.0500

PART IV

**CONSOLIDATED ALPHABETICAL INDEX OF
DRUG PRODUCTS
LISTED IN PART III-A AND PART III-B**

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PART	PAGE
292 30mg Tab	02238645	PEN	IIIA	136
3TC 10mg/mL O/L	02192691	GSK	IIIA	26
3TC 150mg Tab	02192683	GSK	IIIA	26
3TC 300mg Tab	02247825	GSK	IIIA	26
5-AMINOSALICYLIC ACID			IIIA	229
5-Benzagel 5% Gel	02162113	NOV	IIIA	293
ABACAVIR & LAMIVUDINE & ZIDOVUDINE			IIIA	21
ABACAVIR SULFATE			IIIA	21
ABACAVIR SULFATE & LAMIVUDINE			IIIA	21
Abenol 120mg Sup (Not a Benefit)	01919385	PEN	IIIA	145
Abenol 325mg Sup (Not a Benefit)	01919393	PEN	IIIA	145
Abenol 650mg Sup (Not a Benefit)	01919407	PEN	IIIA	145
ACARBOSE			IIIA	260
Accupril 5mg Tab	01947664	PFI	IIIA	116
Accupril 10mg Tab	01947672	PFI	IIIA	116
Accupril 20mg Tab	01947680	PFI	IIIA	116
Accupril 40mg Tab	01947699	PFI	IIIA	116
Accuretic 10mg & 12.5mg Tab	02237367	PFI	IIIA	116
Accuretic 20mg & 12.5mg Tab	02237368	PFI	IIIA	116
Accuretic 20mg & 25mg Tab	02237369	PFI	IIIA	116
Accutane 10mg Cap	00582344	HLR	IIIA	296
Accutane 40mg Cap	00582352	HLR	IIIA	296
ACEBUTOLOL HCL			IIIA	83
ACET 120 120mg Sup	02230434	PMS	IIIA	145
ACET 325 325mg Sup	02230436	PMS	IIIA	145
ACET 650 650mg Sup	02230437	PMS	IIIA	145
ACETAMINOPHEN			IIIA	145
Acetaminophen 325mg Tab	00589241	DPC	IIIA	145
ACETAMINOPHEN & CODEINE PHOSPHATE			IIIA	136
ACETAMINOPHEN COMPOUND WITH CODEINE			IIIA	136
Acetaminophen Extra Strength 500mg Tab	00589233	DPC	IIIA	146
ACETAZOLAMIDE			IIIA	203
AcetOxyl 5% Gel	00406821	STI	IIIA	292
AcetOxyl 10% Gel	00406848	STI	IIIA	292
ACETYLSALICYLIC ACID			IIIA	123
ACETYLSALICYLIC ACID COMPOUND WITH CODEINE			IIIA	136
ACITRETIN			IIIA	295
Aclasta 5mg/100mL Inj Sol-100mL Pk	02269198	NOV	IIIA	322
Actonel 5mg Tab	02242518	PGP	IIIA	316
Actonel 30mg Tab	02239146	PGP	IIIA	316
Actonel 35mg Tab	02246896	PGP	IIIA	316
Actos 15mg Tab	02242572	LIL	IIIA	263
Actos 30mg Tab	02242573	LIL	IIIA	263
Actos 45mg Tab	02242574	LIL	IIIA	263

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PART	PAGE
Acular 0.5% Oph Sol	01968300	ALL	IIIA	200
ACYCLOVIR			IIIA	22
			IIIB	4
Adalat 5mg Cap (Not a Benefit)	02155869	BAH	IIIA	91
Adalat 10mg Cap (Not a Benefit)	02155877	BAH	IIIA	91
Adalat PA 10 10mg LA Tab (Not a Benefit)	02155885	BAH	IIIA	113
Adalat PA 20 20mg LA Tab (Not a Benefit)	02155893	BAH	IIIA	113
Adalat XL 20mg ER Tab	02237618	BAY	IIIA	113
Adalat XL 30mg ER Tab	02155907	BAY	IIIA	113
Adalat XL 60mg ER Tab	02155990	BAY	IIIA	113
Adrenalin 30mg/30mL Inj Sol-30mL Pk	00155357	ERF	IIIA	60
Advair 125 25/125mcg/Metered Dose Inh-120 Dose Pk	02245126	GSK	IIIA	68
Advair 250 25/250mcg/Metered Dose Inh-120 Dose Pk	02245127	GSK	IIIA	68
Advair Diskus 50/100mcg Inh-60 Dose Pk	02240835	GSK	IIIA	68
Advair Diskus 50/250mcg Inh-60 Dose Pk	02240836	GSK	IIIA	68
Advair Diskus 50/500mcg Inh-60 Dose Pk	02240837	GSK	IIIA	68
Agenerase 50mg Cap	02243541	GSK	IIIA	23
Agenerase 150mg Cap	02243542	GSK	IIIA	23
Agenerase 15mg/mL O/L	02243543	GSK	IIIA	23
Aggrenox 200mg/25mg Cap	02242119	BOE	IIIA	120
Airomir HFA 100mcg/Metered Dose Inh-200 Dose Pk (Not a Benefit)	02232570	MMH	IIIA	66
Albalon 0.1% Oph Sol (Not a Benefit)	00001147	ALL	IIIA	203
Alcomicin 0.3% Oph Sol	00436771	ALC	IIIA	196
Aldactazide-25 25mg & 25mg Tab	00180408	PFI	IIIA	189
Aldactazide-50 50mg & 50mg Tab	00594377	PFI	IIIA	189
Aldactone 25mg Tab	00028606	PFI	IIIA	191
Aldactone 100mg Tab	00285455	PFI	IIIA	191
Aldomet 125mg Tab (Not a Benefit)	00016551	MSD	IIIA	113
Aldomet 250mg Tab (Not a Benefit)	00016578	MSD	IIIA	113
Aldomet 500mg Tab (Not a Benefit)	00016586	MSD	IIIA	113
ALENDRONATE			IIIA	303
			IIIB	23
ALENDRONATE/CHOLECALCIFEROL			IIIA	303
Alertec 100mg Tab (Not a Benefit)	02239665	BJH	IIIB	15
Alesse 20mcg & 100mcg Tab-21 Pk	02236974	WAY	IIIA	271
Alesse 20mcg & 100mcg Tab-28 Pk	02236975	WAY	IIIA	271
ALFACALCIDOL			IIIA	301
ALFUZOSIN HYDROCHLORIDE			IIIA	303
Alkeran 2mg Tab	00004715	GSK	IIIA	48
Allerdryl 25mg Cap (Not a Benefit)	00370517	VAL	IIIA	1
Allerdryl 50mg Cap (Not a Benefit)	00271411	VAL	IIIA	1
ALLOPURINOL			IIIA	304
Alomide 0.1% Oph Sol	00893560	ALC	IIIA	200

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PART	PAGE
Alphagan 0.2% Oph Sol	02236876	ALL	IIIA	205
Alphagan P 0.15% Oph Sol	02248151	ALL	IIIA	205
ALPRAZOLAM			IIIA	164
			IIIB	13
Altace Cap 1.25mg	02221829	SAV	IIIA	116
Altace Cap 2.5mg	02221837	SAV	IIIA	116
Altace Cap 5mg	02221845	SAV	IIIA	117
Altace Cap 10mg	02221853	SAV	IIIA	117
Altace HCT 2.5mg & 12.5mg Tab	02283131	SAV	IIIA	117
Altace HCT 5mg & 12.5mg Tab	02283158	SAV	IIIA	117
Altace HCT 5mg & 25mg Tab	02283174	SAV	IIIA	117
Altace HCT 10mg & 12.5mg Tab	02283166	SAV	IIIA	117
Altace HCT 10mg & 25mg Tab	02283182	SAV	IIIA	117
ALTRETAMINE			IIIA	41
ALUMINUM HYDROXIDE & MAGNESIUM HYDROXIDE			IIIA	215
Alupent 2mg/mL O/L (Not a Benefit)	00249920	BOE	IIIA	62
Alvesco 100mcg/Actuation Inh-120 Dose Pk	02285606	NYC	IIIA	251
Alvesco 200mcg/Actuation Inh-120 Dose Pk	02285614	NYC	IIIA	251
AMANTADINE HCL			IIIA	304
Amaryl 1mg Tab (Not a Benefit)	02245272	SAV	IIIB	21
Amaryl 2mg Tab (Not a Benefit)	02245273	SAV	IIIB	21
Amaryl 4mg Tab (Not a Benefit)	02245274	SAV	IIIB	21
Amatine 2.5mg Tab	01934392	SHI	IIIA	191
Amatine 5mg Tab	01934406	SHI	IIIA	191
AMCINONIDE			IIIA	284
AMILORIDE HCL			IIIA	187
AMILORIDE HCL & HYDROCHLOROTHIAZIDE			IIIA	187
AMINOPHYLLINE			IIIA	299
AMIODARONE HCL			IIIA	84
AMITRIPTYLINE			IIIA	155
AMLODIPINE			IIIA	84
AMLODIPINE BESYLATE / ATORVASTATIN CALCIUM			IIIA	95
AMOBARBITAL SODIUM			IIIA	178
AMOXICILLIN			IIIA	10
AMOXICILLIN & CLAVULANIC ACID			IIIA	11
Amoxil 250mg Cap (Not a Benefit)	02041294	WAY	IIIA	10
Amoxil 500mg Cap (Not a Benefit)	02041308	WAY	IIIA	10
Amoxil 25mg/mL O/L (Not a Benefit)	02041316	WAY	IIIA	10
Amoxil 50mg/mL O/L (Not a Benefit)	02042592	WAY	IIIA	11
AMPHOTERICIN B			IIIA	3
AMPICILLIN			IIIA	12
AMPRENAVIR			IIIA	23
Amytal Sodium 60mg Cap	00015148	LIL	IIIA	178
Amytal Sodium 200mg Cap	00015156	LIL	IIIA	178

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Anafranil 10mg Tab	00330566	ORY	IIIA	156
Anafranil 25mg Tab	00324019	ORY	IIIA	156
Anafranil 50mg Tab	00402591	ORY	IIIA	156
ANAGRELIDE HCL			IIIA	304
Anandron 50mg Tab	02221861	SAV	IIIA	49
Anaprox 275mg Tab (Not a Benefit)	02162725	HLR	IIIB	10
Anaprox DS 550mg Tab (Not a Benefit)	02162717	HLR	IIIB	10
ANASTROZOLE			IIIA	41
Andriol 40mg Cap	00782327	ORG	IIIA	257
Androcur 50mg Tab	00704431	BAY	IIIA	43
Androderm 12.2mg Transdermal Patch	02239653	PAL	IIIA	255
Androgel 1% 2.5g Foil Packet	02245345	SPH	IIIA	255
Androgel 1% 5.0g Foil Packet	02245346	SPH	IIIA	255
Ansaid 50mg Tab	00647942	PFI	IIIA	128
Ansaid 100mg Tab	00600792	PFI	IIIA	128
Anthraforte 1 1% Oint	00566756	MEI	IIIA	292
Anthraforte 2 2% Oint	00566748	MEI	IIIA	292
ANTHRALIN			IIIA	292
Anthranol 0.1% Cr	00537594	MEI	IIIA	292
Anthranol 0.2% Cr	00537608	MEI	IIIA	292
Anthranol 0.4% Cr	00537616	MEI	IIIA	292
Anturan 200mg Tab (Not a Benefit)	00010529	GEI	IIIA	192
Anusol 0.5% Oint	01945939	PFI	IIIA	297
Anuzinc 10mg Sup	00621439	SDZ	IIIA	297
Anzemet 50mg Tab	02231378	SAV	IIIA	226
Anzemet 100mg Tab	02231379	SAV	IIIA	226
Apo-Acebutolol 100mg Tab	02147602	APX	IIIA	83
Apo-Acebutolol 200mg Tab	02147610	APX	IIIA	83
Apo-Acebutolol 400mg Tab	02147629	APX	IIIA	83
Apo-Acetaminophen 325mg Tab	00544981	APX	IIIA	145
Apo-Acetaminophen 500mg Tab	00545007	APX	IIIA	146
Apo-Acetazolamide 250mg Tab	00545015	APX	IIIA	203
Apo-Acyclovir 200mg Tab (Not a Benefit)	02207621	APX	IIIB	4
Apo-Acyclovir 400mg Tab (Not a Benefit)	02207648	APX	IIIB	4
Apo-Acyclovir 800mg Tab	02207656	APX	IIIA	22
Apo-Alendronate 5mg Tab (Not a Benefit)	02248727	APX	IIIB	23
Apo-Alendronate 10mg Tab	02248728	APX	IIIA	303
Apo-Alendronate 70mg Tab	02248730	APX	IIIA	303
Apo-Allopurinol 100mg Tab	00402818	APX	IIIA	304
Apo-Allopurinol 200mg Tab	00479799	APX	IIIA	304
Apo-Allopurinol 300mg Tab	00402796	APX	IIIA	304
Apo-Alpraz 0.25mg Tab	00865397	APX	IIIA	164
Apo-Alpraz 0.5mg Tab	00865400	APX	IIIA	165
Apo-Alpraz 1mg Tab (Not a Benefit)	02243611	APX	IIIB	13

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PART	PAGE
Apo-Alpraz TS 2mg Tab (Not a Benefit)	02243612	APX	IIIB	13
Apo-Amiloride 5mg Tab	02249510	APX	IIIA	187
Apo-Amilzide 5mg & 50mg Tab	00784400	APX	IIIA	187
Apo-Amiodarone 200mg Tab	02246194	APX	IIIA	84
Apo-Amitriptyline 10mg Tab	00335053	APX	IIIA	155
Apo-Amitriptyline 25mg Tab	00335061	APX	IIIA	155
Apo-Amitriptyline 50mg Tab	00335088	APX	IIIA	155
Apo-Amoxi 250mg Cap (Not a Benefit)	00628115	APX	IIIA	10
Apo-Amoxi 500mg Cap (Not a Benefit)	00628123	APX	IIIA	10
Apo-Amoxi 25mg/mL O/L (Not a Benefit)	00628131	APX	IIIA	10
Apo-Amoxi 50mg/mL O/L (Not a Benefit)	00628158	APX	IIIA	11
Apo-Amoxi Clav 25mg & 6.25mg/mL O/L	02243986	APX	IIIA	11
Apo-Amoxi Clav 50mg & 12.5mg/mL O/L	02243987	APX	IIIA	11
Apo-Amoxi Clav 400mg & 57mg/5mL Susp (Not a Benefit)	02288559	APX	IIIA	11
Apo-Amoxi Clav 250mg & 125mg Tab	02243350	APX	IIIA	12
Apo-Amoxi Clav 500mg & 125mg Tab	02243351	APX	IIIA	12
Apo-Amoxi Clav 875mg & 125mg Tab	02245623	APX	IIIA	12
Apo-Atenidone 50 & 25mg Tab	02248763	APX	IIIA	103
Apo-Atenidone 100 & 25mg Tab	02248764	APX	IIIA	103
Apo-Atenol 50mg Tab	00773689	APX	IIIA	84
Apo-Atenol 100mg Tab	00773697	APX	IIIA	85
Apo-Azathioprine 50mg Tab	02242907	APX	IIIA	305
Apo-Azithromycin 250mg Tab	02247423	APX	IIIA	8
Apo-Baclofen 10mg Tab	02139332	APX	IIIA	69
Apo-Baclofen 20mg Tab	02139391	APX	IIIA	70
Apo-Benazepril 5mg Tab	02290332	APX	IIIA	103
Apo-Benazepril 10mg Tab	02290340	APX	IIIA	103
Apo-Benazepril 20mg Tab	02273918	APX	IIIA	103
Apo-Benztropine 2mg Tab	00426857	APX	IIIA	54
Apo-Benzylamine 0.15% Oral Rinse	02239044	APX	IIIA	201
Apo-Bicalutamide 50mg Tab	02296063	APX	IIIA	41
Apo-Bisacodyl 5mg Ent Tab	00545023	APX	IIIA	218
Apo-Bisoprolol 5mg Tab	02256134	APX	IIIA	85
Apo-Bisoprolol 10mg Tab	02256177	APX	IIIA	85
Apo-Brimonidine 0.2% Oph Sol	02260077	APX	IIIA	205
Apo-Bromazepam 1.5mg Tab	02177153	APX	IIIA	165
Apo-Bromazepam 3mg Tab	02177161	APX	IIIA	165
Apo-Bromazepam 6mg Tab	02177188	APX	IIIA	165
Apo-Bromocriptine 5mg Cap	02230454	APX	IIIA	305
Apo-Bromocriptine 2.5mg Tab	02087324	APX	IIIA	305
Apo-Buspirone 10mg Tab (Not a Benefit)	02211076	APX	IIIB	15
Apo-C 100mg Tab (Not a Benefit)	00466646	APX	IIIA	301
Apo-C 250mg Tab (Not a Benefit)	00466638	APX	IIIA	301
Apo-C 500mg Tab (Not a Benefit)	00466611	APX	IIIA	301

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PART	PAGE
Apo-C 1000mg Tab (Not a Benefit)	00466603	APX	IIIA	301
Apo-Cal 250 Eq To 250mg Elemental Calcium Tab (Not a Benefit)	00682047	APX	IIIA	185
Apo-Cal 500 Eq To 500mg Elemental Calcium Tab (Not a Benefit)	00682039	APX	IIIA	185
Apo-Capto 12.5mg Tab	00893595	APX	IIIA	104
Apo-Capto 25mg Tab	00893609	APX	IIIA	104
Apo-Capto 50mg Tab	00893617	APX	IIIA	104
Apo-Capto 100mg Tab	00893625	APX	IIIA	104
Apo-Carbamazepine 200mg Tab	00402699	APX	IIIA	147
Apo-Carbamazepine CR 200mg LA Tab	02242908	APX	IIIA	147
Apo-Carbamazepine CR 400mg LA Tab	02242909	APX	IIIA	147
Apo-Carvedilol 3.125mg Tab	02247933	APX	IIIA	86
Apo-Carvedilol 6.25mg Tab	02247934	APX	IIIA	86
Apo-Carvedilol 12.5mg Tab	02247935	APX	IIIA	86
Apo-Carvedilol 25mg Tab	02247936	APX	IIIA	86
Apo-Cefaclor 250mg Cap	02230263	APX	IIIA	14
Apo-Cefaclor 500mg Cap	02230264	APX	IIIA	14
Apo-Cefaclor 25mg/mL Oral Susp	02237500	APX	IIIA	14
Apo-Cefaclor 50mg/mL Oral Susp	02237501	APX	IIIA	15
Apo-Cefaclor 375mg/5mL Oral Susp (Not a Benefit)	02237502	APX	IIIA	15
Apo-Cefadroxil 500mg Cap	02240774	APX	IIIA	15
Apo-Cefprozil 125mg/5mL Oral Susp	02293943	APX	IIIA	15
Apo-Cefprozil 250mg/5mL Oral Susp	02293951	APX	IIIA	15
Apo-Cefprozil 250mg Tab	02292998	APX	IIIA	15
Apo-Cefprozil 500mg Tab	02293005	APX	IIIA	16
Apo-Cefuroxime 250mg Tab	02244393	APX	IIIA	16
Apo-Cefuroxime 500mg Tab	02244394	APX	IIIA	16
Apo-Cephalex 250mg Tab	00768723	APX	IIIA	17
Apo-Cephalex 500mg Tab	00768715	APX	IIIA	17
Apo-Cetirizine 10mg Tab (Not a Benefit)	02231603	APX	IIIB	1
Apo-Chlordiazepoxide 5mg Cap	00522724	APX	IIIA	165
Apo-Chlordiazepoxide 10mg Cap	00522988	APX	IIIA	165
Apo-Chlordiazepoxide 25mg Cap	00522996	APX	IIIA	165
Apo-Chlorthalidone 50mg Tab	00360279	APX	IIIA	188
Apo-Chlorthalidone 100mg Tab	00360287	APX	IIIA	188
Apo-Cilazapril 1mg Tab	02291134	APX	IIIA	104
Apo-Cilazapril 2.5mg Tab	02291142	APX	IIIA	105
Apo-Cilazapril 5mg Tab	02291150	APX	IIIA	105
Apo-Cilazapril/HCTZ 5mg/12.5mg Tab	02284987	APX	IIIA	105
Apo-Cimetidine 200mg Tab	00584215	APX	IIIA	230
Apo-Cimetidine 300mg Tab	00487872	APX	IIIA	230
Apo-Cimetidine 400mg Tab	00600059	APX	IIIA	230
Apo-Cimetidine 600mg Tab	00600067	APX	IIIA	231
Apo-Cimetidine 800mg Tab	00749494	APX	IIIA	231
Apo-Ciproflox 250mg Tab	02229521	APX	IIIA	33

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Apo-Ciproflox 500mg Tab	02229522	APX	IIIA	33
Apo-Ciproflox 750mg Tab	02229523	APX	IIIA	33
Apo-Citalopram 20mg Tab	02246056	APX	IIIA	156
Apo-Citalopram 40mg Tab	02246057	APX	IIIA	156
Apo-Clarithromycin 250mg Tab	02274744	APX	IIIA	8
Apo-Clarithromycin 500mg Tab (Not a Benefit)	02274752	APX	IIIB	2
Apo-Clindamycin 150mg Cap	02245232	APX	IIIA	17
Apo-Clindamycin 300mg Cap	02245233	APX	IIIA	18
Apo-Clobazam 10mg Tab	02244638	APX	IIIA	148
Apo-Clomipramine 10mg Tab	02040786	APX	IIIA	156
Apo-Clomipramine 25mg Tab	02040778	APX	IIIA	156
Apo-Clomipramine 50mg Tab	02040751	APX	IIIA	156
Apo-Clonazepam 0.5mg Tab	02177889	APX	IIIA	148
Apo-Clonazepam 2mg Tab	02177897	APX	IIIA	148
Apo-Clonidine 0.025mg Tab (Not a Benefit)	02248732	APX	IIIB	7
Apo-Clonidine 0.1mg Tab	00868949	APX	IIIA	105
Apo-Clonidine 0.2mg Tab	00868957	APX	IIIA	105
Apo-Clorazepate 3.75mg Cap	00860689	APX	IIIA	166
Apo-Clorazepate 7.5mg Cap	00860700	APX	IIIA	166
Apo-Clorazepate 15mg Cap	00860697	APX	IIIA	166
Apo-Cloxi 250mg Cap (Not a Benefit)	00618292	APX	IIIA	13
Apo-Cloxi 500mg Cap (Not a Benefit)	00618284	APX	IIIA	13
Apo-Cloxi 25mg/mL O/L (Not a Benefit)	00644633	APX	IIIA	13
Apo-Clozapine 25mg Tab (Not a Benefit)	02248034	APX	IIIB	14
Apo-Clozapine 100mg Tab (Not a Benefit)	02248035	APX	IIIB	14
Apo-Cromolyn 1% Inh Sol-2mL Pk	02231431	APX	IIIA	317
Apo-Cromolyn 2% Nas Sol-26mL Pk	02231390	APX	IIIA	213
Apo-Cyclobenzaprine 10mg Tab (Not a Benefit)	02177145	APX	IIIA	70
Apo-Cyproterone 50mg Tab	02245898	APX	IIIA	43
Apo-Desipramine 25mg Tab	02216256	APX	IIIA	157
Apo-Desipramine 50mg Tab	02216264	APX	IIIA	157
Apo-Desipramine 75mg Tab	02216272	APX	IIIA	157
Apo-Desmopressin 10mcg/Metered Dose Nas Sp-2.5mL Pk	02242465	APX	IIIA	269
Apo-Desmopressin 0.1mg Tab	02284030	APX	IIIA	269
Apo-Desmopressin 0.2mg Tab	02284049	APX	IIIA	269
Apo-Dexamethasone 0.5mg Tab	02261081	APX	IIIA	251
Apo-Dexamethasone 4mg Tab	02250055	APX	IIIA	251
Apo-Diazepam 2mg Tab	00405329	APX	IIIA	167
Apo-Diazepam 5mg Tab	00362158	APX	IIIA	167
Apo-Diazepam 10mg Tab	00405337	APX	IIIA	167
Apo-Diclo 25mg Ent Tab	00839175	APX	IIIA	125
Apo-Diclo 50mg Ent Tab	00839183	APX	IIIA	125
Apo-Diclo Rapide 50mg Tab (Not a Benefit)	02243433	APX	IIIB	9
Apo-Diclo SR 75mg LA Tab	02162814	APX	IIIA	125

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Apo-Diclo SR 100mg LA Tab	02091194	APX	IIIA	126
Apo-Diflunisal 250mg Tab	02039486	APX	IIIA	127
Apo-Diflunisal 500mg Tab	02039494	APX	IIIA	127
Apo-Digoxin 0.0625mg Tab	02281236	APX	IIIA	87
Apo-Digoxin 0.125mg Tab	02281228	APX	IIIA	87
Apo-Digoxin 0.25mg Tab	02281201	APX	IIIA	87
Apo-Diltiaz 30mg Tab	00771376	APX	IIIA	89
Apo-Diltiaz 60mg Tab	00771384	APX	IIIA	89
Apo-Diltiaz CD 120mg LA Cap	02230997	APX	IIIA	87
Apo-Diltiaz CD 180mg LA Cap	02230998	APX	IIIA	88
Apo-Diltiaz CD 240mg LA Cap	02230999	APX	IIIA	88
Apo-Diltiaz CD 300mg LA Cap	02229526	APX	IIIA	88
Apo-Diltiaz SR 60mg LA Cap	02222957	APX	IIIA	88
Apo-Diltiaz SR 90mg LA Cap	02222965	APX	IIIA	88
Apo-Diltiaz SR 120mg LA Cap	02222973	APX	IIIA	88
Apo-Dimenhydrinate 50mg Tab (Not a Benefit)	00363766	APX	IIIA	225
Apo-Divalproex 125mg Ent Tab	02239698	APX	IIIA	149
Apo-Divalproex 250mg Ent Tab	02239699	APX	IIIA	149
Apo-Divalproex 500mg Ent Tab	02239700	APX	IIIA	149
Apo-Domperidone 10mg Tab	02103613	APX	IIIA	231
Apo-Doxazosin 1mg Tab	02240588	APX	IIIA	106
Apo-Doxazosin 2mg Tab	02240589	APX	IIIA	106
Apo-Doxazosin 4mg Tab	02240590	APX	IIIA	106
Apo-Doxepin 10mg Cap	02049996	APX	IIIA	157
Apo-Doxepin 25mg Cap	02050005	APX	IIIA	157
Apo-Doxepin 50mg Cap	02050013	APX	IIIA	157
Apo-Doxepin 75mg Cap	02050021	APX	IIIA	157
Apo-Doxepin 100mg Cap	02050048	APX	IIIA	157
Apo-Enalapril 2.5mg Tab	02020025	APX	IIIA	106
Apo-Enalapril 5mg Tab	02019884	APX	IIIA	107
Apo-Enalapril 10mg Tab	02019892	APX	IIIA	107
Apo-Enalapril 20mg Tab	02019906	APX	IIIA	107
Apo-Erythro 250mg Tab	00682020	APX	IIIA	8
Apo-Erythro E-C 250mg Ent Pel Cap (Not a Benefit)	00726672	APX	IIIA	8
Apo-Erythro-ES 600mg Tab	00637416	APX	IIIA	9
Apo-Erythro-S 250mg Tab	00545678	APX	IIIA	9
Apo-Erythro-S 500mg Tab	00688568	APX	IIIA	9
Apo-Etodolac 200mg Cap (Not a Benefit)	02232317	APX	IIIB	9
Apo-Etodolac 300mg Cap (Not a Benefit)	02232318	APX	IIIB	9
Apo-Famciclovir 125mg Tab (Not a Benefit)	02292025	APX	IIIB	4
Apo-Famciclovir 250mg Tab (Not a Benefit)	02292041	APX	IIIB	4
Apo-Famciclovir 500mg Tab	02292068	APX	IIIA	25
Apo-Famotidine 20mg Tab	01953842	APX	IIIA	232
Apo-Famotidine 40mg Tab	01953834	APX	IIIA	232

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Apo-Feno-Micro 67mg Cap (Not a Benefit)	02243180	APX	IIIB	7
Apo-Feno-Micro 200mg Cap	02239864	APX	IIIA	98
Apo-Feno-Super 160mg Tab	02246860	APX	IIIA	98
Apo-Fenofibrate 100mg Cap	02225980	APX	IIIA	98
Apo-Ferrous Gluconate 300mg Tab	00545031	APX	IIIA	71
Apo-Flavoxate 200mg Tab (Not a Benefit)	02244842	APX	IIIA	54
Apo-Flecainide 50mg Tab	02275538	APX	IIIA	90
Apo-Flecainide 100mg Tab	02275546	APX	IIIA	90
Apo-Floctafenine 200mg Tab	02244680	APX	IIIA	127
Apo-Floctafenine 400mg Tab	02244681	APX	IIIA	127
Apo-Fluconazole 50mg Tab	02237370	APX	IIIA	5
Apo-Fluconazole 100mg Tab	02237371	APX	IIIA	5
Apo-Fluconazole-150 150mg Cap	02241895	APX	IIIA	279
Apo-Flunarizine 5mg Cap	02246082	APX	IIIA	311
Apo-Flunisolide 0.025% Nas Sp-25mL Pk	02239288	APX	IIIA	199
Apo-Fluoxetine 10mg Cap (Not a Benefit)	02216353	APX	IIIB	13
Apo-Fluoxetine 20mg Cap	02216361	APX	IIIA	158
Apo-Fluphenazine 1mg Tab	00405345	APX	IIIA	168
Apo-Fluphenazine 2mg Tab	00410632	APX	IIIA	168
Apo-Fluphenazine 5mg Tab	00405361	APX	IIIA	168
Apo-Flurazepam 15mg Cap	00521698	APX	IIIA	178
Apo-Flurazepam 30mg Cap	00521701	APX	IIIA	178
Apo-Flurbiprofen 50mg Tab	01912046	APX	IIIA	128
Apo-Flurbiprofen 100mg Tab	01912038	APX	IIIA	128
Apo-Flutamide 250mg Tab	02238560	APX	IIIA	45
Apo-Fluticasone 50mcg/Actuation Nas Sp-120 Dose Pk (Not a Benefit)	02294745	APX	IIIB	18
Apo-Fluvoxamine 50mg Tab	02231329	APX	IIIA	158
Apo-Fluvoxamine 100mg Tab	02231330	APX	IIIA	159
Apo-Folic 5mg Tab	00426849	APX	IIIA	300
Apo-Fosinopril 10mg Tab	02266008	APX	IIIA	109
Apo-Fosinopril 20mg Tab	02266016	APX	IIIA	109
Apo-Furosemide 20mg Tab	00396788	APX	IIIA	188
Apo-Furosemide 40mg Tab	00362166	APX	IIIA	188
Apo-Gabapentin 100mg Cap	02244304	APX	IIIA	150
Apo-Gabapentin 300mg Cap	02244305	APX	IIIA	150
Apo-Gabapentin 400mg Cap	02244306	APX	IIIA	150
Apo-Gemfibrozil 300mg Cap	01979574	APX	IIIA	99
Apo-Gemfibrozil 600mg Tab (Not a Benefit)	01979582	APX	IIIB	7
Apo-Gliclazide 80mg Tab	02245247	APX	IIIA	261
Apo-Glimepiride 1mg Tab (Not a Benefit)	02295377	APX	IIIB	21
Apo-Glimepiride 2mg Tab (Not a Benefit)	02295385	APX	IIIB	21
Apo-Glimepiride 4mg Tab (Not a Benefit)	02295393	APX	IIIB	21
Apo-Glyburide 2.5mg Tab	01913654	APX	IIIA	262

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Apo-Glyburide 5mg Tab	01913662	APX	IIIA	262
Apo-Haloperidol 0.5mg Tab	00396796	APX	IIIA	168
Apo-Haloperidol 1mg Tab	00396818	APX	IIIA	169
Apo-Haloperidol 2mg Tab	00396826	APX	IIIA	169
Apo-Haloperidol 5mg Tab	00396834	APX	IIIA	169
Apo-Haloperidol 10mg Tab	00463698	APX	IIIA	169
Apo-Hexa Tab (Not a Benefit)	00701130	APX	IIIA	302
Apo-Hydralazine 10mg Tab	00441619	APX	IIIA	109
Apo-Hydralazine 25mg Tab	00441627	APX	IIIA	109
Apo-Hydralazine 50mg Tab	00441635	APX	IIIA	109
Apo-Hydro 25 25mg Tab	00326844	APX	IIIA	189
Apo-Hydro 50 50mg Tab	00312800	APX	IIIA	189
Apo-Hydroxyquine 200mg Tab	02246691	APX	IIIA	31
Apo-Hydroxyurea 500mg Cap	02247937	APX	IIIA	45
Apo-Hydroxyzine 10mg Cap (Not a Benefit)	00646059	APX	IIIA	170
Apo-Hydroxyzine 25mg Cap (Not a Benefit)	00646024	APX	IIIA	170
Apo-Hydroxyzine 50mg Cap (Not a Benefit)	00646016	APX	IIIA	170
Apo-Ibuprofen 200mg Tab	00441643	APX	IIIA	128
Apo-Ibuprofen 300mg Tab	00441651	APX	IIIA	129
Apo-Ibuprofen 400mg Tab	00506052	APX	IIIA	129
Apo-Ibuprofen 600mg Tab	00585114	APX	IIIA	129
Apo-Imipramine 10mg Tab	00360201	APX	IIIA	159
Apo-Imipramine 25mg Tab	00312797	APX	IIIA	159
Apo-Imipramine 50mg Tab	00326852	APX	IIIA	159
Apo-Indapamide 1.25mg Tab	02245246	APX	IIIA	190
Apo-Indapamide 2.5mg Tab	02223678	APX	IIIA	190
Apo-Indomethacin 25mg Cap	00611158	APX	IIIA	129
Apo-Indomethacin 50mg Cap	00611166	APX	IIIA	130
Apo-Ipravent 0.03% Nasal Spray	02246083	APX	IIIA	209
Apo-Ipravent Inhalation Solution 250mcg/mL Inh Sol-20mL Pk	02126222	APX	IIIA	55
Apo-ISDN 5mg SL Tab	00670944	APX	IIIA	120
Apo-ISDN 10mg Tab	00441686	APX	IIIA	120
Apo-ISDN 30mg Tab	00441694	APX	IIIA	120
Apo-ISMN 60mg ER Tab (Not a Benefit)	02272830	APX	IIIB	8
Apo-Keto 50mg Cap	00790427	APX	IIIA	130
Apo-Keto-E 50mg Ent Tab	00790435	APX	IIIA	130
Apo-Keto-E 100mg Ent Tab	00842664	APX	IIIA	131
Apo-Keto SR 200mg LA Tab	02172577	APX	IIIA	131
Apo-Ketoconazole 200mg Tab	02237235	APX	IIIA	6
Apo-Ketorolac 0.5% Oph Sol	02245821	APX	IIIA	200
Apo-Labetalol 100mg Tab	02243538	APX	IIIA	110
Apo-Labetalol 200mg Tab	02243539	APX	IIIA	110
Apo-Lactulose Solution 666.7mg/mL O/L	02242814	APX	IIIA	232
Apo-Lamotrigine 25mg Tab	02245208	APX	IIIA	151

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Apo-Lamotrigine 100mg Tab	02245209	APX	IIIA	151
Apo-Lamotrigine 150mg Tab	02245210	APX	IIIA	151
Apo-Leflunomide 10mg Tab	02256495	APX	IIIA	312
Apo-Leflunomide 20mg Tab	02256509	APX	IIIA	312
Apo-Levetiracetam 250mg Tab (Not a Benefit)	02285924	APX	IIIB	11
Apo-Levetiracetam 500mg Tab (Not a Benefit)	02285932	APX	IIIB	11
Apo-Levetiracetam 750mg Tab (Not a Benefit)	02285940	APX	IIIB	11
Apo-Levobunolol 0.5% Oph Sol	02241574	APX	IIIA	210
Apo-Levocarb 100mg & 10mg Tab	02195933	APX	IIIA	312
Apo-Levocarb 100mg & 25mg Tab	02195941	APX	IIIA	313
Apo-Levocarb 250mg & 25mg Tab	02195968	APX	IIIA	313
Apo-Levocarb CR 200mg & 50mg Tab	02245211	APX	IIIA	313
Apo-Lisinopril 5mg Tab	02217481	APX	IIIA	111
Apo-Lisinopril 5mg Tab	09853685	APX	IIIA	110
Apo-Lisinopril 10mg Tab	02217503	APX	IIIA	111
Apo-Lisinopril 10mg Tab	09853960	APX	IIIA	110
Apo-Lisinopril 20mg Tab	02217511	APX	IIIA	111
Apo-Lisinopril 20mg Tab	09854010	APX	IIIA	111
Apo-Lisinopril-HCTZ 10mg & 12.5mg Tab	02261979	APX	IIIA	112
Apo-Lisinopril/HCTZ 20mg & 12.5mg Tab	02261987	APX	IIIA	112
Apo-Lithium Carbonate 150mg Cap	02242837	APX	IIIA	176
Apo-Lithium Carbonate 150mg Cap	09857532	APX	IIIA	176
Apo-Lithium Carbonate 300mg Cap	02242838	APX	IIIA	177
Apo-Lithium Carbonate 300mg Cap	09857540	APX	IIIA	177
Apo-Lithium Carbonate SR 300mg ER Tab (Not a Benefit)	02266695	APX	IIIB	14
Apo-Loperamide 2mg Caplet	02212005	APX	IIIA	217
Apo-Loratadine 10mg Tab (Not a Benefit)	02243880	APX	IIIB	1
Apo-Lorazepam 0.5mg Tab	00655740	APX	IIIA	170
Apo-Lorazepam 1mg Tab	00655759	APX	IIIA	170
Apo-Lorazepam 2mg Tab	00655767	APX	IIIA	170
Apo-Lovastatin 20mg Tab	02220172	APX	IIIA	99
Apo-Lovastatin 40mg Tab	02220180	APX	IIIA	99
Apo-Loxapine 5mg Tab	02237651	APX	IIIA	177
Apo-Loxapine 10mg Tab	02237652	APX	IIIA	177
Apo-Loxapine 25mg Tab	02237653	APX	IIIA	177
Apo-Loxapine 50mg Tab	02237654	APX	IIIA	177
Apo-Medroxy 2.5mg Tab	02244726	APX	IIIA	273
Apo-Medroxy 5mg Tab	02244727	APX	IIIA	273
Apo-Medroxy 10mg Tab	02277298	APX	IIIA	273
Apo-Medroxy 100mg Tab	02267640	APX	IIIA	273
Apo-Mefenamic 250mg Cap	02229452	APX	IIIA	131
Apo-Mefloquine 250mg Tab (Not a Benefit)	02244366	APX	IIIB	4
Apo-Megestrol 40mg Tab	02195917	APX	IIIA	48
Apo-Megestrol 160mg Tab	02195925	APX	IIIA	48

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Apo-Meloxicam 7.5mg Tab	02248973	APX	IIIA	132
Apo-Meloxicam 15mg Tab	02248974	APX	IIIA	132
Apo-Metformin 500mg Tab	02167786	APX	IIIA	262
Apo-Methazolamide 50mg Tab	02245882	APX	IIIA	211
Apo-Methoprazine 2mg Tab	02238403	APX	IIIA	179
Apo-Methoprazine 5mg Tab	02238404	APX	IIIA	179
Apo-Methoprazine 25mg Tab	02238405	APX	IIIA	179
Apo-Methoprazine 50mg Tab	02238406	APX	IIIA	179
Apo-Methotrexate 2.5mg Tab	02182963	APX	IIIA	49
Apo-Methyldopa 125mg Tab	00360252	APX	IIIA	113
Apo-Methyldopa 250mg Tab	00360260	APX	IIIA	113
Apo-Methyldopa 500mg Tab	00426830	APX	IIIA	113
Apo-Methylphenidate 10mg Tab	02249324	APX	IIIA	178
Apo-Methylphenidate 20mg Tab (Not a Benefit)	02249332	APX	IIIB	15
Apo-Methylphenidate SR 20mg LA Tab	02266687	APX	IIIA	178
Apo-Metoclopramide 5mg Tab	00842826	APX	IIIA	235
Apo-Metoclopramide 10mg Tab	00842834	APX	IIIA	235
Apo-Metoprolol 50mg Tab	00618632	APX	IIIA	90
Apo-Metoprolol 100mg Tab	00618640	APX	IIIA	90
Apo-Metoprolol (Type L) 50mg Tab	00749354	APX	IIIA	90
Apo-Metoprolol (Type L) 100mg Tab	00751170	APX	IIIA	90
Apo-Metoprolol SR 100mg LA Tab	02285169	APX	IIIA	90
Apo-Metoprolol SR 200mg LA Tab	02285177	APX	IIIA	90
Apo-Metronidazole 500mg Cap	02248562	APX	IIIA	31
Apo-Metronidazole 250mg Tab	00545066	APX	IIIA	31
Apo-Midodrine 2.5mg Tab	02278677	APX	IIIA	191
Apo-Midodrine 5mg Tab	02278685	APX	IIIA	191
Apo-Minocycline 50mg Cap (Not a Benefit)	02084090	APX	IIIB	2
Apo-Minocycline 100mg Cap (Not a Benefit)	02084104	APX	IIIB	3
Apo-Mirtazapine 30mg Tab	02286629	APX	IIIA	160
Apo-Misoprostol 100mcg Tab	02244022	APX	IIIA	236
Apo-Misoprostol 200mcg Tab	02244023	APX	IIIA	236
Apo-Moclobemide 100mg Tab	02232148	APX	IIIA	160
Apo-Moclobemide 150mg Tab	02232150	APX	IIIA	160
Apo-Moclobemide 300mg Tab	02240456	APX	IIIA	160
Apo-Modafinil 100mg Tab (Not a Benefit)	02285398	APX	IIIB	15
Apo-Nabumetone 500mg Tab (Not a Benefit)	02238639	APX	IIIB	9
Apo-Nadolol 40mg Tab	00782505	APX	IIIA	91
Apo-Nadolol 80mg Tab	00782467	APX	IIIA	91
Apo-Nadolol 160mg Tab	00782475	APX	IIIA	91
Apo-Napro-Na 275mg Tab (Not a Benefit)	00784354	APX	IIIB	10
Apo-Napro-Na DS 550mg Tab (Not a Benefit)	01940309	APX	IIIB	10
Apo-Naproxen 125mg Tab	00522678	APX	IIIA	133
Apo-Naproxen 250mg Tab	00522651	APX	IIIA	133

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Apo-Naproxen 375mg Tab	00600806	APX	IIIA	133
Apo-Naproxen 500mg Tab	00592277	APX	IIIA	133
Apo-Naproxen EC 250mg Ent Tab (Not a Benefit)	02246699	APX	IIIB	10
Apo-Naproxen EC 375mg Ent Tab (Not a Benefit)	02246700	APX	IIIB	10
Apo-Naproxen EC 500mg Ent Tab (Not a Benefit)	02246701	APX	IIIB	10
Apo-Naproxen SR 750mg SR Tab	02177072	APX	IIIA	132
Apo-Nifed 5mg Cap	00725110	APX	IIIA	91
Apo-Nifed 10mg Cap	00755907	APX	IIIA	91
Apo-Nifed PA 10mg LA Tab	02197448	APX	IIIA	113
Apo-Nifed PA 20mg LA Tab	02181525	APX	IIIA	113
Apo-Nitrazepam 5mg Tab	02245230	APX	IIIA	179
Apo-Nitrazepam 10mg Tab	02245231	APX	IIIA	179
Apo-Nitrofurantoin 50mg Tab	00319511	APX	IIIA	32
Apo-Nitrofurantoin 100mg Tab	00312738	APX	IIIA	32
Apo-Nizatidine 150mg Cap	02220156	APX	IIIA	236
Apo-Nizatidine 300mg Cap	02220164	APX	IIIA	236
Apo-Norflox 400mg Tab	02229524	APX	IIIA	38
Apo-Nortriptyline 10mg Cap	02223511	APX	IIIA	161
Apo-Nortriptyline 25mg Cap	02223538	APX	IIIA	161
Apo-Oflox 200mg Tab	02231529	APX	IIIA	39
Apo-Oflox 300mg Tab	02231531	APX	IIIA	39
Apo-Oflox 400mg Tab	02231532	APX	IIIA	39
Apo-Ofloxacin 0.3% Oph Sol	02248398	APX	IIIA	198
Apo-Omeprazole 20mg Cap	09857285	APX	IIIA	237
Apo-Omeprazole Cap 20mg	02245058	APX	IIIA	237
Apo-Ondansetron 4mg Tab	02288184	APX	IIIA	228
Apo-Ondansetron 8mg Tab	02288192	APX	IIIA	228
Apo-Orciprenaline 2mg/mL O/L	02236783	APX	IIIA	62
Apo-Oxaprozin 600mg Tab (Not a Benefit)	02243661	APX	IIIB	10
Apo-Oxazepam 10mg Tab	00402680	APX	IIIA	171
Apo-Oxazepam 15mg Tab	00402745	APX	IIIA	171
Apo-Oxazepam 30mg Tab	00402737	APX	IIIA	171
Apo-Oxcarbazepine 150mg Tab (Not a Benefit)	02284294	APX	IIIB	12
Apo-Oxcarbazepine 300mg Tab (Not a Benefit)	02284308	APX	IIIB	12
Apo-Oxcarbazepine 600mg Tab (Not a Benefit)	02284316	APX	IIIB	12
Apo-Oxybutynin 5mg Tab	02163543	APX	IIIA	58
Apo-Pantoprazole 20mg Ent Tab (Not a Benefit)	02292912	APX	IIIB	19
Apo-Pantoprazole 40mg Ent Tab	02292920	APX	IIIA	240
Apo-Paroxetine 10mg Tab (Not a Benefit)	02240907	APX	IIIB	13
Apo-Paroxetine 20mg Tab	02240908	APX	IIIA	161
Apo-Paroxetine 30mg Tab	02240909	APX	IIIA	161
Apo-Pen V-K 25mg/mL O/L	00642223	APX	IIIA	13
Apo-Pen V-K 60mg/mL O/L (Not a Benefit)	00642231	APX	IIIA	13
Apo-Pen V-K 300mg Tab (Not a Benefit)	00642215	APX	IIIA	13

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Apo-Pentoxifylline 400mg SR Tab	02230090	APX	IIIA	81
Apo-Perindopril 8mg Tab (Not a Benefit)	02289296	APX	IIIA	114
Apo-Perphenazine 2mg Tab	00335134	APX	IIIA	172
Apo-Perphenazine 4mg Tab	00335126	APX	IIIA	172
Apo-Perphenazine 8mg Tab	00335118	APX	IIIA	172
Apo-Perphenazine 16mg Tab	00335096	APX	IIIA	172
Apo-Pimozide 2mg Tab	02245432	APX	IIIA	172
Apo-Pimozide 4mg Tab	02245433	APX	IIIA	172
Apo-Pindol 5mg Tab	00755877	APX	IIIA	114
Apo-Pindol 10mg Tab	00755885	APX	IIIA	114
Apo-Pindol 15mg Tab	00755893	APX	IIIA	115
Apo-Pioglitazone 15mg Tab	02302942	APX	IIIA	263
Apo-Pioglitazone 30mg Tab	02302950	APX	IIIA	263
Apo-Pioglitazone 45mg Tab	02302977	APX	IIIA	263
Apo-Piroxicam 10mg Cap	00642886	APX	IIIA	134
Apo-Piroxicam 20mg Cap	00642894	APX	IIIA	134
Apo-Pramipexole 0.5mg Tab (Not a Benefit)	02292386	APX	IIIB	16
Apo-Pramipexole 0.25mg Tab	02292378	APX	IIIA	181
Apo-Pramipexole 1mg Tab	02292394	APX	IIIA	182
Apo-Pramipexole 1.5mg Tab	02292408	APX	IIIA	182
Apo-Pravastatin 10mg Tab	02243506	APX	IIIA	100
Apo-Pravastatin 20mg Tab	02243507	APX	IIIA	100
Apo-Pravastatin 40mg Tab	02243508	APX	IIIA	100
Apo-Prazo 1mg Tab	00882801	APX	IIIA	115
Apo-Prazo 2mg Tab	00882828	APX	IIIA	115
Apo-Prazo 5mg Tab	00882836	APX	IIIA	115
Apo-Prednisone 1mg Tab	00598194	APX	IIIA	253
Apo-Prednisone 5mg Tab	00312770	APX	IIIA	253
Apo-Prednisone 50mg Tab	00550957	APX	IIIA	253
Apo-Primidone 125mg Tab	00399310	APX	IIIA	152
Apo-Primidone 250mg Tab	00396761	APX	IIIA	152
Apo-Prochlorazine 5mg Tab	00886440	APX	IIIA	173
Apo-Prochlorazine 10mg Tab	00886432	APX	IIIA	173
Apo-Propafenone 150mg Tab	02243324	APX	IIIA	92
Apo-Propafenone 300mg Tab	02243325	APX	IIIA	92
Apo-Propranolol 10mg Tab	00402788	APX	IIIA	92
Apo-Propranolol 20mg Tab	00663719	APX	IIIA	93
Apo-Propranolol 40mg Tab	00402753	APX	IIIA	93
Apo-Propranolol 80mg Tab	00402761	APX	IIIA	93
Apo-Propranolol 120mg Tab	00504335	APX	IIIA	93
Apo-Ramipril Cap 1.25mg	02251515	APX	IIIA	116
Apo-Ramipril Cap 2.5mg	02251531	APX	IIIA	116
Apo-Ramipril Cap 5mg	02251574	APX	IIIA	117
Apo-Ramipril Cap 10mg	02251582	APX	IIIA	117

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Apo-Ranitidine 15mg/mL Oral Sol	02280833	APX	IIIA	242
Apo-Ranitidine 150mg Tab	00733059	APX	IIIA	242
Apo-Ranitidine 300mg Tab	00733067	APX	IIIA	243
Apo-Risperidone 1mg/mL O/L	02280396	APX	IIIA	174
Apo-Risperidone 0.25mg Tab	02282119	APX	IIIA	174
Apo-Risperidone 0.5mg Tab	02282127	APX	IIIA	174
Apo-Risperidone 1mg Tab	02282135	APX	IIIA	175
Apo-Risperidone 2mg Tab	02282143	APX	IIIA	175
Apo-Risperidone 3mg Tab	02282151	APX	IIIA	175
Apo-Risperidone 4mg Tab	02282178	APX	IIIA	175
Apo-Salvent 100mcg/Metered Dose Inh-200 Dose Pk (Not a Benefit)	00790419	APX	IIIA	66
Apo-Salvent 2mg Tab	02146843	APX	IIIA	66
Apo-Salvent 4mg Tab	02146851	APX	IIIA	66
Apo-Salvent CFC Free 100mcg/Metered Dose Inh-200 Dose Pk	02245669	APX	IIIA	66
Apo-Salvent Ipravent Sterules 500mcg/2.5mg/2.5mL Inh Sol-2.5mL Pk	02266393	APX	IIIA	57
Apo-Salvent Sterule 1mg/mL Inh Sol-2.5mL Pk	02231488	APX	IIIA	63
Apo-Salvent Sterule 2mg/mL Inh Sol-2.5mL Pk	02231678	APX	IIIA	64
Apo-Selegiline 5mg Tab	02230641	APX	IIIA	317
Apo-Sertraline 25mg Cap	02238280	APX	IIIA	162
Apo-Sertraline 50mg Cap	02238281	APX	IIIA	162
Apo-Sertraline 100mg Cap	02238282	APX	IIIA	162
Apo-Simvastatin 5mg Tab	02247011	APX	IIIA	101
Apo-Simvastatin 10mg Tab	02247012	APX	IIIA	101
Apo-Simvastatin 20mg Tab	02247013	APX	IIIA	102
Apo-Simvastatin 40mg Tab	02247014	APX	IIIA	102
Apo-Simvastatin 80mg Tab	02247015	APX	IIIA	102
Apo-Sotalol 80mg Tab (Not a Benefit)	02210428	APX	IIIB	7
Apo-Sotalol 160mg Tab	02167794	APX	IIIA	94
Apo-Sucralfate 1g Tab	02125250	APX	IIIA	243
Apo-Sulfatrim 400mg & 80mg Tab	00445274	APX	IIIA	40
Apo-Sulfatrim-DS 800mg & 160mg Tab	00445282	APX	IIIA	40
Apo-Sulfinpyrazone 200mg Tab	00441767	APX	IIIA	192
Apo-Sulin 150mg Tab	00778354	APX	IIIA	135
Apo-Sulin 200mg Tab	00778362	APX	IIIA	135
Apo-Sumatriptan 50mg Tab (Not a Benefit)	02268388	APX	IIIB	17
Apo-Sumatriptan 100mg Tab (Not a Benefit)	02268396	APX	IIIB	17
Apo-Tamox 10mg Tab	00812404	APX	IIIA	49
Apo-Tamox 20mg Tab	00812390	APX	IIIA	49
Apo-Temazepam 15mg Cap	02225964	APX	IIIA	180
Apo-Temazepam 30mg Cap	02225972	APX	IIIA	180
Apo-Terazosin 1mg Tab	02234502	APX	IIIA	118
Apo-Terazosin 2mg Tab	02234503	APX	IIIA	118
Apo-Terazosin 5mg Tab	02234504	APX	IIIA	118

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Apo-Terazosin 10mg Tab	02234505	APX	IIIA	118
Apo-Terbinafine 250mg Tab (Not a Benefit)	02239893	APX	IIIB	2
Apo-Tetra 250mg Cap	00580929	APX	IIIA	14
Apo-Tiaprofenic 200mg Tab	02136112	APX	IIIA	135
Apo-Tiaprofenic 300mg Tab	02136120	APX	IIIA	135
Apo-Ticlopidine 250mg Tab	02237701	APX	IIIA	320
Apo-Timol 5mg Tab	00755842	APX	IIIA	94
Apo-Timol 10mg Tab	00755850	APX	IIIA	94
Apo-Timol 20mg Tab	00755869	APX	IIIA	94
Apo-Timop 0.25% Oph Sol	00755826	APX	IIIA	214
Apo-Timop 0.5% Oph Sol	00755834	APX	IIIA	214
Apo-Tizanidine 4mg Tab (Not a Benefit)	02259893	APX	IIIB	5
Apo-Topiramate 25mg Tab	02279614	APX	IIIA	153
Apo-Topiramate 100mg Tab	02279630	APX	IIIA	153
Apo-Topiramate 200mg Tab	02279649	APX	IIIA	153
Apo-Trazodone 50mg Tab	02147637	APX	IIIA	163
Apo-Trazodone 100mg Tab	02147645	APX	IIIA	163
Apo-Trazodone D 150mg Tab	02147653	APX	IIIA	163
Apo-Triazide 25mg & 50mg Tab	00441775	APX	IIIA	190
Apo-Triazo 0.125mg Tab	00808563	APX	IIIA	180
Apo-Triazo 0.25mg Tab	00808571	APX	IIIA	181
Apo-Trifluoperazine 1mg Tab	00345539	APX	IIIA	176
Apo-Trifluoperazine 2mg Tab	00312754	APX	IIIA	176
Apo-Trifluoperazine 5mg Tab	00312746	APX	IIIA	176
Apo-Trifluoperazine 10mg Tab	00326836	APX	IIIA	176
Apo-Trihex 2mg Tab	00545058	APX	IIIA	59
Apo-Trihex 5mg Tab	00545074	APX	IIIA	59
Apo-Trimebutine 100mg Tab (Not a Benefit)	02245663	APX	IIIB	5
Apo-Trimebutine 200mg Tab (Not a Benefit)	02245664	APX	IIIB	5
Apo-Trimethoprim 100mg Tab	02243116	APX	IIIA	40
Apo-Trimethoprim 200mg Tab	02243117	APX	IIIA	40
Apo-Trimip 75mg Cap	02070987	APX	IIIA	163
Apo-Trimip 12.5mg Tab	00740799	APX	IIIA	163
Apo-Trimip 25mg Tab	00740802	APX	IIIA	163
Apo-Trimip 50mg Tab	00740810	APX	IIIA	164
Apo-Trimip 100mg Tab	00740829	APX	IIIA	164
Apo-Tryptophan 500mg Cap (Not a Benefit)	02248540	APX	IIIB	14
Apo-Tryptophan 500mg Tab (Not a Benefit)	02248538	APX	IIIB	14
Apo-Tryptophan 1g Tab (Not a Benefit)	02248539	APX	IIIB	14
Apo-Valproic 250mg Cap	02238048	APX	IIIA	154
Apo-Valproic 50mg/mL O/L	02238370	APX	IIIA	154
Apo-Verap 80mg Tab	00782483	APX	IIIA	94
Apo-Verap 120mg Tab	00782491	APX	IIIA	95
Apo-Verap SR 120mg LA Tab (Not a Benefit)	02246893	APX	IIIB	8

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Apo-Verap SR 180mg LA Tab	02246894	APX	IIIA	119
Apo-Verap SR 240mg LA Tab	02246895	APX	IIIA	119
Apo-Warfarin 1mg Tab	02242924	APX	IIIA	77
Apo-Warfarin 2mg Tab	02242925	APX	IIIA	77
Apo-Warfarin 2.5mg Tab	02242926	APX	IIIA	77
Apo-Warfarin 3mg Tab	02245618	APX	IIIA	77
Apo-Warfarin 4mg Tab	02242927	APX	IIIA	77
Apo-Warfarin 5mg Tab	02242928	APX	IIIA	78
Apo-Warfarin 10mg Tab	02242929	APX	IIIA	78
Apo-Zopiclone 5mg Tab (Not a Benefit)	02245077	APX	IIIB	15
Apo-Zopiclone 7.5mg Tab (Not a Benefit)	02218313	APX	IIIB	16
Apresoline 20mg/mL Inj Sol-1mL Pk	00723754	STE	IIIA	109
Apresoline 10mg Tab (Not a Benefit)	00005525	NOV	IIIA	109
Apresoline 25mg Tab (Not a Benefit)	00005533	STE	IIIA	109
Apresoline 50mg Tab (Not a Benefit)	00005541	NOV	IIIA	109
Aralen 250mg Tab (Not a Benefit)	02017539	SAO	IIIA	31
Aranesp 150mcg/0.3mL Pref Syr-0.3mL Pk	02246360	AMG	IIIA	79
Aranesp 200mcg/0.4mL Pref Syr-0.4mL Pk	09857185	AMG	IIIA	79
Aranesp 300mcg/0.6mL Pref Syr-0.6mL Pk	09857186	AMG	IIIA	79
Aranesp 500mcg/1.0mL Pref Syr-1.0mL Pk	09857187	AMG	IIIA	79
Arava 10mg Tab	02241888	SAV	IIIA	312
Arava 20mg Tab	02241889	SAV	IIIA	312
Aredia 3mg/mL Inj Sol-10mL Vial (Not a Benefit)	02059762	NOV	IIIB	23
Aredia 6mg/mL Inj Sol-10mL Vial (Not a Benefit)	02059770	NOV	IIIB	23
Aredia 9mg/mL Inj Sol-10mL Vial (Not a Benefit)	02059789	NOV	IIIB	23
Aricept 5mg Tab	02232043	PFI	IIIA	51
Aricept 10mg Tab	02232044	PFI	IIIA	51
Arimidex 1mg Tab	02224135	AZC	IIIA	41
Aristocort R 0.1% Cr	02194058	VAE	IIIA	291
Aristocort R 0.1% Oint	02194031	VAE	IIIA	291
Arixtra 2.5mg Inj-0.5mL Pk	02245531	GSK	IIIA	74
Aromasin 25mg Tab	02242705	PFI	IIIA	44
Artane 2mg Tab (Not a Benefit)	00015040	LED	IIIA	59
Artane 5mg Tab (Not a Benefit)	00015059	LED	IIIA	59
Arthrotec 50 50mg & 200mcg Tab	01917056	PFI	IIIA	126
Arthrotec 75 75mg & 200mcg Tab	02229837	PFI	IIIA	126
ASA 325mg Tab (Not a Benefit)	00036145	RPR	IIIA	123
Asacol 400mg Tab	01997580	PGP	IIIA	229
Asacol 800mg Tab	02267217	PGP	IIIA	229
ASCORBIC ACID			IIIA	301
Atacand 4mg Tab	02239090	AZC	IIIA	103
Atacand 8mg Tab	02239091	AZC	IIIA	103
Atacand 16mg Tab	02239092	AZC	IIIA	103
Atacand Plus 16mg/12.5mg Tab	02244021	AZC	IIIA	103

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Atarax 10mg Cap (Not a Benefit)	00024376	PFI	IIIA	170
Atarax 25mg Cap (Not a Benefit)	00024384	PFI	IIIA	170
Atarax 50mg Cap (Not a Benefit)	00024392	PFI	IIIA	170
Atasol 80mg/mL O/L (Not a Benefit)	00631353	HOR	IIIA	145
Atasol 325mg Tab (Not a Benefit)	00293482	HOR	IIIA	145
Atasol Forte 500mg Tab (Not a Benefit)	00013668	HOR	IIIA	146
Atasol-15 15mg Tab (Not a Benefit)	00293504	HOR	IIIA	136
Atasol-30 30mg Tab (Not a Benefit)	00293512	HOR	IIIA	136
ATAZANAVIR SULFATE			IIIA	23
ATENOLOL			IIIA	84
ATENOLOL & CHLORTHALIDONE			IIIA	103
Ativan 0.5mg Tab	02041413	WAY	IIIA	170
Ativan 1mg Tab	02041421	WAY	IIIA	170
Ativan 2mg Tab	02041448	WAY	IIIA	170
ATORVASTATIN CALCIUM			IIIA	96
Atromid-S 500mg Cap (Not a Benefit)	00002038	AYE	IIIA	97
Atropine 1% Oph Sol (Not a Benefit)	01948598	NOV	IIIA	203
ATROPINE SULFATE			IIIA	203
Atropine Sulfate 1% Oph Oint-3.5g Pk	00252484	ALC	IIIA	203
Atrovent 250mcg/mL Inh Sol-20mL Pk (Not a Benefit)	00731439	BOE	IIIA	55
Atrovent 0.03% Nasal Spray	02163705	BOE	IIIA	209
Atrovent HFA 20mcg/Metered Dose Inh-200 Dose Pk	02247686	BOE	IIIA	57
Atrovent UDV 125mcg/mL Inh Sol-2mL UDV Pk (Not a Benefit)	02026759	BOE	IIIA	56
Atrovent UDV 250mcg/mL Inh Sol-2mL UDV Pk (Not a Benefit)	01950681	BOE	IIIA	56
AURANOFIN			IIIA	245
Avalide 150 & 12.5mg Tab	02241818	SAV	IIIA	110
Avalide 300 & 12.5mg Tab	02241819	SAV	IIIA	110
Avalide 300 & 25mg Tab	02280213	SAV	IIIA	110
Avandia 2mg Tab	02241112	GSK	IIIA	264
Avandia 4mg Tab	02241113	GSK	IIIA	264
Avandia 8mg Tab	02241114	GSK	IIIA	264
Avapro 75mg Tab	02237923	SAV	IIIA	110
Avapro 150mg Tab	02237924	SAV	IIIA	110
Avapro 300mg Tab	02237925	SAV	IIIA	110
Avelox 400mg Tab	02242965	BAY	IIIA	38
Aventyl 10mg Cap	00015229	PHE	IIIA	161
Aventyl 25mg Cap	00015237	PHE	IIIA	161
Aviane 21 20mcg & 100mcg Tab-21 Pk	02298538	BAR	IIIA	271
Aviane 28 20mcg & 100mcg Tab-28 Pk	02298546	BAR	IIIA	271
Avodart 0.5mg Cap	02247813	GSK	IIIA	309
Axid 150mg Cap	00778338	PHE	IIIA	236
Axid 300mg Cap	00778346	PHE	IIIA	236
AZATHIOPRINE			IIIA	305
AZITHROMYCIN			IIIA	7

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			IIIB	2
Azopt 1% Oph Susp	02238873	ALC	IIIA	206
BACLOFEN			IIIA	69
Bactrim 400mg & 80mg Tab (Not a Benefit)	00272469	HLR	IIIA	40
Bactrim Sugar Free 40mg & 8mg/mL O/L (Not a Benefit)	00272485	HLR	IIIA	40
Bactrim-DS 800mg & 160mg Tab (Not a Benefit)	00371823	HLR	IIIA	40
Bactroban 2% Cr	02239757	GSK	IIIA	277
Bactroban 2% Oint	01916947	GSK	IIIA	277
BECLOMETHASONE DIPROPIONATE			IIIA	198
			IIIA	249
			IIIA	285
Beconase Aqueous 50mcg Nas Sp-200 Dose Pk (Not a Benefit)	02213702	GLW	IIIA	198
Benadryl 25mg Cap (Not a Benefit)	00022756	PDA	IIIA	1
Benadryl 50mg Cap (Not a Benefit)	00022764	PDA	IIIA	1
BENAZEPRIL			IIIA	103
Benemid 500mg Tab (Not a Benefit)	00016616	MSD	IIIA	192
Benoxyl 5% Lot	00236063	STI	IIIA	292
Benoxyl 10% Lot	00370568	STI	IIIA	292
Benoxyl 20% Lot	00187585	STI	IIIA	292
Benuryl 500mg Tab	00294926	VAL	IIIA	192
Benzac W5 5% Gel	01925180	GAC	IIIA	293
BenzaClin 1% & 5% Top Gel	02248472	SAV	IIIA	277
BENZOYL PEROXIDE			IIIA	292
BENZOYL PEROXIDE IN ACETONE-CONTAINING GEL			IIIA	292
BENZOYL PEROXIDE IN ALCOHOL-CONTAINING GEL			IIIA	293
BENZOYL PEROXIDE IN WATER-BASED GEL			IIIA	293
BENZTROPINE MESYLATE			IIIA	54
BENZYDAMINE HCL			IIIA	201
Betaderm 0.05% Cr (Not a Benefit)	00716618	TAR	IIIA	286
Betaderm 0.1% Cr (Not a Benefit)	00716626	TAR	IIIA	286
Betaderm 0.05% Oint	00716642	TAR	IIIA	286
Betaderm 0.1% Oint	00716650	TAR	IIIA	286
Betaderm 0.1% Scalp Lot	00716634	TAR	IIIA	286
Betadine 10% Top Sol (Not a Benefit)	00158348	PFP	IIIA	284
Betadine 10% Vag Gel (Not a Benefit)	00026034	PFP	IIIA	284
Betadine 10% Vag Sol (Not a Benefit)	00026093	PFP	IIIA	284
Betagan 0.5% Oph Sol	00637661	ALL	IIIA	210
BETAHISTINE DIHYDROCHLORIDE			IIIB	8
Betaloc 50mg Tab	00402605	AZC	IIIA	90
Betaloc 100mg Tab	00402540	AZC	IIIA	90
BETAMETHASONE DIPROPIONATE			IIIA	285
BETAMETHASONE DIPROPIONATE IN A BASE CONTAINING PROPYLENE GLYCOL			IIIA	285
BETAMETHASONE DIPROPIONATE IN PROPYLENE GLYCOL BASE			IIIA	286
BETAMETHASONE DISODIUM PHOSPHATE			IIIA	229
BETAMETHASONE VALERATE			IIIA	286

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BETAXOLOL HCL			IIIA	204
BETHANECHOL CHLORIDE			IIIA	51
Betnesol 5mg/100mL Enema-100mL Pk	02060884	SQI	IIIA	229
Betnovate 0.1% Cr (Not a Benefit)	00011924	GLA	IIIA	286
Betnovate 0.1% Lot (Not a Benefit)	02100193	SHI	IIIA	286
Betnovate 0.1% Oint (Not a Benefit)	00012386	GLA	IIIA	286
Betnovate-1/2 0.05% Cr (Not a Benefit)	00011916	GLA	IIIA	286
Betnovate-1/2 0.05% Lot (Not a Benefit)	02100185	RBT	IIIA	286
Betnovate-1/2 0.05% Oint (Not a Benefit)	00012378	GLA	IIIA	286
Betoptic S 0.25% Oph Susp	01908448	ALC	IIIA	204
BEZAFIBRATE			IIIA	96
Bezalip 400mg SR Tab	02083523	HLR	IIIA	96
Bezalip 200mg Tab (Not a Benefit)	02084082	HLR	IIIA	96
Biaxin 125mg/5mL Ped Gran	02146908	ABB	IIIA	8
Biaxin 250mg/5mL Susp	02244641	ABB	IIIA	8
Biaxin 250mg Tab	01984853	ABB	IIIA	8
Biaxin 500mg Tab (Not a Benefit)	02126710	ABB	IIIB	2
Biaxin XL 500mg ER Tab	02244756	ABB	IIIA	8
BICALUTAMIDE			IIIA	41
BIMATOPROST			IIIA	204
BISACODYL			IIIA	218
BISOPROLOL FUMARATE			IIIA	85
Blocadren 5mg Tab (Not a Benefit)	00353914	FRS	IIIA	94
Blocadren 10mg Tab (Not a Benefit)	00353922	FRS	IIIA	94
Blocadren 20mg Tab (Not a Benefit)	00495611	FRS	IIIA	94
Bonamine 25mg Tab	00220442	PFI	IIIA	227
Bonefos 400mg Cap	01984845	BAY	IIIA	306
Botox 100U/Vial Pd Inj-100U Vial Pk	01981501	ALL	IIIA	305
BOTULINUM TOXIN TYPE A			IIIA	305
Brevicon 0.035mg & 0.5mg Tab-21 Pk	02187086	PFI	IIIA	271
Brevicon 0.035mg & 0.5mg Tab-28 Pk	02187094	PFI	IIIA	272
Brevicon 1/35 0.035mg & 1mg Tab-21 Pk	02189054	PFI	IIIA	271
Brevicon 1/35 0.035mg & 1mg Tab-28 Pk	02189062	PFI	IIIA	272
Bricanyl Turbuhaler 0.5mg/Dose Inh-200 Dose Pk	00786616	AZC	IIIA	68
BRIMONIDINE			IIIA	205
BRIMONIDINE TARTRATE & TIMOLOL MALEATE			IIIA	206
BRINZOLAMIDE			IIIA	206
BROMAZEPAM			IIIA	165
BROMOCRIPTINE			IIIA	305
BUDESONIDE			IIIA	199
			IIIA	250
BUDESONIDE & FORMOTEROL FUMARATE DIHYDRATE			IIIA	59
BUPROPION HCL			IIIA	155
BUSERELIN ACETATE			IIIA	42

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Buspar 10mg Tab (Not a Benefit)	00603821	BQU	IIIB	15
BUSPIRONE HYDROCHLORIDE			IIIB	15
BUSULFAN			IIIA	42
C.E.S. 0.625mg Tab	00265470	VAL	IIIA	258
C.E.S. 1.25mg Tab	00265489	VAL	IIIA	258
CABERGOLINE			IIIB	23
Caduet 5mg/10mg Tab	02273233	PFI	IIIA	95
Caduet 5mg/20mg Tab	02273241	PFI	IIIA	95
Caduet 5mg/40mg Tab	02273268	PFI	IIIA	95
Caduet 5mg/80mg Tab	02273276	PFI	IIIA	95
Caduet 10mg/10mg Tab	02273284	PFI	IIIA	95
Caduet 10mg/20mg Tab	02273292	PFI	IIIA	95
Caduet 10mg/40mg Tab	02273306	PFI	IIIA	95
Caduet 10mg/80mg Tab	02273314	PFI	IIIA	95
Cafergot 1mg & 100mg Tab	00176095	NOV	IIIA	69
Calcimar 400IU/2mL Inj Sol-2mL Pk	01926691	SAV	IIIA	269
CALCIPOTRIOL			IIIA	295
CALCIPOTRIOL & BETAMETHASONE DIPROPIONATE			IIIA	287
CALCITONIN (SALMON SYNTHETIC)			IIIA	269
			IIIB	22
CALCITRIOL			IIIA	301
CALCIUM CARBONATE			IIIA	185
CALCIUM GLUCONATE			IIIA	185
Calcium Gluconate Eq To 60mg Elemental Calcium Tab (Not a Benefit)	00179698	SDR	IIIA	185
Calcium Gluconate Eq To 60mg Elemental Calcium Tab (Not a Benefit)	00241717	RPR	IIIA	185
Calcium Gluconate Eq To 60mg Elemental Calcium Tab (Not a Benefit)	00441473	NOP	IIIA	185
CALCIUM LACTATE			IIIA	185
Calcium Lactate Eq To 84mg Elemental Calcium Tab (Not a Benefit)	00021253	NOP	IIIA	185
Calcium Lactate Eq To 84mg Elemental Calcium Tab (Not a Benefit)	00179671	SDR	IIIA	185
Calcium-250 Eq To 250mg Elemental Calcium Tab (Not a Benefit)	00645958	NOP	IIIA	185
Calcium-500 Eq To 500mg Elemental Calcium Tab (Not a Benefit)	00645923	NOP	IIIA	185
Caltine 100 100IU/mL Inj Sol-1mL Pk	02007134	FEI	IIIA	269
CANDESARTAN CILEXETIL			IIIA	103
CANDESARTAN CILEXETIL & HYDROCHLOROTHIAZIDE			IIIA	103
Canesten 1 Comfortab Combi-Pak 500mg & 1% Tab & Cr	02264102	BAY	IIIA	278
Canesten 1% Topical Cream 10mg/g Cr	02150867	BAY	IIIA	278
Canesten 3 Cream 20mg/g Vag Cr-App	02150905	BAY	IIIA	278
Canesten 6 Cream 10mg/g Vag Cr-App	02150891	BAY	IIIA	278
CAPECITABINE			IIIA	42
Capoten 12.5mg Tab	00695661	BQU	IIIA	104

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Capoten 25mg Tab	00546283	BQU	IIIA	104
Capoten 50mg Tab	00546291	BQU	IIIA	104
Capoten 100mg Tab	00546305	BQU	IIIA	104
CAPTOPRIL			IIIA	104
Captopril 12.5mg Tab	02242788	ZYN	IIIA	104
Captopril 25mg Tab	02242789	ZYN	IIIA	104
Captopril 50mg Tab	02242790	ZYN	IIIA	104
Captopril 100mg Tab	02242791	ZYN	IIIA	104
CARBACHOL			IIIA	51
			IIIA	201
Carbachol 2mg Tab	00885568	GLA	IIIA	51
CARBAMAZEPINE			IIIA	146
Carbolith 150mg Cap	00461733	VAL	IIIA	176
Carbolith 300mg Cap	00236683	VAL	IIIA	177
Cardizem 30mg Tab	02097370	BIO	IIIA	89
Cardizem 60mg Tab	02097389	BIO	IIIA	89
Cardizem CD 120mg LA Cap	02097249	BIO	IIIA	87
Cardizem CD 180mg LA Cap	02097257	BIO	IIIA	88
Cardizem CD 240mg LA Cap	02097265	BIO	IIIA	88
Cardizem CD 300mg LA Cap	02097273	BIO	IIIA	88
Cardizem-SR 60mg LA Cap (Not a Benefit)	02097214	CRY	IIIA	88
Cardizem-SR 90mg LA Cap (Not a Benefit)	02097222	CRY	IIIA	88
Cardizem-SR 120mg LA Cap (Not a Benefit)	02097230	CRY	IIIA	88
Cardura-1 1mg Tab	01958100	AZC	IIIA	106
Cardura-2 2mg Tab	01958097	AZC	IIIA	106
Cardura-4 4mg Tab	01958119	AZC	IIIA	106
CARVEDILOL			IIIA	86
Casodex 50mg Tab	02184478	AZC	IIIA	41
Catapres 0.1mg Tab	00259527	BOE	IIIA	105
Catapres 0.2mg Tab	00291889	BOE	IIIA	105
Ceclor 250mg Cap	00465186	PHE	IIIA	14
Ceclor 500mg Cap	00465194	PHE	IIIA	14
Ceclor 25mg/mL Oral Susp	00465208	PHE	IIIA	14
Ceclor 50mg/mL Oral Susp	00465216	PHE	IIIA	15
Ceclor 375mg/5mL Oral Susp	00832804	PHE	IIIA	15
Cedocard SR 20mg LA Tab (Not a Benefit)	00740721	PMS	IIIA	120
CeeNU 10mg Cap	00360430	BQU	IIIA	48
CeeNU 40mg Cap	00360422	BQU	IIIA	48
CeeNU 100mg Cap	00360414	BQU	IIIA	48
CEFACLOR			IIIA	14
CEFADROXIL			IIIA	15
CEFIXIME			IIIA	15
Cefoxitin for Injection 1g/Vial Inj Pd-1 Vial Pk (Not a Benefit)	02291711	ORC	IIIB	3
Cefoxitin for Injection 2g/Vial Inj Pd-1 Vial Pk (Not a Benefit)	02291738	ORC	IIIB	3

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CEFOXITIN SODIUM			IIIB	3
CEFPROZIL			IIIA	15
Ceftin 125mg/5mL Susp	02212307	GSK	IIIA	16
Ceftin 250mg Tab	02212277	GSK	IIIA	16
Ceftin 500mg Tab	02212285	GSK	IIIA	16
Ceftriaxone 1g/Vial Inj Pd-1 Vial Pk	02292270	SDZ	IIIA	16
Ceftriaxone 2g/Vial Inj Pd-1 Vial Pk	02292289	SDZ	IIIA	16
CEFTRIAXONE DISODIUM			IIIA	16
Ceftriaxone for Injection USP 1g/Vial Inj Pd-1 Vial Pk	02292874	ORC	IIIA	16
Ceftriaxone for Injection USP 2g/Vial Inj Pd-1 Vial Pk	02292882	ORC	IIIA	16
Ceftriaxone Sodium for Injection 1g/Vial Inj Pd-1 Vial Pk	02287633	NOP	IIIA	16
Ceftriaxone Sodium for Injection, BP 0.25g/Vial Inj Pd-1 Vial Pk	02250276	MAY	IIIA	16
Ceftriaxone Sodium for Injection, BP 1g/Vial Inj Pd-1 Vial Pk	02250292	MAY	IIIA	16
Ceftriaxone Sodium for Injection, BP 2g/Vial Inj Pd-1 Vial Pk	02250306	MAY	IIIA	16
CEFUROXIME AXETIL			IIIA	16
Cefzil 125mg/5mL Oral Susp	02163675	BQU	IIIA	15
Cefzil 250mg/5mL Oral Susp	02163683	BQU	IIIA	15
Cefzil 250mg Tab	02163659	BQU	IIIA	15
Cefzil 500mg Tab	02163667	BQU	IIIA	16
Celebrex 100mg Cap	02239941	PFI	IIIA	124
Celebrex 200mg Cap	02239942	PFI	IIIA	124
CELECOXIB			IIIA	124
Celestoderm-V 0.1% Cr (Not a Benefit)	00027901	SCH	IIIA	286
Celestoderm-V 0.1% Oint (Not a Benefit)	00028363	SCH	IIIA	286
Celestoderm-V/2 0.05% Cr (Not a Benefit)	00027898	SCH	IIIA	286
Celestoderm-V/2 0.05% Oint (Not a Benefit)	00028355	SCH	IIIA	286
Celexa 20mg Tab	02239607	VLH	IIIA	156
Celexa 40mg Tab	02239608	VLH	IIIA	156
CellCept 200mg/mL Pd for Oral Susp-175mL Pk	02242145	HLR	IIIA	314
CellCept 250mg SG Cap	02192748	HLR	IIIA	314
CellCept 500mg Tab	02237484	HLR	IIIA	314
Celontin 300mg Cap	00022802	ERF	IIIA	151
CEPHALEXIN MONOHYDRATE			IIIA	17
Cephulac 666.7mg/mL O/L (Not a Benefit)	02091925	MRR	IIIA	232
Ceporex 250mg Cap (Not a Benefit)	00253154	GLA	IIIA	17
Ceporex 500mg Cap (Not a Benefit)	00253146	GLA	IIIA	17
Cerubidine Inj Pd-20mg Pk	01926683	ERF	IIIA	44
Cesamet 0.5mg Cap	02256193	VAL	IIIA	227
Cesamet 1mg Cap	00548375	VAL	IIIA	227
Cetamide 10% Oph Oint-3.5g Pk	00252522	ALC	IIIA	197
CETIRIZINE HYDROCHLORIDE			IIIB	1
CHLORAMBUCIL			IIIA	43
CHLORAMPHENICOL			IIIA	195
CHLORDIAZEPOXIDE			IIIA	165

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CHLOROQUINE PHOSPHATE			IIIA	31
CHLORPROMAZINE			IIIA	166
CHLORTHALIDONE			IIIA	188
Choledyl 10mg/mL O/L (Not a Benefit)	00476390	PDA	IIIA	299
Choledyl 20mg/mL O/L	00476366	ERF	IIIA	299
CHOLESTYRAMINE RESIN			IIIA	96
CICLESONIDE			IIIA	251
CILAZAPRIL			IIIA	104
CILAZAPRIL & HYDROCHLOROTHIAZIDE			IIIA	105
CIMETIDINE			IIIA	230
Cipro 10g/100mL Oral Susp	02237514	BAY	IIIA	33
Cipro 250mg Tab	02155958	BAY	IIIA	33
Cipro 500mg Tab	02155966	BAY	IIIA	33
Cipro 750mg Tab	02155974	BAY	IIIA	33
Cipro XL 500mg ER Tab	02247916	BAY	IIIA	35
Cipro XL 1000mg ER Tab	02251787	BAY	IIIA	35
CIPROFLOXACIN			IIIA	33
CIPROFLOXACIN HCL & CIPROFLOXACIN BASE			IIIA	35
CITALOPRAM HYDROBROMIDE			IIIA	156
CLADRIBINE			IIIA	43
CLARITHROMYCIN			IIIA	8
			IIIB	2
Claritin 10mg Tab (Not a Benefit)	00782696	SCP	IIIB	1
Clarus 10mg Cap	02257955	PRE	IIIA	296
Clarus 40mg Cap	02257963	PRE	IIIA	296
Clasteon 400mg Cap	02245828	ORY	IIIA	306
Clavulin 25mg & 6.25mg/mL O/L	01916882	GSK	IIIA	11
Clavulin 50mg & 12.5mg/mL O/L	01916874	GSK	IIIA	11
Clavulin 250mg & 125mg Tab	01916866	GSK	IIIA	12
Clavulin 500mg & 125mg Tab	01916858	GSK	IIIA	12
Clavulin (BID) 200mg & 28.5mg/5mL Susp	02238831	GSK	IIIA	11
Clavulin (BID) 400mg & 57mg/5mL Susp	02238830	GSK	IIIA	11
Clavulin (BID) 875mg & 125mg Tab	02238829	GSK	IIIA	12
CLINDAMYCIN HCL			IIIA	17
CLINDAMYCIN PALMITATE			IIIA	18
CLINDAMYCIN PHOSPHATE			IIIA	18
CLINDAMYCIN PHOSPHATE & BENZOYL PEROXIDE			IIIA	277
Clindamycin Phosphate Injection USP 300mg/2mL Inj Sol-2mL Pk	02230540	SDZ	IIIA	18
Clindoxyl 1% & 5% Gel	02243158	STI	IIIA	277
Clinoril 150mg Tab (Not a Benefit)	00456888	FRS	IIIA	135
Clinoril 200mg Tab (Not a Benefit)	00432369	FRS	IIIA	135
CLOBAZAM			IIIA	148
CLOBETASOL PROPIONATE			IIIA	287
CLOBETASONE BUTYRATE			IIIA	288

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CLODRONATE DISODIUM			IIIA	306
CLODRONATE DISODIUM TETRAHYDRATE			IIIA	306
CLOFIBRATE			IIIA	97
CLOMIPRAMINE HCL			IIIA	156
CLONAZEPAM			IIIA	148
CLONIDINE HCL			IIIA	105
			IIIB	7
CLOPIDOGREL BISULFATE			IIIA	307
CLORAZEPATE DIPOTASSIUM			IIIA	166
Clotrimaderm 10mg/g Cr	00812382	TAR	IIIA	278
Clotrimaderm Vaginal Cream 10mg/g Vag Cr-App	00812366	TAR	IIIA	278
Clotrimaderm Vaginal Cream 20mg/g Vag Cr-App	00812374	TAR	IIIA	278
CLOTRIMAZOLE			IIIA	278
CLOXACILLIN			IIIA	13
CLOZAPINE			IIIB	14
Clozaril 25mg Tab (Not a Benefit)	00894737	NOV	IIIB	14
Clozaril 100mg Tab (Not a Benefit)	00894745	NOV	IIIB	14
Co Alendronate 40mg Tab (Not a Benefit)	02248102	COB	IIIB	23
Co-Alendronate 70mg Tab	02258110	COB	IIIA	303
Co-Atenolol 50mg Tab	02255545	COB	IIIA	84
Co-Atenolol 100mg Tab	02255553	COB	IIIA	85
Co-Azithromycin 250mg Tab	02255340	COB	IIIA	8
Co Azithromycin 600mg Tab (Not a Benefit)	02256088	COB	IIIB	2
Co Bicalutamide 50mg Tab	02274337	COB	IIIA	41
Co Cabergoline 0.5mg Tab (Not a Benefit)	02301407	COB	IIIB	23
Co Cilazapril 2.5mg Tab	02285215	COB	IIIA	105
Co Cilazapril 5mg Tab	02285223	COB	IIIA	105
Co-Ciprofloxacin 250mg Tab	02247339	COB	IIIA	33
Co-Ciprofloxacin 500mg Tab	02247340	COB	IIIA	33
Co-Ciprofloxacin 750mg Tab	02247341	COB	IIIA	33
Co-Citalopram 20mg Tab	02248050	COB	IIIA	156
Co-Citalopram 40mg Tab	02248051	COB	IIIA	156
Co-Clomipramine 10mg Tab	02244816	COB	IIIA	156
Co-Clomipramine 25mg Tab	02244817	COB	IIIA	156
Co-Clomipramine 50mg Tab	02244818	COB	IIIA	156
Co Clonazepam 0.5mg Tab	02270641	COB	IIIA	148
Co Clonazepam 2mg Tab	02270676	COB	IIIA	148
Co Enalapril 2.5mg Tab	02291878	COB	IIIA	106
Co Enalapril 5mg Tab	02291886	COB	IIIA	107
Co Enalapril 10mg Tab	02291894	COB	IIIA	107
Co Enalapril 20mg Tab	02291908	COB	IIIA	107
Co Etidrocal 400mg/500mg Tab-90 Tablets Kit	02263866	COB	IIIA	310
Co-Etidronate 200mg Tab	02248686	COB	IIIA	309
Co Fluconazole 50mg Tab	02281260	COB	IIIA	5

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Co Fluconazole 100mg Tab	02281279	COB	IIIA	5
Co-Fluoxetine 20mg Cap	02242178	COB	IIIA	158
Co-Fluvoxamine 50mg Tab	02255529	COB	IIIA	158
Co-Fluvoxamine 100mg Tab	02255537	COB	IIIA	159
Co-Gabapentin 100mg Cap	02256142	COB	IIIA	150
Co-Gabapentin 300mg Cap	02256150	COB	IIIA	150
Co-Gabapentin 400mg Cap	02256169	COB	IIIA	150
Co Glimepiride 1mg Tab (Not a Benefit)	02274248	COB	IIIB	21
Co Glimepiride 2mg Tab (Not a Benefit)	02274256	COB	IIIB	21
Co Glimepiride 4mg Tab (Not a Benefit)	02274272	COB	IIIB	21
Co Levetiracetam 250mg Tab (Not a Benefit)	02274183	COB	IIIB	11
Co Levetiracetam 500mg Tab (Not a Benefit)	02274191	COB	IIIB	11
Co Levetiracetam 750mg Tab (Not a Benefit)	02274205	COB	IIIB	11
Co Lisinopril 5mg Tab	02271443	COB	IIIA	111
Co Lisinopril 10mg Tab	02271451	COB	IIIA	111
Co Lisinopril 20mg Tab	02271478	COB	IIIA	111
Co-Lovastatin 20mg Tab	02248572	COB	IIIA	99
Co-Lovastatin 40mg Tab	02248573	COB	IIIA	99
Co-Meloxicam 7.5mg Tab	02250012	COB	IIIA	132
Co-Meloxicam 15mg Tab	02250020	COB	IIIA	132
Co-Metformin 500mg Tab	02257726	COB	IIIA	262
Co Metformin 850mg Tab (Not a Benefit)	02257734	COB	IIIB	21
Co Mirtazapine 30mg Tab	02274361	COB	IIIA	160
Co Norfloxacin 400mg Tab	02269627	COB	IIIA	38
Co Paroxetine 10mg Tab (Not a Benefit)	02262746	COB	IIIB	13
Co-Paroxetine 20mg Tab	02262754	COB	IIIA	161
Co-Paroxetine 30mg Tab	02262762	COB	IIIA	161
Co Pioglitazone 15mg Tab	02302861	COB	IIIA	263
Co Pioglitazone 30mg Tab	02302888	COB	IIIA	263
Co Pioglitazone 45mg Tab	02302896	COB	IIIA	263
Co Pravastatin 10mg Tab	02248182	COB	IIIA	100
Co Pravastatin 20mg Tab	02248183	COB	IIIA	100
Co Pravastatin 40mg Tab	02248184	COB	IIIA	100
Co Ramipril Cap 1.25mg	02295482	COB	IIIA	116
Co Ramipril Cap 2.5mg Cap	02295490	COB	IIIA	116
Co Ramipril Cap 5mg Cap	02295504	COB	IIIA	117
Co Ramipril Cap 10mg Cap	02295512	COB	IIIA	117
Co-Ranitidine 150mg Tab	02248570	COB	IIIA	242
Co-Ranitidine 300mg Tab	02248571	COB	IIIA	243
Co Risperidone 0.25mg Tab	02282585	COB	IIIA	174
Co Risperidone 0.5mg Tab	02282593	COB	IIIA	174
Co Risperidone 1mg Tab	02282607	COB	IIIA	175
Co Risperidone 2mg Tab	02282615	COB	IIIA	175
Co Risperidone 3mg Tab	02282623	COB	IIIA	175

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Co Risperidone 4mg Tab	02282631	COB	IIIA	175
Co Sertraline 25mg Cap	02287390	COB	IIIA	162
Co Sertraline 50mg Cap	02287404	COB	IIIA	162
Co Sertraline 100mg Cap	02287412	COB	IIIA	162
Co-Simvastatin 5mg Tab	02248103	COB	IIIA	101
Co-Simvastatin 10mg Tab	02248104	COB	IIIA	101
Co-Simvastatin 20mg Tab	02248105	COB	IIIA	102
Co-Simvastatin 40mg Tab	02248106	COB	IIIA	102
Co-Simvastatin 80mg Tab	02248107	COB	IIIA	102
Co Sotalol 80mg Tab (Not a Benefit)	02270625	COB	IIIB	7
Co Sotalol 160mg Tab	02270633	COB	IIIA	94
Co Sumatriptan 25mg Tab (Not a Benefit)	02257882	COB	IIIB	17
Co Sumatriptan 50mg Tab (Not a Benefit)	02257890	COB	IIIB	17
Co Sumatriptan 100mg Tab (Not a Benefit)	02257904	COB	IIIB	17
Co-Temazepam 15mg Cap	02244814	COB	IIIA	180
Co-Temazepam 30mg Cap	02244815	COB	IIIA	180
Co Terbinafine 250mg Tab (Not a Benefit)	02254727	COB	IIIB	2
Co Topiramate 25mg Tab	02287765	COB	IIIA	153
Co Topiramate 100mg Tab	02287773	COB	IIIA	153
Co Topiramate 200mg Tab	02287781	COB	IIIA	153
Co Venlafaxine XR 37.5mg ER Cap	02304317	COB	IIIA	164
Co Venlafaxine XR 75mg ER Cap	02304325	COB	IIIA	164
Co Venlafaxine XR 150mg ER Cap	02304333	COB	IIIA	164
Co Zopiclone 5mg Tab (Not a Benefit)	02271931	COB	IIIB	15
Co Zopiclone 7.5mg Tab (Not a Benefit)	02271958	COB	IIIB	16
Codeine 15mg Tab	00779458	ROG	IIIA	137
Codeine Contin 50mg CR Tab	02230302	PFP	IIIA	137
Codeine Contin 100mg CR Tab	02163748	PFP	IIIA	137
Codeine Contin 150mg CR Tab	02163780	PFP	IIIA	137
Codeine Contin 200mg CR Tab	02163799	PFP	IIIA	137
CODEINE PHOSPHATE			IIIA	137
CODEINE SULFATE TRIHYDRATE & MONOHYDRATE			IIIA	137
Cogentin 2mg Tab (Not a Benefit)	00016357	MSD	IIIA	54
Colace 100mg Cap	02106256	WEL	IIIA	218
Colace 4mg/mL O/L	02086018	WEL	IIIA	218
Colace 10mg/mL O/L	02090163	WEL	IIIA	218
Colestid Orange Gran-7.5g Pk	02132699	PFI	IIIA	97
Colestid Regular Gran-5g Pk	00642975	PFI	IIIA	97
COLESTIPOL HCL			IIIA	97
Colyte Pd-4L Pk (Not a Benefit)	00677442	ZYN	IIIA	186
Combigan 0.2% & 0.5% Oph-Sol 5mL Pk	02248347	ALL	IIIA	206
Combivent 20mcg/100mcg/md Aero Inh	02163721	BOE	IIIA	57
Combivent UDV 500mcg/2.5mg/2.5mL Inh Sol-2.5mL Pk	02231675	BOE	IIIA	57
Combivir 150mg & 300mg Tab	02239213	GSK	IIIA	27

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Comtan 200mg Tab	02243763	NOV	IIIA	181
CONJUGATED EQUINE ESTROGEN & MEDROXYPROGESTERONE ACETATE			IIIA	257
CONJUGATED ESTROGENS			IIIA	258
Coradur-SR 20mg LA Tab (Not a Benefit)	00786683	GLA	IIIA	120
Cordarone 200mg Tab	02036282	WAY	IIIA	84
Coreg 3.125mg Tab (Not a Benefit)	02229650	GSK	IIIA	86
Coreg 6.25mg Tab (Not a Benefit)	02229651	GSK	IIIA	86
Coreg 12.5mg Tab (Not a Benefit)	02229652	GSK	IIIA	86
Coreg 25mg Tab (Not a Benefit)	02229653	GSK	IIIA	86
Corgard 40mg Tab (Not a Benefit)	00607126	BQU	IIIA	91
Corgard 80mg Tab (Not a Benefit)	00463256	BQU	IIIA	91
Corgard 160mg Tab (Not a Benefit)	00523372	BQU	IIIA	91
Cortate 0.5% Cr	00513288	SCH	IIIA	289
Cortate 1% Cr (Not a Benefit)	00502200	SCH	IIIA	289
Cortate 0.5% Oint	00513261	SCH	IIIA	290
Cortate 1% Oint (Not a Benefit)	00502197	SCH	IIIA	290
Cortef 10mg Tab	00030910	PFI	IIIA	252
Cortef 20mg Tab	00030929	PFI	IIIA	252
Cortenema 100mg/60mL Enema-60mL Pk	02112736	BFI	IIIA	232
Corticreme 1% Cr (Not a Benefit)	00477699	ROG	IIIA	290
Cortifoam 10% Rect Aero-15g Pk	00579335	SQI	IIIA	232
Cortisporin 10000U & 5mg & 10mg/mL Ot Sol	01912828	GSK	IIIA	196
Cortoderm 0.5% Oint	00716685	TAR	IIIA	290
Cortoderm 1% Oint	00716693	TAR	IIIA	290
Cosopt 2% & 0.5% Oph Sol	02240113	MFC	IIIA	208
COSYNTROPIN ZINC HYDROXIDE			IIIA	183
Cotazym 8000 & 30000 & 30000 USP Units Cap	00263818	ORG	IIIA	221
Cotazym ECS 4 4000 & 11000 & 11000 USP Units Ent Microsph Cap	02181215	ORG	IIIA	221
Cotazym ECS 8 8000 & 30000 & 30000 USP Units Ent Microsph Cap	00502790	ORG	IIIA	221
Cotazym ECS 20 20000 & 55000 & 55000 USP Units Ent Microsph Cap	00821373	ORG	IIIA	221
Coumadin 1mg Tab	01918311	BQU	IIIA	77
Coumadin 2mg Tab	01918338	BQU	IIIA	77
Coumadin 2.5mg Tab	01918346	BQU	IIIA	77
Coumadin 3mg Tab	02240205	BQU	IIIA	77
Coumadin 4mg Tab	02007959	BQU	IIIA	77
Coumadin 5mg Tab	01918354	BQU	IIIA	78
Coumadin 6mg Tab (Not a Benefit)	02240206	BQU	IIIB	6
Coumadin 10mg Tab	01918362	BQU	IIIA	78
Covera-HS 180mg SR Tab	02231676	PFI	IIIA	119
Covera-HS 240mg SR Tab	02231677	PFI	IIIA	119
Coversyl 2mg Tab	02123274	SEV	IIIA	114
Coversyl 4mg Tab	02123282	SEV	IIIA	114

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Coversyl 8mg Tab	02246624	SEV	IIIA	114
Coversyl Plus 4mg & 1.25mg Tab	02246569	SEV	IIIA	114
Cozaar 25mg Tab	02182815	MFC	IIIA	112
Cozaar 50mg Tab	02182874	MFC	IIIA	112
Cozaar 100mg Tab	02182882	MFC	IIIA	112
Creon 5 5000 & 16600 & 18750 USP Units Ent Minimicrosph Cap	02239007	SPH	IIIA	223
Creon 10 10000 & 33200 & 37500 USP Units Ent Minimicrosph Cap	02200104	SPH	IIIA	223
Creon 20 20000 & 66400 & 75000 USP Units Ent Minimicrosph Cap	02239008	SPH	IIIA	223
Creon 25 25000 & 74000 & 62500 USP Units Ent Minimicrosph Cap	01985205	SPH	IIIA	223
Crestor 5mg Tab	02265540	AZC	IIIA	101
Crestor 10mg Tab	02247162	AZC	IIIA	101
Crestor 20mg Tab	02247163	AZC	IIIA	101
Crestor 40mg Tab	02247164	AZC	IIIA	101
Crixivan 200mg Cap	02229161	MFC	IIIA	26
Crixivan 400mg Cap	02229196	MFC	IIIA	26
Cromolyn 2% Nas Sol-26mL Pk	01950541	PMS	IIIA	213
Cromolyn 2% Oph Sol	02009277	PMS	IIIA	213
Cuprimine 250mg Cap	00016055	ATO	IIIA	247
CYANOCOBALAMIN			IIIA	300
Cyanocobalamin 1mg/mL Inj Sol-10mL Pk	01987003	CYI	IIIA	300
Cyclen 0.25mg & 0.035mg Tab-21 Pk	01968440	JNO	IIIA	274
Cyclen 0.25mg & 0.035mg Tab-28 Pk	01992872	JNO	IIIA	274
CYCLOBENZAPRINE HCL			IIIA	70
Cyclocort 0.1% Cr	02192284	STI	IIIA	284
Cyclocort 0.1% Lot	02192276	STI	IIIA	284
Cyclocort 0.1% Oint	02192268	STI	IIIA	284
Cyclomen 50mg Cap	02018144	SAV	IIIA	254
Cyclomen 100mg Cap	02018152	SAV	IIIA	254
Cyclomen 200mg Cap	02018160	SAV	IIIA	254
CYCLOPHOSPHAMIDE			IIIA	43
CYCLOSPORINE			IIIA	308
Cyestra-35 2mg & 0.035mg Tab-21 Pk (Not a Benefit)	02290308	PMS	IIIB	22
CYPROTERONE ACETATE			IIIA	43
CYPROTERONE ACETATE & ETHINYL ESTRADIOL			IIIB	22
CYTARABINE			IIIA	44
Cytosar 100mg Inj Pd-Vial Pk	00386715	PFI	IIIA	44
Cytotec 100mcg Tab (Not a Benefit)	00813966	SEA	IIIA	236
Cytotec 200mcg Tab (Not a Benefit)	00632600	SEA	IIIA	236
Cytovene 500mg/Vial Pd Inj-10mL Pk	02162695	HLR	IIIA	26
Cytosan 25mg Tab	00344877	BQU	IIIA	43
Cytosan 50mg Tab	00344885	BQU	IIIA	43

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Dalacin C 150mg Cap	00030570	PFI	IIIA	17
Dalacin C 300mg Cap	02182866	PFI	IIIA	18
Dalacin C 300mg/2mL Inj Sol-2mL Pk	00260436	PFI	IIIA	18
Dalacin C Flavoured Granules 15mg/mL Pd for Oral Susp	00225851	PFI	IIIA	18
Dalmane 15mg Cap (Not a Benefit)	00012696	VAL	IIIA	178
Dalmane 30mg Cap (Not a Benefit)	00012718	VAL	IIIA	178
DALTEPARIN SODIUM			IIIA	72
DANAZOL			IIIA	254
Dantrium 25mg Cap	01997602	PGP	IIIA	70
Dantrium 100mg Cap	01997653	PGP	IIIA	70
DANTROLENE SODIUM			IIIA	70
DARBEPOETIN ALFA			IIIA	79
DARUNAVIR			IIIA	23
DAUNORUBICIN			IIIA	44
Daypro 600mg Tab (Not a Benefit)	02027860	HLR	IIIB	10
DDAVP 0.1mg/mL Nas Sol-2.5mL Pk	00402516	FEI	IIIA	269
DDAVP 10mcg/Metered Dose Nas Sp-2.5mL Pk	00836362	FEI	IIIA	269
DDAVP 0.1mg Tab	00824305	FEI	IIIA	269
DDAVP 0.2mg Tab	00824143	FEI	IIIA	269
DDAVP Melt 60mcg Orally Disintegrating Tab	02284995	FEI	IIIA	269
DDAVP Melt 120mcg Orally Disintegrating Tab	02285002	FEI	IIIA	269
Decadron 4mg/mL Inj Sol (Not a Benefit)	00213624	MSD	IIIA	251
Decadron 0.5mg Tab (Not a Benefit)	00016462	MSD	IIIA	251
Decadron 4mg Tab (Not a Benefit)	00354309	MSD	IIIA	251
DEFEROXAMINE MESYLATE			IIIB	20
Delatestryl 1000mg/5mL Oily Inj Sol-5mL Pk	00029246	THE	IIIA	256
DELAVIRDINE MESYLATE			IIIA	24
DELTA-9-TETRAHYDROCANNABINOL			IIIA	225
Deltasone 5mg Tab (Not a Benefit)	00210188	UPJ	IIIA	253
Deltasone 50mg Tab (Not a Benefit)	00252417	UPJ	IIIA	253
Demerol 50mg Tab	02138018	SAV	IIIA	140
Demulen 30 0.03mg & 2mg Tab-21 Pk	00469327	PFI	IIIA	270
Demulen 30 0.03mg & 2mg Tab-28 Pk	00471526	PFI	IIIA	270
Depakene 250mg Cap	00443840	ABB	IIIA	154
Depakene 500mg Ent Cap (Not a Benefit)	00507989	ABB	IIIA	154
Depakene 50mg/mL O/L	00443832	ABB	IIIA	154
Depo-Medrol 40mg/mL Inj Susp-1mL Pk	00030759	PFI	IIIA	253
Depo-Medrol 80mg/mL Inj Susp-1mL Pk	00030767	PFI	IIIA	253
Depo-Medrol 100mg/5mL Inj Susp-5mL Pk	01934325	PFI	IIIA	253
Depo-Provera 150mg/mL Inj	00585092	PFI	IIIA	273
Depo-Provera 50mg/mL Inj Sol-5mL Pk	00030848	PFI	IIIA	273
Depo-Testosterone 100mg/mL Oily Inj Sol-10mL Pk	00030783	PFI	IIIA	256
Dermovate 0.05% Cr	02213265	TPH	IIIA	287
Dermovate 0.05% Oint	02213273	TPH	IIIA	287

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Dermovate 0.05% Scalp Lot	02213281	TPH	IIIA	287
Desferal 2g/Vial Inj Pd-2g Vial Pk (Not a Benefit)	01981250	NOV	IIIB	20
Desferal 500mg/Vial Inj Pd-500mg Vial Pk (Not a Benefit)	01981242	NOV	IIIB	20
DESIPRAMINE			IIIA	157
DESMOPRESSIN ACETATE			IIIA	269
Desocort 0.05% Cr	02048639	GAC	IIIA	288
Desocort 0.05% Lot	02115514	GAC	IIIA	288
Desocort 0.05% Oint	02115522	GAC	IIIA	288
DESOGESTREL & ETHINYL ESTRADIOL			IIIA	270
DESONIDE			IIIA	288
Desquam-X5 5% Gel (Not a Benefit)	01908863	WSQ	IIIA	293
Desquam-X10 10% Gel	01908871	BQU	IIIA	293
Desyrel 50mg Tab	00579351	BQU	IIIA	163
Desyrel 100mg Tab	00579378	BQU	IIIA	163
Desyrel Dividose 150mg Tab	00702277	BQU	IIIA	163
Detrol 1mg Tab	02239064	PFI	IIIA	321
Detrol 2mg Tab	02239065	PFI	IIIA	321
Detrol LA 2mg SR Cap	02244612	PFI	IIIA	321
Detrol LA 4mg SR Cap	02244613	PFI	IIIA	321
DEXAMETHASONE			IIIA	199
			IIIA	251
DEXAMETHASONE 21-PHOSPHATE			IIIA	251
Dexamethasone Sodium 4mg/mL Inj Sol	00664227	SDZ	IIIA	251
Dexamethasone Sodium 4mg/mL Inj Sol	01977547	CYI	IIIA	251
DEXAMPHETAMINE SULFATE			IIIA	178
Dexedrine 5mg Tab	01924516	GSK	IIIA	178
DEXTRAN 70 & HYDROXYPROPYL METHYLCELLULOSE			IIIA	207
DEXTRAN 70 & HYDROXYPROPYL METHYLCELLULOSE & POLYQUAD			IIIA	207
DEXTROMETHORPHAN HBR			IIIA	193
Diabeta 2.5mg Tab	02224550	SAV	IIIA	262
Diabeta 5mg Tab	02224569	SAV	IIIA	262
Diamicron 80mg Tab	00765996	SEV	IIIA	261
Diamicron MR 30mg SR Tab	02242987	SEV	IIIA	261
Diamox 250mg Tab (Not a Benefit)	02238072	WAY	IIIA	203
Diane-35 2mg & 0.035mg Tab-21 Pk (Not a Benefit)	02233542	BAY	IIIB	22
Diarr-eze 2mg Caplet (Not a Benefit)	02229552	PMS	IIIA	217
Diastat 5mg/mL Rect Gel-2x5mg Pk	02238162	VAL	IIIA	167
Diastat 5mg/mL Rect Gel-2x10mg Pk	09853340	VAL	IIIA	167
Diastat 5mg/mL Rect Gel-2x15mg Pk	09853430	VAL	IIIA	167
DIAZEPAM			IIIA	167
Diclectin 10mg & 10mg SR Tab	00609129	DUI	IIIA	226
DICLOFENAC POTASSIUM			IIIB	9
DICLOFENAC SODIUM			IIIA	125
			IIIA	207
DICLOFENAC SODIUM & MISOPROSTOL			IIIA	126

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DIDANOSINE			IIIA	24
Didrocal 400mg/500mg Tab-90 Tablets Kit	02176017	PGP	IIIA	310
Didronel 200mg Tab	01997629	PGP	IIIA	309
Diflucan 50mg Tab (Not a Benefit)	00891800	PFI	IIIA	5
Diflucan 100mg Tab (Not a Benefit)	00891819	PFI	IIIA	5
Diflucan P.O.S. 10mg/mL O/L	02024152	PFI	IIIA	4
Diflucan-150 150mg Cap	02141442	PFI	IIIA	279
DIFLUCORTOLONE VALERATE			IIIA	288
DIFLUNISAL			IIIA	127
DIGOXIN			IIIA	87
Dilantin 30mg Cap	00022772	PFI	IIIA	152
Dilantin 100mg Cap	00022780	PFI	IIIA	152
Dilantin 6mg/mL O/L	00023442	PFI	IIIA	152
Dilantin 25mg/mL O/L	00023450	PFI	IIIA	152
Dilantin 50mg Tab	00023698	PFI	IIIA	152
Dilaudid 2mg/mL Inj Sol-1mL Pk	00627100	ABB	IIIA	139
Dilaudid 1mg/mL Oral Sol	00786535	ABB	IIIA	139
Dilaudid 3mg Sup	00125105	ABB	IIIA	139
Dilaudid 1mg Tab	00705438	ABB	IIIA	139
Dilaudid 2mg Tab	00125083	ABB	IIIA	140
Dilaudid 4mg Tab	00125121	ABB	IIIA	140
Dilaudid 8mg Tab	00786543	ABB	IIIA	140
Dilaudid Sterile Powder 250mg Pd Vial Pk	02085895	ABB	IIIA	139
Dilaudid-HP 10mg/mL Inj Sol-1mL Pk	00622133	ABB	IIIA	139
Dilaudid-HP-Plus 20mg/mL Inj	02146118	ABB	IIIA	139
Dilaudid-XP 50mg/mL Inj-1mL Pk	02145863	ABB	IIIA	139
DILTIAZEM HCL			IIIA	87
DIMENHYDRINATE			IIIA	225
Diocarpine 1% Oph Sol (Not a Benefit)	02023725	DKT	IIIA	202
Diocarpine 2% Oph Sol (Not a Benefit)	02023741	DKT	IIIA	202
Diopred 1% Oph Susp (Not a Benefit)	02023768	SDZ	IIIA	200
Diovan 80mg Tab	02244781	NOV	IIIA	119
Diovan 160mg Tab	02244782	NOV	IIIA	119
Diovan 320mg Tab	02289504	NOV	IIIA	119
Diovan-HCT 80mg/12.5mg Tab	02241900	NOV	IIIA	119
Diovan-HCT 160mg/12.5mg Tab	02241901	NOV	IIIA	119
Diovan-HCT 160mg/25mg Tab	02246955	NOV	IIIA	119
Diovol EX 120mg & 60mg/mL O/L dpp (Not a Benefit)	00491217	HOR	IIIA	215
Dipentum 250mg Cap	00875848	VLH	IIIA	236
DIPHENHYDRAMINE HCL			IIIA	1
DIPHENOXYLATE HYDROCHLORIDE & ATROPINE SULFATE			IIIA	216
Diprolene 0.05% Oint	00629367	SCH	IIIA	285
Diprolene Glycol 0.05% Cr	00688622	SCH	IIIA	286
Diprosone 0.05% Cr	00323071	SCH	IIIA	285

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Diprosone 0.05% Lot	00417246	SCH	IIIA	285
Diprosone 0.05% Oint	00344923	SCH	IIIA	285
DIPYRIDAMOLE & ACETYLSALICYLIC ACID			IIIA	120
DISOPYRAMIDE			IIIA	89
Ditropan 1mg/mL O/L (Not a Benefit)	01924753	JNO	IIIA	58
Ditropan 5mg Tab (Not a Benefit)	01924761	PGP	IIIA	58
DIVALPROEX SODIUM			IIIA	149
Dixarit 0.025mg Tab (Not a Benefit)	00519251	BOE	IIIB	7
DM-Syrup 3mg/mL O/L (Not a Benefit)	00391069	PDA	IIIA	193
DOCUSATE CALCIUM (DIOCTYL CALCIUM SULFOSUCCINATE)			IIIA	218
Docusate Sodium 100mg Cap	00716731	TAR	IIIA	218
DOCUSATE SODIUM (DIOCTYL SODIUM SULFOSUCCINATE)			IIIA	218
DOLASETRON MESYLATE			IIIA	226
Dolobid 250mg Tab (Not a Benefit)	00587699	FRS	IIIA	127
Dolobid 500mg Tab (Not a Benefit)	00576131	FRS	IIIA	127
DOMPERIDONE MALEATE			IIIA	231
DONEPEZIL HCL			IIIA	51
DORZOLAMIDE HCL			IIIA	208
DORZOLAMIDE HCL & TIMOLOL MALEATE			IIIA	208
Dostinex 0.5mg Tab (Not a Benefit)	02242471	PMJ	IIIB	23
Dovobet 50mcg/g & 0.5mg/g Oint	02244126	LEO	IIIA	287
Dovonex 50mcg/g Cr	02150956	LEO	IIIA	295
Dovonex 50mcg/g Oint	01976133	LEO	IIIA	295
DOXAZOSIN MESYLATE			IIIA	106
DOXEPIN HCL			IIIA	157
DOXYLAMINE SUCCINATE AND PYRIDOXINE HCL			IIIA	226
Drisdol 8288IU/mL O/L	02017598	SAV	IIIA	301
DROSPIRENONE & ETHINYL ESTRADIOL			IIIA	270
Dulcolax 5mg Ent Tab	00254142	BOE	IIIA	218
Dulcolax 5mg Sup	00003867	BOE	IIIA	218
Dulcolax 10mg Sup	00003875	BOE	IIIA	218
Duolube 80%/20% Oph Oint-3.5g Pk	02125706	BSH	IIIA	211
Duragesic 25 25mcg/hr Trans Patch	01937383	JNO	IIIA	138
Duragesic 50 50mcg/hr Trans Patch	01937391	JNO	IIIA	138
Duragesic 75 75mcg/hr Trans Patch	01937405	JNO	IIIA	138
Duragesic 100 100mcg/hr Trans Patch	01937413	JNO	IIIA	138
Duralith 300mg ER Tab (Not a Benefit)	00590665	JNO	IIIB	14
Duricef 500mg Cap	00507245	BQU	IIIA	15
DUTASTERIDE			IIIA	309
Duvoid 10mg Tab	01947958	SQI	IIIA	51
Duvoid 25mg Tab	01947931	SQI	IIIA	51
Duvoid 50mg Tab	01947923	SQI	IIIA	51
Dyazide 25mg & 50mg Tab (Not a Benefit)	01919547	SMJ	IIIA	190
ECONAZOLE NITRATE			IIIA	278

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Ecostatin 1% Cr	02011948	BQU	IIIA	278
Ecostatin 150mg Vag Sup	02010267	BQU	IIIA	278
EES-200 40mg/mL O/L (Not a Benefit)	00000299	ABB	IIIA	9
EES-400 80mg/mL O/L (Not a Benefit)	00453617	ABB	IIIA	9
EES-600 600mg/mL O/L (Not a Benefit)	00583782	ABB	IIIA	9
EFAVIRENZ			IIIA	24
Effexor XR 37.5mg ER Cap	02237279	WAY	IIIA	164
Effexor XR 75mg ER Cap	02237280	WAY	IIIA	164
Effexor XR 150mg ER Cap	02237282	WAY	IIIA	164
Efudex 5% Cr	00330582	VAL	IIIA	295
Elavil 10mg Tab (Not a Benefit)	00016322	MSD	IIIA	155
Elavil 25mg Tab (Not a Benefit)	00016330	MSD	IIIA	155
Elavil 50mg Tab (Not a Benefit)	00016349	MSD	IIIA	155
Eldepryl 5mg Tab	02123312	BJH	IIIA	317
ELECTROLYTE & DEXTROSE			IIIA	185
Elidel 1% Cr	02247238	NOV	IIIA	296
Eligard 7.5mg Pd Susp Inj-Pref Syr Kit	02248239	SAV	IIIA	47
Eligard 22.5mg Pd Susp Inj-Pref Syr Kit	02248240	SAV	IIIA	47
Eligard 30mg Pd Susp Inj-Pref Syr Kit	02248999	SAV	IIIA	47
Eligard 45mg Pd Susp Inj-Pref Syr Kit	02268892	SAV	IIIA	47
Elocom 0.1% Cr	00851744	SCH	IIIA	291
Elocom 0.1% Lot	00871095	SCH	IIIA	291
Elocom 0.1% Oint	00851736	SCH	IIIA	291
Eltroxin 0.05mg Tab	02213192	GSK	IIIA	274
Eltroxin 0.1mg Tab	02213206	GSK	IIIA	274
Eltroxin 0.15mg Tab	02213214	GSK	IIIA	275
Eltroxin 0.2mg Tab	02213222	GSK	IIIA	275
Eltroxin 0.3mg Tab (Not a Benefit)	02213230	GLW	IIIA	275
Emcyt 140mg Cap	02063794	PFI	IIIA	44
Emo-Cort 1% Cr	00192597	STI	IIIA	289
Emo-Cort 2.5% Cr	00595799	STI	IIIA	290
Emo-Cort 1% Lot	00192600	STI	IIIA	290
Emo-Cort 2.5% Lot	00595802	STI	IIIA	290
Empracet-30 300mg & 30mg Tab (Not a Benefit)	00666130	BWE	IIIA	136
Empracet-60 300mg & 60mg Tab (Not a Benefit)	00666149	BWE	IIIA	136
EMTRICITABINE & TENOFOVIR DISOPROXIL FUMARATE			IIIA	25
ENALAPRIL MALEATE			IIIA	106
Endantadine 100mg Cap	02034468	BQU	IIIA	304
Endocet 5mg & 325mg Tab	01916548	BQU	IIIA	144
Enemol 160mg & 60mg/mL Rect Sol	02096900	DPC	IIIA	220
ENOXAPARIN			IIIA	73
ENTACAPONE			IIIA	181
Entacyl Gran 2g Pk	02100215	SHI	IIIA	3
Entrophen 325mg Ent Tab	00010332	PEN	IIIA	123

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Entrophen 650mg Ent Tab	00010340	PEN	IIIA	123
EPINEPHRINE HCL			IIIA	60
Epival 125mg Ent Tab	00596418	ABB	IIIA	149
Epival 250mg Ent Tab	00596426	ABB	IIIA	149
Epival 500mg Ent Tab	00596434	ABB	IIIA	149
Eprex 20,000IU/mL Inj Sol-1mL Vial Pk	02206072	JNO	IIIA	80
Eprex 10,000IU/mL Pref Syr-1mL Pk	02231587	JNO	IIIA	80
Eprex 40,000IU/mL Pref Syr-1mL Pk	02240722	JNO	IIIA	80
EPROSARTAN MESYLATE			IIIA	108
EPROSARTAN MESYLATE & HYDROCHLOROTHIAZIDE			IIIA	108
ERGOCALCIFEROL			IIIA	301
ERGOTAMINE TARTRATE & CAFFEINE			IIIA	69
ERYC 250mg Ent Pel Cap	00607142	PFI	IIIA	8
Erythrocin 250mg Tab (Not a Benefit)	00000434	ABB	IIIA	9
Erythrocin 500mg Tab	00266515	ABB	IIIA	9
Erythromid 250mg Tab (Not a Benefit)	00244635	ABB	IIIA	8
ERYTHROMYCIN BASE			IIIA	8
ERYTHROMYCIN ESTOLATE			IIIA	9
ERYTHROMYCIN ETHYLSUCCINATE			IIIA	9
ERYTHROMYCIN ETHYLSUCCINATE & SULFISOXAZOLE ACETYL			IIIA	9
ERYTHROMYCIN STEARATE			IIIA	9
ESTRADIOL			IIIA	258
ESTRADIOL 17-B			IIIA	258
ESTRAMUSTINE PHOSPHATE DISODIUM			IIIA	44
Estring 2mg Vag Ring	02168898	PFI	IIIA	258
ESTROPIPATE (CALCULATED AS SODIUM ESTRONE SULFATE 1.25MG)			IIIA	259
ESTROPIPATE (CALCULATED AS SODIUM ESTRONE SULFATE 2.5MG)			IIIA	259
ETHAMBUTOL HCL			IIIA	20
ETHINYL ESTRADIOL & ETHYNODIOL DIACETATE			IIIA	270
ETHINYL ESTRADIOL & LEVONORGESTREL			IIIA	271
ETHINYL ESTRADIOL & NORETHINDRONE			IIIA	271
ETHINYL ESTRADIOL & NORETHINDRONE ACETATE			IIIA	272
ETHINYL ESTRADIOL & NORGESTREL			IIIA	272
ETHOPROPAZINE HCL			IIIA	54
ETHOSUXIMIDE			IIIA	149
Etibi 100mg Tab	00247960	VAL	IIIA	20
Etibi 400mg Tab	00247979	VAL	IIIA	20
ETIDRONATE DISODIUM			IIIA	309
ETIDRONATE DISODIUM/CALCIUM CARBONATE			IIIA	310
ETODOLAC			IIIB	9
ETOPOSIDE			IIIA	44
Euflex 250mg Tab	00637726	SCH	IIIA	45
Euglucon 2.5mg Tab	00720933	PMS	IIIA	262
Euglucon 5mg Tab	00720941	PMS	IIIA	262

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Eumovate 0.05% Cr	02214415	GSK	IIIA	288
Euro-Fer 300mg Cap	02237556	EUR	IIIA	71
Evista 60mg Tab	02239028	LIL	IIIA	316
Exelon 1.5mg Cap	02242115	NOV	IIIA	53
Exelon 3mg Cap	02242116	NOV	IIIA	53
Exelon 4.5mg Cap	02242117	NOV	IIIA	53
Exelon 6mg Cap	02242118	NOV	IIIA	53
EXEMESTANE			IIIA	44
EZETIMIBE			IIIA	97
Ezetrol 10mg Tab	02247521	MFS	IIIA	97
FAMCICLOVIR			IIIA	25
			IIIB	4
FAMOTIDINE			IIIA	232
Famvir 125mg Tab (Not a Benefit)	02229110	NOV	IIIB	4
Famvir 250mg Tab (Not a Benefit)	02229129	NOV	IIIB	4
Famvir 500mg Tab	02177102	NOV	IIIA	25
Feldene 10mg Cap (Not a Benefit)	00525596	PFI	IIIA	134
Feldene 20mg Cap (Not a Benefit)	00525618	PFI	IIIA	134
Feldene 20mg Sup (Not a Benefit)	00632716	PFI	IIIA	134
FELODIPINE			IIIA	108
Femara 2.5mg Tab	02231384	NOV	IIIA	47
FENOFIBRATE			IIIA	98
			IIIB	7
FENTANYL TRANSDERMAL SYSTEM			IIIA	138
Fer-In-Sol 75mg/mL O/L	00762954	MJS	IIIA	71
FERROUS FUMARATE			IIIA	71
FERROUS GLUCONATE			IIIA	71
Ferrous Gluconate 300mg Tab (Not a Benefit)	00031097	RPR	IIIA	71
FERROUS SULFATE			IIIA	71
Fibyrax Tab (Not a Benefit)	00779768	LED	IIIA	218
FINASTERIDE			IIIA	310
Flagyl 500mg Cap	01926853	SAV	IIIA	31
Flagyl 250mg Tab (Not a Benefit)	01926896	RPP	IIIA	31
Flagyl 10% Vag Cr-App	01926861	SAV	IIIA	283
Flagystatin 500mg & 100000U/g Vag Cr-App	01926845	SAV	IIIA	283
Flagystatin 500mg & 100000U Vag Sup	01926829	SAV	IIIA	283
Flamazine 1% Cr	00323098	SNE	IIIA	284
Flamazine 1% Cr-50g Pk	09854037	SNE	IIIA	284
Flarex 0.1% Oph Susp	00756784	ALC	IIIA	200
FLAVOXATE HCL			IIIA	54
FLECAINIDE ACETATE			IIIA	90
Fleet Enema	00107875	MFC	IIIA	219
Fleet 160mg & 60mg/mL Ped Rect Sol	00108065	MFC	IIIA	220
Fleet 160mg & 60mg/mL Rect Sol	00009911	MFC	IIIA	220

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Flexeril 10mg Tab (Not a Benefit)	00782742	FRS	IIIA	70
FLOCTAFENINE			IIIA	127
Flomax 0.4mg Cap (Not a Benefit)	02238123	BOE	IIIA	319
Flomax CR 0.4mg Tab	02270102	BOE	IIIA	319
Flonase 50mcg/Actuation Nas Sp-120 Dose Pk (Not a Benefit)	02213672	GSK	IIIB	18
Florinef 0.1mg Tab	02086026	SQI	IIIA	252
Flovent Diskus 250mcg/Blister Pd Inh-60 Dose Pk	02237246	GSK	IIIA	252
Flovent Diskus 500mcg/Blister Pd Inh-60 Dose Pk	02237247	GSK	IIIA	252
Flovent HFA 50mcg/Metered Dose Inh-120 Dose Pk	02244291	GSK	IIIA	252
Flovent HFA 125mcg/Metered Dose Inh-120 Dose Pk	02244292	GSK	IIIA	252
Flovent HFA 250mcg/Metered Dose Inh-120 Dose Pk	02244293	GSK	IIIA	252
Floxin 200mg Tab (Not a Benefit)	01968424	JNO	IIIA	39
Floxin 300mg Tab (Not a Benefit)	01968416	JNO	IIIA	39
Floxin 400mg Tab (Not a Benefit)	01968408	JNO	IIIA	39
Fluanxol 0.5mg Tab	02156008	VLH	IIIA	167
Fluanxol 3mg Tab	02156016	VLH	IIIA	167
Fluanxol Depot 200mg/2mL Inj Sol-2mL Pk	02156040	VLH	IIIA	167
Fluanxol Depot 200mg/10mL Inj Sol-10mL Pk	02156032	VLH	IIIA	167
FLUCONAZOLE			IIIA	4
			IIIA	279
Fludara 10mg Tab	02246226	BAY	IIIA	45
FLUDARABINE PHOSPHATE			IIIA	45
FLUDROCORTISONE ACETATE			IIIA	252
FLUMETHASONE PIVALATE & IODOCHLORHYDROXYQUIN			IIIA	199
FLUNARIZINE HCL			IIIA	311
FLUNISOLIDE			IIIA	199
FLUOCINOLONE ACETONIDE			IIIA	288
FLUOCINONIDE			IIIA	289
FLUOCINONIDE & PROCINONIDE & CIPROCINONIDE			IIIA	289
FLUOROMETHOLONE			IIIA	200
FLUOROMETHOLONE ACETATE			IIIA	200
FLUOROURACIL			IIIA	295
Fluotic 20mg Tab	02099225	SAV	IIIA	318
FLUOXETINE HCL			IIIA	158
			IIIB	13
FLUPENTHIXOL DECANOATE			IIIA	167
FLUPENTHIXOL DIHYDROCHLORIDE			IIIA	167
FLUPHENAZINE DECANOATE			IIIA	168
FLUPHENAZINE HCL			IIIA	168
FLURAZEPAM			IIIA	178
FLURBIPROFEN			IIIA	128
FLUTAMIDE			IIIA	45
FLUTICASONE PROPIONATE			IIIA	252
			IIIB	18

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FLUVASTATIN SODIUM			IIIA	98
FLUVOXAMINE MALEATE			IIIA	158
FML 0.1% Oph Susp	00247855	ALL	IIIA	200
FOLIC ACID			IIIA	300
Folvite 5mg Tab (Not a Benefit)	00014966	LED	IIIA	300
FONDAPARINUX SODIUM			IIIA	74
Foradil 12mcg/Cap Inh Pd-Device Pk	02230898	NOV	IIIA	60
FORMOTEROL FUMARATE			IIIA	60
FORMOTEROL FUMARATE DIHYDRATE			IIIA	60
Fortovase 200mg Cap	02239083	HLR	IIIA	29
Fosamax 5mg Tab (Not a Benefit)	02233055	MFC	IIIB	23
Fosamax 10mg Tab	02201011	MFC	IIIA	303
Fosamax 40mg Tab (Not a Benefit)	02201038	MFC	IIIB	23
Fosamax 70mg Tab	02245329	MFC	IIIA	303
FOSAMPRENAVIR CALCIUM			IIIA	25
Fosavance 70mg/70mcg Tab	02276429	MFC	IIIA	303
FOSINOPRIL SODIUM			IIIA	109
Fragmin 2500IU/0.2mL Inj Pref Syr	02132621	PFI	IIIA	72
Fragmin 5000IU/0.2mL Inj Pref Syr	02132648	PFI	IIIA	72
Fragmin 10000IU/0.4mL Inj Pref Syr	09853790	PFI	IIIA	72
Fragmin 12500IU/0.5mL Inj Pref Syr	09853820	PFI	IIIA	72
Fragmin 15000IU/0.6mL Inj Pref Syr	09853880	PFI	IIIA	72
Fragmin 18000IU/0.72mL Inj Pref Syr	09853910	PFI	IIIA	72
Fragmin 10000IU/mL Inj Sol-1mL Pk	02132664	PFI	IIIA	72
Fragmin 25000IU/mL Multidose 3.8mL Pk	02231171	PFI	IIIA	72
FRAMYCETIN SULFATE			IIIA	195
FRAMYCETIN SULFATE & GRAMICIDIN & DEXAMETHASONE			IIIA	195
Fraxiparine 9500IU/mL Pref Syr-0.3mL Pk	09853936	GSK	IIIA	75
Fraxiparine 9500IU/mL Pref Syr-0.4mL Pk	09853944	GSK	IIIA	75
Fraxiparine 9500IU/mL Pref Syr-0.6mL Pk	09853952	GSK	IIIA	75
Fraxiparine 9500IU/mL Pref Syr-0.8mL Pk	09853979	GSK	IIIA	75
Fraxiparine 9500IU/mL Pref Syr-1.0mL Pk	09853987	GSK	IIIA	75
Fraxiparine Forte 19000IU/mL Pref Syr-0.6mL Pk	02240114	GSK	IIIA	75
Fraxiparine Forte 19000IU/mL Pref Syr-0.8mL Pk	09854100	GSK	IIIA	75
Fraxiparine Forte 19000IU/mL Pref Syr-1.0mL Pk	09854118	GSK	IIIA	75
Frisium 10mg Tab	02221799	OVA	IIIA	148
Froben 50mg Tab	02223066	ABB	IIIA	128
Fucidin 2% Cr	00586668	LEO	IIIA	277
Fucidin 2% Oint	00586676	LEO	IIIA	277
Fucidin Leo 250mg Tab	01934252	LEO	IIIA	19
Fungizone Inj Pd-50mg Pk	00029149	BQU	IIIA	3
FUROSEMIDE			IIIA	188
FUSIDIC ACID			IIIA	277
GABAPENTIN			IIIA	150

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			IIIB	11
GALANTAMINE HYDROBROMIDE			IIIA	52
GANCICLOVIR SODIUM			IIIA	26
Garamycin 0.3% Oph Oint-3.5g Pk	00028339	SCH	IIIA	196
Garamycin 0.3% Oph Sol	00512192	SCH	IIIA	196
Garamycin 0.3% Ot Sol	00512184	SCH	IIIA	196
Garasone 3mg & 1mg/mL Oph/Ot Drops	00682217	SCH	IIIA	195
Gastrolyte Oral Pd-1 Sach Pk	01931563	SAV	IIIA	186
GEL-OSE 40% Jelly-Unidose Pk	00739561	JOU	IIIA	219
Gelusil Extra Strength 400mg & 400mg Tab dpp (Not a Benefit)	00483605	PDA	IIIA	215
GEMFIBROZIL			IIIA	99
			IIIB	7
Gen-Acebutolol 100mg Tab	02237721	GEN	IIIA	83
Gen-Acebutolol 200mg Tab	02237722	GEN	IIIA	83
Gen-Acebutolol 400mg Tab	02237723	GEN	IIIA	83
Gen-Acebutolol (Type S) 100mg Tab	02237885	GEN	IIIA	83
Gen-Acebutolol (Type S) 200mg Tab	02237886	GEN	IIIA	83
Gen-Acebutolol (Type S) 400mg Tab	02237887	GEN	IIIA	83
Gen-Acyclovir 200mg Tab (Not a Benefit)	02242784	GEN	IIIB	4
Gen-Acyclovir 400mg Tab (Not a Benefit)	02242463	GEN	IIIB	4
Gen-Acyclovir 800mg Tab	02242464	GEN	IIIA	22
Gen-Alendronate 5mg Tab (Not a Benefit)	02270110	GEN	IIIB	23
Gen-Alendronate 10mg Tab	02270129	GEN	IIIA	303
Gen-Alendronate 70mg Tab	02286335	GEN	IIIA	303
Gen-Alprazolam 0.25mg Tab	02137534	GEN	IIIA	164
Gen-Alprazolam 0.5mg Tab	02137542	GEN	IIIA	165
Gen-Alprazolam 1mg Tab (Not a Benefit)	02229813	GEN	IIIB	13
Gen-Alprazolam 2mg Tab (Not a Benefit)	02229814	GEN	IIIB	13
Gen-Amantadine 100mg Cap	02139200	GEN	IIIA	304
Gen-Amilazide 5mg & 50mg Tab	02257378	GEN	IIIA	187
Gen-Amiodarone 200mg Tab	02240604	GEN	IIIA	84
Gen-Amoxicillin 250mg Cap (Not a Benefit)	02238171	GEN	IIIA	10
Gen-Amoxicillin 500mg Cap (Not a Benefit)	02238172	GEN	IIIA	10
Gen-Atenolol 50mg Tab	02146894	GEN	IIIA	84
Gen-Atenolol 100mg Tab	02147432	GEN	IIIA	85
Gen-Azathioprine 50mg Tab	02231491	GEN	IIIA	305
Gen-Azithromycin 250mg Tab	02278359	GEN	IIIA	8
Gen-Baclofen 10mg Tab	02088398	GEN	IIIA	69
Gen-Baclofen 20mg Tab	02088401	GEN	IIIA	70
Gen-Beclo AQ 50mcg Nas Sp-200 Dose Pk	02172712	GEN	IIIA	198
Gen-Bicalutamide 50mg Tab	02302403	GEN	IIIA	41
Gen-Bromazepam 1.5mg Tab	02192705	GEN	IIIA	165
Gen-Bromazepam 3mg Tab	02192713	GEN	IIIA	165
Gen-Bromazepam 6mg Tab	02192721	GEN	IIIA	165

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Gen-Budesonide AQ 100mcg/Metered Dose Nas Sp-165 Dose Pk	02230648	GEN	IIIA	199
Gen-Buspirone 10mg Tab (Not a Benefit)	02230874	GEN	IIIB	15
Gen-Captopril 12.5mg Tab	02163551	GEN	IIIA	104
Gen-Captopril 25mg Tab	02163578	GEN	IIIA	104
Gen-Captopril 50mg Tab	02163586	GEN	IIIA	104
Gen-Captopril 100mg Tab	02163594	GEN	IIIA	104
Gen-Carbamazepine CR 200mg LA Tab	02241882	GEN	IIIA	147
Gen-Carbamazepine CR 400mg LA Tab	02241883	GEN	IIIA	147
Gen-Cilazapril 1mg Tab	02283778	GEN	IIIA	104
Gen-Cilazapril 2.5mg Tab	02283786	GEN	IIIA	105
Gen-Cilazapril 5mg Tab	02283794	GEN	IIIA	105
Gen-Cimetidine 300mg Tab	02227444	GEN	IIIA	230
Gen-Cimetidine 400mg Tab	02227452	GEN	IIIA	230
Gen-Cimetidine 600mg Tab	02227460	GEN	IIIA	231
Gen-Ciprofloxacin 250mg Tab	02245647	GEN	IIIA	33
Gen-Ciprofloxacin 500mg Tab	02245648	GEN	IIIA	33
Gen-Ciprofloxacin 750mg Tab	02245649	GEN	IIIA	33
Gen-Citalopram 20mg Tab	02246594	GEN	IIIA	156
Gen-Citalopram 40mg Tab	02246595	GEN	IIIA	156
Gen-Clarithromycin 250mg Tab	02248856	GEN	IIIA	8
Gen-Clarithromycin 500mg Tab (Not a Benefit)	02248857	GEN	IIIB	2
Gen-Clindamycin 150mg Cap	02258331	GEN	IIIA	17
Gen-Clindamycin 300mg Cap	02258358	GEN	IIIA	18
Gen-Clobetasol 0.05% Cr	02024187	GEN	IIIA	287
Gen-Clobetasol 0.05% Oint	02026767	GEN	IIIA	287
Gen-Clobetasol 0.05% Scalp Lot	02216213	GEN	IIIA	287
Gen-Clomipramine 10mg Tab	02139340	GEN	IIIA	156
Gen-Clomipramine 25mg Tab	02139359	GEN	IIIA	156
Gen-Clomipramine 50mg Tab	02139367	GEN	IIIA	156
Gen-Clonazepam 0.5mg Tab	02230950	GEN	IIIA	148
Gen-Clonazepam 2mg Tab	02230951	GEN	IIIA	148
Gen-Clozapine 25mg Tab (Not a Benefit)	02247243	GEN	IIIB	14
Gen-Clozapine 100mg Tab (Not a Benefit)	02247244	GEN	IIIB	14
Gen-Combo Sterinebs 500mcg/2.5mg/2.5mL Inh Sol-2.5mL Pk	02272695	GEN	IIIA	57
Gen-Cycloprine 10mg Tab (Not a Benefit)	02231353	GEN	IIIA	70
Gen-Cyproterone 50mg Tab	02229723	GEN	IIIA	43
Gen-Diltiazem 30mg Tab	02146916	GEN	IIIA	89
Gen-Diltiazem 60mg Tab	02146924	GEN	IIIA	89
Gen-Diltiazem CD 120mg LA Cap	02254808	GEN	IIIA	87
Gen-Diltiazem CD 180mg LA Cap	02254816	GEN	IIIA	88
Gen-Diltiazem CD 240mg LA Cap	02254824	GEN	IIIA	88
Gen-Diltiazem CD 300mg LA Cap	02254832	GEN	IIIA	88
Gen-Divalproex 125mg Ent Tab	02265133	GEN	IIIA	149

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Gen-Divalproex 250mg Ent Tab	02265141	GEN	IIIA	149
Gen-Divalproex 500mg Ent Tab	02265168	GEN	IIIA	149
Gen-Domperidone 10mg Tab (Not a Benefit)	02278669	GEN	IIIA	231
Gen-Doxazosin 1mg Tab	02240498	GEN	IIIA	106
Gen-Doxazosin 2mg Tab	02240499	GEN	IIIA	106
Gen-Doxazosin 4mg Tab	02240500	GEN	IIIA	106
Gen-Enalapril 2.5mg Tab	02300036	GEN	IIIA	106
Gen-Enalapril 5mg Tab	02300044	GEN	IIIA	107
Gen-Enalapril 10mg Tab	02300052	GEN	IIIA	107
Gen-Enalapril 20mg Tab	02300060	GEN	IIIA	107
Gen-Eti Cal Carepac 400mg/500mg Tab-90 Tablets Kit	02247323	GEN	IIIA	310
Gen-Etidronate 200mg Tab	02245330	GEN	IIIA	309
Gen-Famotidine 20mg Tab	02196018	GEN	IIIA	232
Gen-Famotidine 40mg Tab	02196026	GEN	IIIA	232
Gen-Fenofibrate Micro 200mg Cap	02240210	GEN	IIIA	98
Gen-Fluconazole 150mg Cap	02245697	GEN	IIIA	279
Gen-Fluconazole 50mg Tab	02245292	GEN	IIIA	5
Gen-Fluconazole 100mg Tab	02245293	GEN	IIIA	5
Gen-Fluoxetine 10mg Cap (Not a Benefit)	02237813	GEN	IIIB	13
Gen-Fluoxetine 20mg Cap	02237814	GEN	IIIA	158
Gen-Fosinopril 10mg Tab	02262401	GEN	IIIA	109
Gen-Fosinopril 20mg Tab	02262428	GEN	IIIA	109
Gen-Gabapentin 100mg Cap	02248259	GEN	IIIA	150
Gen-Gabapentin 300mg Cap	02248260	GEN	IIIA	150
Gen-Gabapentin 400mg Cap	02248261	GEN	IIIA	150
Gen-Gemfibrozil 300mg Cap	02185407	GEN	IIIA	99
Gen-Gemfibrozil 600mg Tab (Not a Benefit)	02230476	GEN	IIIB	7
Gen-Gliclazide 80mg Tab	02229519	GEN	IIIA	261
Gen-Glimepiride 1mg Tab (Not a Benefit)	02279061	GEN	IIIB	21
Gen-Glimepiride 2mg Tab (Not a Benefit)	02279088	GEN	IIIB	21
Gen-Glimepiride 4mg Tab (Not a Benefit)	02279126	GEN	IIIB	21
Gen-Glybe 2.5mg Tab	00808733	GEN	IIIA	262
Gen-Glybe 5mg Tab	00808741	GEN	IIIA	262
Gen-Hydroxychloroquine 200mg Tab	02252600	GEN	IIIA	31
Gen-Hydroxyurea 500mg Cap	02242920	GEN	IIIA	45
Gen-Indapamide 1.25mg Tab	02240067	GEN	IIIA	190
Gen-Indapamide 2.5mg Tab	02153483	GEN	IIIA	190
Gen-Ipratropium 250mcg/mL Inh Sol-2mL UDV Pk	02216221	GEN	IIIA	56
Gen-Ipratropium 250mcg/mL Inh Sol-20mL Pk	02239131	GEN	IIIA	55
Gen-Lamotrigine 25mg Tab	02265494	GEN	IIIA	151
Gen-Lamotrigine 100mg Tab	02265508	GEN	IIIA	151
Gen-Lamotrigine 150mg Tab	02265516	GEN	IIIA	151
Gen-Lisinopril 5mg Tab	02274833	GEN	IIIA	111
Gen-Lisinopril 10mg Tab	02274841	GEN	IIIA	111

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Gen-Lisinopril 20mg Tab	02274868	GEN	IIIA	111
Gen-Lisinopril HCTZ 10mg & 12.5mg Tab	02297736	GEN	IIIA	112
Gen-Lisinopril HCTZ 20mg & 12.5mg Tab	02297744	GEN	IIIA	112
Gen-Lovastatin 20mg Tab	02243127	GEN	IIIA	99
Gen-Lovastatin 40mg Tab	02243129	GEN	IIIA	99
Gen-Medroxy 2.5mg Tab	02229838	GEN	IIIA	273
Gen-Medroxy 5mg Tab	02229839	GEN	IIIA	273
Gen-Medroxy 10mg Tab	02229840	GEN	IIIA	273
Gen-Meloxicam 7.5mg Tab	02255987	GEN	IIIA	132
Gen-Meloxicam 15mg Tab	02255995	GEN	IIIA	132
Gen-Metformin 500mg Tab	02148765	GEN	IIIA	262
Gen-Metformin 850mg Tab (Not a Benefit)	02229656	GEN	IIIB	21
Gen-Metoprolol (Type L) 50mg Tab	02174545	GEN	IIIA	90
Gen-Metoprolol (Type L) 100mg Tab	02174553	GEN	IIIA	90
Gen-Minocycline 50mg Cap (Not a Benefit)	02230735	GEN	IIIB	2
Gen-Minocycline 100mg Cap (Not a Benefit)	02230736	GEN	IIIB	3
Gen-Mirtazapine 30mg Tab	02256118	GEN	IIIA	160
Gen-Nabumetone 500mg Tab (Not a Benefit)	02244563	GEN	IIIB	9
Gen-Naproxen EC 250mg Ent Tab (Not a Benefit)	02243431	GEN	IIIB	10
Gen-Naproxen EC 375mg Ent Tab (Not a Benefit)	02243432	GEN	IIIB	10
Gen-Naproxen EC 500mg Ent Tab (Not a Benefit)	02241024	GEN	IIIB	10
Gen-Nitro SL 0.4mg/Metered Dose Spray-200 Dose Pk	02243588	GEN	IIIA	122
Gen-Nizatidine 150mg Cap	02246046	GEN	IIIA	236
Gen-Nizatidine 300mg Cap	02246047	GEN	IIIA	236
Gen-Nortriptyline 10mg Cap	02231686	GEN	IIIA	161
Gen-Nortriptyline 25mg Cap	02231687	GEN	IIIA	161
Gen-Ondansetron 4mg Tab	02297868	GEN	IIIA	228
Gen-Ondansetron 8mg Tab	02297876	GEN	IIIA	228
Gen-Oxybutynin 5mg Tab	02230800	GEN	IIIA	58
Gen-Paroxetine 10mg Tab (Not a Benefit)	02248012	GEN	IIIB	13
Gen-Paroxetine 20mg Tab	02248013	GEN	IIIA	161
Gen-Paroxetine 30mg Tab	02248014	GEN	IIIA	161
Gen-Pindolol 5mg Tab	02057808	GEN	IIIA	114
Gen-Pindolol 10mg Tab	02057816	GEN	IIIA	114
Gen-Pindolol 15mg Tab	02057824	GEN	IIIA	115
Gen-Pioglitazone 15mg Tab	02298279	GEN	IIIA	263
Gen-Pioglitazone 30mg Tab	02298287	GEN	IIIA	263
Gen-Pioglitazone 45mg Tab	02298295	GEN	IIIA	263
Gen-Piroxicam 10mg Cap	02171813	GEN	IIIA	134
Gen-Piroxicam 20mg Cap	02171821	GEN	IIIA	134
Gen-Pravastatin 10mg Tab	02257092	GEN	IIIA	100
Gen-Pravastatin 20mg Tab	02257106	GEN	IIIA	100
Gen-Pravastatin 40mg Tab	02257114	GEN	IIIA	100
Gen-Propafenone 150mg Tab	02245372	GEN	IIIA	92

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Gen-Propafenone 300mg Tab	02245373	GEN	IIIA	92
Gen-Ranitidine 150mg Tab	02207761	GEN	IIIA	242
Gen-Ranitidine 300mg Tab	02207788	GEN	IIIA	243
Gen-Risperidone 0.25mg Tab	02282240	GEN	IIIA	174
Gen-Risperidone 0.5mg Tab	02282259	GEN	IIIA	174
Gen-Risperidone 1mg Tab	02282267	GEN	IIIA	175
Gen-Risperidone 2mg Tab	02282275	GEN	IIIA	175
Gen-Risperidone 3mg Tab	02282283	GEN	IIIA	175
Gen-Risperidone 4mg Tab	02282291	GEN	IIIA	175
Gen-Salbutamol 2mg/mL Inh Sol-2.5mL Pk	02173360	GEN	IIIA	64
Gen-Salbutamol 5mg/mL Inh Sol-10mL Pk	02232987	GEN	IIIA	65
Gen-Salbutamol Sterinebs P.F. 1mg/mL Inh Sol-2.5mL Pk	01926934	GEN	IIIA	63
Gen-Selegiline 5mg Tab	02231036	GEN	IIIA	317
Gen-Sertraline 25mg Cap	02242519	GEN	IIIA	162
Gen-Sertraline 50mg Cap	02242520	GEN	IIIA	162
Gen-Sertraline 100mg Cap	02242521	GEN	IIIA	162
Gen-Simvastatin 5mg Tab	02246582	GEN	IIIA	101
Gen-Simvastatin 10mg Tab	02246583	GEN	IIIA	101
Gen-Simvastatin 20mg Tab	02246737	GEN	IIIA	102
Gen-Simvastatin 40mg Tab	02246584	GEN	IIIA	102
Gen-Simvastatin 80mg Tab	02246585	GEN	IIIA	102
Gen-Sotalol 80mg Tab (Not a Benefit)	02229778	GEN	IIIB	7
Gen-Sotalol 160mg Tab	02229779	GEN	IIIA	94
Gen-Sumatriptan 25mg Tab (Not a Benefit)	02268906	GEN	IIIB	17
Gen-Sumatriptan 50mg Tab (Not a Benefit)	02268914	GEN	IIIB	17
Gen-Sumatriptan 100mg Tab (Not a Benefit)	02268922	GEN	IIIB	17
Gen-Tamoxifen 10mg Tab	02088428	GEN	IIIA	49
Gen-Tamoxifen 20mg Tab	02089858	GEN	IIIA	49
Gen-Tamsulosin 0.4mg Cap	02298570	GEN	IIIA	319
Gen-Temazepam 15mg Cap	02231615	GEN	IIIA	180
Gen-Temazepam 30mg Cap	02231616	GEN	IIIA	180
Gen-Terbinafine 250mg Tab (Not a Benefit)	02242503	GEN	IIIB	2
Gen-Ticlopidine 250mg Tab	02239744	GEN	IIIA	320
Gen-Timolol 0.25% Oph Sol	00893773	GEN	IIIA	214
Gen-Timolol 0.5% Oph Sol	00893781	GEN	IIIA	214
Gen-Tizanidine 4mg Tab (Not a Benefit)	02272059	GEN	IIIB	5
Gen-Topiramate 25mg Tab	02263351	GEN	IIIA	153
Gen-Topiramate 100mg Tab	02263378	GEN	IIIA	153
Gen-Topiramate 200mg Tab	02263386	GEN	IIIA	153
Gen-Trazodone 50mg Tab	02231683	GEN	IIIA	163
Gen-Trazodone 100mg Tab	02231684	GEN	IIIA	163
Gen-Triazolam 0.125mg Tab	01995227	GEN	IIIA	180
Gen-Triazolam 0.25mg Tab	01913506	GEN	IIIA	181
Gen-Valproic 250mg Cap	02184648	GEN	IIIA	154

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Gen-Verapamil 80mg Tab	02237921	GEN	IIIA	94
Gen-Verapamil 120mg Tab	02237922	GEN	IIIA	95
Gen-Verapamil SR 120mg LA Tab (Not a Benefit)	02210347	GEN	IIIB	8
Gen-Verapamil SR 180mg LA Tab	02210355	GEN	IIIA	119
Gen-Verapamil SR 240mg LA Tab	02210363	GEN	IIIA	119
Gen-Warfarin 1mg Tab	02244462	GEN	IIIA	77
Gen-Warfarin 2mg Tab	02244463	GEN	IIIA	77
Gen-Warfarin 2.5mg Tab	02244464	GEN8	IIIA	77
Gen-Warfarin 3mg Tab	02287498	GEN	IIIA	77
Gen-Warfarin 4mg Tab	02244465	GEN	IIIA	77
Gen-Warfarin 5mg Tab	02244466	GEN	IIIA	78
Gen-Warfarin 6mg Tab (Not a Benefit)	02287501	GEN	IIIB	6
Gen-Warfarin 10mg Tab	02244467	GEN	IIIA	78
Gen-Zopiclone 5mg Tab (Not a Benefit)	02296616	GEN	IIIB	15
Gen-Zopiclone 7.5mg Tab (Not a Benefit)	02238596	GEN	IIIB	16
GENTAMICIN & BETAMETHASONE SODIUM PHOSPHATE			IIIA	195
GENTAMICIN SULFATE			IIIA	196
Gleevec 100mg Tab	02253275	NOV	IIIA	46
Gleevec 400mg Tab	02253283	NOV	IIIA	46
GLICLAZIDE			IIIA	261
GLIMEPIRIDE			IIIB	21
Glucagon 1mg/Vial Inj Pd-Vial Pk	02243297	LIL	IIIA	311
GLUCAGON RDNA ORIGIN			IIIA	311
Glucobay 50mg Tab	02190885	BAY	IIIA	260
Glucobay 100mg Tab	02190893	BAY	IIIA	260
Glucophage 500mg Tab	02099233	SAV	IIIA	262
Glucophage 850mg Tab (Not a Benefit)	02162849	SAV	IIIB	21
GLYBURIDE			IIIA	262
Glysennid 8.6mg Tab (Not a Benefit)	00604402	NOV	IIIA	220
Glysennid 12mg Tab	00027502	NOV	IIIA	220
GOSERELIN ACETATE			IIIA	45
GRAIN & CITRUS FIBRE			IIIA	218
GRANISETRON HCL			IIIA	227
Gravol Filmkote 50mg Tab (Not a Benefit)	00013803	HOR	IIIA	225
GUAIFENESIN			IIIA	193
Guaifenesin 20mg/mL O/L (Not a Benefit)	00026794	ROG	IIIA	193
Guaifenesin Sugar Free 20mg/mL O/L (Not a Benefit)	00990930	ROG	IIIA	193
HALCINONIDE			IIIA	289
Halcion 0.125mg Tab (Not a Benefit)	00512559	UPJ	IIIA	180
Halcion 0.25mg Tab (Not a Benefit)	00443158	PFI	IIIA	181
Haldol 5mg/mL Inj Sol-1mL Pk (Not a Benefit)	00017574	OMC	IIIA	168
Haldol 0.5mg Tab (Not a Benefit)	00017655	OMC	IIIA	168
Haldol 1mg Tab (Not a Benefit)	00017663	OMC	IIIA	169
Haldol 2mg Tab (Not a Benefit)	00017671	OMC	IIIA	169

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Haldol 5mg Tab (Not a Benefit)	00017698	OMC	IIIA	169
Haldol 10mg Tab (Not a Benefit)	00381772	OMC	IIIA	169
Haldol 20mg Tab (Not a Benefit)	00499579	OMC	IIIA	169
Haldol-LA 100mg/mL Oily Inj Sol-1mL Pk (Not a Benefit)	00599093	OMC	IIIA	169
Haldol-LA 50mg/mL Oily Inj Sol-5mL Pk (Not a Benefit)	00599085	OMC	IIIA	169
Haldol-LA 100mg/mL Oily Inj Sol-5mL Pk (Not a Benefit)	00980803	OMC	IIIA	169
Halog 0.1% Cr	02011921	BQU	IIIA	289
Halog 0.1% Oint	02010283	BQU	IIIA	289
HALOPERIDOL			IIIA	168
Haloperidol 5mg/mL Inj Sol-1mL Pk	00808652	SDZ	IIIA	168
HALOPERIDOL DECANOATE			IIIA	169
Haloperidol LA 100mg/mL Oily Inj Sol-1mL Pk	02130300	SDZ	IIIA	169
Haloperidol LA 50mg/mL Oily Inj Sol-5mL Pk	02130297	SDZ	IIIA	169
Haloperidol LA 100mg/mL Oily Inj Sol-5mL Pk	09853758	SDZ	IIIA	169
Hepalean 50000USP U/5mL Inj Sol-5mL Pk	00740497	ORG	IIIA	74
Hepalean 10000USP U/10mL Inj Sol-10mL Pk	00740519	ORG	IIIA	74
HEPARIN SODIUM			IIIA	74
Hexalen 50mg Cap	02126230	LIL	IIIA	41
Hexavitamins Tab (Not a Benefit)	00269034	NOP	IIIA	302
HEXAVITAMINS USP			IIIA	302
Hp-PAC 30mg & 500mg & 500mg Tab/Cap Pk	02238525	ABB	IIIA	235
Humalog 100U/mL Inj Sol-5x3mL Pk	09853715	LIL	IIIA	266
Humalog 100U/mL Inj Sol-10mL Pk	02229704	LIL	IIIA	266
Humalog Mix25 25% & 75% Inj Susp-5X3mL Pk	02240294	LIL	IIIA	268
Humulin 30/70 100U/mL Inj Susp-5X3mL Pk	09853855	LIL	IIIA	268
Humulin 30/70 1000U/10mL Inj Susp-10mL Pk	00795879	LIL	IIIA	268
Humulin N 100U/mL Inj Susp-5X3mL Pk	09853804	LIL	IIIA	267
Humulin NPH 1000U/10mL Inj Susp-10mL Pk	00587737	LIL	IIIA	267
Humulin R 100U/mL Inj Sol-5X3mL Pk	09853766	LIL	IIIA	265
Humulin Regular 1000U/10mL Inj Sol-10mL Pk	00586714	LIL	IIIA	265
Hycodan 1mg/mL O/L	01916580	BQU	IIIA	193
Hycort 100mg/60mL Enema-60mL Pk	00230316	VAL	IIIA	232
Hyderm 1% Cr	00716839	TAR	IIIA	290
HYDRALAZINE HCL			IIIA	109
Hydrea 500mg Cap	00465283	BQU	IIIA	45
HYDROCHLOROTHIAZIDE			IIIA	189
HYDROCHLOROTHIAZIDE & SPIRONOLACTONE			IIIA	189
HYDROCHLOROTHIAZIDE & TRIAMTERENE			IIIA	190
HYDROCODONE BITARTRATE			IIIA	193
HYDROCORTISONE			IIIA	232
			IIIA	252
			IIIA	289
HYDROCORTISONE ACETATE			IIIA	232
			IIIA	290
HYDROCORTISONE ACETATE & UREA			IIIA	290

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HYDROCORTISONE VALERATE			IIIA	290
HydroDIURIL 25mg Tab (Not a Benefit)	00016500	MSD	IIIA	189
HydroDIURIL 50mg Tab (Not a Benefit)	00016519	MSD	IIIA	189
Hydromorph Contin 3mg CR Cap	02125323	PFP	IIIA	138
Hydromorph Contin 6mg CR Cap	02125331	PFP	IIIA	138
Hydromorph Contin 12mg CR Cap	02125366	PFP	IIIA	138
Hydromorph Contin 18mg CR Cap	02243562	PFP	IIIA	139
Hydromorph Contin 24mg CR Cap	02125382	PFP	IIIA	139
Hydromorph Contin 30mg CR Cap	02125390	PFP	IIIA	139
Hydromorphone 2mg/mL Inj Sol-1mL Pk	02145901	SDZ	IIIA	139
HYDROMORPHONE HCL			IIIA	138
Hydromorphone HP-10 10mg/mL Inj Sol-1mL Pk	02145928	SDZ	IIIA	139
Hydromorphone HP-20 20mg/mL Inj	02145936	SDZ	IIIA	139
Hydromorphone HP-50 50mg/mL Inj-1mL Pk	02146126	SDZ	IIIA	139
Hydroval 0.2% Cr	02242984	TPH	IIIA	290
Hydroval 0.2% Oint	02242985	TPH	IIIA	290
HYDROXYCHLOROQUINE SULFATE			IIIA	31
HYDROXYUREA			IIIA	45
HYDROXYZINE HCL			IIIA	170
Hygroton 50mg Tab (Not a Benefit)	00010413	GEI	IIIA	188
Hygroton 100mg Tab (Not a Benefit)	00010421	GEI	IIIA	188
Hypotears 1% Oph-Sol	02133253	NOV	IIIA	212
Hytrin 1mg Tab	00818658	ABB	IIIA	118
Hytrin 2mg Tab	00818682	ABB	IIIA	118
Hytrin 5mg Tab	00818666	ABB	IIIA	118
Hytrin 10mg Tab	00818674	ABB	IIIA	118
Hyzaar 50mg/12.5mg Tab	02230047	MFC	IIIA	112
Hyzaar DS 100mg/25mg Tab	02241007	MFC	IIIA	112
IBUPROFEN			IIIA	128
Idarac 200mg Tab (Not a Benefit)	02017628	SAO	IIIA	127
Idarac 400mg Tab (Not a Benefit)	02017636	SAO	IIIA	127
Ilosone 25mg/mL O/L (Not a Benefit)	00015474	LIL	IIIA	9
Ilosone 50mg/mL O/L (Not a Benefit)	00210641	LIL	IIIA	9
IMATINIB MESYLATE			IIIA	46
Imdur 60mg ER Tab (Not a Benefit)	02126559	AZC	IIIB	8
IMIPRAMINE			IIIA	159
Imitrex 25mg Tab (Not a Benefit)		GSK	IIIB	17
Imitrex 50mg Tab (Not a Benefit)	02163764	GSK	IIIB	17
Imitrex 100mg Tab (Not a Benefit)	01950614	GSK	IIIB	17
Imitrex DF 25mg Tab (Not a Benefit)	02239738	GSK	IIIB	17
Imitrex DF 50mg Tab (Not a Benefit)	02212153	GSK	IIIB	17
Imitrex DF 100mg Tab (Not a Benefit)	02212161	GSK	IIIB	17
Imodium 2mg Caplet	00860743	JAN	IIIA	217
Imovane 5mg Tab (Not a Benefit)	02216167	SAV	IIIB	15

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Imovane 7.5mg Tab (Not a Benefit)	01926799	SAV	IIIB	16
Imuran 50mg Tab	00004596	GSK	IIIA	305
INDAPAMIDE			IIIA	190
Indapamide 2.5mg Tab	02049341	SEV	IIIA	190
Indapamide Hemihydrate 1.25mg Tab	02227339	SEV	IIIA	190
Inderal 10mg Tab (Not a Benefit)	02042177	WAY	IIIA	92
Inderal 20mg Tab (Not a Benefit)	02042193	WAY	IIIA	93
Inderal 80mg Tab (Not a Benefit)	02042215	WAY	IIIA	93
Inderal 120mg Tab (Not a Benefit)	02042223	WAY	IIIA	93
Inderal-40 40mg Tab (Not a Benefit)	02042207	AYE	IIIA	93
INDINAVIR			IIIA	26
Indocid 25mg Cap (Not a Benefit)	00016039	MSD	IIIA	129
Indocid 50mg Cap (Not a Benefit)	00016047	MSD	IIIA	130
Indocid 50mg Sup (Not a Benefit)	00594466	MSD	IIIA	130
Indocid 100mg Sup (Not a Benefit)	00016233	MSD	IIIA	130
INDOMETHACIN			IIIA	129
Inhibace 1mg Tab	01911465	HLR	IIIA	104
Inhibace 2.5mg Tab	01911473	HLR	IIIA	105
Inhibace 5mg Tab	01911481	HLR	IIIA	105
Inhibace Plus 5mg/12.5mg Tab	02181479	HLR	IIIA	105
Innohep 3500IU/0.35mL Inj Pref Syr	02229755	LEO	IIIA	76
Innohep 4500IU/0.45mL Inj Pref Syr	09853898	LEO	IIIA	76
Innohep 10000IU/0.5mL Inj Pref Syr	02231478	LEO	IIIA	76
Innohep 14000IU/0.7mL Inj Pref Syr	09853901	LEO	IIIA	76
Innohep 18000IU/0.9mL Inj Pref Syr	09853928	LEO	IIIA	76
Innohep 10000IU/mL Inj-2mL Pk	02167840	LEO	IIIA	76
Innohep 20000IU/mL Inj-2mL Pk	02229515	LEO	IIIA	76
INSULIN (10% NEUTRAL & 90% ISOPHANE) HUMAN BIOSYNTHETIC			IIIA	267
INSULIN (20% NEUTRAL & 80% ISOPHANE) HUMAN BIOSYNTHETIC			IIIA	267
INSULIN (30% NEUTRAL & 70% ISOPHANE) HUMAN BIOSYNTHETIC			IIIA	267
INSULIN (40% NEUTRAL & 60% ISOPHANE) HUMAN BIOSYNTHETIC			IIIA	268
INSULIN (50% NEUTRAL & 50% ISOPHANE) HUMAN BIOSYNTHETIC			IIIA	268
INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC			IIIA	267
INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC (RDNA ORIGIN)			IIIA	267
INSULIN (ZINC CRYSTALLINE) HUMAN BIOSYNTHETIC (RDNA ORIGIN)			IIIA	265
INSULIN ASPART			IIIA	265
			IIIA	268
INSULIN HUMAN BIOSYNTHETIC			IIIA	266
INSULIN HUMAN BIOSYNTHETIC 30% & ISOPHANE 70%			IIIA	268
INSULIN LISPRO			IIIA	266
INSULIN LISPRO & INSULIN LISPRO PROTAMINE			IIIA	268
Intal 1% Inh Sol-2mL Pk (Not a Benefit)	00534609	AVE	IIIA	317
INTERFERON ALFA-2B			IIIA	46
Intron A 15mu/mL 18mu MD Pen Kit	02240693	SCH	IIIA	46

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Intron A 25mu/mL 30mu MD Pen Kit	02240694	SCH	IIIA	46
Intron A 50mu/mL 60mu MD Pen Kit	02240695	SCH	IIIA	46
Invirase 200mg Cap	02216965	HLR	IIIA	29
Invirase 500mg Tab	02279320	HLR	IIIA	29
IPRATROPIUM BROMIDE			IIIA	55
			IIIA	209
IPRATROPIUM BROMIDE/SALBUTAMOL			IIIA	57
IRBESARTAN			IIIA	110
IRBESARTAN & HYDROCHLOROTHIAZIDE			IIIA	110
ISONIAZID			IIIA	20
ISOPROPYL MYRISTATE			IIIA	281
ISOPROTERENOL HCL			IIIA	61
Isoptin 80mg Tab (Not a Benefit)	00554316	ABB	IIIA	94
Isoptin 120mg Tab (Not a Benefit)	00554324	ABB	IIIA	95
Isoptin SR 120mg LA Tab (Not a Benefit)	01907123	ABB	IIIB	8
Isoptin SR 180mg LA Tab	01934317	ABB	IIIA	119
Isoptin SR 240mg LA Tab	00742554	ABB	IIIA	119
Isopto Atropine 1% Oph Sol	00035017	ALC	IIIA	203
Isopto Carbachol 1.5% Oph Sol	00000655	ALC	IIIA	201
Isopto Carbachol 3% Oph Sol	00000663	ALC	IIIA	201
Isopto Carpine 1% Oph Sol	00000841	ALC	IIIA	202
Isopto Carpine 2% Oph Sol	00000868	ALC	IIIA	202
Isopto Carpine 4% Oph Sol	00000884	ALC	IIIA	202
Isopto Carpine 6% Oph Sol	00000892	ALC	IIIA	202
Isopto Tears 0.5% Oph-Sol	00000809	ALC	IIIA	211
Isopto Tears 1% Oph-Sol	00000817	ALC	IIIA	211
Isordil 5mg SL Tab (Not a Benefit)	02042606	WAY	IIIA	120
Isordil 10mg Tab (Not a Benefit)	02042622	WAY	IIIA	120
Isordil 30mg Tab (Not a Benefit)	02042614	WAY	IIIA	120
ISOSORBIDE DINITRATE			IIIA	120
ISOSORBIDE-5-MONONITRATE			IIIB	8
Isotamine 300mg Tab	00272655	VAL	IIIA	20
ISOTRETINOIN			IIIA	296
Isuprel 0.5% Inh Sol-10mL Pk	02017652	SAO	IIIA	61
K-10 1.33mEq/mL O/L	01918303	GSK	IIIA	186
K-Lor 20mEq/Pouch Oral Pd-3g Pk	00481211	ABB	IIIA	186
K-Lyte/Cl 25mEq/Pouch Oral Pd-7.8g Pk	02089580	WEL	IIIA	186
Kadian 10mg SR Cap	02242163	ABB	IIIA	142
Kadian 20mg SR Cap	02184435	ABB	IIIA	142
Kadian 50mg SR Cap	02184443	ABB	IIIA	142
Kadian 100mg SR Cap	02184451	ABB	IIIA	142
Kaletra 133.3mg/33.3mg Cap	02243643	ABB	IIIA	27
Kaletra 80mg/mL & 20mg/mL O/L	02243644	ABB	IIIA	27
Kaletra 200mg & 50mg Tab	02285533	ABB	IIIA	27

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PART	PAGE
Kaochlor-10 1.33mEq/mL O/L (Not a Benefit)	02063859	PMJ	IIIA	186
Kayexalate 1mEq/g Oral Pd-454g Pk	02026961	SAV	IIIA	187
Keflex 25mg/mL Pd for Oral Susp	00015547	PHE	IIIA	17
Keflex 50mg/mL Pd for Oral Susp	00035645	PHE	IIIA	17
Keflex 250mg Tab	00403628	PHE	IIIA	17
Keflex 500mg Tab	00244392	PHE	IIIA	17
Kemadrin 0.5mg/mL O/L	00004405	BWE	IIIA	58
Kemadrin 5mg Tab (Not a Benefit)	00004758	BWE	IIIA	58
Kenalog 0.1% Cr (Not a Benefit)	00029114	WSQ	IIIA	291
Kenalog 0.1% Oint (Not a Benefit)	01999796	WSQ	IIIA	291
Kenalog-10 50mg/5mL Inj Susp-5mL Pk	01999761	BQU	IIIA	254
Kenalog-40 40mg/mL Inj Susp-1mL Pk	00990876	BQU	IIIA	254
Kenalog-40 200mg/5mL Inj Susp-5mL Pk	01999869	BQU	IIIA	254
Kenalog-Orabase Oral Top Oint	01999788	BQU	IIIA	291
Keppra 250mg Tab (Not a Benefit)	02247027	VLH	IIIB	11
Keppra 500mg Tab (Not a Benefit)	02247028	VLH	IIIB	11
Keppra 750mg Tab (Not a Benefit)	02247029	VLH	IIIB	11
KETOCONAZOLE			IIIA	6
			IIIA	279
Ketoderm 2% Cr	02245662	TAR	IIIA	279
KETOPROFEN			IIIA	130
KETOROLAC TROMETHAMINE			IIIA	200
Kivexa 600mg/300mg Tab	02269341	GSK	IIIA	21
Klean-Prep Pd-1 Kit	02147793	RIV	IIIA	186
Koffex DM 3mg/mL O/L	01928783	ROG	IIIA	193
Kwellada 1% Shampoo (Not a Benefit)	00026220	RCA	IIIA	281
Kwellada-P 1% Cr Rinse	02231480	GSK	IIIA	282
Kwellada-P 5% Lot	02231348	GSK	IIIA	282
Kytril 1mg Tab	02185881	HLR	IIIA	227
LABETALOL HCL			IIIA	110
Lacri-Lube 55%/42.5% Oph Oint-3.5g Pk	00210889	ALL	IIIA	211
LACTULOSE			IIIA	219
			IIIA	232
Lamictal 25mg Tab	02142082	GSK	IIIA	151
Lamictal 100mg Tab	02142104	GSK	IIIA	151
Lamictal 150mg Tab	02142112	GSK	IIIA	151
Lamisil 1% Cr	02031094	NOV	IIIA	280
Lamisil 250mg Tab (Not a Benefit)	02031116	NOV	IIIB	2
LAMIVUDINE			IIIA	26
LAMIVUDINE & ZIDOVUDINE			IIIA	27
LAMOTRIGINE			IIIA	151
Lanoxin 0.05mg/mL O/L	02242320	VRO	IIIA	87
Lanoxin 0.0625mg Tab	02242321	VRO	IIIA	87
Lanoxin 0.125mg Tab	02242322	VRO	IIIA	87
Lanoxin 0.25mg Tab	02242323	VRO	IIIA	87

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LANSOPRAZOLE			IIIA	233
LANSOPRAZOLE & CLARITHROMYCIN & AMOXICILLIN			IIIA	235
Lanvis 40mg Tab	00282081	GSK	IIIA	50
Largactil 25mg Tab (Not a Benefit)	01929917	RPP	IIIA	166
Largactil 50mg Tab (Not a Benefit)	01929925	RPP	IIIA	166
Largactil 100mg Tab (Not a Benefit)	01929933	RPP	IIIA	166
Lariam 250mg Tab (Not a Benefit)	02018055	HLR	IIIB	4
Lasix 10mg/mL O/L	02224720	SAV	IIIA	188
Lasix 20mg Tab	02224690	SAV	IIIA	188
Lasix 40mg Tab	02224704	SAV	IIIA	188
Lasix Special 500mg Tab	02224755	SAV	IIIA	189
LATANOPROST			IIIA	209
LATANOPROST & TIMOLOL MALEATE			IIIA	210
Lectopam 1.5mg Tab	00682314	HLR	IIIA	165
Lectopam 3mg Tab	00518123	HLR	IIIA	165
Lectopam 6mg Tab	00518131	HLR	IIIA	165
LEFLUNOMIDE			IIIA	312
Lescol 20mg Cap	02061562	NOV	IIIA	98
Lescol 40mg Cap	02061570	NOV	IIIA	98
Lescol XL 80mg ER Tab	02250527	NOV	IIIA	98
LETROZOLE			IIIA	47
LEUCOVORIN CALCIUM			IIIA	300
Leucovorin Calcium 5mg Tab	02170493	WAY	IIIA	300
Leukeran 2mg Tab	00004626	GSK	IIIA	43
LEUPROLIDE ACETATE			IIIA	47
Leustatin 1mg/mL Inj	02022117	JNO	IIIA	43
Levaquin 250mg Tab	02236841	JNO	IIIA	36
Levaquin 500mg Tab	02236842	JNO	IIIA	36
LEVETIRACETAM			IIIB	11
LEVOBUNOLOL HCL			IIIA	210
LEVODOPA & BENSERAZIDE			IIIA	312
LEVODOPA & CARBIDOPA			IIIA	312
LEVOFLOXACIN			IIIA	36
LEVONORGESTREL			IIIA	272
LEVOTHYROXINE (SODIUM)			IIIA	274
Librium 5mg Cap (Not a Benefit)	00012629	HLR	IIIA	165
Librium 10mg Cap (Not a Benefit)	00012637	HLR	IIIA	165
Librium 25mg Cap (Not a Benefit)	00012645	HLR	IIIA	165
Lidemol 0.05% Emol Cr (Not a Benefit)	02163152	MEC	IIIA	289
Lidex 0.05% Cr (Not a Benefit)	02161923	MEC	IIIA	289
Lidex 0.05% Oint (Not a Benefit)	02161966	MEC	IIIA	289
LIDOCAINE HCL			IIIA	201
Lin-Fosinopril 10mg Tab	02242733	LON	IIIA	109
Lin-Fosinopril 20mg Tab	02242734	LON	IIIA	109

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LINDANE (GAMMA BENZENE HEXACHLORIDE)			IIIA	281
LINEZOLID			IIIA	37
Lioresal 10mg Tab	00455881	NOV	IIIA	69
Lioresal DS 20mg Tab	00636576	NOV	IIIA	70
Lipidil 100mg Cap (Not a Benefit)	00885827	JOU	IIIA	98
Lipidil EZ 48mg Tab	02269074	FOU	IIIA	98
Lipidil EZ 145mg Tab	02269082	FOU	IIIA	98
Lipidil Micro 67mg Cap (Not a Benefit)	02230283	FOU	IIIB	7
Lipidil Micro 200mg Cap	02146959	SPH	IIIA	98
Lipidil Supra 160mg Tab	02241602	SPH	IIIA	98
Lipitor 10mg Tab	02230711	PFI	IIIA	96
Lipitor 20mg Tab	02230713	PFI	IIIA	96
Lipitor 40mg Tab	02230714	PFI	IIIA	96
Lipitor 80mg Tab	02243097	PFI	IIIA	96
Liquifilm Tears 1.4% Oph-Sol	00045616	ALL	IIIA	212
LISINOPRIL			IIIA	110
LISINOPRIL & HYDROCHLOROTHIAZIDE			IIIA	112
Lithane 150mg Cap	02013231	ERF	IIIA	176
Lithane 300mg Cap	00406775	ERF	IIIA	177
LITHIUM CARBONATE			IIIA	176
			IIIB	14
Locacorten-Vioform 0.02% & 1% Ot Sol	00074454	SQI	IIIA	199
LODOXAMIDE TROMETHAMINE			IIIA	200
Loestrin 1.5/30 0.03mg & 1.5mg Tab-21 Pk	00297143	SQI	IIIA	272
Loestrin 1.5/30 0.03mg & 1.5mg Tab-28 Pk	00353027	SQI	IIIA	272
Lomotil 2.5mg & 0.025mg Tab	00036323	PFI	IIIA	216
LOMUSTINE (CCNU)			IIIA	48
Loniten 2.5mg Tab	00514497	PFI	IIIA	113
Loniten 10mg Tab	00514500	PFI	IIIA	113
LOPERAMIDE HCL			IIIA	217
Lopid 300mg Cap	00599026	PFI	IIIA	99
Lopid 600mg Tab (Not a Benefit)	00659606	PFI	IIIB	7
LOPINA VIR & RITONAVIR			IIIA	27
Lopresor 50mg Tab	00397423	NOV	IIIA	90
Lopresor 100mg Tab	00397431	NOV	IIIA	90
Lopresor SR 100mg LA Tab	00658855	NOV	IIIA	90
Lopresor SR 200mg LA Tab	00534560	NOV	IIIA	90
LORATADINE			IIIB	1
LORAZEPAM			IIIA	170
LOSARTAN POTASSIUM			IIIA	112
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE			IIIA	112
Losec 20mg Cap (Not a Benefit)	00846503	AST	IIIA	237
Losec 20mg DR Tab	09857195	AZC	IIIA	239
Losec DR Tab 20mg	02190915	AZC	IIIA	237

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Lotensin 5mg Tab	00885835	NOV	IIIA	103
Lotensin 10mg Tab	00885843	NOV	IIIA	103
Lotensin 20mg Tab	00885851	NOV	IIIA	103
LOVASTATIN			IIIA	99
Lovenox 100mg/mL Inj Sol-3mL Vial Pk	02236564	SAV	IIIA	73
Lovenox 30mg/0.3mL Pref Syr-0.3mL Pk	02012472	SAV	IIIA	73
Lovenox 40mg/0.4mL Pref Syr-0.4mL Pk	02236883	SAV	IIIA	73
Lovenox 60mg/0.6mL Pref Syr-0.6mL Pk	09852468	SAV	IIIA	73
Lovenox 80mg/0.8mL Pref Syr-0.8mL Pk	09852476	SAV	IIIA	73
Lovenox 100mg/mL Pref Syr-1mL Pk	09852484	SAV	IIIA	73
Lovenox HP 120mg/0.8mL Pref Syr-0.8mL Pk	09857137	SAV	IIIA	73
Lovenox HP 150mg/mL Pref Syr-1mL Pk	02242692	SAV	IIIA	73
Loxapac 25mg/mL O/L (Not a Benefit)	02170000	WAY	IIIA	177
Loxapac 5mg Tab (Not a Benefit)	02170019	WAY	IIIA	177
Loxapac 10mg Tab (Not a Benefit)	02170027	WAY	IIIA	177
Loxapac 25mg Tab (Not a Benefit)	02170132	WAY	IIIA	177
Loxapac 50mg Tab (Not a Benefit)	02170035	WAY	IIIA	177
LOXAPINE HCL			IIIA	177
LOXAPINE SUCCINATE			IIIA	177
Lozide 1.25mg Tab	02179709	SEV	IIIA	190
Lozide 2.5mg Tab	00564966	SEV	IIIA	190
Lucentis 10mg/mL Inj Sol-0.3mL Vial Pk	02296810	NOV	IIIA	213
Ludiomil 25mg Tab (Not a Benefit)	00360481	CIB	IIIA	159
Ludiomil 50mg Tab (Not a Benefit)	00360503	NOV	IIIA	159
Ludiomil 75mg Tab (Not a Benefit)	00360511	NOV	IIIA	159
Lumigan 0.03% Oph Sol	02245860	ALL	IIIA	204
Lupron Depot PDS 3.75mg Inj-Kit	00884502	ABB	IIIA	47
Lupron Depot PDS 7.5mg Inj-Kit	00836273	ABB	IIIA	47
Lupron Depot PDS 11.25mg Inj-Kit	02239834	ABB	IIIA	47
Lupron Depot PDS 22.5mg Inj-Kit	02230248	ABB	IIIA	47
Lupron Depot PDS 30mg Inj-Kit	02239833	ABB	IIIA	47
Luvox 50mg Tab	01919342	SPH	IIIA	158
Luvox 100mg Tab	01919369	SPH	IIIA	159
Lyderm 0.05% Cr	00716863	TAR	IIIA	289
Lyderm 0.05% Gel	02236997	TAR	IIIA	289
Lyderm 0.05% Oint	02236996	TAR	IIIA	289
M-Eslon 10mg ER Cap	02019930	ETH	IIIA	141
M-Eslon 15mg ER Cap	02177749	ETH	IIIA	141
M-Eslon 30mg ER Cap	02019949	ETH	IIIA	141
M-Eslon 60mg ER Cap	02019957	ETH	IIIA	141
M-Eslon 100mg ER Cap	02019965	ETH	IIIA	141
M-Eslon 200mg ER Cap	02177757	ETH	IIIA	141
M.O.S. 1mg/mL O/L (Not a Benefit)	00486582	VAL	IIIA	140
M.O.S. 5mg/mL O/L	00514217	VAL	IIIA	140

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M.O.S. 10mg/mL O/L	00632503	VAL	IIIA	140
M.O.S. 20mg/mL O/L	00632481	VAL	IIIA	141
M.O.S. Conc 50 50mg/mL O/L	00690236	VAL	IIIA	141
M.O.S.-10 10mg Tab	00690198	VAL	IIIA	141
M.O.S.-20 20mg Tab	00690201	VAL	IIIA	141
M.O.S.-40 40mg Tab	00690228	VAL	IIIA	141
M.O.S.-60 60mg Tab	00690244	VAL	IIIA	141
Maalox 40mg & 40mg/mL O/L dpp (Not a Benefit)	02163136	NOV	IIIA	215
Maalox 400mg & 400mg Tab dpp (Not a Benefit)	02208253	NOV	IIIA	215
Maalox TC 120mg & 60mg/mL O/L dpp (Not a Benefit)	02162369	NOV	IIIA	215
MacroBID 100mg Cap	02063662	PGP	IIIA	32
Macrodantin 50mg Cap (Not a Benefit)	01997637	PGP	IIIA	32
Macrodantin 100mg Cap (Not a Benefit)	01997645	PGP	IIIA	32
MAGNESIUM OXIDE, CITRIC ACID, SODIUM PICOSULFATE			IIIA	219
Manerix 100mg Tab (Not a Benefit)	00899348	HLR	IIIA	160
Manerix 150mg Tab	00899356	HLR	IIIA	160
Manerix 300mg Tab	02166747	HLR	IIIA	160
MAPROTILINE HCL			IIIA	159
Marinol 2.5mg Cap	00611190	SPH	IIIA	225
Marinol 5mg Cap	00611204	SPH	IIIA	225
Marvelon 21 0.15mg & 0.03mg Tab-21 Pk	02042487	ORG	IIIA	270
Marvelon 28 0.15mg & 0.03mg Tab-28 Pk	02042479	ORG	IIIA	270
Matulane 50mg Cap	00012750	SIG	IIIA	49
Mavik 1mg Cap	02231459	ABB	IIIA	118
Mavik 2mg Cap	02231460	ABB	IIIA	118
Mavik 4mg Cap	02239267	ABB	IIIA	118
Maxeran 5mg Tab (Not a Benefit)	02099195	HMR	IIIA	235
Maxeran 10mg Tab (Not a Benefit)	02099209	HMR	IIIA	235
Maxidex 0.1% Oph Oint-3.5g Pk	00042579	ALC	IIIA	199
Maxidex 0.1% Oph Susp	00042560	ALC	IIIA	199
MEBENDAZOLE			IIIA	3
MECLIZINE HCL			IIIA	227
Medrol 4mg Tab	00030988	PFI	IIIA	252
MEDROXYPROGESTERONE ACETATE			IIIA	273
MEFENAMIC ACID			IIIA	131
MEFLOQUINE HCL			IIIB	4
Mefoxin 1g/Vial Inj Pd-1 Vial Pk (Not a Benefit)	00663697	MSD	IIIB	3
Mefoxin 2g/Vial Inj Pd-1 Vial Pk (Not a Benefit)	00663700	MSD	IIIB	3
Megace 40mg Tab (Not a Benefit)	00386391	BQU	IIIA	48
Megace 160mg Tab	00731323	BQU	IIIA	48
MEGESTROL ACETATE			IIIA	48
MELOXICAM			IIIA	132
MELPHALAN			IIIA	48
MEPERIDINE HCL			IIIA	140

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MERCAPTOPURINE			IIIA	48
Mesasal 500mg Ent Tab	01914030	GSK	IIIA	229
Mestinon 180mg LA Tab	00869953	VAL	IIIA	52
Mestinon 60mg Tab	00869961	VAL	IIIA	52
Metamucil Fibre Therapy-Original Texture Oral Pd	02174812	PGI	IIIA	219
Metamucil Sugar Free Oral Pd (Not a Benefit)	01912879	PGI	IIIA	219
Metformin 500mg Tab	02242794	ZYN	IIIA	262
METFORMIN HCL			IIIA	262
			IIIB	21
METHAZOLAMIDE			IIIA	211
METHOTREXATE			IIIA	48
Methotrexate 50mg/2mL Inj Sol-2mL Pk	02182777	MAY	IIIA	48
Methotrexate 50mg/2mL Inj Sol-2mL Pk (Not a Benefit)	02170671	WAY	IIIA	48
Methotrexate 2.5mg Tab	02170698	WAY	IIIA	49
Methotrexate Sodium 20mg/2mL Inj Sol-2mL Pk	02182947	MAY	IIIA	48
METHOTRIMEPRAZINE			IIIA	179
METHOXSALEN			IIIA	296
METHSUXIMIDE			IIIA	151
METHYLCELLULOSE			IIIA	211
METHYLDOPA			IIIA	113
METHYLPHENIDATE HCL			IIIA	178
			IIIB	15
METHYLPREDNISOLONE			IIIA	252
METHYLPREDNISOLONE ACETATE			IIIA	253
METHYSERGIDE BIMALEATE			IIIA	69
METOCLOPRAMIDE HCL			IIIA	235
METOLAZONE			IIIA	190
METOPROLOL TARTRATE			IIIA	90
MetroCream 0.75% Cr	02226839	GAC	IIIA	283
Metrogel 0.75% Top Gel	02092832	GAC	IIIA	283
MetroLotion 0.75% Top Lot	02248206	GAC	IIIA	283
METRONIDAZOLE			IIIA	31
			IIIA	283
METRONIDAZOLE & NYSTATIN			IIIA	283
Mevacor 20mg Tab	00795860	MFC	IIIA	99
Mevacor 40mg Tab	00795852	MFC	IIIA	99
MEXILETINE HCL			IIIA	91
Mexitil 100mg Cap (Not a Benefit)	00599956	BOE	IIIA	91
Mexitil 200mg Cap (Not a Benefit)	00599964	BOE	IIIA	91
Miacalcin 200U/Metered Dose Nas Sp-2x14 Dose Pk (Not a Benefit)	02240775	NOV	IIIB	22
Micardis 40mg Tab	02240769	BOE	IIIA	117
Micardis 80mg Tab	02240770	BOE	IIIA	117
Micardis Plus 80mg/12.5mg Tab	02244344	BOE	IIIA	117
Micatin 2% Cr	02085852	MCL	IIIA	279

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MICONAZOLE NITRATE			IIIA	279
Microlax Micro Enema-5mL Pk	02063905	PFI	IIIA	220
Micronor 0.35mg Tab-28 Pk	00037605	JNO	IIIA	273
Midamor 5mg Tab (Not a Benefit)	00487805	MSD	IIIA	187
MIDODRINE HCL			IIIA	191
Min-Ovral 0.03mg & 0.15mg Tab-21 Pk	02042320	WAY	IIIA	271
Min-Ovral 0.03mg & 0.15mg Tab-28 Pk	02042339	WAY	IIIA	271
MINERAL OIL			IIIA	219
Minestrin 1/20 0.02mg & 1mg Tab-21 Pk	00315966	SQI	IIIA	272
Minestrin 1/20 0.02mg & 1mg Tab-28 Pk	00343838	SQI	IIIA	272
Minipress 1mg Tab	00560952	PFI	IIIA	115
Minipress 2mg Tab	00560960	PFI	IIIA	115
Minipress 5mg Tab	00560979	PFI	IIIA	115
Minitran 0.4mg/Hr/13.3 Sq Cm Patch	02163527	GRA	IIIA	121
Minitran 0.6mg/Hr/20 Sq Cm Patch	02163535	GRA	IIIA	122
Minocin 50mg Cap (Not a Benefit)	02173514	STI	IIIB	2
Minocin 100mg Cap (Not a Benefit)	02173506	STI	IIIB	3
MINOCYCLINE HCL			IIIB	2
MINOXIDIL			IIIA	113
Mirapex 0.25mg Tab	02237145	BOE	IIIA	181
Mirapex 0.25mg Tab	09857268	BOE	IIIA	181
Mirapex 0.5mg Tab (Not a Benefit)	02241594	BOE	IIIB	16
Mirapex 1mg Tab	02237146	BOE	IIIA	182
Mirapex 1mg Tab	09857269	BOE	IIIA	182
Mirapex 1.5mg Tab	02237147	BOE	IIIA	182
Mirapex 1.5mg Tab	09857270	BOE	IIIA	182
Mirena 52mg Insert	02243005	BAY	IIIA	272
MIRTAZAPINE			IIIA	160
MISOPROSTOL			IIIA	236
Mobicox 7.5mg Tab	02242785	BOE	IIIA	132
Mobicox 15mg Tab	02242786	BOE	IIIA	132
MOCLOBEMIDE			IIIA	160
MODAFINIL			IIIB	15
Modecate 125mg/5mL Inj Susp-5mL Pk (Not a Benefit)	00349917	BQU	IIIA	168
Modecate Concentrate 100mg/mL Inj Sol-1mL Pk	00755575	BQU	IIIA	168
Moditen HCL 1mg Tab (Not a Benefit)	00029378	BQU	IIIA	168
Moditen HCL 2mg Tab (Not a Benefit)	00029386	BQU	IIIA	168
Moditen HCL 5mg Tab (Not a Benefit)	00029408	BQU	IIIA	168
Modulon 100mg Tab (Not a Benefit)	00587869	AXC	IIIB	5
Modulon 200mg Tab (Not a Benefit)	00803499	AXC	IIIB	5
Moduret 5mg & 50mg Tab (Not a Benefit)	00487813	PRE	IIIA	187
Mogadon 5mg Tab	00511528	VAL	IIIA	179
Mogadon 10mg Tab	00511536	VAL	IIIA	179
MOMETASONE FUROATE			IIIA	291

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Monistat 3 400mg Vag Sup	02126605	MCL	IIIA	279
Monistat 3 Dual Pak 2% Cr-9g & 400mg Vag Sup-3 Pk	02126249	MCL	IIIA	279
Monistat 7 2% Vag Cr-App 35g Pk	02084309	MCL	IIIA	279
Monistat 7 100mg Vag Sup-7 Pk	02084295	MCL	IIIA	279
Monistat Derm 2% Cr	00497797	OMC	IIIA	279
Monitan 100mg Tab (Not a Benefit)	02036290	WAY	IIIA	83
Monitan 200mg Tab (Not a Benefit)	02036436	WAY	IIIA	83
Monitan 400mg Tab (Not a Benefit)	02036444	WAY	IIIA	83
Monocor 5mg Tab	02241148	BIO	IIIA	85
Monocor 10mg Tab	02241149	CRY	IIIA	85
Monopril 10mg Tab	01907107	BQU	IIIA	109
Monopril 20mg Tab	01907115	BQU	IIIA	109
MONTELUKAST SODIUM			IIIA	313
MORPHINE HCL			IIIA	140
Morphine HP-50 50mg/mL Inj Sol-1mL Pk	00617288	SDZ	IIIA	142
MORPHINE SULFATE			IIIA	141
Morphine Sulfate 15mg/mL Inj Sol Amp	00392561	SDZ	IIIA	142
Morphine Sulfate Injection USP 15mg/mL Inj Sol Amp (Not a Benefit)	00850330	ABB	IIIA	142
Motilium 10mg Tab (Not a Benefit)	00855820	JAN	IIIA	231
Motrin 200mg Tab (Not a Benefit)	00252409	UPJ	IIIA	128
Motrin 300mg Tab (Not a Benefit)	00327794	UPJ	IIIA	129
Motrin 400mg Tab	00364142	UPJ	IIIA	129
Motrin 600mg Tab (Not a Benefit)	00484911	UPJ	IIIA	129
MOXIFLOXACIN HYDROCHLORIDE			IIIA	38
MS Contin 15mg SR Tab	02015439	PFP	IIIA	142
MS Contin 30mg SR Tab	02014297	PFP	IIIA	142
MS Contin 60mg SR Tab	02014300	PFP	IIIA	143
MS Contin 100mg SR Tab	02014319	PFP	IIIA	143
MS Contin 200mg SR Tab	02014327	PFP	IIIA	143
MS-IR 20mg Tab	02014238	PFP	IIIA	143
MS-IR 30mg Tab	02014254	PFP	IIIA	143
Mucillium Oral Pd	00599875	PMS	IIIA	219
Multipax 10mg Cap (Not a Benefit)	01927876	RPP	IIIA	170
Multipax 25mg Cap (Not a Benefit)	01938835	RPP	IIIA	170
Multipax 50mg Cap (Not a Benefit)	01927884	RPP	IIIA	170
MUPIROCIN			IIIA	277
Myambutol 100mg Tab (Not a Benefit)	00127957	LED	IIIA	20
Myambutol 400mg Tab (Not a Benefit)	02170078	WAY	IIIA	20
Mycobutin 150mg Cap	02063786	PFI	IIIA	20
MYCOPHENOLATE MOFETIL			IIIA	314
MYCOPHENOLATE SODIUM			IIIA	314
Mycostatin 100000U/g Cr (Not a Benefit)	00029092	BQU	IIIA	280
Mycostatin 100000U/mL O/L (Not a Benefit)	00248169	BQU	IIIA	6

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Mycostatin 100000U/g Oint (Not a Benefit)	00029556	BQU	IIIA	280
Mycostatin 500000U Tab (Not a Benefit)	00029416	BQU	IIIA	6
Mycostatin 25000U/g Vag Cr (Not a Benefit)	00295973	BQU	IIIA	280
Myfortic 180mg Ent Coated Tab	02264560	NOV	IIIA	314
Myfortic 360mg Ent Coated Tab	02264579	NOV	IIIA	314
Myleran 2mg Tab	00004618	GSK	IIIA	42
Myochrysine 10mg/mL Inj Sol-1mL Pk	01927620	SAV	IIIA	245
Myochrysine 25mg/mL Inj Sol-1mL Pk	01927612	SAV	IIIA	245
Myochrysine 50mg/mL Inj Sol-1mL Pk	01927604	SAV	IIIA	245
Mysoline 125mg Tab (Not a Benefit)	02042363	WAY	IIIA	152
Mysoline 250mg Tab (Not a Benefit)	02042355	WAY	IIIA	152
NABILONE			IIIA	227
NABUMETONE			IIIB	9
NADOLOL			IIIA	91
Nadopen-V 25mg/mL O/L (Not a Benefit)	00018635	NDA	IIIA	13
NADROPARIN CALCIUM			IIIA	75
NAPHAZOLINE HCL			IIIA	203
Naphcon Forte 0.1% Oph Sol (Not a Benefit)	00390283	ALC	IIIA	203
Naprosyn 25mg/mL O/L	02162431	HLR	IIIA	132
Naprosyn 500mg Sup (Not a Benefit)	02162458	HLR	IIIA	133
Naprosyn 125mg Tab (Not a Benefit)	00299413	SYN	IIIA	133
Naprosyn 250mg Tab (Not a Benefit)	02162474	HLR	IIIA	133
Naprosyn 375mg Tab (Not a Benefit)	02162482	HLR	IIIA	133
Naprosyn 500mg Tab (Not a Benefit)	02162490	HLR	IIIA	133
Naprosyn E 250mg Ent Tab (Not a Benefit)	02162792	HLR	IIIB	10
Naprosyn E 375mg Ent Tab (Not a Benefit)	02162415	HLR	IIIB	10
Naprosyn E 500mg Ent Tab (Not a Benefit)	02162423	HLR	IIIB	10
Naprosyn SR 750mg SR Tab (Not a Benefit)	02162466	HLR	IIIA	132
NAPROXEN			IIIA	132
			IIIB	10
Naproxen 500mg Sup	02230477	SDZ	IIIA	133
NAPROXEN SODIUM			IIIB	10
Nardil 15mg Tab	00476552	ERF	IIIA	162
Navane 2mg Cap	00024430	ERF	IIIA	176
Navane 5mg Cap	00024449	ERF	IIIA	176
Navane 10mg Cap	00024457	ERF	IIIA	176
Nebcin 80mg/2mL Inj Sol-2mL Pk (Not a Benefit)	00325449	LIL	IIIA	19
NELFINAVIR MESYLATE			IIIA	27
Nembutal 100mg Cap	00000086	ABB	IIIA	180
Neoral 10mg Cap	02237671	NOV	IIIA	308
Neoral 25mg Cap	02150689	NOV	IIIA	308
Neoral 50mg Cap	02150662	NOV	IIIA	308
Neoral 100mg Cap	02150670	NOV	IIIA	308
Neoral 100mg/mL O/L	02150697	NOV	IIIA	308

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NEOSTIGMINE BROMIDE			IIIA	52
Neptazane 50mg Tab (Not a Benefit)	02238071	WAY	IIIA	211
Nerisone 0.1% Cr	00587826	STI	IIIA	288
Nerisone 0.1% Oily Cr	00587818	STI	IIIA	288
Nerisone 0.1% Oint	00587834	STI	IIIA	288
Neuleptil 5mg Cap	01926780	ERF	IIIA	172
Neuleptil 10mg Cap	01926772	ERF	IIIA	172
Neuleptil 10mg/mL O/L	01926756	ERF	IIIA	172
Neurontin 100mg Cap	02084260	PFI	IIIA	150
Neurontin 300mg Cap	02084279	PFI	IIIA	150
Neurontin 400mg Cap	02084287	PFI	IIIA	150
Neurontin 600mg Tab (Not a Benefit)	02239717	PFI	IIIB	11
Neurontin 800mg Tab (Not a Benefit)	02239718	PFI	IIIB	11
Neutralca-S 40mg & 40mg/mL O/L dpp (Not a Benefit)	00261173	DES	IIIA	215
NEVIRAPINE			IIIA	27
Niacin-ICN 50mg Tab dpp (Not a Benefit)	00268593	VAL	IIIA	300
Niacin-ICN 100mg Tab dpp	00268585	VAL	IIIA	300
NICOTINIC ACID			IIIA	300
NIFEDIPINE			IIIA	91
			IIIA	113
Nifuran 50mg Tab (Not a Benefit)	00017086	MAN	IIIA	32
Nifuran 100mg Tab (Not a Benefit)	00017094	MAN	IIIA	32
NILUTAMIDE			IIIA	49
NIMODIPINE			IIIA	121
Nimotop 30mg SG Cap	02155923	BAY	IIIA	121
Nitrazadon 5mg Tab	02229654	VAL	IIIA	179
Nitrazadon 10mg Tab	02229655	VAL	IIIA	179
NITRAZEPAM			IIIA	179
Nitro-Dur 0.4mg/Hr/20 Sq Cm Patch	01911902	SCH	IIIA	121
Nitro-Dur 0.6mg/Hr/30 Sq Cm Patch	01911929	SCH	IIIA	121
NITROFURANTOIN			IIIA	32
NITROFURANTOIN MONO/MICRO CRYSTALS			IIIA	32
NITROGLYCERIN			IIIA	121
Nitrol 2% Oint	01926454	SQI	IIIA	121
Nitrolingual 0.4mg/Metered Dose Spray-200 Dose Pk (Not a Benefit)	01926721	AVE	IIIA	122
Nitrolingual Pump Spray 0.4mg/Metered Dose Spray-200 Dose Pk	02231441	SAV	IIIA	122
Nitrostat 0.3mg SL Tab	00037613	PFI	IIIA	122
Nitrostat 0.6mg SL Tab	00037621	PFI	IIIA	122
Nix 1% Cr Rinse	00771368	BWE	IIIA	282
Nix Dermal Cream 5% Cr	02219905	GSK	IIIA	282
NIZATIDINE			IIIA	236
Nizoral 2% Cr	00703974	JAN	IIIA	279
Nizoral 200mg Tab	00633836	JAN	IIIA	6

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Nolvadex 10mg Tab (Not a Benefit)	02048477	AZC	IIIA	49
Nolvadex D 20mg Tab	02048485	AZC	IIIA	49
NORETHINDRONE			IIIA	273
Norflex 60mg/2mL Inj Sol-2mL Pk (Not a Benefit)	01966162	MMH	IIIA	70
NORFLOXACIN			IIIA	38
NORGESTIMATE & ETHINYL ESTRADIOL			IIIA	274
Noritate 1% Top Cr	02156091	SAV	IIIA	283
Normacol 62% W/W Gran 1 Sach Pk	02147831	RIV	IIIA	220
Noroxin 400mg Tab (Not a Benefit)	00643025	MSD	IIIA	38
Norpace 100mg Cap (Not a Benefit)	02030799	RBT	IIIA	89
Norpace 150mg Cap (Not a Benefit)	02030802	RBT	IIIA	89
Norpramin 25mg Tab	02099128	SAV	IIIA	157
Norpramin 50mg Tab	02099136	SAV	IIIA	157
Norpramin 75mg Tab (Not a Benefit)	02099144	HMR	IIIA	157
Norprolac 0.075mg Tab	02223767	FEI	IIIA	315
Norprolac 0.15mg Tab	02223775	FEI	IIIA	315
NORTRIPTYLINE			IIIA	161
Norvasc 5mg Tab	00878928	PFI	IIIA	84
Norvasc 10mg Tab	00878936	PFI	IIIA	84
Norvir 80mg/mL O/L	02229145	ABB	IIIA	28
Norvir SEC 100mg Cap	02241480	ABB	IIIA	28
Novamilor 5mg & 50mg Tab	01937219	NOP	IIIA	187
Novamoxin 250mg Cap	00406724	NOP	IIIA	10
Novamoxin 500mg Cap	00406716	NOP	IIIA	10
Novamoxin 25mg/mL O/L	00452149	NOP	IIIA	10
Novamoxin 50mg/mL O/L	00452130	NOP	IIIA	11
Novamoxin (Sugar Reduced) 25mg/mL O/L (Not a Benefit)	01934171	NOP	IIIA	10
Novamoxin (Sugar Reduced) 50mg/mL O/L (Not a Benefit)	01934163	NOP	IIIA	11
Novasen 325mg Ent Tab (Not a Benefit)	00216666	NOP	IIIA	123
Novasen 650mg Ent Tab (Not a Benefit)	00229296	NOP	IIIA	123
Novo-Acebutolol 100mg Tab	02204517	NOP	IIIA	83
Novo-Acebutolol 200mg Tab	02204525	NOP	IIIA	83
Novo-Acebutolol 400mg Tab	02204533	NOP	IIIA	83
Novo-Acyclovir 200mg Tab (Not a Benefit)	02285959	NOP	IIIB	4
Novo-Acyclovir 400mg Tab (Not a Benefit)	02285967	NOP	IIIB	4
Novo-Acyclovir 800mg Tab	02285975	NOP	IIIA	22
Novo-Alendronate 5mg Tab (Not a Benefit)	02248251	NOP	IIIB	23
Novo-Alendronate 10mg Tab	02247373	NOP	IIIA	303
Novo-Alendronate 70mg Tab	02261715	NOP	IIIA	303
Novo-Alprazol 0.25mg Tab	01913484	NOP	IIIA	164
Novo-Alprazol 0.5mg Tab	01913492	NOP	IIIA	165
Novo-Amiodarone 200mg Tab	02239835	NOP	IIIA	84
Novo-Ampicillin 250mg Cap	00020877	NOP	IIIA	12
Novo-Ampicillin 500mg Cap	00020885	NOP	IIIA	12

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Novo-Atenol 50mg Tab	01912062	NOP	IIIA	84
Novo-Atenol 100mg Tab	01912054	NOP	IIIA	85
Novo-Atenolthalidone 50 & 25mg Tab	02302918	NOP	IIIA	103
Novo-Atenolthalidone 100 & 25mg Tab	02302926	NOP	IIIA	103
Novo-Azathioprine 50mg Tab	02236819	NOP	IIIA	305
Novo-Azithromycin 250mg Tab	02267845	NOP	IIIA	8
Novo-Benzhydramine 0.15% Oral Rinse	02229799	NOP	IIIA	201
Novo-Betahistine 16mg Tab (Not a Benefit)	02280191	NOP	IIIB	8
Novo-Betahistine 24mg Tab (Not a Benefit)	02280205	NOP	IIIB	8
Novo-Bicalutamide 50mg Tab	02270226	NOP	IIIA	41
Novo-Bisoprolol 5mg Tab	02267470	NOP	IIIA	85
Novo-Bisoprolol 10mg Tab	02267489	NOP	IIIA	85
Novo-Bromazepam 3mg Tab	02230584	NOP	IIIA	165
Novo-Bromazepam 6mg Tab	02230585	NOP	IIIA	165
Novo-Bupropion SR 150mg Tab	02260239	NOP	IIIA	155
Novo-Buspirone 10mg Tab (Not a Benefit)	02231492	NOP	IIIB	15
Novo-C 100mg Tab (Not a Benefit)	00021970	NOP	IIIA	301
Novo-C 250mg Tab (Not a Benefit)	00021237	NOP	IIIA	301
Novo-C 500mg Tab (Not a Benefit)	00021997	NOP	IIIA	301
Novo-C 1000mg Tab (Not a Benefit)	00535907	NOP	IIIA	301
Novo-Captopril 12.5mg Tab	01942964	NOP	IIIA	104
Novo-Captopril 25mg Tab	01942972	NOP	IIIA	104
Novo-Captopril 50mg Tab	01942980	NOP	IIIA	104
Novo-Captopril 100mg Tab	01942999	NOP	IIIA	104
Novo-Carbamaz 200mg Tab	00782718	NOP	IIIA	147
Novo-Cefaclor 250mg Cap (Not a Benefit)	02231691	NOP	IIIA	14
Novo-Cefaclor 500mg Cap (Not a Benefit)	02231693	NOP	IIIA	14
Novo-Cefadroxil 500mg Cap	02235134	NOP	IIIA	15
Novo-Chloroquine 250mg Tab	00021261	NOP	IIIA	31
Novo-Chlorpromazine 25mg Tab	00232823	NOP	IIIA	166
Novo-Chlorpromazine 50mg Tab	00232807	NOP	IIIA	166
Novo-Chlorpromazine 100mg Tab	00232831	NOP	IIIA	166
Novo-Cilazapril 1mg Tab	02266350	NOP	IIIA	104
Novo-Cilazapril 2.5mg Tab	02266369	NOP	IIIA	105
Novo-Cilazapril 5mg Tab	02266377	NOP	IIIA	105
Novo-Cimetidine 200mg Tab	00582409	NOP	IIIA	230
Novo-Cimetidine 300mg Tab	00582417	NOP	IIIA	230
Novo-Cimetidine 400mg Tab	00603678	NOP	IIIA	230
Novo-Cimetidine 600mg Tab	00603686	NOP	IIIA	231
Novo-Cimetidine 800mg Tab	00663727	NOP	IIIA	231
Novo-Ciprofloxacin 250mg Tab	02161737	NOP	IIIA	33
Novo-Ciprofloxacin 500mg Tab	02161745	NOP	IIIA	33
Novo-Ciprofloxacin 750mg Tab	02161753	NOP	IIIA	33
Novo-Citalopram 20mg Tab	02251558	NOP	IIIA	156

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Novo-Citalopram 20mg Tab	02293218	NOP	IIIA	156
Novo-Citalopram 40mg Tab	02251566	NOP	IIIA	156
Novo-Citalopram 40mg Tab	02293226	NOP	IIIA	156
Novo-Clavamoxin 875 875mg & 125mg Tab	02248138	NOP	IIIA	12
Novo-Clindamycin 150mg Cap	02241709	NOP	IIIA	17
Novo-Clindamycin 300mg Cap	02241710	NOP	IIIA	18
Novo-Clobazam 10mg Tab	02238334	NOP	IIIA	148
Novo-Clobetasol 0.05% Cr	02093162	NOP	IIIA	287
Novo-Clobetasol 0.05% Oint	02126192	NOP	IIIA	287
Novo-Clonazepam 0.5mg Tab	02239024	NOP	IIIA	148
Novo-Clonazepam 2mg Tab	02239025	NOP	IIIA	148
Novo-Clonidine 0.025mg Tab (Not a Benefit)	02304163	NOP	IIIB	7
Novo-Clonidine 0.1mg Tab	02046121	NOP	IIIA	105
Novo-Clonidine 0.2mg Tab	02046148	NOP	IIIA	105
Novo-Clopat 3.75mg Cap	00628190	NOP	IIIA	166
Novo-Clopat 7.5mg Cap	00628204	NOP	IIIA	166
Novo-Clopat 15mg Cap	00628212	NOP	IIIA	166
Novo-Cloxin 250mg Cap	00337765	NOP	IIIA	13
Novo-Cloxin 500mg Cap	00337773	NOP	IIIA	13
Novo-Cloxin 25mg/mL O/L	00337757	NOP	IIIA	13
Novo-Cycloprine 10mg Tab (Not a Benefit)	02080052	NOP	IIIA	70
Novo-Cyproterone 50mg Tab	02232872	NOP	IIIA	43
Novo-Desmopressin 0.1mg Tab	02287730	NOP	IIIA	269
Novo-Desmopressin 0.2mg Tab	02287749	NOP	IIIA	269
Novo-Difenac 25mg Ent Tab	00808539	NOP	IIIA	125
Novo-Difenac 50mg Ent Tab	00808547	NOP	IIIA	125
Novo-Difenac SR 75mg LA Tab	02158582	NOP	IIIA	125
Novo-Difenac SR 100mg LA Tab	02048698	NOP	IIIA	126
Novo-Difenac-K 50mg Tab (Not a Benefit)	02239355	NOP	IIIB	9
Novo-Diflunisal 250mg Tab	02048493	NOP	IIIA	127
Novo-Diltazem 30mg Tab	00862924	NOP	IIIA	89
Novo-Diltazem 60mg Tab	00862932	NOP	IIIA	89
Novo-Diltazem CD 120mg LA Cap	02242538	NOP	IIIA	87
Novo-Diltazem CD 180mg LA Cap	02242539	NOP	IIIA	88
Novo-Diltazem CD 240mg LA Cap	02242540	NOP	IIIA	88
Novo-Diltazem CD 300mg LA Cap	02242541	NOP	IIIA	88
Novo-Diltiazem HCL ER 120mg SR Cap	02271605	NOP	IIIA	88
Novo-Diltiazem HCL ER 180mg SR Cap	02271613	NOP	IIIA	89
Novo-Diltiazem HCL ER 240mg SR Cap	02271621	NOP	IIIA	89
Novo-Diltiazem HCL ER 300mg SR Cap	02271648	NOP	IIIA	89
Novo-Diltiazem HCL ER 360mg SR Cap	02271656	NOP	IIIA	89
Novo-Dimenate 50mg Tab (Not a Benefit)	00021423	NOP	IIIA	225
Novo-Divalproex 125mg Ent Tab	02239701	NOP	IIIA	149
Novo-Divalproex 250mg Ent Tab	02239702	NOP	IIIA	149

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Novo-Divalproex 500mg Ent Tab	02239703	NOP	IIIA	149
Novo-Domperidone 10mg Tab	02157195	NOP	IIIA	231
Novo-Doxazosin 1mg Tab	02242728	NOP	IIIA	106
Novo-Doxazosin 2mg Tab	02242729	NOP	IIIA	106
Novo-Doxazosin 4mg Tab	02242730	NOP	IIIA	106
Novo-Doxepin 75mg Cap	01913441	NOP	IIIA	157
Novo-Doxepin 100mg Cap	01913468	NOP	IIIA	157
Novo-Doxepin 150mg Cap	01913476	NOP	IIIA	158
Novo-Enalapril 2.5mg Tab	02300680	NOP	IIIA	106
Novo-Enalapril 5mg Tab	02233005	NOP	IIIA	107
Novo-Enalapril 10mg Tab	02233006	NOP	IIIA	107
Novo-Enalapril 20mg Tab	02233007	NOP	IIIA	107
Novo-Famotidine 20mg Tab	02022133	NOP	IIIA	232
Novo-Famotidine 40mg Tab	02022141	NOP	IIIA	232
Novo-Fenofibrate Micronized 200mg Cap	02243552	NOP	IIIA	98
Novo-Fenofibrate-S 160mg Tab	02289091	NOP	IIIA	98
Novo-Ferrogluc 300mg Tab	00021458	NOP	IIIA	71
Novo-Fibrate 500mg Cap (Not a Benefit)	00337382	NOP	IIIA	97
Novo-Fibre Tab	00595829	NOP	IIIA	218
Novo-Fluconazole 50mg Tab	02236978	NOP	IIIA	5
Novo-Fluconazole 100mg Tab	02236979	NOP	IIIA	5
Novo-Fluconazole-150 150mg Cap	02243645	NOP	IIIA	279
Novo-Fluoxetine 10mg Cap (Not a Benefit)	02216582	NOP	IIIB	13
Novo-Fluoxetine 20mg Cap	02216590	NOP	IIIA	158
Novo-Flurprofen 50mg Tab	02100509	NOP	IIIA	128
Novo-Flurprofen 100mg Tab	02100517	NOP	IIIA	128
Novo-Flutamide 250mg Tab	02230089	NOP	IIIA	45
Novo-Fluvoxamine 50mg Tab	02239953	NOP	IIIA	158
Novo-Fluvoxamine 100mg Tab	02239954	NOP	IIIA	159
Novo-Fosinopril 10mg Tab	02247802	NOP	IIIA	109
Novo-Fosinopril 20mg Tab	02247803	NOP	IIIA	109
Novo-Furantoin 50mg Cap	02231015	NOP	IIIA	32
Novo-Furantoin 100mg Cap	02231016	NOP	IIIA	32
Novo-Gabapentin 100mg Cap	02244513	NOP	IIIA	150
Novo-Gabapentin 300mg Cap	02244514	NOP	IIIA	150
Novo-Gabapentin 400mg Cap	02244515	NOP	IIIA	150
Novo-Gabapentin 600mg Tab (Not a Benefit)	02248457	NOP	IIIB	11
Novo-Gabapentin 800mg Tab (Not a Benefit)	02247346	NOP	IIIB	11
Novo-Gemfibrozil 300mg Cap	02241704	NOP	IIIA	99
Novo-Gemfibrozil 600mg Tab (Not a Benefit)	02142074	NOP	IIIB	7
Novo-Gesic 325mg Tab	00389218	NOP	IIIA	145
Novo-Gesic Forte 500mg Tab	00482323	NOP	IIIA	146
Novo-Gliclazide 80mg Tab	02238103	NOP	IIIA	261
Novo-Glimepiride 1mg Tab (Not a Benefit)	02273756	NOP	IIIB	21

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Novo-Glimepiride 2mg Tab (Not a Benefit)	02273764	NOP	IIIB	21
Novo-Glimepiride 4mg Tab (Not a Benefit)	02273772	NOP	IIIB	21
Novo-Glyburide 2.5mg Tab	01913670	NOP	IIIA	262
Novo-Glyburide 5mg Tab	01913689	NOP	IIIA	262
Novo-Hydrazide 25mg Tab	00021474	NOP	IIIA	189
Novo-Hydrazide 50mg Tab	00021482	NOP	IIIA	189
Novo-Hydroxyzin 10mg Cap (Not a Benefit)	00738824	NOP	IIIA	170
Novo-Hydroxyzin 25mg Cap (Not a Benefit)	00738832	NOP	IIIA	170
Novo-Hydroxyzin 50mg Cap (Not a Benefit)	00738840	NOP	IIIA	170
Novo-Hylazin 25mg Tab	00759473	NOP	IIIA	109
Novo-Hylazin 50mg Tab	00759481	NOP	IIIA	109
Novo-Indapamide 2.5mg Tab	02231184	NOP	IIIA	190
Novo-Ipramide 250mcg/mL Inh Sol-20mL Pk	02210479	NOP	IIIA	55
Novo-Ketoconazole 200mg Tab	02231061	NOP	IIIA	6
Novo-Lamotrigine 25mg Tab	02248232	NOP	IIIA	151
Novo-Lamotrigine 100mg Tab	02248233	NOP	IIIA	151
Novo-Lamotrigine 150mg Tab	02248234	NOP	IIIA	151
Novo-Leflunomide 10mg Tab	02261251	NOP	IIIA	312
Novo-Leflunomide 20mg Tab	02261278	NOP	IIIA	312
Novo-Levocarbidopa 100mg & 10mg Tab	02244494	NOP	IIIA	312
Novo-Levocarbidopa 100mg & 25mg Tab	02244495	NOP	IIIA	313
Novo-Levocarbidopa 250mg & 25mg Tab	02244496	NOP	IIIA	313
Novo-Lexin 250mg Cap	00342084	NOP	IIIA	17
Novo-Lexin 500mg Cap	00342114	NOP	IIIA	17
Novo-Lexin 25mg/mL Pd for Oral Susp	00342106	NOP	IIIA	17
Novo-Lexin 50mg/mL Pd for Oral Susp	00342092	NOP	IIIA	17
Novo-Lexin 250mg Tab (Not a Benefit)	00583413	NOP	IIIA	17
Novo-Lexin 500mg Tab (Not a Benefit)	00583421	NOP	IIIA	17
Novo-Lisinopril (Type P) 5mg Tab	02285061	NOP	IIIA	110
Novo-Lisinopril (Type P) 10mg Tab	02285088	NOP	IIIA	110
Novo-Lisinopril (Type P) 20mg Tab	02285096	NOP	IIIA	111
Novo-Lisinopril (Type Z) 5mg Tab	02285118	NOP	IIIA	111
Novo-Lisinopril (Type Z) 10mg Tab	02285126	NOP	IIIA	111
Novo-Lisinopril (Type Z) 20mg Tab	02285134	NOP	IIIA	111
Novo-Lisinopril/HCTZ (Type P) 10mg & 12.5mg Tab	02302136	NOP	IIIA	112
Novo-Lisinopril/HCTZ (Type P) 20mg & 12.5mg Tab	02302144	NOP	IIIA	112
Novo-Lisinopril/HCTZ (Type Z) 10mg & 12.5mg Tab	02301768	NOP	IIIA	112
Novo-Lisinopril/HCTZ (Type Z) 20mg & 12.5mg Tab	02301776	NOP	IIIA	112
Novo-Loperamide 2mg Caplet	02132591	NOP	IIIA	217
Novo-Lorazem 0.5mg Tab	00711101	NOP	IIIA	170
Novo-Lorazem 1mg Tab	00637742	NOP	IIIA	170
Novo-Lorazem 2mg Tab	00637750	NOP	IIIA	170
Novo-Lovastatin 20mg Tab	02246542	NOP	IIIA	99
Novo-Lovastatin 40mg Tab	02246543	NOP	IIIA	99

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PART	PAGE
Novo-Maprotiline 25mg Tab	02158612	NOP	IIIA	159
Novo-Maprotiline 50mg Tab	02158620	NOP	IIIA	159
Novo-Maprotiline 75mg Tab	02158639	NOP	IIIA	159
Novo-Medrone 2.5mg Tab	02221284	NOP	IIIA	273
Novo-Medrone 5mg Tab	02221292	NOP	IIIA	273
Novo-Medrone 10mg Tab	02221306	NOP	IIIA	273
Novo-Meloxicam 7.5mg Tab	02258315	NOP	IIIA	132
Novo-Meloxicam 15mg Tab	02258323	NOP	IIIA	132
Novo-Metformin 500mg Tab	02045710	NOP	IIIA	262
Novo-Methacin 25mg Cap	00337420	NOP	IIIA	129
Novo-Methacin 50mg Cap	00337439	NOP	IIIA	130
Novo-Metoprol 50mg Tab	00648035	NOP	IIIA	90
Novo-Metoprol 100mg Tab	00648043	NOP	IIIA	90
Novo-Metoprol (Uncoated) 50mg Tab	00842648	NOP	IIIA	90
Novo-Metoprol (Uncoated) 100mg Tab	00842656	NOP	IIIA	90
Novo-Mexiletine 100mg Cap	02230359	NOP	IIIA	91
Novo-Mexiletine 200mg Cap	02230360	NOP	IIIA	91
Novo-Mirtazapine 30mg Tab	02259354	NOP	IIIA	160
Novo-Mirtazapine OD 15mg Orally Disintegrating Tab	02279894	NOP	IIIA	160
Novo-Mirtazapine OD 30mg Orally Disintegrating Tab	02279908	NOP	IIIA	160
Novo-Mirtazapine OD 45mg Orally Disintegrating Tab	02279916	NOP	IIIA	160
Novo-Misoprostol 100mcg Tab	02240754	NOP	IIIA	236
Novo-Moclobemide 100mg Tab	02239746	NOP	IIIA	160
Novo-Moclobemide 150mg Tab	02239747	NOP	IIIA	160
Novo-Moclobemide 300mg Tab	02239748	NOP	IIIA	160
Novo-Morphine SR 60mg SR Tab	02302780	NOP	IIIA	143
Novo-Morphine SR 100mg SR Tab	02302799	NOP	IIIA	143
Novo-Morphine SR 200mg SR Tab	02302802	NOP	IIIA	143
Novo-Nabumetone 500mg Tab (Not a Benefit)	02240867	NOP	IIIB	9
Novo-Nabumetone 750mg Tab (Not a Benefit)	02240868	NOP	IIIB	9
Novo-Nadolol 40mg Tab	02126753	NOP	IIIA	91
Novo-Nadolol 80mg Tab	02126761	NOP	IIIA	91
Novo-Naprox 250mg Tab	00565350	NOP	IIIA	133
Novo-Naprox 375mg Tab	00627097	NOP	IIIA	133
Novo-Naprox 500mg Tab	00589861	NOP	IIIA	133
Novo-Niacin 50mg Tab dpp (Not a Benefit)	00274496	NOP	IIIA	300
Novo-Nizatidine 150mg Cap	02240457	NOP	IIIA	236
Novo-Nizatidine 300mg Cap	02240458	NOP	IIIA	236
Novo-Norfloxacin 400mg Tab	02237682	NOP	IIIA	38
Novo-Nortriptyline 10mg Cap	02231781	NOP	IIIA	161
Novo-Nortriptyline 25mg Cap	02231782	NOP	IIIA	161
Novo-Ofloxacin 200mg Tab	02243474	NOP	IIIA	39
Novo-Ofloxacin 300mg Tab	02243475	NOP	IIIA	39
Novo-Ofloxacin 400mg Tab	02243476	NOP	IIIA	39

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PART	PAGE
Novo-Olanzapine 2.5mg Tab	02276712	NOP	IIIA	171
Novo-Olanzapine 5mg Tab	02276720	NOP	IIIA	171
Novo-Olanzapine 7.5mg Tab	02276739	NOP	IIIA	171
Novo-Olanzapine 10mg Tab	02276747	NOP	IIIA	171
Novo-Olanzapine 15mg Tab	02276755	NOP	IIIA	171
Novo-Ondansetron 4mg Tab	02264056	NOP	IIIA	228
Novo-Ondansetron 8mg Tab	02264064	NOP	IIIA	228
Novo-Oxybutynin 5mg Tab	02230394	NOP	IIIA	58
Novo-Pantoprazole 40mg Ent Tab	02285487	NOP	IIIA	240
Novo-Paroxetine 10mg Tab (Not a Benefit)	02248556	NOP	IIIB	13
Novo-Paroxetine 20mg Tab	02248557	NOP	IIIA	161
Novo-Paroxetine 30mg Tab	02248558	NOP	IIIA	161
Novo-Pen-VK-500 60mg/mL O/L	00391603	NOP	IIIA	13
Novo-Pen-VK-500 300mg Tab	00021202	NOP	IIIA	13
Novo-Peridol 0.5mg Tab	00363685	NOP	IIIA	168
Novo-Peridol 1mg Tab	00363677	NOP	IIIA	169
Novo-Peridol 2mg Tab	00363669	NOP	IIIA	169
Novo-Peridol 5mg Tab	00363650	NOP	IIIA	169
Novo-Peridol 10mg Tab	00713449	NOP	IIIA	169
Novo-Peridol 20mg Tab	00768820	NOP	IIIA	169
Novo-Pindol 5mg Tab	00869007	NOP	IIIA	114
Novo-Pindol 10mg Tab	00869015	NOP	IIIA	114
Novo-Pindol 15mg Tab	00869023	NOP	IIIA	115
Novo-Pioglitazone 15mg Tab	02274914	NOP	IIIA	263
Novo-Pioglitazone 30mg Tab	02274922	NOP	IIIA	263
Novo-Pioglitazone 45mg Tab	02274930	NOP	IIIA	263
Novo-Pirocam 10mg Cap	00695718	NOP	IIIA	134
Novo-Pirocam 20mg Cap	00695696	NOP	IIIA	134
Novo-Pramipexole 0.25mg Tab	02269309	NOP	IIIA	181
Novo-Pramipexole 0.5mg Tab (Not a Benefit)	02269317	NOP	IIIB	16
Novo-Pramipexole 1mg Tab	02269325	NOP	IIIA	182
Novo-Pramipexole 1.5mg Tab	02269333	NOP	IIIA	182
Novo-Pranol 10mg Tab	00496480	NOP	IIIA	92
Novo-Pranol 20mg Tab	00740675	NOP	IIIA	93
Novo-Pranol 40mg Tab	00496499	NOP	IIIA	93
Novo-Pranol 80mg Tab	00496502	NOP	IIIA	93
Novo-Pravastatin 10mg Tab	02247008	NOP	IIIA	100
Novo-Pravastatin 20mg Tab	02247009	NOP	IIIA	100
Novo-Pravastatin 40mg Tab	02247010	NOP	IIIA	100
Novo-Prazin 1mg Tab	01934198	NOP	IIIA	115
Novo-Prazin 2mg Tab	01934201	NOP	IIIA	115
Novo-Prazin 5mg Tab	01934228	NOP	IIIA	115
Novo-Prednisone 5mg Tab	00021695	NOP	IIIA	253
Novo-Prednisone 50mg Tab	00232378	NOP	IIIA	253

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Novo-Profen 200mg Tab	00629324	NOP	IIIA	128
Novo-Profen 400mg Tab	00629340	NOP	IIIA	129
Novo-Profen 600mg Tab	00629359	NOP	IIIA	129
Novo-Purol 100mg Tab	00364282	NOP	IIIA	304
Novo-Purol 200mg Tab	00565342	NOP	IIIA	304
Novo-Purol 300mg Tab	00363693	NOP	IIIA	304
Novo-Rabeprazole EC 10mg Tab	02296632	NOP	IIIA	242
Novo-Rabeprazole EC 20mg Tab	02296640	NOP	IIIA	242
Novo-Ramipril Cap 2.5mg	02247945	NOP	IIIA	116
Novo-Ramipril Cap 5mg	02247946	NOP	IIIA	117
Novo-Ramipril Cap 10mg	02247947	NOP	IIIA	117
Novo-Ranidine 15mg/mL Oral Sol	02242940	NOP	IIIA	242
Novo-Ranidine 150mg Tab	00828564	NOP	IIIA	242
Novo-Ranidine 300mg Tab	00828556	NOP	IIIA	243
Novo-Risperidone 0.25mg Tab	02282690	NOP	IIIA	174
Novo-Risperidone 0.5mg Tab	02264188	NOP	IIIA	174
Novo-Risperidone 1mg Tab	02264196	NOP	IIIA	175
Novo-Risperidone 2mg Tab	02264218	NOP	IIIA	175
Novo-Risperidone 3mg Tab	02264226	NOP	IIIA	175
Novo-Risperidone 4mg Tab	02264234	NOP	IIIA	175
Novo-Rythro Estolate 25mg/mL O/L	00021172	NOP	IIIA	9
Novo-Rythro Estolate 50mg/mL O/L	00262595	NOP	IIIA	9
Novo-Rythro Ethyl Succinate 40mg/mL O/L	00605859	NOP	IIIA	9
Novo-Rythro Ethyl Succinate 80mg/mL O/L	00652318	NOP	IIIA	9
Novo-Salmol 100mcg/Metered Dose Inh-200 Dose Pk (Not a Benefit)	00874086	NOP	IIIA	66
Novo-Selegiline 5mg Tab	02068087	NOP	IIIA	317
Novo-Semide 20mg Tab	00337730	NOP	IIIA	188
Novo-Semide 40mg Tab	00337749	NOP	IIIA	188
Novo-Sertraline 25mg Cap	02240485	NOP	IIIA	162
Novo-Sertraline 50mg Cap	02240484	NOP	IIIA	162
Novo-Sertraline 100mg Cap	02240481	NOP	IIIA	162
Novo-Simvastatin 5mg Tab	02250144	NOP	IIIA	101
Novo-Simvastatin 10mg Tab	02250152	NOP	IIIA	101
Novo-Simvastatin 20mg Tab	02250160	NOP	IIIA	102
Novo-Simvastatin 40mg Tab	02250179	NOP	IIIA	102
Novo-Simvastatin 80mg Tab	02250187	NOP	IIIA	102
Novo-Sotalol 80mg Tab (Not a Benefit)	02231181	NOP	IIIB	7
Novo-Sotalol 160mg Tab	02231182	NOP	IIIA	94
Novo-Spiroton 25mg Tab	00613215	NOP	IIIA	191
Novo-Spiroton 100mg Tab	00613223	NOP	IIIA	191
Novo-Spirozine-25 25mg & 25mg Tab	00613231	NOP	IIIA	189
Novo-Spirozine-50 50mg & 50mg Tab	00657182	NOP	IIIA	189
Novo-Sucralate 1g Tab	02045702	NOP	IIIA	243

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Novo-Sumatriptan DF 25mg Tab (Not a Benefit)	02286815	NOP	IIIB	17
Novo-Sumatriptan DF 50mg Tab (Not a Benefit)	02286823	NOP	IIIB	17
Novo-Sumatriptan DF 100mg Tab (Not a Benefit)	02286831	NOP	IIIB	17
Novo-Sundac 150mg Tab	00745588	NOP	IIIA	135
Novo-Sundac 200mg Tab	00745596	NOP	IIIA	135
Novo-Tamoxifen 10mg Tab	00851965	NOP	IIIA	49
Novo-Tamoxifen 20mg Tab	00851973	NOP	IIIA	49
Novo-Tamsulosin SR 0.4mg Cap	02281392	NOP	IIIA	319
Novo-Temazepam 15mg Cap	02230095	NOP	IIIA	180
Novo-Temazepam 30mg Cap	02230102	NOP	IIIA	180
Novo-Terazosin 1mg Tab	02230805	NOP	IIIA	118
Novo-Terazosin 2mg Tab	02230806	NOP	IIIA	118
Novo-Terazosin 5mg Tab	02230807	NOP	IIIA	118
Novo-Terazosin 10mg Tab	02230808	NOP	IIIA	118
Novo-Terbinafine 250mg Tab (Not a Benefit)	02240346	NOP	IIIB	2
Novo-Theophyl SR 300mg LA Tab	02230087	NOP	IIIA	299
Novo-Tiaprofenic 200mg Tab	02179679	NOP	IIIA	135
Novo-Tiaprofenic 300mg Tab	02179687	NOP	IIIA	135
Novo-Ticlopidine 250mg Tab	02236848	NOP	IIIA	320
Novo-Timol 5mg Tab	01947796	NOP	IIIA	94
Novo-Timol 10mg Tab	01947818	NOP	IIIA	94
Novo-Timol 20mg Tab	01947826	NOP	IIIA	94
Novo-Topiramate 25mg Tab	02248860	NOP	IIIA	153
Novo-Topiramate 100mg Tab	02248861	NOP	IIIA	153
Novo-Topiramate 200mg Tab	02248862	NOP	IIIA	153
Novo-Trazodone 50mg Tab	02144263	NOP	IIIA	163
Novo-Trazodone 100mg Tab	02144271	NOP	IIIA	163
Novo-Trazodone 150mg Tab	02144298	NOP	IIIA	163
Novo-Triamzide 25mg & 50mg Tab	00532657	NOP	IIIA	190
Novo-Trimel 40mg & 8mg/mL O/L	00726540	NOP	IIIA	40
Novo-Trimel 400mg & 80mg Tab	00510637	NOP	IIIA	40
Novo-Trimel DS 800mg & 160mg Tab	00510645	NOP	IIIA	40
Novo-Valproic 250mg Cap	02100630	NOP	IIIA	154
Novo-Venlafaxine XR 37.5mg ER Cap	02275023	NOP	IIIA	164
Novo-Venlafaxine XR 75mg ER Cap	02275031	NOP	IIIA	164
Novo-Venlafaxine XR 150mg ER Cap	02275058	NOP	IIIA	164
Novo-Veramil SR 240mg LA Tab	02211920	NOP	IIIA	119
Novo-Warfarin 1mg Tab	02265273	NOP	IIIA	77
Novo-Warfarin 2mg Tab	02265281	NOP	IIIA	77
Novo-Warfarin 2.5mg Tab	02265303	NOP	IIIA	77
Novo-Warfarin 3mg Tab	02265311	NOP	IIIA	77
Novo-Warfarin 4mg Tab	02265338	NOP	IIIA	77
Novo-Warfarin 5mg Tab	02265346	NOP	IIIA	78
Novo-Zopiclone 5mg Tab (Not a Benefit)	02251450	NOP	IIIB	15

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PART	PAGE
Novo-Zopiclone 7.5mg Tab (Not a Benefit)	02251469	NOP	IIIB	16
Novolin ge 10/90 Penfill 100U/mL Inj Susp-5X3mL Pk	02024292	NOO	IIIA	267
Novolin ge 20/80 Penfill 100U/mL Inj Susp-5X3mL Pk	02024306	NOO	IIIA	267
Novolin ge 30/70 1000U/10mL Inj Susp-10mL Pk	02024217	NOO	IIIA	267
Novolin ge 30/70 Penfill 100U/mL Inj Susp-5X3mL Pk	09853812	NOO	IIIA	267
Novolin ge 40/60 Penfill 100U/mL Inj Susp-5X3mL Pk	02024314	NOO	IIIA	268
Novolin ge 50/50 Penfill 100U/mL Inj Susp-5X3mL Pk	02024322	NOO	IIIA	268
Novolin ge NPH 1000U/10mL Inj Susp-10mL Pk	02024225	NOO	IIIA	267
Novolin ge NPH Penfill 100U/mL Inj Susp-5X3mL Pk	09853782	NOO	IIIA	267
Novolin ge Toronto 1000U/10mL Inj Sol-10mL Pk	02024233	NOO	IIIA	266
Novolin ge Toronto Penfill 100U/mL Inj Sol-5X3mL Pk	09853774	NOO	IIIA	266
NovoMix 30 Penfill 100U/mL Inj Susp-5x3mL Pk	02265435	NOO	IIIA	268
NovoRapid 100U/mL Inj Sol-10mL Pk	02245397	NOO	IIIA	265
NovoRapid Penfill 100U/mL Inj Sol-5x3mL Pk	02244353	NOO	IIIA	265
Nozinan 25mg/mL Inj Sol-1mL Pk	01927698	SAV	IIIA	179
Nozinan 2mg Tab (Not a Benefit)	01927647	AVE	IIIA	179
Nozinan 5mg Tab	01927655	SAV	IIIA	179
Nozinan 25mg Tab	01927663	SAV	IIIA	179
Nozinan 50mg Tab	01927671	SAV	IIIA	179
Nu-Acebutolol 100mg Tab	02165546	NXP	IIIA	83
Nu-Acebutolol 200mg Tab	02165554	NXP	IIIA	83
Nu-Acebutolol 400mg Tab	02165562	NXP	IIIA	83
Nu-Acyclovir 800mg Tab	02197421	NXP	IIIA	22
Nu-Alpraz 0.25mg Tab	01913239	NXP	IIIA	164
Nu-Alpraz 0.5mg Tab	01913247	NXP	IIIA	165
Nu-Amilzide 5mg & 50mg Tab	00886106	NXP	IIIA	187
Nu-Amoxi 250mg Cap (Not a Benefit)	00865567	NXP	IIIA	10
Nu-Amoxi 500mg Cap (Not a Benefit)	00865575	NXP	IIIA	10
Nu-Amoxi 25mg/mL O/L (Not a Benefit)	00865540	NXP	IIIA	10
Nu-Amoxi 50mg/mL O/L (Not a Benefit)	00865559	NXP	IIIA	11
Nu-Atenol 50mg Tab	00886114	NXP	IIIA	84
Nu-Atenol 100mg Tab	00886122	NXP	IIIA	85
Nu-Baclo 10mg Tab	02136090	NXP	IIIA	69
Nu-Baclo 20mg Tab	02136104	NXP	IIIA	70
Nu-Bromazepam 1.5mg Tab	02171856	NXP	IIIA	165
Nu-Bromazepam 3mg Tab	02171864	NXP	IIIA	165
Nu-Bromazepam 6mg Tab	02171872	NXP	IIIA	165
Nu-Capto 12.5mg Tab	01913824	NXP	IIIA	104
Nu-Capto 25mg Tab	01913832	NXP	IIIA	104
Nu-Capto 50mg Tab	01913840	NXP	IIIA	104
Nu-Capto 100mg Tab	01913859	NXP	IIIA	104
Nu-Carbamazepine 200mg Tab	02042568	NXP	IIIA	147
Nu-Cefaclor 250mg Cap (Not a Benefit)	02231432	NXP	IIIA	14
Nu-Cefaclor 500mg Cap (Not a Benefit)	02231433	NXP	IIIA	14

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Nu-Cephalex 250mg Tab (Not a Benefit)	00865877	NXP	IIIA	17
Nu-Cephalex 500mg Tab (Not a Benefit)	00865885	NXP	IIIA	17
Nu-Cimet 200mg Tab	00865796	NXP	IIIA	230
Nu-Cimet 300mg Tab	00865818	NXP	IIIA	230
Nu-Cimet 400mg Tab	00865826	NXP	IIIA	230
Nu-Cimet 600mg Tab	00865834	NXP	IIIA	231
Nu-Clonazepam 0.5mg Tab	02173344	NXP	IIIA	148
Nu-Clonazepam 2mg Tab	02173352	NXP	IIIA	148
Nu-Clonidine 0.1mg Tab	01913786	NXP	IIIA	105
Nu-Clonidine 0.2mg Tab	01913220	NXP	IIIA	105
Nu-Cloxi 250mg Cap (Not a Benefit)	00717584	NXP	IIIA	13
Nu-Cloxi 500mg Cap (Not a Benefit)	00717592	NXP	IIIA	13
Nu-Cloxi 25mg/mL O/L (Not a Benefit)	00717630	NXP	IIIA	13
Nu-Cotrimox 40mg & 8mg/mL O/L	00865753	NXP	IIIA	40
Nu-Cotrimox 400mg & 80mg Tab	00865710	NXP	IIIA	40
Nu-Cotrimox 800mg & 160mg Tab	00865729	NXP	IIIA	40
Nu-Cromolyn 1% Inh Sol-2mL Pk	02231671	NXP	IIIA	317
Nu-Cyclobenzaprine 10mg Tab (Not a Benefit)	02171848	NXP	IIIA	70
Nu-Desipramine 25mg Tab	02211947	NXP	IIIA	157
Nu-Desipramine 50mg Tab	02211955	NXP	IIIA	157
Nu-Desipramine 75mg Tab	02211963	NXP	IIIA	157
Nu-Diclo 25mg Ent Tab	00886017	NXP	IIIA	125
Nu-Diclo 50mg Ent Tab	00886025	NXP	IIIA	125
Nu-Diclo-SR 75mg LA Tab	02228203	NXP	IIIA	125
Nu-Diclo-SR 100mg LA Tab	02228211	NXP	IIIA	126
Nu-Diltiaz 30mg Tab	00886068	NXP	IIIA	89
Nu-Diltiaz 60mg Tab	00886076	NXP	IIIA	89
Nu-Divalproex 125mg Ent Tab	02239517	NXP	IIIA	149
Nu-Divalproex 250mg Ent Tab	02239518	NXP	IIIA	149
Nu-Divalproex 500mg Ent Tab	02239519	NXP	IIIA	149
Nu-Domperidone 10mg Tab	02231477	NXP	IIIA	231
Nu-Famotidine 20mg Tab	02024195	NXP	IIIA	232
Nu-Famotidine 40mg Tab	02024209	NXP	IIIA	232
Nu-Fenofibrate 100mg Cap	02223600	NXP	IIIA	98
Nu-Fluoxetine 20mg Cap	02192764	NXP	IIIA	158
Nu-Flurbiprofen 50mg Tab	02020661	NXP	IIIA	128
Nu-Flurbiprofen 100mg Tab	02020688	NXP	IIIA	128
Nu-Fluvoxamine 50mg Tab	02231192	NXP	IIIA	158
Nu-Fluvoxamine 100mg Tab	02231193	NXP	IIIA	159
Nu-Glyburide 2.5mg Tab	02020734	NXP	IIIA	262
Nu-Glyburide 5mg Tab	02020742	NXP	IIIA	262
Nu-Indapamide 2.5mg Tab	02223597	NXP	IIIA	190
Nu-Indo 25mg Cap	00865850	NXP	IIIA	129
Nu-Indo 50mg Cap	00865869	NXP	IIIA	130

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Nu-Levocarb 100mg & 10mg Tab	02182831	NXP	IIIA	312
Nu-Levocarb 100mg & 25mg Tab	02182823	NXP	IIIA	313
Nu-Levocarb 250mg & 25mg Tab	02182858	NXP	IIIA	313
Nu-Loraz 0.5mg Tab	00865672	NXP	IIIA	170
Nu-Loraz 1mg Tab	00865680	NXP	IIIA	170
Nu-Loraz 2mg Tab	00865699	NXP	IIIA	170
Nu-Loxapine 5mg Tab	02237534	NXP	IIIA	177
Nu-Loxapine 10mg Tab	02237535	NXP	IIIA	177
Nu-Loxapine 25mg Tab	02237536	NXP	IIIA	177
Nu-Loxapine 50mg Tab	02237537	NXP	IIIA	177
Nu-Mefenamic 250mg Cap	02229569	NXP	IIIA	131
Nu-Megestrol 160mg Tab	02185423	NXP	IIIA	48
Nu-Metformin 500mg Tab	02162822	NXP	IIIA	262
Nu-Metoclopramide 5mg Tab	02143275	NXP	IIIA	235
Nu-Metoclopramide 10mg Tab	02143283	NXP	IIIA	235
Nu-Metop 50mg Tab	00865605	NXP	IIIA	90
Nu-Metop 100mg Tab	00865613	NXP	IIIA	90
Nu-Naprox 250mg Tab	00865648	NXP	IIIA	133
Nu-Naprox 375mg Tab	00865656	NXP	IIIA	133
Nu-Naprox 500mg Tab	00865664	NXP	IIIA	133
Nu-Nifed 10mg Cap	00865591	NXP	IIIA	91
Nu-Nortriptyline 10mg Cap	02223139	NXP	IIIA	161
Nu-Nortriptyline 25mg Cap	02223147	NXP	IIIA	161
Nu-Oxybutyn 5mg Tab	02158590	NXP	IIIA	58
Nu-Pen VK 300mg Tab (Not a Benefit)	00717568	NXP	IIIA	13
Nu-Pentoxifylline 400mg SR Tab	02230401	NXP	IIIA	81
Nu-Pindol 5mg Tab	00886149	NXP	IIIA	114
Nu-Pindol 10mg Tab	00886009	NXP	IIIA	114
Nu-Pindol 15mg Tab	00886130	NXP	IIIA	115
Nu-Pirox 10mg Cap	00865761	NXP	IIIA	134
Nu-Pirox 20mg Cap	00865788	NXP	IIIA	134
Nu-Pravastatin 10mg Tab	02244350	NXP	IIIA	100
Nu-Pravastatin 20mg Tab	02244351	NXP	IIIA	100
Nu-Pravastatin 40mg Tab	02244352	NXP	IIIA	100
Nu-Prazo 1mg Tab	01913794	NXP	IIIA	115
Nu-Prazo 2mg Tab	01913808	NXP	IIIA	115
Nu-Prazo 5mg Tab	01913816	NXP	IIIA	115
Nu-Prochlor 5mg Tab	01964399	NXP	IIIA	173
Nu-Prochlor 10mg Tab	01964402	NXP	IIIA	173
Nu-Ranit 150mg Tab	00865737	NXP	IIIA	242
Nu-Ranit 300mg Tab	00865745	NXP	IIIA	243
Nu-Selegiline 5mg Tab	02230717	NXP	IIIA	317
Nu-Sotalol 160mg Tab	02163772	NXP	IIIA	94
Nu-Sucralfate 1g Tab	02134829	NXP	IIIA	243

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Nu-Sulindac 150mg Tab	02042576	NXP	IIIA	135
Nu-Sulindac 200mg Tab	02042584	NXP	IIIA	135
Nu-Temazepam 15mg Cap	02223570	NXP	IIIA	180
Nu-Temazepam 30mg Cap	02223589	NXP	IIIA	180
Nu-Terazosin 1mg Tab	02233047	NXP	IIIA	118
Nu-Terazosin 2mg Tab	02233048	NXP	IIIA	118
Nu-Terazosin 5mg Tab	02233049	NXP	IIIA	118
Nu-Terazosin 10mg Tab	02233050	NXP	IIIA	118
Nu-Ticlopidine 250mg Tab	02237560	NXP	IIIA	320
Nu-Timolol 5mg Tab	02044609	NXP	IIIA	94
Nu-Timolol 10mg Tab	02044617	NXP	IIIA	94
Nu-Timolol 20mg Tab	02044625	NXP	IIIA	94
Nu-Triazide 25mg & 50mg Tab (Not a Benefit)	00865532	NXP	IIIA	190
Nu-Trimipramine 25mg Tab	02020602	NXP	IIIA	163
Nu-Trimipramine 50mg Tab	02020610	NXP	IIIA	164
Nu-Trimipramine 100mg Tab	02020629	NXP	IIIA	164
Nu-Valproic 250mg Cap	02237830	NXP	IIIA	154
Nu-Verap 80mg Tab	00886033	NXP	IIIA	94
Nu-Verap 120mg Tab	00886041	NXP	IIIA	95
Nyaderm 100000U/g Cr	00716871	TAR	IIIA	280
Nyaderm 25000U/g Vag Cr	00716901	TAR	IIIA	280
NYSTATIN			IIIA	6
			IIIA	280
Octostim 1.5mg/mL Nas Sp-2.5mL Pk	02237860	FEI	IIIA	269
OCTREOTIDE			IIIA	314
Octreotide Acetate Omega 50mcg/mL Inj Sol-1mL Amp Pk	02248639	OMG	IIIA	314
Octreotide Acetate Omega 100mcg/mL Inj Sol-1mL Amp Pk	02248640	OMG	IIIA	314
Octreotide Acetate Omega 500mcg/mL Inj Sol-1mL Amp Pk	02248641	OMG	IIIA	315
Octreotide Acetate Omega 200mcg/mL Inj Sol-5mL Vial Pk	02248642	OMG	IIIA	315
Ocuflox 0.3% Oph Sol	02143291	ALL	IIIA	198
OFLOXACIN			IIIA	39
			IIIA	198
Ogen 1.25 1.5mg Tab	02089769	PFI	IIIA	259
Ogen 2.5 3mg Tab	02089777	PFI	IIIA	259
OLANZAPINE			IIIA	171
OLSALAZINE SODIUM			IIIA	236
OMEPRAZOLE			IIIA	237
OMEPRAZOLE MAGNESIUM			IIIA	239
Oncovin 1mg/mL Inj Sol (Not a Benefit)	00611182	LIL	IIIA	50
ONDANSETRON HYDROCHLORIDE			IIIA	228
One-Alpha 0.25mcg Cap dpp	00474517	LEO	IIIA	301
One-Alpha 1mcg Cap dpp	00474525	LEO	IIIA	301
Opcon 0.1% Oph Sol (Not a Benefit)	00750786	BSH	IIIA	203
Opticrom 2% Oph Sol	02230621	ALL	IIIA	213
Oracort Oral Top Oint	01964054	TAR	IIIA	291

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Orap 2mg Tab	00313815	PHE	IIIA	172
Orap 4mg Tab	00313823	PHE	IIIA	172
Orbenin 250mg Cap (Not a Benefit)	00002046	AYE	IIIA	13
Orbenin 500mg Cap (Not a Benefit)	00002054	AYE	IIIA	13
Orbenin 25mg/mL O/L (Not a Benefit)	02042975	WAY	IIIA	13
ORCIPRENALINE SULFATE			IIIA	62
Orphenadrine 60mg/2mL Inj Sol-2mL Pk (Not a Benefit)	02229731	CYI	IIIA	70
ORPHENADRINE CITRATE			IIIA	70
Ortho 0.5/35 0.035mg & 0.5mg Tab-21 Pk	00317047	JNO	IIIA	271
Ortho 0.5/35 0.035mg & 0.5mg Tab-28 Pk	00340731	JNO	IIIA	272
Ortho 1/35 0.035mg & 1mg Tab-21 Pk	00372846	JNO	IIIA	271
Ortho 1/35 0.035mg & 1mg Tab-28 Pk	00372838	JNO	IIIA	272
Ortho 7/7/7 3 Phase Tab-21 Pk	00602957	JNO	IIIA	271
Ortho 7/7/7 3 Phase Tab-28 Pk	00602965	JNO	IIIA	272
Ortho-Cept 0.15mg & 0.03mg Tab-21 Pk	02042541	JNO	IIIA	270
Ortho-Cept 0.15mg & 0.03mg Tab-28Pk	02042533	JNO	IIIA	270
Orudis 50mg Cap (Not a Benefit)	01926403	RPP	IIIA	130
Orudis 100mg Sup (Not a Benefit)	01926411	AVE	IIIA	131
Orudis E-50 50mg Ent Tab (Not a Benefit)	01926381	RPP	IIIA	130
Orudis E-100 100mg Ent Tab (Not a Benefit)	01926365	RPP	IIIA	131
Orudis SR-200 200mg LA Tab (Not a Benefit)	01926373	RPP	IIIA	131
Os-Cal 250 Eq To 250mg Elemental Calcium Tab (Not a Benefit)	02042983	WAY	IIIA	185
Os-Cal 500 Eq To 500mg Elemental Calcium Tab (Not a Benefit)	02042991	WAY	IIIA	185
OSELTAMIVIR PHOSPHATE			IIIA	28
Ostac 400mg Cap	01927078	HLR	IIIA	306
Ostoforte 50000IU Cap	00009830	MFC	IIIA	302
Ovral 0.05mg & 0.25mg Tab-21 Pk	02043033	WAY	IIIA	272
OXAPROZIN			IIIB	10
OXAZEPAM			IIIA	171
OXCARBAZEPINE			IIIB	12
Oxeze Turbuhaler 6mcg/Metered Dose Pd Inh-60 Dose Pk	02237225	AZC	IIIA	60
Oxeze Turbuhaler 12mcg/Metered Dose Pd Inh-60 Dose Pk	02237224	AZC	IIIA	60
OPRENOLOL HCL			IIIA	114
Oxsoralen 10mg Cap	01946374	VAL	IIIA	296
OXTRIPHYLLINE			IIIA	299
Oxybutyn 5mg Tab	02220059	VAL	IIIA	58
OXYBUTYNIN CHLORIDE			IIIA	58
OXYCODONE HCL			IIIA	144
OXYCODONE HCL & ACETAMINOPHEN			IIIA	144
OXYCODONE HCL & ACETYLSALICYLIC ACID			IIIA	145
Oxycontin 10mg SR Tab	02202441	PFP	IIIA	144
Oxycontin 20mg SR Tab	02202468	PFP	IIIA	144
Oxycontin 40mg SR Tab	02202476	PFP	IIIA	144
Oxycontin 80mg SR Tab	02202484	PFP	IIIA	144

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Oxyderm 20% Lot	00374318	VAL	IIIA	292
Palafer 300mg Cap	01923420	GSK	IIIA	71
Palafer 60mg/mL O/L	01923439	GSK	IIIA	71
PAMIDRONATE DISODIUM			IIIB	23
Pamidronate Disodium 3mg/mL Inj Sol-10mL Vial (Not a Benefit)	02264951	SDZ	IIIB	23
Pamidronate Disodium 6mg/mL Inj Sol-10mL Vial (Not a Benefit)	02264978	SDZ	IIIB	23
Pamidronate Disodium 9mg/mL Inj Sol-10mL Vial (Not a Benefit)	02264986	SDZ	IIIB	23
Panadol 325mg Tab	01928260	STH	IIIA	145
Pancrease 4500 & 20000 & 25000 USP Units SR Cap	02242374	JNO	IIIA	224
Pancrease MT4 4000 & 12000 & 12000 USP Units Ent Microsph Cap	00789445	JNO	IIIA	222
PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE			IIIA	221
Panoxyl 5% Gel	00263702	STI	IIIA	293
Panoxyl 10% Gel	00263699	STI	IIIA	293
Panoxyl 15% Gel	00403571	STI	IIIA	293
Panoxyl 20% Gel	00373036	STI	IIIA	293
Panoxyl Aquagel 5% Gel	02214849	STI	IIIA	293
Panoxyl Aquagel 10% Gel (Not a Benefit)	02223856	STI	IIIA	293
Pantoloc 20mg Ent Tab (Not a Benefit)	02241804	NYC	IIIB	19
Pantoloc 40mg Ent Tab	02229453	NYC	IIIA	240
PANTOPRAZOLE SODIUM			IIIA	240
			IIIB	19
Pariet 10mg Tab	02243796	JNO	IIIA	242
Pariet 20mg Tab	02243797	JNO	IIIA	242
Parlodel 5mg Cap (Not a Benefit)	00568643	NOV	IIIA	305
Parlodel 2.5mg Tab	00371033	NOV	IIIA	305
Parnate 10mg Tab	01919598	GSK	IIIA	163
PAROXETINE HCL			IIIA	161
			IIIB	13
Parsitan 50mg Tab	01927744	ERF	IIIA	54
PARTICLE COATED ERYTHROMYCIN			IIIA	10
Paxil 10mg Tab (Not a Benefit)	02027887	SMJ	IIIB	13
Paxil 20mg Tab	01940481	GSK	IIIA	161
Paxil 30mg Tab	01940473	GSK	IIIA	161
PCE Dispertab 333mg Tab	00769991	ABB	IIIA	10
Pedialyte Flavored O/L	00981095	ABB	IIIA	185
Pedialyte Regular O/L	00630365	ABB	IIIA	185
Pediapred Oral Liquid 6.7mg/5mL O/L	02230619	SAV	IIIA	253
Pediatric 80mg/mL O/L	02027801	RPH	IIIA	145
Pediazole 40mg & 120mg/mL O/L	00583405	ABB	IIIA	9
PEG-ELECTROLYTES			IIIA	186
PegLyte Pd-4L Pk	00777838	PMS	IIIA	186
PegLyte Sol-1L Pk	00777846	PMS	IIIA	186
Penbritin 250mg Cap (Not a Benefit)	00002003	AYE	IIIA	12

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Penbritin 500mg Cap (Not a Benefit)	00002011	AYE	IIIA	12
PENICILLAMINE			IIIA	247
PENICILLIN V (POTASSIUM)			IIIA	13
Pentamycetin 0.25% Oph Sol	01980556	SDZ	IIIA	195
Pentasa 500mg Del-Release Tab	02099683	FEI	IIIA	229
Pentasa 1g/100mL Enema	02153521	FEI	IIIA	229
Pentasa 4g/100mL Enema	02153556	FEI	IIIA	229
Pentasa 1g Sup	02153564	FEI	IIIA	229
PENTOBARBITAL SODIUM			IIIA	180
PENTOXIFYLLINE			IIIA	81
Pepcid 20mg Tab	00710121	MFC	IIIA	232
Pepcid 40mg Tab	00710113	MFC	IIIA	232
Percocet 5mg & 325mg Tab (Not a Benefit)	00580201	BQU	IIIA	144
Percodan 5mg & 325mg Tab (Not a Benefit)	00580236	BQU	IIIA	145
PERICYAZINE			IIIA	172
PERINDOPRIL ERBUMINE			IIIA	114
PERINDOPRIL ERBUMINE & INDAPAMIDE			IIIA	114
PERMETHRIN			IIIA	282
PERPHENAZINE			IIIA	172
Pertofrane 25mg Tab (Not a Benefit)	00010448	GEI	IIIA	157
PETROLATUM/MINERAL OIL			IIIA	211
Phenazo 100mg Tab	00271489	VAL	IIIA	315
Phenazo 200mg Tab	00454583	VAL	IIIA	315
PHENAZOPYRIDINE HCL			IIIA	315
PHENELZINE SULFATE			IIIA	162
Phenergan 2mg/mL O/L (Not a Benefit)	01937693	RPR	IIIA	1
PHENYTOIN (DIPHENYLHYDANTOIN)			IIIA	152
PHENYTOIN (DIPHENYLHYDANTOIN) SODIUM			IIIA	152
Phyllocontin 225mg SR Tab	02014270	PFP	IIIA	299
Phyllocontin-350 350mg SR Tab	02014289	PFP	IIIA	299
Pico-Salax 3.5g/12g/10mg Pd for Sol-2X12g Sachet Pk	02254794	FEI	IIIA	219
PILOCARPINE HCL			IIIA	202
Pilopine HS 4% Oph Gel	00575240	ALC	IIIA	202
PIMECROLIMUS			IIIA	296
PIMOZIDE			IIIA	172
PINDOLOL			IIIA	114
PINDOLOL & HYDROCHLOROTHIAZIDE			IIIA	115
PIOGLITAZONE HCL			IIIA	263
PIPERAZINE ADIPATE			IIIA	3
Piportil L4 25mg/mL Inj Sol-1mL Pk	01926667	SAV	IIIA	173
Piportil L4 50mg/mL Inj Sol-1mL Pk	00990507	SAV	IIIA	173
Piportil L4 100mg/2mL Inj Sol-2mL Pk	01926675	SAV	IIIA	173
PIPOTIAZINE PALMITATE			IIIA	173
PIROXICAM			IIIA	134

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PIVAMPICILLIN			IIIA	14
PIZOTYLIN			IIIA	69
Plan B 0.75mg Tab-2 Tabs Pk	02241674	PAL	IIIA	272
Plaquenil 200mg Tab	02017709	SAV	IIIA	31
Plavix 75mg Tab	02238682	SAV	IIIA	307
Plendil 2.5mg ER Tab	02057778	AZC	IIIA	108
Plendil 5mg ER Tab	00851779	AZC	IIIA	108
Plendil 10mg ER Tab	00851787	AZC	IIIA	108
PMS-Acetaminophen With Codeine 160mg & 8mg/5mL O/L	00816027	PMS	IIIA	136
PMS-Alendronate 70mg Tab	02273179	PMS	IIIA	303
PMS-Alendronate-FC 70mg Tab	02284006	PMS	IIIA	303
PMS-Amantadine 10mg/mL O/L	02022826	PMS	IIIA	304
PMS-Amantadine HCL 100mg Cap	01990403	PMS	IIIA	304
PMS-Amiodarone 200mg Tab	02242472	PMS	IIIA	84
PMS-Amoxicillin 250mg Cap (Not a Benefit)	02230243	PMS	IIIA	10
PMS-Amoxicillin 500mg Cap (Not a Benefit)	02230244	PMS	IIIA	10
PMS-Amoxicillin 25mg/mL O/L (Not a Benefit)	02230245	PMS	IIIA	10
PMS-Amoxicillin 50mg/mL O/L (Not a Benefit)	02230246	PMS	IIIA	11
PMS-ASA 325mg Tab	00040851	PMS	IIIA	123
PMS-Atenolol 50mg Tab	02237600	PMS	IIIA	84
PMS-Atenolol 100mg Tab	02237601	PMS	IIIA	85
PMS-Azithromycin 100mg/5mL O/L	02274388	PMS	IIIA	7
PMS-Azithromycin 200mg/5mL O/L	02274396	PMS	IIIA	7
PMS-Azithromycin 250mg Tab	02261634	PMS	IIIA	8
PMS-Baclofen 10mg Tab	02063735	PMS	IIIA	69
PMS-Baclofen 20mg Tab	02063743	PMS	IIIA	70
PMS-Benzylamine 0.15% Oral Rinse	02229777	PMS	IIIA	201
PMS-Bezafibrate 200mg Tab	02240331	PMS	IIIA	96
PMS-Bicalutamide 50mg Tab	02275589	PMS	IIIA	41
PMS-Bisoprolol 5mg Tab	02302632	PMS	IIIA	85
PMS-Bisoprolol 10mg Tab	02302640	PMS	IIIA	85
PMS-Brimonidine 0.2% Oph Sol	02246284	PMS	IIIA	205
PMS-Bromocriptine 5mg Cap	02236949	PMS	IIIA	305
PMS-Bromocriptine 2.5mg Tab	02231702	PMS	IIIA	305
PMS-Buspirone 10mg Tab (Not a Benefit)	02230942	PMS	IIIB	15
PMS-Captopril 12.5mg Tab	02230203	PMS	IIIA	104
PMS-Captopril 25mg Tab	02230204	PMS	IIIA	104
PMS-Captopril 50mg Tab	02230205	PMS	IIIA	104
PMS-Captopril 100mg Tab	02230206	PMS	IIIA	104
PMS-Carbamazepine 100mg Chew Tab	02231542	PMS	IIIA	146
PMS-Carbamazepine 200mg Chew Tab	02231540	PMS	IIIA	146
PMS-Carbamazepine CR 200mg LA Tab	02231543	PMS	IIIA	147
PMS-Carbamazepine CR 400mg LA Tab	02231544	PMS	IIIA	147
PMS-Carvedilol 3.125mg Tab	02245914	PMS	IIIA	86

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PMS-Carvedilol 6.25mg Tab	02245915	PMS	IIIA	86
PMS-Carvedilol 12.5mg Tab	02245916	PMS	IIIA	86
PMS-Carvedilol 25mg Tab	02245917	PMS	IIIA	86
PMS-Cefaclor 250mg Cap (Not a Benefit)	02185830	PMS	IIIA	14
PMS-Cefaclor 500mg Cap (Not a Benefit)	02185849	PMS	IIIA	14
PMS-Cefaclor 25mg/mL Oral Susp (Not a Benefit)	02185857	PMS	IIIA	14
PMS-Cefaclor 50mg/mL Oral Susp (Not a Benefit)	02185865	PMS	IIIA	15
PMS-Cefaclor 375mg/5mL Oral Susp (Not a Benefit)	02185873	PMS	IIIA	15
PMS-Cephalexin 250mg Tab (Not a Benefit)	02177781	PMS	IIIA	17
PMS-Cephalexin 500mg Tab (Not a Benefit)	02177803	PMS	IIIA	17
PMS-Cephalexin 125 25mg/mL Pd for Oral Susp (Not a Benefit)	02177811	PMS	IIIA	17
PMS-Cephalexin 250 50mg/mL Pd for Oral Susp (Not a Benefit)	02177838	PMS	IIIA	17
PMS-Cholestyramine Oral Pd-42 Dose Pk	02207745	PMS	IIIA	96
PMS-Cholestyramine 9g Pk Oral Pd-Pouch Pk	02210320	PMS	IIIA	96
PMS-Cholestyramine (Sugar Free) Oral Pd-42 Dose Pk	02141795	PMS	IIIA	96
PMS-Cholestyramine Sugar Free 5g Pk Oral Pd-Pouch Pk	00890960	PMS	IIIA	96
PMS-Cilazapril 1mg Tab	02280442	PMS	IIIA	104
PMS-Cilazapril 2.5mg Tab	02280450	PMS	IIIA	105
PMS-Cilazapril 5mg Tab	02280469	PMS	IIIA	105
PMS-Ciprofloxacin 250mg Tab	02248437	PMS	IIIA	33
PMS-Ciprofloxacin 500mg Tab	02248438	PMS	IIIA	33
PMS-Ciprofloxacin 750mg Tab	02248439	PMS	IIIA	33
PMS-Citalopram 20mg Tab	02248010	PMS	IIIA	156
PMS-Citalopram 40mg Tab	02248011	PMS	IIIA	156
PMS-Clarithromycin 250mg Tab	02247573	PMS	IIIA	8
PMS-Clarithromycin 500mg Tab (Not a Benefit)	02247574	PMS	IIIB	2
PMS-Clindamycin 150mg Cap	02294826	PMS	IIIA	17
PMS-Clindamycin 300mg Cap	02294834	PMS	IIIA	18
PMS-Clobazam 10mg Tab	02244474	PMS	IIIA	148
PMS-Clobetasol 0.05% Cr	02232191	PMS	IIIA	287
PMS-Clobetasol 0.05% Oint	02232193	PMS	IIIA	287
PMS-Clobetasol 0.05% Scalp Lot	02232195	PMS	IIIA	287
PMS-Clonazepam 0.5mg Tab	02048701	PMS	IIIA	148
PMS-Clonazepam 2mg Tab	02048736	PMS	IIIA	148
PMS-Clonazepam-R 0.5mg Tab	02207818	PMS	IIIA	148
PMS-Cyclobenzaprine 10mg Tab (Not a Benefit)	02212048	PMS	IIIA	70
PMS-Deferoxamine 2g/Vial Inj Pd-2g Vial Pk (Not a Benefit)	02243450	PMS	IIIB	20
PMS-Deferoxamine 500mg/Vial Inj Pd-500mg Vial Pk (Not a Benefit)	02242055	PMS	IIIB	20
PMS-Desipramine 25mg Tab	01946269	PMS	IIIA	157
PMS-Desipramine 50mg Tab	01946277	PMS	IIIA	157
PMS-Desipramine 75mg Tab	01946242	PMS	IIIA	157
PMS-Desonide 0.05% Cr	02229315	PMS	IIIA	288
PMS-Desonide 0.05% Oint	02229323	PMS	IIIA	288

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PMS-Dexamethasone 0.5mg Tab	01964976	PMS	IIIA	251
PMS-Dexamethasone 4mg Tab	01964070	PMS	IIIA	251
PMS-Diclofenac 25mg Ent Tab	02231502	PMS	IIIA	125
PMS-Diclofenac 50mg Ent Tab	02231503	PMS	IIIA	125
PMS-Diclofenac 50mg Sup	02231506	PMS	IIIA	126
PMS-Diclofenac 100mg Sup	02231508	PMS	IIIA	126
PMS-Diclofenac K 50mg Tab (Not a Benefit)	02239753	PMS	IIIB	9
PMS-Diclofenac-SR 75mg LA Tab	02231504	PMS	IIIA	125
PMS-Diclofenac-SR 100mg LA Tab	02231505	PMS	IIIA	126
PMS-Digoxin 0.0625mg Tab	02245426	PMS	IIIA	87
PMS-Digoxin 0.125mg Tab	02245427	PMS	IIIA	87
PMS-Digoxin 0.25mg Tab	02245428	PMS	IIIA	87
PMS-Dimenhydrinate 50mg Tab (Not a Benefit)	00586331	PMS	IIIA	225
PMS-Divalproex 125mg Ent Tab	02244138	PMS	IIIA	149
PMS-Divalproex 250mg Ent Tab	02244139	PMS	IIIA	149
PMS-Divalproex 500mg Ent Tab	02244140	PMS	IIIA	149
PMS-Docusate Calcium 240mg Cap	00664553	PMS	IIIA	218
PMS-Domperidone 10mg Tab	02236466	PMS	IIIA	231
PMS-Doxazosin 1mg Tab	02244527	PMS	IIIA	106
PMS-Doxazosin 2mg Tab	02244528	PMS	IIIA	106
PMS-Doxazosin 4mg Tab	02244529	PMS	IIIA	106
PMS-Enalapril 2.5mg Tab	02300079	PMS	IIIA	106
PMS-Enalapril 5mg Tab	02300087	PMS	IIIA	107
PMS-Enalapril 10mg Tab	02300095	PMS	IIIA	107
PMS-Enalapril 20mg Tab	02300109	PMS	IIIA	107
PMS-Famciclovir 125mg Tab (Not a Benefit)	02278081	PMS	IIIB	4
PMS-Famciclovir 250mg Tab (Not a Benefit)	02278103	PMS	IIIB	4
PMS-Famciclovir 500mg Tab	02278111	PMS	IIIA	25
PMS-Fenofibrate Micro 200mg Cap	02273551	PMS	IIIA	98
PMS-Flavoxate 200mg Tab (Not a Benefit)	02245480	PMS	IIIA	54
PMS-Fluconazole 150mg Cap	02282348	PMS	IIIA	279
PMS-Fluconazole 50mg Tab	02245643	PMS	IIIA	5
PMS-Fluconazole 100mg Tab	02245644	PMS	IIIA	5
PMS-Fluoxetine 10mg Cap (Not a Benefit)	02177579	PMS	IIIB	13
PMS-Fluoxetine 20mg Cap	02177587	PMS	IIIA	158
PMS-Fluphenazine Decanoate 125mg/5mL Inj Susp-5mL Pk	02091275	PMS	IIIA	168
PMS-Flutamide 250mg Tab	02230104	PMS	IIIA	45
PMS-Fluvoxamine 50mg Tab	02240682	PMS	IIIA	158
PMS-Fluvoxamine 100mg Tab	02240683	PMS	IIIA	159
PMS-Fosinopril 10mg Tab	02255944	PMS	IIIA	109
PMS-Fosinopril 20mg Tab	02255952	PMS	IIIA	109
PMS-Gabapentin 100mg Cap	02243446	PMS	IIIA	150
PMS-Gabapentin 300mg Cap	02243447	PMS	IIIA	150
PMS-Gabapentin 400mg Cap	02243448	PMS	IIIA	150

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PMS-Gabapentin 600mg Tab (Not a Benefit)	02255898	PMS	IIIB	11
PMS-Gabapentin 800mg Tab (Not a Benefit)	02255901	PMS	IIIB	11
PMS-Gemfibrozil 300mg Cap	02239951	PMS	IIIA	99
PMS-Gemfibrozil 600mg Tab (Not a Benefit)	02230183	PMS	IIIB	7
PMS-Gliclazide 80mg Tab	02294400	PMS	IIIA	261
PMS-Glyburide 2.5mg Tab	02236733	PMS	IIIA	262
PMS-Glyburide 5mg Tab	02236734	PMS	IIIA	262
PMS-Hydrochlorothiazide 25mg Tab	02247386	PMS	IIIA	189
PMS-Hydrochlorothiazide 50mg Tab	02247387	PMS	IIIA	189
PMS-Hydromorphone 1mg/mL Oral Sol	01916386	PMS	IIIA	139
PMS-Hydromorphone 1mg Tab	00885444	PMS	IIIA	139
PMS-Hydromorphone 2mg Tab	00885436	PMS	IIIA	140
PMS-Hydromorphone 4mg Tab	00885401	PMS	IIIA	140
PMS-Hydromorphone 8mg Tab	00885428	PMS	IIIA	140
PMS-Indapamide 1.25mg Tab	02239619	PMS	IIIA	190
PMS-Indapamide 2.5mg Tab	02239620	PMS	IIIA	190
PMS-Ipratropium 125mcg/mL Inh Sol-2mL UDV Pk	02231135	PMS	IIIA	56
PMS-Ipratropium 250mcg/mL Inh Sol-2mL UDV Pk	02231245	PMS	IIIA	56
PMS-Ipratropium 250mcg/mL Inh Sol-20mL Pk	02231136	PMS	IIIA	55
PMS-Ipratropium 0.03% Nasal Spray	02239627	PMS	IIIA	209
PMS-Ketoprofen 100mg Sup	02015951	PMS	IIIA	131
PMS-Ketoprofen E-50 50mg Ent Tab	02150816	PMS	IIIA	130
PMS-Lactulose 667mg/mL O/L	00703486	PMS	IIIA	219
PMS-Lamotrigine 25mg Tab	02246897	PMS	IIIA	151
PMS-Lamotrigine 100mg Tab	02246898	PMS	IIIA	151
PMS-Lamotrigine 150mg Tab	02246899	PMS	IIIA	151
PMS-Leflunomide 10mg Tab	02288265	PMS	IIIA	312
PMS-Leflunomide 20mg Tab	02288273	PMS	IIIA	312
PMS-Levetiracetam 250mg Tab (Not a Benefit)	02296101	PMS	IIIB	11
PMS-Levetiracetam 500mg Tab (Not a Benefit)	02296128	PMS	IIIB	11
PMS-Levetiracetam 750mg Tab (Not a Benefit)	02296136	PMS	IIIB	11
PMS-Levobunolol 0.5% Oph Sol	02237991	PMS	IIIA	210
PMS-Lindane 1% Shampoo (Not a Benefit)	00703605	PMS	IIIA	281
PMS-Lisinopril 5mg Tab	02292203	PMS	IIIA	111
PMS-Lisinopril 10mg Tab	02292211	PMS	IIIA	111
PMS-Lisinopril 20mg Tab	02292238	PMS	IIIA	111
PMS-Lithium Carbonate 150mg Cap	02216132	PMS	IIIA	176
PMS-Lithium Carbonate 300mg Cap	02216140	PMS	IIIA	177
PMS-Loperamide 2mg Caplet	02228351	PMS	IIIA	217
PMS-Lorazepam 0.5mg Tab	00728187	PMS	IIIA	170
PMS-Lorazepam 1mg Tab	00728195	PMS	IIIA	170
PMS-Lorazepam 2mg Tab	00728209	PMS	IIIA	170
PMS-Lovastatin 20mg Tab	02246013	PMS	IIIA	99
PMS-Lovastatin 40mg Tab	02246014	PMS	IIIA	99

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PMS-Loxapine 25mg/mL O/L	02239101	PMS	IIIA	177
PMS-Loxapine 5mg Tab	02230837	PMS	IIIA	177
PMS-Loxapine 10mg Tab	02230838	PMS	IIIA	177
PMS-Loxapine 25mg Tab	02230839	PMS	IIIA	177
PMS-Loxapine 50mg Tab	02230840	PMS	IIIA	177
PMS-Medroxyprogesterone 2.5mg Tab	02246627	PMS	IIIA	273
PMS-Medroxyprogesterone 5mg Tab	02246628	PMS	IIIA	273
PMS-Medroxyprogesterone 10mg Tab	02246629	PMS	IIIA	273
PMS-Mefenamic Acid 250mg Cap	02231208	PMS	IIIA	131
PMS-Meloxicam 7.5mg Tab	02248267	PMS	IIIA	132
PMS-Meloxicam 15mg Tab	02248268	PMS	IIIA	132
PMS-Metformin 500mg Tab	02223562	PMS	IIIA	262
PMS-Metformin 850mg Tab (Not a Benefit)	02242589	PMS	IIIB	21
PMS-Methotrimeprazine 5mg Tab	02232903	PMS	IIIA	179
PMS-Methotrimeprazine 25mg Tab	02232904	PMS	IIIA	179
PMS-Methotrimeprazine 50mg Tab	02232905	PMS	IIIA	179
PMS-Methylphenidate 10mg Tab	00584991	PMS	IIIA	178
PMS-Methylphenidate 20mg Tab (Not a Benefit)	00585009	PMS	IIIB	15
PMS-Metoclopramide 5mg Tab	02230431	PMS	IIIA	235
PMS-Metoclopramide 10mg Tab	02230432	PMS	IIIA	235
PMS-Metoprolol-L 50mg Tab	02230803	PMS	IIIA	90
PMS-Metoprolol-L 100mg Tab	02230804	PMS	IIIA	90
PMS-Metronidazole 500mg Cap	00783137	PMS	IIIA	31
PMS-Minocycline 50mg Cap (Not a Benefit)	02294419	PMS	IIIB	2
PMS-Minocycline 100mg Cap (Not a Benefit)	02294427	PMS	IIIB	3
PMS-Mirtazapine 30mg Tab	02248762	PMS	IIIA	160
PMS-Moclobemide 150mg Tab	02243218	PMS	IIIA	160
PMS-Moclobemide 300mg Tab	02243219	PMS	IIIA	160
PMS-Mometasone 0.1% Oint	02270862	PMS	IIIA	291
PMS-Morphine Sulfate 15mg SR Tab	02245284	PMS	IIIA	142
PMS-Morphine Sulfate 30mg SR Tab	02245285	PMS	IIIA	142
PMS-Morphine Sulfate 60mg SR Tab	02245286	PMS	IIIA	143
PMS-Morphine Sulfate SR 100mg SR Tab	02245287	PMS	IIIA	143
PMS-Morphine Sulfate SR 200mg SR Tab	02245288	PMS	IIIA	143
PMS-Naproxen 500mg Sup	02017237	PMS	IIIA	133
PMS-Naproxen EC 375mg Ent Tab (Not a Benefit)	02294702	PMS	IIIB	10
PMS-Naproxen EC 500mg Ent Tab (Not a Benefit)	02294710	PMS	IIIB	10
PMS-Nizatidine 150mg Cap	02177714	PMS	IIIA	236
PMS-Nizatidine 300mg Cap	02177722	PMS	IIIA	236
PMS-Norfloxacin 400mg Tab	02246596	PMS	IIIA	38
PMS-Nortriptyline 10mg Cap	02177692	PMS	IIIA	161
PMS-Nortriptyline 25mg Cap	02177706	PMS	IIIA	161
PMS-Ofloxacin 0.3% Oph Sol	02252570	PMS	IIIA	198
PMS-Ondansetron 4mg Tab	02258188	PMS	IIIA	228

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PMS-Ondansetron 8mg Tab	02258196	PMS	IIIA	228
PMS-Oxtriphylline 10mg/mL O/L	00792934	PMS	IIIA	299
PMS-Oxtriphylline 20mg/mL O/L	00792942	PMS	IIIA	299
PMS-Oxybutynin 1mg/mL O/L	02223376	PMS	IIIA	58
PMS-Oxybutynin 5mg Tab	02240550	PMS	IIIA	58
PMS-Pamidronate 3mg/mL Inj Sol-10mL Vial (Not a Benefit)	02245998	PMS	IIIB	23
PMS-Pamidronate 9mg/mL Inj Sol-10mL Vial (Not a Benefit)	02245999	PMS	IIIB	23
PMS-Paroxetine 10mg Tab (Not a Benefit)	02247750	PMS	IIIB	13
PMS-Paroxetine 20mg Tab	02247751	PMS	IIIA	161
PMS-Paroxetine 30mg Tab	02247752	PMS	IIIA	161
PMS-Pindolol 5mg Tab	02231536	PMS	IIIA	114
PMS-Pindolol 10mg Tab	02231537	PMS	IIIA	114
PMS-Pindolol 15mg Tab	02231539	PMS	IIIA	115
PMS-Pioglitazone 15mg Tab	02303124	PMS	IIIA	263
PMS-Pioglitazone 30mg Tab	02303132	PMS	IIIA	263
PMS-Pioglitazone 45mg Tab	02303140	PMS	IIIA	263
PMS-Piroxicam 20mg Sup	02154463	PMS	IIIA	134
PMS-Potassium Chloride 1.33mEq/mL O/L	02238604	PMS	IIIA	186
PMS-Pramipexole 0.25mg Tab	02290111	PMS	IIIA	181
PMS-Pramipexole 0.5mg Tab (Not a Benefit)	02290138	PMS	IIIB	16
PMS-Pramipexole 1mg Tab	02290146	PMS	IIIA	182
PMS-Pramipexole 1.5mg Tab	02290154	PMS	IIIA	182
PMS-Pravastatin 10mg Tab	02247655	PMS	IIIA	100
PMS-Pravastatin 20mg Tab	02247656	PMS	IIIA	100
PMS-Pravastatin 40mg Tab	02247657	PMS	IIIA	100
PMS-Prednisolone 6.7mg/5mL O/L	02245532	PMS	IIIA	253
PMS-Procyclidine 2.5mg Tab	00649392	PMS	IIIA	58
PMS-Procyclidine 5mg Tab	00587354	PMS	IIIA	58
PMS-Promethazine 2mg/mL O/L (Not a Benefit)	00583979	PMS	IIIA	1
PMS-Propafenone 150mg Tab	02243727	PMS	IIIA	92
PMS-Propafenone 150mg Tab	02294559	PMS	IIIA	92
PMS-Propafenone 300mg Tab	02243728	PMS	IIIA	92
PMS-Propafenone 300mg Tab	02294575	PMS	IIIA	92
PMS-Propranolol 10mg Tab	00582255	PMS	IIIA	92
PMS-Propranolol 40mg Tab	00582263	PMS	IIIA	93
PMS-Propranolol 80mg Tab	00582271	PMS	IIIA	93
PMS-Ranitidine 150mg Tab	02242453	PMS	IIIA	242
PMS-Ranitidine 300mg Tab	02242454	PMS	IIIA	243
PMS-Risperidone 1mg/mL O/L	02279266	PMS	IIIA	174
PMS-Risperidone 0.25mg Tab	02252007	PMS	IIIA	174
PMS-Risperidone 0.5mg Tab	02252015	PMS	IIIA	174
PMS-Risperidone 1mg Tab	02252023	PMS	IIIA	175
PMS-Risperidone 2mg Tab	02252031	PMS	IIIA	175
PMS-Risperidone 3mg Tab	02252058	PMS	IIIA	175

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PMS-Risperidone 4mg Tab	02252066	PMS	IIIA	175
PMS-Salbutamol 1mg/mL Inh Sol-2.5mL Pk	02208229	PMS	IIIA	63
PMS-Salbutamol 2mg/mL Inh Sol-2.5mL Pk	02208237	PMS	IIIA	64
PMS-Salbutamol 0.4mg/mL O/L	02091186	PMS	IIIA	66
PMS-Salbutamol Respirator Solution 5mg/mL Inh Sol-10mL Pk	02069571	PMS	IIIA	65
PMS-Selegiline 5mg Tab	02238102	PMS	IIIA	317
PMS-Sertraline 25mg Cap	02244838	PMS	IIIA	162
PMS-Sertraline 50mg Cap	02244839	PMS	IIIA	162
PMS-Sertraline 100mg Cap	02244840	PMS	IIIA	162
PMS-Simvastatin 5mg Tab	02269252	PMS	IIIA	101
PMS-Simvastatin 10mg Tab	02269260	PMS	IIIA	101
PMS-Simvastatin 20mg Tab	02269279	PMS	IIIA	102
PMS-Simvastatin 40mg Tab	02269287	PMS	IIIA	102
PMS-Simvastatin 80mg Tab	02269295	PMS	IIIA	102
PMS-Sodium Cromoglycate 1% Inh Sol-2mL Pk	02046113	PMS	IIIA	317
PMS-Sotalol 80mg Tab (Not a Benefit)	02238326	PMS	IIIB	7
PMS-Sotalol 160mg Tab	02238327	PMS	IIIA	94
PMS-Sucralfate 1g Tab	02238209	PMS	IIIA	243
PMS-Sulfasalazine 500mg Tab	00598461	PMS	IIIA	31
PMS-Sulfasalazine-E.C. 500mg Ent Tab	00598488	PMS	IIIA	31
PMS-Sumatriptan 25mg Tab (Not a Benefit)	02256428	PMS	IIIB	17
PMS-Sumatriptan 50mg Tab (Not a Benefit)	02256436	PMS	IIIB	17
PMS-Sumatriptan 100mg Tab (Not a Benefit)	02256444	PMS	IIIB	17
PMS-Temazepam 15mg Cap	02229455	PMS	IIIA	180
PMS-Temazepam 15mg Cap	02273039	PMS	IIIA	180
PMS-Temazepam 30mg Cap	02229456	PMS	IIIA	180
PMS-Temazepam 30mg Cap	02273047	PMS	IIIA	180
PMS-Terazosin 1mg Tab	02243518	PMS	IIIA	118
PMS-Terazosin 2mg Tab	02243519	PMS	IIIA	118
PMS-Terazosin 5mg Tab	02243520	PMS	IIIA	118
PMS-Terazosin 10mg Tab	02243521	PMS	IIIA	118
PMS-Terbinafine 250mg Tab (Not a Benefit)	02240807	PMS	IIIB	2
PMS-Theophylline 5.3mg/mL O/L	00575151	PMS	IIIA	299
PMS-Tiaprofenic 300mg Tab	02230828	PMS	IIIA	135
PMS-Timolol 0.25% Oph Sol	02083353	PMS	IIIA	214
PMS-Timolol 0.5% Oph Sol	02083345	PMS	IIIA	214
PMS-Tobramycin 0.3% Oph Sol	02239577	PMS	IIIA	197
PMS-Topiramate 25mg Tab	02262991	PMS	IIIA	153
PMS-Topiramate 100mg Tab	02263009	PMS	IIIA	153
PMS-Topiramate 200mg Tab	02263017	PMS	IIIA	153
PMS-Trazodone 50mg Tab	01937227	PMS	IIIA	163
PMS-Trazodone 100mg Tab	01937235	PMS	IIIA	163
PMS-Ursodiol C 250mg Tab	02273497	PMS	IIIA	322
PMS-Ursodiol C 500mg Tab	02273500	PMS	IIIA	322

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PMS-Valproic Acid 250mg Cap	02230768	PMS	IIIA	154
PMS-Valproic Acid 500mg Ent Cap	02229628	PMS	IIIA	154
PMS-Valproic Acid 50mg/mL O/L	02236807	PMS	IIIA	154
PMS-Venlafaxine XR 37.5mg ER Cap	02278545	PMS	IIIA	164
PMS-Venlafaxine XR 75mg ER Cap	02278553	PMS	IIIA	164
PMS-Venlafaxine XR 150mg ER Cap	02278561	PMS	IIIA	164
PMS-Verapamil SR 240mg LA Tab	02237791	PMS	IIIA	119
PMS-Zopiclone 5mg Tab (Not a Benefit)	02243426	PMS	IIIB	15
PMS-Zopiclone 7.5mg Tab (Not a Benefit)	02240606	PMS	IIIB	16
POLYETHYLENE GLYCOL & ELECTROLYTES			IIIA	186
POLYMYXIN B SULFATE & BACITRACIN (ZINC)			IIIA	196
POLYMYXIN B SULFATE & GRAMICIDIN			IIIA	196
POLYMYXIN B SULFATE & NEOMYCIN SULFATE & HYDROCORTISONE			IIIA	196
Polysporin 10000U & 500U/g Oph Oint 3.5g Pk	02239157	PFI	IIIA	196
Polysporin 10000U & 0.025mg/mL Oph/Ot Sol	02239156	PFI	IIIA	196
POLYSTYRENE SODIUM SULFONATE			IIIA	187
POLYVINYL ALCOHOL			IIIA	212
POLYVINYL ALCOHOL & POLYVINYLPIRROLIDONE			IIIA	212
Pondocillin 500mg Tab	00582247	LEO	IIIA	14
Ponstan 250mg Cap (Not a Benefit)	00155225	PFI	IIIA	131
Portia 21 0.03mg & 0.15mg Tab-21 Pk	02295946	BAR	IIIA	271
Portia 28 0.03mg & 0.15mg Tab-28 Pk	02295954	BAR	IIIA	271
POTASSIUM CHLORIDE			IIIA	186
POVIDONE - IODINE			IIIA	284
PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE			IIIA	181
			IIIB	16
Pravachol 10mg Tab	00893749	BQU	IIIA	100
Pravachol 20mg Tab	00893757	BQU	IIIA	100
Pravachol 40mg Tab	02222051	BQU	IIIA	100
PRAVASTATIN SODIUM			IIIA	100
PRAZOSIN HCL			IIIA	115
Pred Forte 1% Oph Susp (Not a Benefit)	00301175	ALL	IIIA	200
Pred Mild 0.12% Oph Susp	00299405	ALL	IIIA	200
PREDNISOLONE ACETATE			IIIA	200
PREDNISOLONE SODIUM PHOSPHATE			IIIA	253
PREDNISONE			IIIA	253
Premarin 0.3mg Tab	02043394	WAY	IIIA	258
Premarin 0.625mg Tab	02043408	WAY	IIIA	258
Premarin 1.25mg Tab	02043424	WAY	IIIA	258
Premarin 0.625mg/g Vag Cr	02043440	WAY	IIIA	258
Premplus 0.625mg/2.5mg Tab-28 Day Pk	02242878	WAY	IIIA	257
Premplus 0.625mg/5mg Tab-28 Day Pk	02242879	WAY	IIIA	257
Preterax 2mg & 0.625mg Tab	02246568	SEV	IIIA	114
Prevacid 15mg DR Cap	02165503	ABB	IIIA	233

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Prevacid 30mg DR Cap	02165511	ABB	IIIA	233
Prezista 300mg Tab	02284057	JNO	IIIA	23
PRIMIDONE			IIIA	152
Prinivil 5mg Tab	00839388	MFC	IIIA	110
Prinivil 10mg Tab	00839396	MFC	IIIA	110
Prinivil 20mg Tab	00839418	MFC	IIIA	111
Prinzide 10mg & 12.5mg Tab	02108194	MFC	IIIA	112
Prinzide 20mg & 12.5mg Tab	00884413	MFC	IIIA	112
PROBENECID			IIIA	192
PROCAINAMIDE HCL			IIIA	92
Procan SR 250mg LA Tab	00638692	ERF	IIIA	92
Procan SR 500mg LA Tab	00638676	ERF	IIIA	92
Procan SR 750mg LA Tab	00638684	ERF	IIIA	92
PROCARBAZINE HCL			IIIA	49
PROCHLORPERAZINE			IIIA	173
Prochlorperazine Mesylate 10mg/2mL Inj Sol-2mL Pk	00789747	SDZ	IIIA	173
PROCYCLIDINE HCL			IIIA	58
Procytox 200mg Inj Pd-Vial Pk	02241797	BAX	IIIA	43
Procytox 1000mg Inj Pd-Vial Pk	02241799	BAX	IIIA	43
Procytox 25mg Tab	02241795	BAX	IIIA	43
Procytox 50mg Tab	02241796	BAX	IIIA	43
Prograf 5mg/mL Amp	02176009	FUJ	IIIA	318
Prograf 1mg Cap	02175991	FUJ	IIIA	318
Prograf 5mg Cap	02175983	FUJ	IIIA	318
Prolopa 50-12.5 50mg & 12.5mg Cap	00522597	HLR	IIIA	312
Prolopa 100-25 100mg & 25mg Cap	00386464	HLR	IIIA	312
Prolopa 200-50 200mg & 50mg Cap	00386472	HLR	IIIA	312
Proloprim 100mg Tab (Not a Benefit)	00675229	BWE	IIIA	40
Proloprim 200mg Tab (Not a Benefit)	00677590	BWE	IIIA	40
PROMETHAZINE HCL			IIIA	1
Propaderm 0.025% Cr	02089602	SQI	IIIA	285
Propaderm 0.025% Oint	01927957	GLA	IIIA	285
PROPAFENONE HCL			IIIA	92
PROPRANOLOL			IIIA	92
Propyl-Thyracil 50mg Tab	00010200	SQI	IIIA	275
Propyl-Thyracil 100mg Tab	00010219	SQI	IIIA	275
PROPYLTHIOURACIL			IIIA	275
Proscar 5mg Tab	02010909	MFC	IIIA	310
Prostigmin 15mg Tab	00869945	VAL	IIIA	52
Protopic 0.03% Oint	02244149	FUJ	IIIA	318
Protopic 0.1% Oint	02244148	FUJ	IIIA	318
Provera 2.5mg Tab	00708917	PFI	IIIA	273
Provera 5mg Tab	00030937	PFI	IIIA	273
Provera 10mg Tab	00729973	PFI	IIIA	273

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Provera 100mg Tab	00030945	PFI	IIIA	273
Provera-Pak 10mg Tab	02010933	PFI	IIIA	273
Provioldine 10% Top Sol (Not a Benefit)	00172944	ROG	IIIA	284
Provioldine 10% Vag Gel (Not a Benefit)	00026611	ROG	IIIA	284
Provioldine 10% Vag Sol (Not a Benefit)	00252824	ROG	IIIA	284
Prozac 10mg Cap (Not a Benefit)	02018985	LIL	IIIB	13
Prozac 20mg Cap	00636622	LIL	IIIA	158
PSEUDOEPHEDRINE HCL			IIIA	62
PSYLLIUM MUCILLOID			IIIA	219
Pulmicort Nebuamp 0.125mg/mL Inh Susp	02229099	AZC	IIIA	250
Pulmicort Nebuamp 0.25mg/mL Inh Susp	01978918	AZC	IIIA	250
Pulmicort Nebuamp 0.5mg/mL Inh Susp	01978926	AZC	IIIA	250
Pulmicort Turbuhaler 100mcg/Metered Dose Pd Inh-200 Dose Pk	00852074	AZC	IIIA	251
Pulmicort Turbuhaler 200mcg/Metered Dose Pd Inh-200 Dose Pk	00851752	AZC	IIIA	251
Pulmicort Turbuhaler 400mcg/Metered Dose Pd Inh-200 Dose Pk	00851760	AZC	IIIA	251
Purinethol 50mg Tab	00004723	NOP	IIIA	48
PVF-K 500 300mg Tab (Not a Benefit)	00248843	FRS	IIIA	13
PYRAZINAMIDE			IIIA	20
PYRETHRINS PIPERONYL BUTOXIDE & PETROLEUM DISTILLATE			IIIA	282
Pyridium 100mg Tab (Not a Benefit)	00476714	PDA	IIIA	315
Pyridium 200mg Tab (Not a Benefit)	00476722	PDA	IIIA	315
PYRIDOSTIGMINE BROMIDE			IIIA	52
PYRIDOXINE HCL			IIIA	300
Questran Oral Pd-42 Dose Pk (Not a Benefit)	00634093	BQU	IIIA	96
Questran 9g Pk Oral Pd-Pouch Pk (Not a Benefit)	00464880	BQU	IIIA	96
Questran Light 4g Pk Oral Pd-Pouch Pk (Not a Benefit)	01918486	BQU	IIIA	96
QUETIAPINE			IIIA	173
QUINAGOLIDE HCL			IIIA	315
QUINAPRIL HCL			IIIA	116
QUINAPRIL HCL & HYDROCHLOROTHIAZIDE			IIIA	116
QVAR 50mcg/Metered Dose Aero Inh-200 Dose Pk	02242029	GRA	IIIA	249
QVAR 100mcg/Metered Dose Aero Inh-200 Dose Pk	02242030	GRA	IIIA	249
R & C Shampoo/Conditioner 0.3% & 3% & 1.2% Top Sol	02125447	GSK	IIIA	282
RABEPRAZOLE SODIUM			IIIA	242
RALOXIFENE HCL			IIIA	316
RAMIPRIL			IIIA	116
RAMIPRIL & HYDROCHLOROTHIAZIDE			IIIA	117
Ran-Atenolol 50mg Tab	02267985	RAN	IIIA	84
Ran-Atenolol 100mg Tab	02267993	RAN	IIIA	85
Ran-Carvedilol 3.125mg Tab	02268027	RAN	IIIA	86
Ran-Carvedilol 6.25mg Tab	02268035	RAN	IIIA	86
Ran-Carvedilol 12.5mg Tab	02268043	RAN	IIIA	86
Ran-Carvedilol 25mg Tab	02268051	RAN	IIIA	86
Ran-Cefprozil 250mg/5mL Oral Susp	02293579	RAN	IIIA	15

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Ran-Cefprozil 250mg Tab	02293528	RAN	IIIA	15
Ran-Cefprozil 500mg Tab	02293536	RAN	IIIA	16
Ran-Ciproflox 250mg Tab	02303728	RAN	IIIA	33
Ran-Ciproflox 500mg Tab	02303736	RAN	IIIA	33
Ran-Ciproflox 750mg Tab	02303744	RAN	IIIA	33
Ran-Ciprofloxacin 250mg Tab	02267934	RAN	IIIA	33
Ran-Ciprofloxacin 500mg Tab	02267942	RAN	IIIA	33
Ran-Ciprofloxacin 750mg Tab	02267950	RAN	IIIA	33
Ran-Citalo 20mg Tab	02285622	RAN	IIIA	156
Ran-Citalo 40mg Tab	02285630	RAN	IIIA	156
Ran-Domperidone 10mg Tab	02268078	RAN	IIIA	231
Ran-Fentanyl 25mcg/hr Trans Patch	02249391	RAN	IIIA	138
Ran-Fentanyl 50mcg/hr Trans Patch	02249413	RAN	IIIA	138
Ran-Fentanyl 75mcg/hr Trans Patch	02249421	RAN	IIIA	138
Ran-Fentanyl 100mcg/hr Trans Patch	02249448	RAN	IIIA	138
Ran-Lisinopril 5mg Tab	02294230	RAN	IIIA	111
Ran-Lisinopril 10mg Tab	02294249	RAN	IIIA	111
Ran-Lisinopril 20mg Tab	02294257	RAN	IIIA	111
Ran-Lovastatin 20mg Tab	02267969	RAN	IIIA	99
Ran-Lovastatin 40mg Tab	02267977	RAN	IIIA	99
Ran-Metformin 500mg Tab	02269031	RAN	IIIA	262
Ran-Metformin 850mg Tab (Not a Benefit)	02269058	RAN	IIIB	21
Ran-Pantoprazole 40mg Ent Tab	02305046	RAN	IIIA	240
Ran-Pravastatin 10mg Tab	02284421	RAN	IIIA	100
Ran-Pravastatin 20mg Tab	02284448	RAN	IIIA	100
Ran-Pravastatin 40mg Tab	02284456	RAN	IIIA	100
Ran-Rabeprazole 10mg Tab	02298074	RAN	IIIA	242
Ran-Rabeprazole 20mg Tab	02298082	RAN	IIIA	242
Ran-Risperidone 0.25mg Tab	02280906	RAN	IIIA	174
Ran-Risperidone 0.5mg Tab	02280914	RAN	IIIA	174
Ran-Risperidone 1mg Tab	02280922	RAN	IIIA	175
Ran-Risperidone 2mg Tab	02280930	RAN	IIIA	175
Ran-Risperidone 3mg Tab	02280949	RAN	IIIA	175
Ran-Risperidone 4mg Tab	02280957	RAN	IIIA	175
Ran-Tamsulosin 0.4mg Cap	02294885	RAN	IIIA	319
Ran-Zopiclone 5mg Tab (Not a Benefit)	02267918	RAN	IIIB	15
Ran-Zopiclone 7.5mg Tab (Not a Benefit)	02267926	RAN	IIIB	16
RANIBIZUMAB			IIIA	213
RANITIDINE HCL			IIIA	242
Rapamune 1mg/mL O/L	02243237	WAY	IIIA	317
Rapamune 1mg Tab	02247111	WAY	IIIA	317
Ratio-Aclavulanate 250mg & 125mg Tab	02243770	RPH	IIIA	12
Ratio-Aclavulanate 500mg & 125mg Tab	02243771	RPH	IIIA	12
Ratio-Aclavulanate 875mg & 125mg Tab	02247021	RPH	IIIA	12

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PART	PAGE
Ratio-Aclavulanate 125F 25mg & 6.25mg/mL O/L	02244646	RPH	IIIA	11
Ratio-Aclavulanate 250F 50mg & 12.5mg/mL O/L	02244647	RPH	IIIA	11
Ratio-Acyclovir 200mg Tab (Not a Benefit)	02078627	RPH	IIIB	4
Ratio-Acyclovir 400mg Tab (Not a Benefit)	02078635	RPH	IIIB	4
Ratio-Acyclovir 800mg Tab	02078651	RPH	IIIA	22
Ratio-Alendronate 70mg Tab	02275279	RPH	IIIA	303
Ratio-Amcinonide 0.1% Cr	02247098	RPH	IIIA	284
Ratio-Amcinonide 0.1% Lot	02247097	RPH	IIIA	284
Ratio-Amcinonide 0.1% Oint	02247096	RPH	IIIA	284
Ratio-Amiodarone 200mg Tab	02240071	RPH	IIIA	84
Ratio-Atenolol 50mg Tab	02171791	RPH	IIIA	84
Ratio-Atenolol 100mg Tab	02171805	RPH	IIIA	85
Ratio-Azithromycin 250mg Tab	02275287	RPH	IIIA	8
Ratio-Baclofen 10mg Tab	02236507	RPH	IIIA	69
Ratio-Baclofen 20mg Tab	02236508	RPH	IIIA	70
Ratio-Beclomethasone AQ 50mcg Nas Sp-200 Dose Pk	00872318	RPH	IIIA	198
Ratio-Benzylamine 0.15% Oral Rinse	02230170	RPH	IIIA	201
Ratio-Bicalutamide 50mg Tab	02277700	RPH	IIIA	41
Ratio-Bisacodyl 10mg Sup	00404802	RPH	IIIA	218
Ratio-Brimonidine 0.2% Oph Sol	02243026	RPH	IIIA	205
Ratio-Bupropion SR 100mg Tab	02285657	RPH	IIIA	155
Ratio-Bupropion SR 150mg Tab	02285665	RPH	IIIA	155
Ratio-Buspirone 10mg Tab (Not a Benefit)	02237858	RPH	IIIB	15
Ratio-Carvedilol 3.125mg Tab	02252309	RPH	IIIA	86
Ratio-Carvedilol 6.25mg Tab	02252317	RPH	IIIA	86
Ratio-Carvedilol 12.5mg Tab	02252325	RPH	IIIA	86
Ratio-Carvedilol 25mg Tab	02252333	RPH	IIIA	86
Ratio-Cefuroxime 250mg Tab	02242656	RPH	IIIA	16
Ratio-Cefuroxime 500mg Tab	02242657	RPH	IIIA	16
Ratio-Ciprofloxacin 250mg Tab	02246825	RPH	IIIA	33
Ratio-Ciprofloxacin 500mg Tab	02246826	RPH	IIIA	33
Ratio-Ciprofloxacin 750mg Tab	02246827	RPH	IIIA	33
Ratio-Citalopram 20mg Tab	02252112	RPH	IIIA	156
Ratio-Citalopram 40mg Tab	02252120	RPH	IIIA	156
Ratio-Clarithromycin 250mg Tab	02247818	RPH	IIIA	8
Ratio-Clarithromycin 500mg Tab (Not a Benefit)	02247819	RPH	IIIB	2
Ratio-Clindamycin 150mg Cap	02130033	RPH	IIIA	17
Ratio-Clindamycin 300mg Cap	02192659	RPH	IIIA	18
Ratio-Clobazam 10mg Tab	02238797	RPH	IIIA	148
Ratio-Clobetasol 0.05% Cr	01910272	RPH	IIIA	287
Ratio-Clobetasol 0.05% Oint	01910280	RPH	IIIA	287
Ratio-Clobetasol 0.05% Scalp Lot	01910299	RPH	IIIA	287
Ratio-Clonazepam 0.5mg Tab	02103656	RPH	IIIA	148
Ratio-Clonazepam 2mg Tab	02103737	RPH	IIIA	148

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Ratio-Codeine 5mg/mL O/L	00779474	RPH	IIIA	137
Ratio-Codeine 15mg Tab	00593435	RPH	IIIA	137
Ratio-Codeine 30mg Tab	00593451	RPH	IIIA	137
Ratio-Desipramine 25mg Tab	01948784	RPH	IIIA	157
Ratio-Desipramine 50mg Tab	01948792	RPH	IIIA	157
Ratio-Dexamethasone 0.5mg Tab	02240684	RPH	IIIA	251
Ratio-Dexamethasone 4mg Tab	02240687	RPH	IIIA	251
Ratio-Diltiazem CD 120mg LA Cap	02229781	RPH	IIIA	87
Ratio-Diltiazem CD 180mg LA Cap	02229782	RPH	IIIA	88
Ratio-Diltiazem CD 240mg LA Cap	02229783	RPH	IIIA	88
Ratio-Diltiazem CD 300mg LA Cap	02229784	RPH	IIIA	88
Ratio-Domperidone 10mg Tab	01912070	RPH	IIIA	231
Ratio-Ectosone 0.1% Scalp Lot	00653217	RPH	IIIA	286
Ratio-Ectosone Mild 0.05% Cr	00535427	RPH	IIIA	286
Ratio-Ectosone Mild 0.05% Lot	00653209	RPH	IIIA	286
Ratio-Ectosone Regular 0.1% Cr	00535435	RPH	IIIA	286
Ratio-Ectosone Regular 0.1% Lot	00750050	RPH	IIIA	286
Ratio-Emtec 300mg & 30mg Tab	00608882	RPH	IIIA	136
Ratio-Enalapril 2.5mg Tab	02299984	RPH	IIIA	106
Ratio-Enalapril 5mg Tab	02299992	RPH	IIIA	107
Ratio-Enalapril 10mg Tab	02300001	RPH	IIIA	107
Ratio-Enalapril 20mg Tab	02300028	RPH	IIIA	107
Ratio-Fenofibrate MC 200mg Cap	02250039	RPH	IIIA	98
Ratio-Fentanyl 25mcg/hr Trans Patch	02282941	RPH	IIIA	138
Ratio-Fentanyl 50mcg/hr Trans Patch	02282968	RPH	IIIA	138
Ratio-Fentanyl 75mcg/hr Trans Patch	02282976	RPH	IIIA	138
Ratio-Fentanyl 100mcg/hr Trans Patch	02282984	RPH	IIIA	138
Ratio-Flexitec 10mg Tab (Not a Benefit)	02236506	RPH	IIIA	70
Ratio-Flunisolide Nasal Mist 0.025% Nas Sp-25mL Pk	00878790	RPH	IIIA	199
Ratio-Fluoxetine 10mg Cap (Not a Benefit)	02241371	RPH	IIIB	13
Ratio-Fluoxetine 20mg Cap	02241374	RPH	IIIA	158
Ratio-Fluticasone 50mcg/Actuation Nas Sp-120 Dose Pk (Not a Benefit)	02296071	RPH	IIIB	18
Ratio-Fluvoxamine 50mg Tab	02218453	RPH	IIIA	158
Ratio-Fluvoxamine 100mg Tab	02218461	RPH	IIIA	159
Ratio-Fosinopril 10mg Tab	02275252	RPH	IIIA	109
Ratio-Fosinopril 20mg Tab	02275260	RPH	IIIA	109
Ratio-Gabapentin 100mg Cap	02260883	RPH	IIIA	150
Ratio-Gabapentin 300mg Cap	02260891	RPH	IIIA	150
Ratio-Gabapentin 400mg Cap	02260905	RPH	IIIA	150
Ratio-Gabapentin 600mg Tab (Not a Benefit)	02260913	RPH	IIIB	11
Ratio-Gabapentin 800mg Tab (Not a Benefit)	02260921	RPH	IIIB	11
Ratio-Glimepiride 1mg Tab (Not a Benefit)	02273101	RPH	IIIB	21
Ratio-Glimepiride 2mg Tab (Not a Benefit)	02273128	RPH	IIIB	21

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PART	PAGE
Ratio-Glimepiride 4mg Tab (Not a Benefit)	02273136	RPH	IIIB	21
Ratio-Glyburide 2.5mg Tab	01900927	RPH	IIIA	262
Ratio-Glyburide 5mg Tab	01900935	RPH	IIIA	262
Ratio-Indomethacin 100mg Sup	01934139	RPH	IIIA	130
Ratio-IPRA SAL UDV 500mcg/2.5mg/2.5mL Inh Sol-2.5mL Pk	02243789	RPH	IIIA	57
Ratio-Ipratropium 250mcg/mL Inh Sol-20mL Pk	02097141	RPH	IIIA	55
Ratio-Ipratropium UDV 125mcg/mL Inh Sol-2mL UDV Pk	02097176	RPH	IIIA	56
Ratio-Ipratropium UDV 250mcg/mL Inh Sol-2mL UDV Pk	02097168	RPH	IIIA	56
Ratio-Ketorolac 0.5% Oph Sol	02247461	RPH	IIIA	200
Ratio-Lactulose 666.7mg/mL O/L	00854409	RPH	IIIA	232
Ratio-Lamotrigine 25mg Tab	02243352	RPH	IIIA	151
Ratio-Lamotrigine 100mg Tab	02243353	RPH	IIIA	151
Ratio-Lamotrigine 150mg Tab	02246963	RPH	IIIA	151
Ratio-Lenoltec No.2 15mg Tab	00653241	RPH	IIIA	136
Ratio-Lenoltec No.3 30mg Tab	00653276	RPH	IIIA	136
Ratio-Lenoltec No.4 300mg & 60mg Tab	00621463	RPH	IIIA	136
Ratio-Levobunolol 0.25% Oph Sol	02031159	RPH	IIIA	210
Ratio-Levobunolol 0.5% Oph Sol	02031167	RPH	IIIA	210
Ratio-Lisinopril P 5mg Tab	02256797	RPH	IIIA	110
Ratio-Lisinopril P 10mg Tab	02256800	RPH	IIIA	110
Ratio-Lisinopril P 20mg Tab	02256819	RPH	IIIA	111
Ratio-Lisinopril Z 5mg Tab	02299879	RPH	IIIA	111
Ratio-Lisinopril Z 10mg Tab	02299887	RPH	IIIA	111
Ratio-Lisinopril Z 20mg Tab	02299895	RPH	IIIA	111
Ratio-Lovastatin 20mg Tab	02245822	RPH	IIIA	99
Ratio-Lovastatin 40mg Tab	02245823	RPH	IIIA	99
Ratio-Meloxicam 7.5mg Tab	02247889	RPH	IIIA	132
Ratio-Meloxicam 15mg Tab	02248031	RPH	IIIA	132
Ratio-Metformin 500mg Tab	02242974	RPH	IIIA	262
Ratio-Metformin 850mg Tab (Not a Benefit)	02242931	RPH	IIIB	21
Ratio-Methotrexate Sodium 2.5mg Tab	02244798	RPH	IIIA	49
Ratio-Minocycline 50mg Cap (Not a Benefit)	01914138	RPH	IIIB	2
Ratio-Minocycline 100mg Cap (Not a Benefit)	01914146	RPH	IIIB	3
Ratio-Mirtazapine 30mg Tab	02270927	RPH	IIIA	160
Ratio-Mometasone 0.1% Oint	02248130	RPH	IIIA	291
Ratio-Morphine 1mg/mL O/L	00607762	RPH	IIIA	140
Ratio-Morphine 5mg/mL O/L	00607770	RPH	IIIA	140
Ratio-Morphine 10mg/mL O/L	00690783	RPH	IIIA	140
Ratio-Morphine 20mg/mL O/L	00690791	RPH	IIIA	141
Ratio-Morphine SR 15mg SR Tab	02244790	RPH	IIIA	142
Ratio-Morphine SR 30mg SR Tab	02244791	RPH	IIIA	142
Ratio-Morphine SR 60mg SR Tab	02244792	RPH	IIIA	143
Ratio-MPA 2.5mg Tab	02148552	RPH	IIIA	273
Ratio-MPA 5mg Tab	02148560	RPH	IIIA	273

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Ratio-MPA 10mg Tab	02148579	RPH	IIIA	273
Ratio-Nortriptyline 10mg Cap	02240789	RPH	IIIA	161
Ratio-Nortriptyline 25mg Cap	02240790	RPH	IIIA	161
Ratio-Nystatin 100000U/g Cr	02194236	RPH	IIIA	280
Ratio-Nystatin 100000U/mL O/L	02194201	RPH	IIIA	6
Ratio-Nystatin 100000U/g Oint	02194228	RPH	IIIA	280
Ratio-Nystatin 500000U Tab	02194198	RPH	IIIA	6
Ratio-Nystatin 100000U/g Vag Cr	02194163	RPH	IIIA	280
Ratio-Omeprazole 20mg DR Tab	09857267	RPH	IIIA	239
Ratio-Omeprazole DR Tab 20mg	02260867	RPH	IIIA	237
Ratio-Ondansetron 4mg Tab	02278529	RPH	IIIA	228
Ratio-Ondansetron 8mg Tab	02278537	RPH	IIIA	228
Ratio-Oxycocet 5mg & 325mg Tab	00608165	RPH	IIIA	144
Ratio-Oxycodan 5mg & 325mg Tab	00608157	RPH	IIIA	145
Ratio-Paroxetine 10mg Tab (Not a Benefit)	02247810	RPH	IIIB	13
Ratio-Paroxetine 20mg Tab	02247811	RPH	IIIA	161
Ratio-Paroxetine 30mg Tab	02247812	RPH	IIIA	161
Ratio-Pentoxifylline 400mg SR Tab	01968432	RPH	IIIA	81
Ratio-Pioglitazone 15mg Tab	02301423	RPH	IIIA	263
Ratio-Pioglitazone 30mg Tab	02301431	RPH	IIIA	263
Ratio-Pioglitazone 45mg Tab	02301458	RPH	IIIA	263
Ratio-Pravastatin 10mg Tab	02246930	RPH	IIIA	100
Ratio-Pravastatin 20mg Tab	02246931	RPH	IIIA	100
Ratio-Pravastatin 40mg Tab	02246932	RPH	IIIA	100
Ratio-Prednisolone 1% Oph Susp	00700401	RPH	IIIA	200
Ratio-Ramipril Cap 1.25mg	02287692	RPH	IIIA	116
Ratio-Ramipril Cap 2.5mg	02287706	RPH	IIIA	116
Ratio-Ramipril Cap 5mg	02287714	RPH	IIIA	117
Ratio-Ramipril Cap 10mg	02287722	RPH	IIIA	117
Ratio-Ranitidine 150mg Tab	00828823	RPH	IIIA	242
Ratio-Ranitidine 300mg Tab	00828688	RPH	IIIA	243
Ratio-Risperidone 0.25mg Tab	02264757	RPH	IIIA	174
Ratio-Risperidone 0.5mg Tab	02264765	RPH	IIIA	174
Ratio-Risperidone 1mg Tab	02264773	RPH	IIIA	175
Ratio-Risperidone 2mg Tab	02264781	RPH	IIIA	175
Ratio-Risperidone 3mg Tab	02264803	RPH	IIIA	175
Ratio-Risperidone 4mg Tab	02264811	RPH	IIIA	175
Ratio-Salbutamol 2mg/mL Inh Sol-2.5mL Pk	02239366	RPH	IIIA	64
Ratio-Salbutamol HFA 100mcg/Metered Dose Inh-200 Dose Pk	02244914	RPH	IIIA	66
Ratio-Salbutamol Inhaler 100mcg/Metered Dose Inh-200 Dose Pk (Not a Benefit)	00851841	RPH	IIIA	66
Ratio-Salbutamol Respirator Sol 5mg/mL Inh Sol-10mL Pk	00860808	RPH	IIIA	65
Ratio-Salbutamol Respirator Sol P.F. 1mg/mL Inh Sol-2.5mL Pk	01986864	RPH	IIIA	63
Ratio-Sertraline 25mg Cap	02245787	RPH	IIIA	162

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Ratio-Sertraline 50mg Cap	02245788	RPH	IIIA	162
Ratio-Sertraline 100mg Cap	02245789	RPH	IIIA	162
Ratio-Simvastatin 5mg Tab	02247067	RPH	IIIA	101
Ratio-Simvastatin 10mg Tab	02247068	RPH	IIIA	101
Ratio-Simvastatin 20mg Tab	02247069	RPH	IIIA	102
Ratio-Simvastatin 40mg Tab	02247070	RPH	IIIA	102
Ratio-Simvastatin 80mg Tab	02247071	RPH	IIIA	102
Ratio-Sotalol 80mg Tab (Not a Benefit)	02084228	RPH	IIIB	7
Ratio-Sotalol 160mg Tab	02084236	RPH	IIIA	94
Ratio-Sumatriptan 50mg Tab (Not a Benefit)	02271583	RPH	IIIB	17
Ratio-Sumatriptan 100mg Tab (Not a Benefit)	02271591	RPH	IIIB	17
Ratio-Tamsulosin 0.4mg Cap	02294265	RPH	IIIA	319
Ratio-Temazepam 15mg Cap	02243023	RPH	IIIA	180
Ratio-Temazepam 30mg Cap	02243024	RPH	IIIA	180
Ratio-Terazosin 1mg Tab	02218941	RPH	IIIA	118
Ratio-Terazosin 2mg Tab	02218968	RPH	IIIA	118
Ratio-Terazosin 5mg Tab	02218976	RPH	IIIA	118
Ratio-Terazosin 10mg Tab	02218984	RPH	IIIA	118
Ratio-Topilene 0.05% Cr	00849650	RPH	IIIA	286
Ratio-Topilene 0.05% Oint	00849669	RPH	IIIA	285
Ratio-Topiramate 25mg Tab	02256827	RPH	IIIA	153
Ratio-Topiramate 100mg Tab	02256835	RPH	IIIA	153
Ratio-Topiramate 200mg Tab	02256843	RPH	IIIA	153
Ratio-Topisone 0.05% Lot	00809187	RPH	IIIA	285
Ratio-Topisone 0.05% Oint	00805009	RPH	IIIA	285
Ratio-Trazodone 50mg Tab	02277344	RPH	IIIA	163
Ratio-Trazodone 100mg Tab	02277352	RPH	IIIA	163
Ratio-Trazodone 150mg Tab	02277360	RPH	IIIA	163
Ratio-Valproic 250mg Cap	02140047	RPH	IIIA	154
Ratio-Valproic 50mg/mL O/L	02140063	RPH	IIIA	154
Ratio-Valproic EC 500mg Ent Cap	02140055	RPH	IIIA	154
Ratio-Venlafaxine XR 37.5mg ER Cap	02273969	RPH	IIIA	164
Ratio-Venlafaxine XR 75mg ER Cap	02273977	RPH	IIIA	164
Ratio-Venlafaxine XR 150mg ER Cap	02273985	RPH	IIIA	164
Ratio-Zopiclone 5mg Tab (Not a Benefit)	02246534	RPH	IIIB	15
Ratio-Zopiclone 7.5mg Tab (Not a Benefit)	02242481	RPH	IIIB	16
Reactine 10mg Tab (Not a Benefit)	02223554	MCL	IIIB	1
RECOMBINANT HUMAN ERYTHROPOIETIN (R-HUEPO)			IIIA	80
Relafen 500mg Tab (Not a Benefit)	02083531	GSK	IIIB	9
Relafen 750mg Tab (Not a Benefit)	02083558	GSK	IIIB	9
Remeron 30mg Tab	02243910	ORG	IIIA	160
Remeron RD 15mg Orally Disintegrating Tab	02248542	ORG	IIIA	160
Remeron RD 30mg Orally Disintegrating Tab	02248543	ORG	IIIA	160
Remeron RD 45mg Orally Disintegrating Tab	02248544	ORG	IIIA	160

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Reminyl ER 8mg ER Cap	02266717	JNO	IIIA	52
Reminyl ER 16mg ER Cap	02266725	JNO	IIIA	52
Reminyl ER 24mg ER Cap	02266733	JNO	IIIA	52
Renedil 2.5mg SR Tab	02221985	SAV	IIIA	108
Renedil 5mg SR Tab	02221993	SAV	IIIA	108
Renedil 10mg SR Tab	02222000	SAV	IIIA	108
ReQuip 0.25mg Tab	02232565	GSK	IIIA	316
ReQuip 1mg Tab	02232567	GSK	IIIA	316
ReQuip 2mg Tab	02232568	GSK	IIIA	316
ReQuip 5mg Tab	02232569	GSK	IIIA	316
Rescriptor 100mg Tab	02238348	PFI	IIIA	24
Restoril 15mg Cap	00604453	ORY	IIIA	180
Restoril 30mg Cap	00604461	ORY	IIIA	180
Resultz 50% Top Sol-120mL Pk	09857292	NYC	IIIA	281
Resultz 50% Top Sol-240mL Pk	02279592	NYC	IIIA	281
Reyataz 150mg Cap	02248610	BQU	IIIA	23
Reyataz 200mg Cap	02248611	BQU	IIIA	23
Rhinalar 0.025% Nas Sp-25mL Pk	02162687	IVA	IIIA	199
Rhinocort Aqua 64mcg/Metered Dose Nas Sp-120 Dose Pk	02231923	AZC	IIIA	199
Rhinocort Aqua 100mcg/Metered Dose Nas Sp-165 Dose Pk (Not a Benefit)	01974432	AST	IIIA	199
Rhinocort Turbuhaler 100mcg/Metered Dose Nas Aero-200 Dose	02035324	AZC	IIIA	199
RhodiS-EC 100mg Ent Tab	00761680	SAV	IIIA	131
Rhotral 100mg Tab	01910140	SAV	IIIA	83
Rhotral 200mg Tab	01910159	SAV	IIIA	83
Rhotral 400mg Tab	01910167	SAV	IIIA	83
Rhotrimine 75mg Cap	00761656	SAV	IIIA	163
Rhotrimine 100mg Tab	00761648	SAV	IIIA	164
Rhovane 7.5mg Tab (Not a Benefit)	02008203	SAV	IIIB	16
Rhoxal-Metformin 500mg Tab	02233999	SDZ	IIIA	262
Rhoxal-Sotalol 160mg Tab	02234013	SDZ	IIIA	94
Ridaura 3mg Cap	01916823	SQI	IIIA	245
RIFABUTIN			IIIA	20
Rifadin 150mg Cap	02091887	SAV	IIIA	21
Rifadin 300mg Cap	02092808	SAV	IIIA	21
RIFAMPIN			IIIA	21
RISEDRONATE SODIUM			IIIA	316
Risperdal 1mg/mL O/L	02236950	JNO	IIIA	174
Risperdal 0.25mg Tab	02240551	JNO	IIIA	174
Risperdal 0.5mg Tab	02240552	JNO	IIIA	174
Risperdal 1mg Tab	02025280	JNO	IIIA	175
Risperdal 2mg Tab	02025299	JNO	IIIA	175
Risperdal 3mg Tab	02025302	JNO	IIIA	175
Risperdal 4mg Tab	02025310	JNO	IIIA	175

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Risperdal M-Tab 0.5mg Orally Disintegrating Tab	02247704	JNO	IIIA	174
Risperdal M-Tab 1mg Orally Disintegrating Tab	02247705	JNO	IIIA	174
Risperdal M-Tab 2mg Orally Disintegrating Tab	02247706	JNO	IIIA	174
Risperdal M-Tab 3mg Orally Disintegrating Tab	02268086	JNO	IIIA	174
Risperdal M-Tab 4mg Orally Disintegrating Tab	02268094	JNO	IIIA	174
RISPERIDONE			IIIA	174
Ritalin 10mg Tab	00005606	NOV	IIIA	178
Ritalin 20mg Tab (Not a Benefit)	00005614	NOV	IIIB	15
Ritalin SR 20mg LA Tab	00632775	NOV	IIIA	178
RITONAVIR			IIIA	28
RIVASTIGMINE			IIIA	53
Rivotril 0.5mg Tab	00382825	HLR	IIIA	148
Rivotril 2mg Tab	00382841	HLR	IIIA	148
Robidrine 6mg/mL O/L (Not a Benefit)	00425516	WHB	IIIA	62
Robidrine 60mg Tab (Not a Benefit)	00342726	WHB	IIIA	62
Robitussin 20mg/mL O/L (Not a Benefit)	00026468	WHB	IIIA	193
Rocaltrol 0.25mcg Cap dpp	00481823	HLR	IIIA	301
Rocaltrol 0.5mcg Cap dpp	00481815	HLR	IIIA	301
Rocephin 0.25g/Vial Inj Pd-1 Vial Pk	00657387	HLR	IIIA	16
Rocephin 1g/Vial Inj Pd-1 Vial Pk	00657417	HLR	IIIA	16
Rocephin 2g/Vial Inj Pd-1 Vial Pk	00657409	HLR	IIIA	16
Rofact 150mg Cap	00393444	VAL	IIIA	21
Rofact 300mg Cap	00343617	VAL	IIIA	21
ROPINIROLE			IIIA	316
Rosadol 1% Cr	02242919	STI	IIIA	283
ROSIGLITAZONE			IIIA	264
ROSUVASTATIN CALCIUM			IIIA	101
Roychlor 1.33mEq/mL O/L (Not a Benefit)	02166372	WAB	IIIA	186
Rubramin 1mg/mL Inj Sol-10mL Pk (Not a Benefit)	00029165	BQU	IIIA	300
Rynacrom 2% Nas Sol-26mL Pk (Not a Benefit)	00605255	FIS	IIIA	213
Rythmodan 100mg Cap	02224801	SAV	IIIA	89
Rythmodan 150mg Cap	02224828	SAV	IIIA	89
Rythmol 150mg Tab	00603708	ABB	IIIA	92
Rythmol 300mg Tab	00603716	ABB	IIIA	92
Sab-Diclofenac 50mg Sup	02241224	SDZ	IIIA	126
Sab-Diclofenac 100mg Sup	02241225	SDZ	IIIA	126
Sab-Indomethacin 50mg Sup	02231799	SDZ	IIIA	130
Sab-Indomethacin 100mg Sup	02231800	SDZ	IIIA	130
Sabril 500mg Tab	02065819	OVA	IIIA	154
Salazopyrin 500mg Ent Tab	02064472	PFI	IIIA	31
Salazopyrin 500mg Tab	02064480	PFI	IIIA	31
SALBUTAMOL			IIIA	63
SALMETEROL XINAFOATE			IIIA	67
SALMETEROL XINAFOATE & FLUTICASONE PROPIONATE			IIIA	68

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Salofalk 500mg Ent Tab	02112787	BFI	IIIA	229
Salofalk 4g Rect Susp-Pk	02112809	BFI	IIIA	229
Salofalk 500mg Sup	02112760	BFI	IIIA	229
Salofalk 1000mg Sup	02242146	BFI	IIIA	229
Sandomigran 0.5mg Tab	00329320	SQI	IIIA	69
Sandomigran DS 1mg Tab	00511552	SQI	IIIA	69
Sandostatin 50mcg/mL Inj Sol-1mL Amp Pk	00839191	NOV	IIIA	314
Sandostatin 100mcg/mL Inj Sol-1mL Amp Pk	00839205	NOV	IIIA	314
Sandostatin 500mcg/mL Inj Sol-1mL Amp Pk	00839213	NOV	IIIA	315
Sandostatin 200mcg/mL Inj Sol-5mL Vial Pk	02049392	NOV	IIIA	315
Sandostatin LAR 10mg Inj Kit Pk	02239323	NOV	IIIA	314
Sandostatin LAR 20mg Inj Kit Pk	02239324	NOV	IIIA	314
Sandostatin LAR 30mg Inj Kit Pk	02239325	NOV	IIIA	314
Sandoz Acebutolol 100mg Tab	02257599	SDZ	IIIA	83
Sandoz Acebutolol 200mg Tab	02257602	SDZ	IIIA	83
Sandoz Acebutolol 400mg Tab	02257610	SDZ	IIIA	83
Sandoz Alendronate 5mg Tab (Not a Benefit)	02288079	SDZ	IIIB	23
Sandoz Alendronate 10mg Tab	02288087	SDZ	IIIA	303
Sandoz Alendronate 70mg Tab	02288109	SDZ	IIIA	303
Sandoz Amiodarone 200mg Tab	02243836	SDZ	IIIA	84
Sandoz Anagrelide 0.5mg Cap	02260107	SDZ	IIIA	304
Sandoz Anuzinc 0.5% Oint	00621447	SDZ	IIIA	297
Sandoz Atenolol 50mg Tab	02231731	SDZ	IIIA	84
Sandoz Atenolol 100mg Tab	02231733	SDZ	IIIA	85
Sandoz Azithromycin 250mg Tab	02265826	SDZ	IIIA	8
Sandoz Bicalutamide 50mg Tab	02276089	SDZ	IIIA	41
Sandoz Bisoprolol 5mg Tab	02247439	SDZ	IIIA	85
Sandoz Bisoprolol 10mg Tab	02247440	SDZ	IIIA	85
Sandoz Bupropion SR 100mg Tab	02275074	SDZ	IIIA	155
Sandoz Bupropion SR 150mg Tab	02275082	SDZ	IIIA	155
Sandoz Calcitonin NS 200U/Metered Dose Nas Sp-2x14 Dose Pk (Not a Benefit)	02261766	SDZ	IIIB	22
Sandoz Carbamazepine Chewtabs 100mg Chew Tab	02261855	SDZ	IIIA	146
Sandoz Carbamazepine Chewtabs 200mg Chew Tab	02261863	SDZ	IIIA	146
Sandoz Carbamazepine CR 200mg LA Tab	02261839	SDZ	IIIA	147
Sandoz Carbamazepine CR 400mg LA Tab	02261847	SDZ	IIIA	147
Sandoz Cefprozil 250mg Tab	02302179	SDZ	IIIA	15
Sandoz Cefprozil 500mg Tab	02302187	SDZ	IIIA	16
Sandoz Ciprofloxacin 250mg Tab	02248756	SDZ	IIIA	33
Sandoz Ciprofloxacin 500mg Tab	02248757	SDZ	IIIA	33
Sandoz Ciprofloxacin 750mg Tab	02248758	SDZ	IIIA	33
Sandoz Citalopram 20mg Tab	02248170	SDZ	IIIA	156
Sandoz Citalopram 40mg Tab	02248171	SDZ	IIIA	156
Sandoz Clonazepam 0.5mg Tab	02233960	SDZ	IIIA	148

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Sandoz Clonazepam 2mg Tab	02233985	SDZ	IIIA	148
Sandoz Cyclosporine 25mg Cap	02247073	SDZ	IIIA	308
Sandoz Cyclosporine 50mg Cap	02247074	SDZ	IIIA	308
Sandoz Cyclosporine 100mg Cap	02242821	SDZ	IIIA	308
Sandoz Diclofenac Rapide 50mg Tab (Not a Benefit)	02261774	SDZ	IIIB	9
Sandoz Diclofenac SR 75mg LA Tab (Not a Benefit)	02261901	SDZ	IIIA	125
Sandoz Diclofenac SR 100mg LA Tab (Not a Benefit)	02261944	SDZ	IIIA	126
Sandoz Diltiazem CD 120mg LA Cap	02243338	SDZ	IIIA	87
Sandoz Diltiazem CD 180mg LA Cap	02243339	SDZ	IIIA	88
Sandoz Diltiazem CD 240mg LA Cap	02243340	SDZ	IIIA	88
Sandoz Diltiazem CD 300mg LA Cap	02243341	SDZ	IIIA	88
Sandoz Diltiazem T 120mg SR Cap	02245918	SDZ	IIIA	88
Sandoz Diltiazem T 180mg SR Cap	02245919	SDZ	IIIA	89
Sandoz Diltiazem T 240mg SR Cap	02245920	SDZ	IIIA	89
Sandoz Diltiazem T 300mg SR Cap	02245921	SDZ	IIIA	89
Sandoz Diltiazem T 360mg SR Cap	02245922	SDZ	IIIA	89
Sandoz Enalapril 2.5mg Tab	02299933	SDZ	IIIA	106
Sandoz Enalapril 5mg Tab	02299941	SDZ	IIIA	107
Sandoz Enalapril 10mg Tab	02299968	SDZ	IIIA	107
Sandoz Enalapril 20mg Tab	02299976	SDZ	IIIA	107
Sandoz Famciclovir 125mg Tab (Not a Benefit)	02278634	SDZ	IIIB	4
Sandoz Famciclovir 250mg Tab (Not a Benefit)	02278642	SDZ	IIIB	4
Sandoz Famciclovir 500mg Tab	02278650	SDZ	IIIA	25
Sandoz Felodipine 5mg ER Tab	02280264	SDZ	IIIA	108
Sandoz Felodipine 10mg ER Tab	02280272	SDZ	IIIA	108
Sandoz Felodipine 5mg SR Tab	09857203	SDZ	IIIA	108
Sandoz Felodipine 10mg SR Tab	09857204	SDZ	IIIA	108
Sandoz Fenofibrate S 160mg Tab	02288052	SDZ	IIIA	98
Sandoz Fluoxetine 10mg Cap (Not a Benefit)	02243486	SDZ	IIIB	13
Sandoz Fluoxetine 20mg Cap	02243487	SDZ	IIIA	158
Sandoz Fluvoxamine 50mg Tab	02247054	SDZ	IIIA	158
Sandoz Fluvoxamine 100mg Tab	02247055	SDZ	IIIA	159
Sandoz Gentamicin 0.3% Ot Sol	02229441	SDZ	IIIA	196
Sandoz Glimepiride 1mg Tab (Not a Benefit)	02269589	SDZ	IIIB	21
Sandoz Glimepiride 2mg Tab (Not a Benefit)	02269597	SDZ	IIIB	21
Sandoz Glimepiride 4mg Tab (Not a Benefit)	02269619	SDZ	IIIB	21
Sandoz Glyburide 2.5mg Tab	02248008	SDZ	IIIA	262
Sandoz Glyburide 5mg Tab	02248009	SDZ	IIIA	262
Sandoz Leflunomide 10mg Tab	02283964	SDZ	IIIA	312
Sandoz Leflunomide 20mg Tab	02283972	SDZ	IIIA	312
Sandoz Levobunolol 0.25% Oph Sol	02241715	SDZ	IIIA	210
Sandoz Levobunolol 0.5% Oph Sol	02241716	SDZ	IIIA	210
Sandoz Lisinopril 5mg Tab	02289199	SDZ	IIIA	111
Sandoz Lisinopril 5mg Tab	09857272	SDZ	IIIA	110

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Sandoz Lisinopril 10mg Tab	02289202	SDZ	IIIA	111
Sandoz Lisinopril 10mg Tab	09857286	SDZ	IIIA	110
Sandoz Lisinopril 20mg Tab	02289229	SDZ	IIIA	111
Sandoz Lisinopril 20mg Tab	09857287	SDZ	IIIA	111
Sandoz Lisinopril HCT 10mg & 12.5mg Tab	02302365	SDZ	IIIA	112
Sandoz Lisinopril HCT 20mg & 12.5mg Tab	02302373	SDZ	IIIA	112
Sandoz Loperamide 2mg Caplet	02257564	SDZ	IIIA	217
Sandoz Lovastatin 20mg Tab	02247056	SDZ	IIIA	99
Sandoz Lovastatin 40mg Tab	02247057	SDZ	IIIA	99
Sandoz Metformin FC 500mg Tab	02246820	SDZ	IIIA	262
Sandoz Metformin FC 850mg Tab (Not a Benefit)	02246821	SDZ	IIIB	21
Sandoz Metoprolol (Type L) 50mg Tab	02247875	SDZ	IIIA	90
Sandoz Metoprolol (Type L) 100mg Tab	02247876	SDZ	IIIA	90
Sandoz Metoprolol SR 100mg LA Tab	02303396	SDZ	IIIA	90
Sandoz Metoprolol SR 200mg LA Tab	02303418	SDZ	IIIA	90
Sandoz Minocycline 50mg Cap (Not a Benefit)	02237313	SDZ	IIIB	2
Sandoz Minocycline 100mg Cap (Not a Benefit)	02237314	SDZ	IIIB	3
Sandoz Mirtazapine 30mg Tab	02250608	SDZ	IIIA	160
Sandoz Mirtazapine FC 30mg Tab	02267292	SDZ	IIIA	160
Sandoz Nabumetone 500mg Tab (Not a Benefit)	02242912	SDZ	IIIB	9
Sandoz Nitrazepam 5mg Tab	02234003	SDZ	IIIA	179
Sandoz Nitrazepam 10mg Tab	02234007	SDZ	IIIA	179
Sandoz Omeprazole 20mg Cap	02296446	SDZ	IIIA	237
Sandoz Ondansetron 4mg Tab	02274310	SDZ	IIIA	228
Sandoz Ondansetron 8mg Tab	02274329	SDZ	IIIA	228
Sandoz Opticort 5mg & 50mcg & 0.5mg/mL Oph/Ot Sol	02247920	SDZ	IIIA	195
Sandoz Paroxetine 20mg Tab	02254751	SDZ	IIIA	161
Sandoz Paroxetine 30mg Tab	02254778	SDZ	IIIA	161
Sandoz Pentasone 3mg & 1mg/mL Oph/Ot Drops	02244999	SDZ	IIIA	195
Sandoz Pindolol 5mg Tab	02261782	SDZ	IIIA	114
Sandoz Pindolol 10mg Tab	02261790	SDZ	IIIA	114
Sandoz Pindolol 15mg Tab	02261804	SDZ	IIIA	115
Sandoz Pioglitazone 15mg Tab	02297906	SDZ	IIIA	263
Sandoz Pioglitazone 30mg Tab	02297914	SDZ	IIIA	263
Sandoz Pioglitazone 45mg Tab	02297922	SDZ	IIIA	263
Sandoz Pravastatin 10mg Tab	02247856	SDZ	IIIA	100
Sandoz Pravastatin 20mg Tab	02247857	SDZ	IIIA	100
Sandoz Pravastatin 40mg Tab	02247858	SDZ	IIIA	100
Sandoz Ramipril Tab 1.25mg	02291398	SDZ	IIIA	116
Sandoz Ramipril Tab 2.5mg	02291401	SDZ	IIIA	116
Sandoz Ramipril Tab 5mg	02291428	SDZ	IIIA	117
Sandoz Ramipril Tab 10mg	02291436	SDZ	IIIA	117
Sandoz Ranitidine 150mg Tab	02243229	SDZ	IIIA	242
Sandoz Ranitidine 300mg Tab	02243230	SDZ	IIIA	243

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Sandoz Risperidone 0.25mg Tab	02292807	SDZ	IIIA	174
Sandoz Risperidone 0.5mg Tab	02279495	SDZ	IIIA	174
Sandoz Risperidone 1mg Tab	02279800	SDZ	IIIA	175
Sandoz Risperidone 2mg Tab	02279819	SDZ	IIIA	175
Sandoz Risperidone 3mg Tab	02279827	SDZ	IIIA	175
Sandoz Risperidone 4mg Tab	02279835	SDZ	IIIA	175
Sandoz Salbutamol 5mg/mL Inh Sol-10mL Pk	02154412	SDZ	IIIA	65
Sandoz Sertraline 25mg Cap	02245159	SDZ	IIIA	162
Sandoz Sertraline 50mg Cap	02245160	SDZ	IIIA	162
Sandoz Sertraline 100mg Cap	02245161	SDZ	IIIA	162
Sandoz Simvastatin 10mg Tab	02247828	SDZ	IIIA	101
Sandoz Simvastatin 20mg Tab	02247830	SDZ	IIIA	102
Sandoz Simvastatin 40mg Tab	02247831	SDZ	IIIA	102
Sandoz Simvastatin 80mg Tab	02247833	SDZ	IIIA	102
Sandoz Sotalol 80mg Tab (Not a Benefit)	02257831	SDZ	IIIB	7
Sandoz Sotalol 160mg Tab	02257858	SDZ	IIIA	94
Sandoz Sumatriptan 50mg Tab (Not a Benefit)	02263025	SDZ	IIIB	17
Sandoz Sumatriptan 100mg Tab (Not a Benefit)	02263033	SDZ	IIIB	17
Sandoz Tamsulosin 0.4mg Cap	02295121	SDZ	IIIA	319
Sandoz Terbinafine 250mg Tab (Not a Benefit)	02262177	SDZ	IIIB	2
Sandoz Ticlopidine 250mg Tab	02243587	SDZ	IIIA	320
Sandoz Timolol 0.25% Oph Sol	02166712	SDZ	IIIA	214
Sandoz Timolol 0.5% Oph Sol	02166720	SDZ	IIIA	214
Sandoz Tobramycin 0.3% Oph Sol	02241755	SDZ	IIIA	197
Sandoz Topiramate 25mg Tab	02260050	SDZ	IIIA	153
Sandoz Topiramate 100mg Tab	02260069	SDZ	IIIA	153
Sandoz Topiramate 200mg Tab	02267837	SDZ	IIIA	153
Sandoz Valproic 250mg Cap	02239714	SDZ	IIIA	154
Sandoz Valproic 500mg Ent Cap	02239713	SDZ	IIIA	154
Sandoz Zopiclone 5mg Tab (Not a Benefit)	02257572	SDZ	IIIB	15
Sandoz Zopiclone 7.5mg Tab (Not a Benefit)	02257580	SDZ	IIIB	16
Sansert 2mg Tab	00027499	NOV	IIIA	69
SAQUINAVIR MESYLATE			IIIA	29
SECOBARBITAL SODIUM			IIIA	180
Seconal 100mg Cap	00015288	LIL	IIIA	180
Sectral 100mg Tab	01926543	SAV	IIIA	83
Sectral 200mg Tab	01926551	SAV	IIIA	83
Sectral 400mg Tab	01926578	SAV	IIIA	83
SELEGILINE HCL			IIIA	317
SENNOSIDES A & B			IIIA	220
Senokot 1.7mg/mL Syrup	00367729	PFP	IIIA	220
Senokot 8.6mg Tab	00026158	PFP	IIIA	220
Septra 40mg & 8mg/mL O/L (Not a Benefit)	00270644	BWE	IIIA	40
Septra 400mg & 80mg Tab (Not a Benefit)	00270636	BWE	IIIA	40

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Septra DS 800mg & 160mg Tab (Not a Benefit)	00368040	BWE	IIIA	40
Serax 10mg Tab (Not a Benefit)	02043653	WAY	IIIA	171
Serax 15mg Tab (Not a Benefit)	02043661	WAY	IIIA	171
Serax 30mg Tab (Not a Benefit)	02043688	WAY	IIIA	171
Serc 16mg Tab (Not a Benefit)	02243878	SPH	IIIB	8
Serc 24mg Tab (Not a Benefit)	02247998	SPH	IIIB	8
SereVent Diskhaler Disks 50mcg/Blister Diskhaler-60 Disk Pk	02214261	GSK	IIIA	67
SereVent Diskus 50mcg Pd Inh-60 Dose Pk	02231129	GSK	IIIA	67
Seroquel 25mg Tab	02236951	AZC	IIIA	173
Seroquel 100mg Tab	02236952	AZC	IIIA	173
Seroquel 200mg Tab	02236953	AZC	IIIA	173
Seroquel 300mg Tab	02244107	AZC	IIIA	173
Seroquel XR 50mg ER Tab	02300184	AZC	IIIA	173
Seroquel XR 200mg ER Tab	02300192	AZC	IIIA	173
Seroquel XR 300mg ER Tab	02300206	AZC	IIIA	173
Seroquel XR 400mg ER Tab	02300214	AZC	IIIA	173
SERTRALINE HCL			IIIA	162
Sibelium 5mg Cap	00846341	PMS	IIIA	311
SILVER SULFADIAZINE			IIIA	284
SIMVASTATIN			IIIA	101
Sinemet 100mg & 10mg Tab	00355658	MFC	IIIA	312
Sinemet 100mg & 25mg Tab	00513997	MFC	IIIA	313
Sinemet 250mg & 25mg Tab	00328219	MFC	IIIA	313
Sinemet CR 100mg & 25mg Tab	02028786	MFC	IIIA	313
Sinemet CR 200mg & 50mg Tab	00870935	MFC	IIIA	313
Sinequan 10mg Cap	00024325	ERF	IIIA	157
Sinequan 25mg Cap	00024333	ERF	IIIA	157
Sinequan 50mg Cap	00024341	ERF	IIIA	157
Sinequan 75mg Cap	00400750	ERF	IIIA	157
Sinequan 100mg Cap	00326925	ERF	IIIA	157
Sinequan 150mg Cap (Not a Benefit)	00584274	PFI	IIIA	158
Singulair 4mg Chew Tab	02243602	MFC	IIIA	313
SIROLIMUS			IIIA	317
SODIUM AUROTHIOMALATE			IIIA	245
Sodium Aurothiomalate 10mg/mL Inj Sol-1mL Pk	02245456	SDZ	IIIA	245
Sodium Aurothiomalate 25mg/mL Inj Sol-1mL Pk	02245457	SDZ	IIIA	245
Sodium Aurothiomalate 50mg/mL Inj Sol-1mL Pk	02245458	SDZ	IIIA	245
SODIUM BIPHOSPHATE & SODIUM PHOSPHATE			IIIA	220
SODIUM CITRATE & SODIUM LAURYL SULFOACETATE			IIIA	220
SODIUM CROMOGLYCATE			IIIA	213
			IIIA	317
SODIUM FLUORIDE			IIIA	318
SODIUM FUSIDATE			IIIA	19
			IIIA	277
Soflax 100mg Cap	01994344	PMS	IIIA	218

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Soflax Syrup 4mg/mL O/L	02006758	PMS	IIIA	218
Sofracort 5mg & 50mcg & 0.5mg/mL Oph/Ot Sol	02224623	SAV	IIIA	195
Soframycin 0.5% Oph Oint-5g Pk	02224895	ERF	IIIA	195
Soframycin 0.5% Oph Sol	02224887	ERF	IIIA	195
Soriatane 10mg Cap	02070847	HLR	IIIA	295
Soriatane 25mg Cap	02070863	HLR	IIIA	295
Sotacor 80mg Tab (Not a Benefit)	00897272	BQU	IIIB	7
Sotacor 160mg Tab (Not a Benefit)	00483923	BQU	IIIA	94
SOTALOL HCL			IIIA	94
			IIIB	7
Spiriva 18mcg Cap	02246793	BOE	IIIA	58
SPIRONOLACTONE			IIIA	191
Statex 1mg/mL O/L	00591467	PMS	IIIA	142
Statex 5mg/mL O/L	00591475	PMS	IIIA	142
Statex 20mg/mL Oral Drops	00621935	PMS	IIIA	142
Statex 5mg Tab	00594652	PMS	IIIA	143
Statex 10mg Tab	00594644	PMS	IIIA	143
Statex 25mg Tab	00594636	PMS	IIIA	143
Statex 50mg Tab	00675962	PMS	IIIA	143
STAVUDINE			IIIA	29
Stelazine 1mg Tab (Not a Benefit)	01918206	SMJ	IIIA	176
Stelazine 2mg Tab (Not a Benefit)	01918214	SMJ	IIIA	176
Stelazine 5mg Tab (Not a Benefit)	01918222	SMJ	IIIA	176
Stelazine 10mg Tab (Not a Benefit)	01918230	SMJ	IIIA	176
Stemetil 10mg/2mL Inj Sol-2mL Pk (Not a Benefit)	01927779	SAV	IIIA	173
Stemetil 5mg Tab (Not a Benefit)	01927752	AVE	IIIA	173
Stemetil 10mg Tab (Not a Benefit)	01927760	AVE	IIIA	173
STERCULIA GUM			IIIA	220
Stieva-A 0.01% Cr	00657204	STI	IIIA	294
Stieva-A 0.025% Cr	00578576	STI	IIIA	294
Stieva-A 0.05% Cr	00518182	STI	IIIA	294
Stieva-A 0.025% Gel	00587966	STI	IIIA	294
Stieva-A 0.025% Sol	00578568	STI	IIIA	294
Stievamycin Gel 0.025% & 4% Top Gel	01905112	STI	IIIA	294
STREPTOZOCIN			IIIA	49
SUCRALFATE			IIIA	243
Sudafed 6mg/mL O/L (Not a Benefit)	00004561	BWE	IIIA	62
Sudafed 60mg Tab (Not a Benefit)	00004766	BWE	IIIA	62
Sulcrate 1g Tab	02100622	BFI	IIIA	243
Sulcrate Suspension Plus 1g/5mL Oral Susp	02103567	BFI	IIIA	243
SULFACETAMIDE (SODIUM)			IIIA	197
SULFAMETHOXAZOLE & TRIMETHOPRIM			IIIA	40
SULFASALAZINE			IIIA	31
SULFINPYRAZONE			IIIA	192

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SULINDAC			IIIA	135
SUMATRIPTAN SUCCINATE			IIIB	17
Suprax 20mg/mL Oral Susp	00868965	SAV	IIIA	15
Suprax 400mg Tab	00868981	SAV	IIIA	15
Suprefact 1mg/mL Inj Sol-5.5mL Pk	02225166	SAV	IIIA	42
Suprefact 1mg/mL Nas Sp-10mL Pk	02225158	SAV	IIIA	42
Suprefact Depot 6.3mg Implant Kit	02228955	SAV	IIIA	42
Suprefact Depot 9.45mg Implant Kit	02240749	SAV	IIIA	42
Surfak 240mg Cap (Not a Benefit)	02224666	HMR	IIIA	218
Surgam 200mg Tab (Not a Benefit)	01989782	HRU	IIIA	135
Surgam 300mg Tab	02221950	SAV	IIIA	135
Surmontil 75mg Cap (Not a Benefit)	01926349	RPP	IIIA	163
Surmontil 12.5mg Tab (Not a Benefit)	01926357	RPP	IIIA	163
Surmontil 25mg Tab (Not a Benefit)	01926322	RPP	IIIA	163
Surmontil 50mg Tab (Not a Benefit)	01926330	RPP	IIIA	164
Surmontil 100mg Tab (Not a Benefit)	01926284	RPP	IIIA	164
Sustiva 50mg Cap	02239886	BQU	IIIA	24
Sustiva 100mg Cap	02239887	BQU	IIIA	24
Sustiva 200mg Cap	02239888	BQU	IIIA	25
Sustiva 600mg Tab	02246045	BQU	IIIA	25
Symbicort 100 Turbuhaler 100mcg/6mcg Pd Inh-120 Dose Pk	02245385	AZC	IIIA	59
Symbicort 200 Turbuhaler 200mcg/6mcg Pd Inh-120 Dose Pk	02245386	AZC	IIIA	59
Symmetrel 100mg Cap (Not a Benefit)	01914006	BQU	IIIA	304
Symmetrel 10mg/mL O/L	01913999	BQU	IIIA	304
Synacthen Depot 1mg/mL Inj Susp-1mL Pk	00253952	NOV	IIIA	183
Synalar Mild 0.01% Cr	00030414	SYN	IIIA	288
Synphasic 3 Phase Tab-21 Pk	02187108	PFI	IIIA	272
Synphasic 3 Phase Tab-28 Pk	02187116	PFI	IIIA	272
Synthroid 0.025mg Tab	02172062	ABB	IIIA	274
Synthroid 0.05mg Tab	02172070	ABB	IIIA	274
Synthroid 0.075mg Tab	02172089	ABB	IIIA	274
Synthroid 0.088mg Tab	02172097	ABB	IIIA	274
Synthroid 0.1mg Tab	02172100	ABB	IIIA	274
Synthroid 0.112mg Tab	02171228	ABB	IIIA	274
Synthroid 0.125mg Tab	02172119	ABB	IIIA	274
Synthroid 0.15mg Tab	02172127	ABB	IIIA	275
Synthroid 0.175mg Tab	02172135	ABB	IIIA	275
Synthroid 0.2mg Tab	02172143	ABB	IIIA	275
Synthroid 0.3mg Tab	02172151	ABB	IIIA	275
TACROLIMUS			IIIA	318
Tagamet 200mg Tab (Not a Benefit)	01916793	SMJ	IIIA	230
Tagamet 300mg Tab (Not a Benefit)	01916815	SMJ	IIIA	230
Tagamet 400mg Tab (Not a Benefit)	01916785	SMJ	IIIA	230
Tagamet 600mg Tab (Not a Benefit)	01916777	SMJ	IIIA	231

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Tagamet 800mg Tab (Not a Benefit)	01916769	SMJ	IIIA	231
Tambocor 50mg Tab	01966197	GRA	IIIA	90
Tambocor 100mg Tab	01966200	GRA	IIIA	90
Tamiflu 75mg Cap	02241472	HLR	IIIA	28
Tamofen 10mg Tab	01926624	SAV	IIIA	49
Tamofen 20mg Tab	01926632	SAV	IIIA	49
TAMOXIFEN CITRATE			IIIA	49
TAMSULOSIN HCL			IIIA	319
Tanta Orciprenaline 2mg/mL O/L	02192675	TAN	IIIA	62
Tantum 0.15% Oral Rinse	01966065	GRA	IIIA	201
Taro-Amcinonide 0.1% Cr	02246714	TAR	IIIA	284
Taro-Carbamazepine 100mg Chew Tab	02244403	TAR	IIIA	146
Taro-Carbamazepine 200mg Chew Tab	02244404	TAR	IIIA	146
Taro-Ciprofloxacin 250mg Tab	02266962	TAR	IIIA	33
Taro-Ciprofloxacin 500mg Tab	02266970	TAR	IIIA	33
Taro-Clobetasol Cream USP 0.05% Cr	02245523	TAR	IIIA	287
Taro-Clobetasol Ointment USP 0.05% Oint	02245524	TAR	IIIA	287
Taro-Clobetasol Topical Solution USP 0.05% Scalp Lot	02245522	TAR	IIIA	287
Taro-Enalapril 2.5mg Tab	02300117	TAR	IIIA	106
Taro-Enalapril 5mg Tab	02300125	TAR	IIIA	107
Taro-Enalapril 10mg Tab	02300133	TAR	IIIA	107
Taro-Enalapril 20mg Tab	02300141	TAR	IIIA	107
Taro-Fluconazole 50mg Tab	02249294	TAR	IIIA	5
Taro-Fluconazole 100mg Tab	02249308	TAR	IIIA	5
Taro-Mometasone 0.1% Oint	02264749	TAR	IIIA	291
Taro-Mupirocin 2% Oint	02279983	TAR	IIIA	277
Taro-Phenytoin 25mg/mL O/L	02250896	TAR	IIIA	152
Taro-Simvastatin 10mg Tab	02265885	TAR	IIIA	101
Taro-Simvastatin 20mg Tab	02265893	TAR	IIIA	102
Taro-Simvastatin 40mg Tab	02265907	TAR	IIIA	102
Taro-Sone 0.05% Cr	01925350	TAR	IIIA	285
Taro-Terconazole 0.4% Cr	02247651	TAR	IIIA	281
Taro-Warfarin 1mg Tab	02242680	TAR	IIIA	77
Taro-Warfarin 2mg Tab	02242681	TAR	IIIA	77
Taro-Warfarin 2.5mg Tab	02242682	TAR	IIIA	77
Taro-Warfarin 3mg Tab	02242683	TAR	IIIA	77
Taro-Warfarin 4mg Tab	02242684	TAR	IIIA	77
Taro-Warfarin 5mg Tab	02242685	TAR	IIIA	78
Taro-Warfarin 10mg Tab	02242687	TAR	IIIA	78
Tears Naturale 0.1%/0.3% Oph-Sol	00390291	ALC	IIIA	207
Tears Naturale II 0.1%/0.3%/0.001% Oph-Sol	00743445	ALC	IIIA	207
Tears Plus Oph-Sol	00579408	ALL	IIIA	212
Tebrazid 500mg Tab	00283991	VAL	IIIA	20
Tegretol 100mg Chew Tab	00369810	NOV	IIIA	146

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Tegretol 200mg Chew Tab	00665088	NOV	IIIA	146
Tegretol 100mg/5mL Oral Susp	02194333	NOV	IIIA	147
Tegretol 200mg Tab (Not a Benefit)	00010405	NOV	IIIA	147
Tegretol CR 200mg LA Tab	00773611	NOV	IIIA	147
Tegretol CR 400mg LA Tab	00755583	NOV	IIIA	147
TELMISARTAN			IIIA	117
TELMISARTAN & HYDROCHLOROTHIAZIDE			IIIA	117
Telzir 700mg Tab	02261545	GSK	IIIA	25
TEMAZEPAM			IIIA	180
Temodal 5mg Cap	02241093	SCH	IIIA	50
Temodal 20mg Cap	02241094	SCH	IIIA	50
Temodal 100mg Cap	02241095	SCH	IIIA	50
Temodal 250mg Cap	02241096	SCH	IIIA	50
TEMOZOLOMIDE			IIIA	50
Tempra 80mg/mL O/L (Not a Benefit)	00642401	MJS	IIIA	145
TENOFOVIR DISOPROXIL			IIIA	30
Tenoretic 50/25 50 & 25mg Tab	02049961	AZC	IIIA	103
Tenoretic 100/25 100 & 25mg Tab	02049988	AZC	IIIA	103
Tenormin 50mg Tab	02039532	AZC	IIIA	84
Tenormin 100mg Tab	02039540	AZC	IIIA	85
Terazol 3 80mg Vag Ovule	00894710	JNO	IIIA	281
Terazol 7 0.4% Cr	00894729	JNO	IIIA	281
TERAZOSIN HCL			IIIA	118
TERBINAFINE HCL			IIIA	280
			IIIB	2
TERBUTALINE SULFATE			IIIA	68
TERCONAZOLE			IIIA	281
TESTOSTERONE			IIIA	255
TESTOSTERONE CYPIONATE			IIIA	256
TESTOSTERONE ENANTHATE			IIIA	256
TESTOSTERONE UNDECANOATE			IIIA	257
TETRACYCLINE			IIIA	14
Tetracyn 250mg Cap (Not a Benefit)	00024422	PFI	IIIA	14
Teveten 400mg Tab	02240432	SPH	IIIA	108
Teveten 600mg Tab	02243942	SPH	IIIA	108
Teveten Plus 600mg & 12.5mg Tab	02253631	SPH	IIIA	108
Theo-Dur 300mg LA Tab (Not a Benefit)	00461008	AZC	IIIA	299
Theolair Alcohol Free Oral Liquid 5.3mg/mL O/L	01966219	GRA	IIIA	299
THEOPHYLLINE ANHYDROUS			IIIA	299
THIAMINE HCL			IIIA	300
THIOGUANINE			IIIA	50
THIOTHIXENE			IIIA	176
Thyrogen 0.9mg/mL Inj Pd-2x1.1mg Vial Pk	02246016	GZM	IIIA	270
THYROID			IIIA	275

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PART	PAGE
Thyroid 30mg Tab	00023949	ERF	IIIA	275
Thyroid 60mg Tab	00023957	ERF	IIIA	275
Thyroid 125mg Tab	00023965	ERF	IIIA	275
THYROTROPIN ALFA			IIIA	270
Tiamol 0.05% Emol Cr	00598933	TAR	IIIA	289
TIAPROFENIC ACID			IIIA	135
Tiazac 120mg SR Cap	02231150	BIO	IIIA	88
Tiazac 180mg SR Cap	02231151	BIO	IIIA	89
Tiazac 240mg SR Cap	02231152	BIO	IIIA	89
Tiazac 300mg SR Cap	02231154	BIO	IIIA	89
Tiazac 360mg SR Cap	02231155	BIO	IIIA	89
Tiazac XC 120mg ER Tab	02256738	BIO	IIIA	87
Tiazac XC 180mg ER Tab	02256746	BIO	IIIA	87
Tiazac XC 240mg ER Tab	02256754	BIO	IIIA	87
Tiazac XC 300mg ER Tab	02256762	BIO	IIIA	87
Tiazac XC 360mg ER Tab	02256770	BIO	IIIA	87
Ticlid 250mg Tab	02162776	HLR	IIIA	320
TICLOPIDINE HCL			IIIA	320
TIMOLOL MALEATE			IIIA	94
			IIIA	213
Timolol Maleate-EX 0.25% Oph Gellan Sol	02242275	ALC	IIIA	213
Timolol Maleate-EX 0.5% Oph Gellan Sol	02242276	ALC	IIIA	213
Timoptic 0.25% Oph Sol	00451193	MFC	IIIA	214
Timoptic 0.5% Oph Sol	00451207	MFC	IIIA	214
Timoptic-XE 0.25% Oph Gellan Sol	02171880	MFC	IIIA	213
Timoptic-XE 0.5% Oph Gellan Sol	02171899	MFC	IIIA	213
TINZAPARIN SODIUM			IIIA	76
TIOTROPIUM BROMIDE MONOHYDRATE			IIIA	58
TIZANIDINE HCL			IIIB	5
TOBI 300mg/5mL Inh Sol-5mL Pk	02239630	NOV	IIIA	19
TobraDex 0.3% & 0.1% Oph Oint	00778915	ALC	IIIA	197
TobraDex 0.3% & 0.1% Oph Susp	00778907	ALC	IIIA	197
TOBRAMYCIN			IIIA	19
			IIIA	197
Tobramycin 80mg/2mL Inj Sol-2mL Pk	02241210	SDZ	IIIA	19
TOBRAMYCIN & DEXAMETHASONE			IIIA	197
TOBRAMYCIN SULFATE			IIIA	19
Tobrex 0.3% Oph Oint	00614254	ALC	IIIA	197
Tobrex 0.3% Oph Sol	00513962	ALC	IIIA	197
Tofranil 10mg Tab (Not a Benefit)	00010464	NOV	IIIA	159
Tofranil 25mg Tab	00010472	NOV	IIIA	159
Tofranil 50mg Tab	00010480	NOV	IIIA	159
TOLTERODINE L-TARTRATE			IIIA	321
Topamax 25mg Tab	02230893	JNO	IIIA	153
Topamax 100mg Tab	02230894	JNO	IIIA	153

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Topamax 200mg Tab	02230896	JNO	IIIA	153
Topamax Sprinkle 15mg Sprinkle Cap	02239907	JNO	IIIA	152
Topamax Sprinkle 25mg Sprinkle Cap	02239908	JNO	IIIA	152
TOPIRAMATE			IIIA	152
Topsyn 0.05% Gel (Not a Benefit)	02161974	MEC	IIIA	289
Trandate 100mg Tab	02106272	SQI	IIIA	110
Trandate 200mg Tab	02106280	SQI	IIIA	110
TRANDOLAPRIL			IIIA	118
Transderm-Nitro 0.4mg/Hr/20 Sq Cm Patch	00852384	NOV	IIIA	121
Transderm-Nitro 0.6mg/Hr/30 Sq Cm Patch	02046156	NOV	IIIA	121
Tranxene 3.75mg Cap (Not a Benefit)	00264938	ABB	IIIA	166
Tranxene 7.5mg Cap	00264946	ABB	IIIA	166
Tranxene 15mg Cap	00264911	ABB	IIIA	166
TRANLYCYPROMINE SULFATE			IIIA	163
Trasicor 40mg Tab	00402575	NOV	IIIA	114
Travatan 0.004% Oph Sol	02244896	ALC	IIIA	214
TRAVOPROST			IIIA	214
TRAZODONE HYDROCHLORIDE			IIIA	163
Trelstar (1 Month) 3.75mg/Vial Inj Pd with Sterile Water-Vial Pk	09857199	PAL	IIIA	50
Trelstar (1 Month) 3.75mg/Vial Inj Pd-Vial Pk	02240000	PAL	IIIA	50
Trelstar LA (3 Month) 11.25mg/Vial Inj Pd with Sterile Water-Vial Pk	09857200	PAL	IIIA	50
Trelstar LA (3 Month) 11.25mg/Vial Inj Pd-Vial Pk	02243856	PAL	IIIA	50
Trental 400mg SR Tab	02221977	SAV	IIIA	81
TRETINOIN			IIIA	294
TRETINOIN & ERYTHROMYCIN			IIIA	294
Tri-Cyclen 3 Phase Tab-21 Pk	02028700	JNO	IIIA	274
Tri-Cyclen 3 Phase Tab-28 Pk	02029421	JNO	IIIA	274
Tri-Cyclen Lo 3 Phase Tab-21 Pk	02258560	JNO	IIIA	274
Tri-Cyclen Lo 3 Phase Tab-28 Pk	02258587	JNO	IIIA	274
Triaderm 0.1% Cr	00716960	TAR	IIIA	291
TRIAMCINOLONE ACETONIDE			IIIA	254
			IIIA	291
Triamcinolone Acetonide 40mg/mL Inj Susp-1mL Pk	02229550	SDZ	IIIA	254
Triamcinolone Acetonide 50mg/5mL Inj Susp-5mL Pk	02229540	SDZ	IIIA	254
Triamcinolone Acetonide 200mg/5mL Inj Susp-5mL Pk	09857128	SDZ	IIIA	254
TRIAMCINOLONE ACETONIDE 0.1% IN ORABASE			IIIA	291
TRIAZOLAM			IIIA	180
Tridesilon 0.05% Cr (Not a Benefit)	02154862	CPL	IIIA	288
Tridesilon 0.05% Oint (Not a Benefit)	02154870	CPL	IIIA	288
TRIFLUOPERAZINE			IIIA	176
TRIFLURIDINE			IIIA	198
TRIHEXYPHENIDYL HCL			IIIA	59
Trilafon 2mg Tab (Not a Benefit)	00028290	SCH	IIIA	172
Trilafon 4mg Tab (Not a Benefit)	00028304	SCH	IIIA	172

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Trilafon 8mg Tab (Not a Benefit)	00028312	SCH	IIIA	172
Trilafon 16mg Tab (Not a Benefit)	00028320	SCH	IIIA	172
Trileptal 150mg Tab (Not a Benefit)	02242067	NOV	IIIB	12
Trileptal 300mg Tab (Not a Benefit)	02242068	NOV	IIIB	12
Trileptal 600mg Tab (Not a Benefit)	02242069	NOV	IIIB	12
TRIMEBUTINE MALEATE			IIIB	5
TRIMETHOPRIM			IIIA	40
TRIMIPRAMINE			IIIA	163
Trinipatch 0.4mg/Hr/14 Sq Cm Patch	02230733	NOV	IIIA	121
Trinipatch 0.6mg/Hr/21 Sq Cm Patch	02230734	NOV	IIIA	122
TRIPTORELIN PAMOATE			IIIA	50
Triquilar 21 3 Phase Tab-21 Pk	00707600	BAY	IIIA	271
Triquilar 28 3 Phase Tab-28 Pk	00707503	BAY	IIIA	271
Trisyn Emol Cr	00781371	BAK	IIIA	289
Trizivir 300mg/150mg/300mg Tab	02244757	GSK	IIIA	21
Trusopt 2% Oph Sol	02216205	MFC	IIIA	208
Truvada 200mg & 300mg Tab	02274906	GIL	IIIA	25
Tryptan 500mg Cap (Not a Benefit)	00718149	VAL	IIIB	14
Tryptan 500mg Tab (Not a Benefit)	02029456	VAL	IIIB	14
Tryptan 1g Tab (Not a Benefit)	00654531	VAL	IIIB	14
TRYPTOPHAN			IIIB	14
Tylenol No.2 15mg Tab	02163934	JNO	IIIA	136
Tylenol No.3 30mg Tab	02163926	JNO	IIIA	136
Tylenol No.4 300mg & 60mg Tab	02163918	JNO	IIIA	136
Tylenol With Codeine 160mg & 8mg/5mL O/L (Not a Benefit)	02163942	JNO	IIIA	136
Ultradol 200mg Cap (Not a Benefit)	02142023	PGP	IIIB	9
Ultradol 300mg Cap (Not a Benefit)	02142031	PGP	IIIB	9
UltraMOP 10mg SG Cap	00646237	CDX	IIIA	296
Uniphyl 400mg SR Tab	02014165	PFP	IIIA	299
Uniphyl 600mg SR Tab	02014181	PFP	IIIA	299
Uremol-HC 1% & 10% Cr	00503134	STI	IIIA	290
Uremol-HC 1% & 10% Lot	00560022	STI	IIIA	290
Urispas 200mg Tab (Not a Benefit)	00728179	PAL	IIIA	54
Urso 250mg Tab	02238984	BFI	IIIA	322
Urso DS 500mg Tab	02245894	BFI	IIIA	322
URSODIOL			IIIA	322
Vagifem 25mcg Vag Tab	02241332	NOO	IIIA	258
VALACYCLOVIR			IIIA	30
Valcyte 450mg Tab	02245777	HLR	IIIA	30
VALGANCICLOVIR			IIIA	30
Valisone 0.1% Scalp Lot	00027944	SCH	IIIA	286
Valium 2mg Tab (Not a Benefit)	00013277	HLR	IIIA	167
Valium 5mg Tab (Not a Benefit)	00013285	HLR	IIIA	167
Valium 10mg Tab (Not a Benefit)	00013293	HLR	IIIA	167

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VALPROATE SODIUM			IIIA	154
VALPROIC ACID			IIIA	154
VALSARTAN			IIIA	119
VALSARTAN & HYDROCHLOROTHIAZIDE			IIIA	119
Valtrex 500mg Tab	02219492	GSK	IIIA	30
Vasocon 0.1% Oph Sol (Not a Benefit)	00759880	IOB	IIIA	203
Vasotec 2.5mg Tab	00851795	MFC	IIIA	106
Vasotec 5mg Tab	00708879	MFC	IIIA	107
Vasotec 10mg Tab	00670901	MFC	IIIA	107
Vasotec 20mg Tab	00670928	MFC	IIIA	107
VC-K 500 60mg/mL O/L (Not a Benefit)	00331945	LIL	IIIA	13
VENLAFAXINE HCL			IIIA	164
Ventolin 5mg/mL Inh Sol-10mL Pk	02213486	GSK	IIIA	65
Ventolin 100mcg/Metered Dose Inh-200 Dose Pk (Not a Benefit)	02213478	GLW	IIIA	66
Ventolin 0.4mg/mL O/L	02212390	GSK	IIIA	66
Ventolin 2mg Tab (Not a Benefit)	01961039	GLA	IIIA	66
Ventolin 4mg Tab (Not a Benefit)	01932691	GLA	IIIA	66
Ventolin Nebules P.F. 1mg/mL Inh Sol-2.5mL Pk	02213419	GSK	IIIA	63
Ventolin Nebules P.F. 2mg/mL Inh Sol-2.5mL Pk	02213427	GSK	IIIA	64
Vepesid 50mg Cap	00616192	BQU	IIIA	44
VERAPAMIL HCL			IIIA	94
			IIIA	119
			IIIB	8
Vermox 100mg Tab	00556734	JNO	IIIA	3
Vfend 50mg Tab	02256460	PFI	IIIA	7
Vfend 200mg Tab	02256479	PFI	IIIA	7
Videx EC 125mg Enteric Coated Cap	02244596	BQU	IIIA	24
Videx EC 200mg Enteric Coated Cap	02244597	BQU	IIIA	24
Videx EC 250mg Enteric Coated Cap	02244598	BQU	IIIA	24
Videx EC 400mg Enteric-Coated Cap	02244599	BQU	IIIA	24
VIGABATRIN			IIIA	154
VINCRIStINE SULFATE			IIIA	50
Vincristine Sulfate 1mg/mL Inj Sol	02143305	NOP	IIIA	50
Viokase 16800 & 70000 & 70000 USP U/0.7g Pd-114g Pk	02230020	BFI	IIIA	224
Viokase 8000 & 30000 & 30000 USP Units Tab	02230019	BFI	IIIA	224
Viokase 16 16mg Tab	02241933	BFI	IIIA	224
Viracept 250mg Tab	02238617	PFI	IIIA	27
Viracept 625mg Tab	02248761	PFI	IIIA	27
Viramune 200mg Tab	02238748	BOE	IIIA	27
Viread 300mg Tab	02247128	GIL	IIIA	30
Viroptic 1% Oph Sol	00687456	THE	IIIA	198
Viskazine 10/25 10mg & 25mg Tab	00568627	NOV	IIIA	115
Viskazine 10/50 10mg & 50mg Tab	00568635	NOV	IIIA	115
Visken 5mg Tab	00417270	NOV	IIIA	114

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Visken 10mg Tab	00443174	NOV	IIIA	114
Visken 15mg Tab	00417289	NOV	IIIA	115
Vitamin A Acid 0.05% Cr	01926519	SAV	IIIA	294
Vitamin A Acid 0.01% Gel	01926462	SAV	IIIA	294
Vitamin A Acid 0.05% Gel	01926489	SAV	IIIA	294
Vitamin B1 50mg Tab dpp (Not a Benefit)	00610267	LEA	IIIA	300
Vitamin B1-ICN 50mg Tab dpp (Not a Benefit)	00268631	VAL	IIIA	300
Vitamin B6 25mg Tab dpp	00232475	PMS	IIIA	300
Vitamin B6 25mg Tab dpp (Not a Benefit)	00416185	RPR	IIIA	300
Vitamin B6-ICN 25mg Tab dpp	00268607	VAL	IIIA	300
Vitamin B12-1000mcg/mL 1mg/mL Inj Sol-10mL Pk	00521515	SDZ	IIIA	300
Vitamin C 250mg Tab (Not a Benefit)	00036161	RPR	IIIA	301
Vitamin C 500mg Tab (Not a Benefit)	00036188	RPR	IIIA	301
Vitamin C 1000mg Tab (Not a Benefit)	00256862	RPR	IIIA	301
VITAMIN D			IIIA	302
Voltaren 25mg Ent Tab (Not a Benefit)	00514004	GEI	IIIA	125
Voltaren 50mg Ent Tab	00514012	NOV	IIIA	125
Voltaren 50mg Sup	00632724	NOV	IIIA	126
Voltaren 100mg Sup	00632732	NOV	IIIA	126
Voltaren Ophtha 0.1% Oph Sol	01940414	NOV	IIIA	207
Voltaren Rapide 50mg Tab (Not a Benefit)	00881635	NOV	IIIB	9
Voltaren SR 75mg LA Tab (Not a Benefit)	00782459	NOV	IIIA	125
Voltaren SR 100mg LA Tab (Not a Benefit)	00590827	NOV	IIIA	126
VORICONAZOLE			IIIA	7
WARFARIN			IIIA	77
			IIIB	6
Wellbutrin SR 100mg Tab	02237824	BIO	IIIA	155
Wellbutrin SR 150mg Tab	02237825	BIO	IIIA	155
Wellbutrin XL 150mg Tab	02275090	BIO	IIIA	155
Wellbutrin XL 300mg Tab	02275104	BIO	IIIA	155
Westcort 0.2% Cr	01910124	BQU	IIIA	290
Westcort 0.2% Oint	01910132	BQU	IIIA	290
Winpred 1mg Tab	00271373	VAL	IIIA	253
Xalacom 50mcg/mL & 5mg/mL Oph Sol-2.5mL Pk	02246619	PFI	IIIA	210
Xalatan 0.005% Oph Sol-2.5mL Pk	02231493	PFI	IIIA	209
Xanax 0.25mg Tab	00548359	PFI	IIIA	164
Xanax 0.5mg Tab	00548367	PFI	IIIA	165
Xanax 1mg Tab (Not a Benefit)	00723770	PFI	IIIB	13
Xanax TS 2mg Tab (Not a Benefit)	00813958	PFI	IIIB	13
Xatral 10mg Prolong-Rel Tab	02245565	SAV	IIIA	303
Xeloda 150mg Tab	02238453	HLR	IIIA	42
Xeloda 500mg Tab	02238454	HLR	IIIA	42
Xylocaine Viscous 2% O/L	00001686	AZC	IIIA	201
Yasmin 21 3.0mg & 0.03mg Tab-21 Pk	02261723	BAH	IIIA	270

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Yasmin 28 3.0mg & 0.03mg Tab-28 Pk	02261731	BAH	IIIA	270
Zanaflex 4mg Tab (Not a Benefit)	02239170	ELA	IIIB	5
Zanosar Inj Pd-1g Pk	00622141	PFI	IIIA	49
Zantac 50mg/2mL Inj Sol-2mL Pk	02212366	GSK	IIIA	242
Zantac 15mg/mL Oral Sol	02212374	GSK	IIIA	242
Zantac 150mg Tab	02212331	GSK	IIIA	242
Zantac 300mg Tab	02212358	GSK	IIIA	243
Zarontin 250mg Cap	00022799	ERF	IIIA	149
Zarontin 50mg/mL O/L	00023485	ERF	IIIA	149
Zaroxolyn 2.5mg Tab	00888400	SAV	IIIA	190
Zerit 15mg Cap	02216086	BQU	IIIA	29
Zerit 20mg Cap	02216094	BQU	IIIA	29
Zerit 30mg Cap	02216108	BQU	IIIA	29
Zerit 40mg Cap	02216116	BQU	IIIA	29
Zestoretic 10mg & 12.5mg Tab	02103729	AZC	IIIA	112
Zestoretic 20mg & 12.5mg Tab	02045737	AZC	IIIA	112
Zestril 5mg Tab	02049333	AZC	IIIA	111
Zestril 10mg Tab	02049376	AZC	IIIA	111
Zestril 20mg Tab	02049384	AZC	IIIA	111
Ziagen 20mg/mL O/L	02240358	GSK	IIIA	21
Ziagen 300mg Tab	02240357	GSK	IIIA	21
ZINC SULFATE			IIIA	297
Zithromax 100mg/5mL O/L	02223716	PFI	IIIA	7
Zithromax 200mg/5mL O/L	02223724	PFI	IIIA	7
Zithromax 250mg Tab	02212021	PFI	IIIA	8
Zithromax 600mg Tab (Not a Benefit)	02231143	PFI	IIIB	2
Zocor 5mg Tab	00884324	MFC	IIIA	101
Zocor 10mg Tab	00884332	MFC	IIIA	101
Zocor 20mg Tab	00884340	MFC	IIIA	102
Zocor 40mg Tab	00884359	MFC	IIIA	102
Zocor 80mg Tab	02240332	MFC	IIIA	102
Zofran 4mg/5mL O/L	02229639	GSK	IIIA	228
Zofran 4mg Tab	02213567	GSK	IIIA	228
Zofran 8mg Tab	02213575	GSK	IIIA	228
Zofran ODT 4mg Tab	02239372	GSK	IIIA	228
Zofran ODT 8mg Tab	02239373	GSK	IIIA	228
Zoladex 3.6mg Depot Inj	02049325	AZC	IIIA	45
Zoladex LA 10.8mg Depot Inj	02225905	AZC	IIIA	45
ZOLEDRONIC ACID			IIIA	322
Zolof 25mg Cap	02132702	PFI	IIIA	162
Zolof 50mg Cap	01962817	PFI	IIIA	162
Zolof 100mg Cap	01962779	PFI	IIIA	162
ZOPICLONE			IIIB	15
Zovirax 200mg Tab (Not a Benefit)	00634506	GSK	IIIB	4

PRODUCT NAME, STRENGTH & DOSAGE FORM	DIN/PIN	MFR	PART	PAGE
Zovirax 400mg Tab (Not a Benefit)	01911627	GSK	IIIB	4
Zovirax 800mg Tab	01911635	GSK	IIIA	22
Zyloprim 100mg Tab (Not a Benefit)	00004588	BWE	IIIA	304
Zyloprim 200mg Tab (Not a Benefit)	00506370	BWE	IIIA	304
Zyloprim 300mg Tab (Not a Benefit)	00294322	BWE	IIIA	304
Zyprexa 2.5mg Tab	02229250	LIL	IIIA	171
Zyprexa 5mg Tab	02229269	LIL	IIIA	171
Zyprexa 7.5mg Tab	02229277	LIL	IIIA	171
Zyprexa 10mg Tab	02229285	LIL	IIIA	171
Zyprexa 15mg Tab	02238850	LIL	IIIA	171
Zyprexa Zydys 5mg Rapid Dissolve Tab	02243086	LIL	IIIA	171
Zyprexa Zydys 10mg Rapid Dissolve Tab	02243087	LIL	IIIA	171
Zyprexa Zydys 15mg Rapid Dissolve Tab	02243088	LIL	IIIA	171
Zyvoxam 600mg Tab	02243684	PFI	IIIA	37

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
8:32	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
20:16	Hematopoietic Agents
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
28:08:92	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
40:00	<i>ELECTROLYTIC, CALORIC AND WATER BALANCE</i>
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	Antidiarrhea 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)

68:20:16	Insulins (Pre-mixed)
68:24	Parathyroid Agents
68:28	Pituitary Agents
68:32	Progestogens and Oral Contraceptives
68:36	Thyroids
68:38	Anti-Thyroids
84:00	<i>SKIN AND MUCOUS MEMBRANE PREPARATIONS</i>
84:04	Anti-Infectives
84:04:04	Antibiotics
84:04:08	Fungicides
84:04:12	Parasiticides
84:04:16	Other Anti-Infectives
84:06	Anti-Inflammatory Agents
84:28	Keratolytic Agents
84:36	Miscellaneous Skin and Mucous Membrane Agents
86:00	<i>SPASMOLYTICS</i>
88:00	<i>VITAMINS</i>
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

PART VI-A

FACILITATED ACCESS TO HIV/AIDS 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 Exceptional Access Program (EAP). 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 EAP], 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 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. 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 designated in the Formulary/CDI as interchangeable or listed in Part III-B as Off-Formulary Interchangeable. Where interchangeability has not been designated by the ministry, it will be necessary to specify the generic drug name or the particular brand in order for it to be reimbursed by the ministry under this mechanism.

Should a difficulty be encountered by pharmacies attempting to adjudicate claims for these medications, the ODB Health Network System (HNS) Help Desk should be contacted for assistance at 1-800-668-6641.

PHARMACISTS ARE REMINDED THAT THIS 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.

DRUG NAME, STRENGTH AND DOSAGE FORM DIN	BRAND NAME	MANUFACTURER
ACYCLOVIR		
200mg/5ml Susp 00886157	Zovirax	GLW
200mg Tab 02197405	Nu-Acyclovir	NXP
200mg Tab 00634506	Zovirax	GSK
02078627	Ratio-Acyclovir	RPH
02207621	Apo-Acyclovir	APX
02242784	Gen-Acyclovir	GEN
02285959	Novo-Acyclovir	NOP
400mg Tab 02197413	Nu-Acyclovir	NXP
400mg Tab 01911627	Zovirax	GSK
02078635	Ratio-Acyclovir	RPH
02207648	Apo-Acyclovir	APX
02242463	Gen-Acyclovir	GEN
02285967	Novo-Acyclovir	NOP
800mg Tab 01911635	Zovirax	GSK
02078651	Ratio-Acyclovir	RPH
02197421	Nu-Acyclovir	NXP
02207656	Apo-Acyclovir	APX
02242464	Gen-Acyclovir	GEN
02285975	Novo-Acyclovir	NOP
ATOVAQUONE		
750mg/5mL O/L 02217422	Mepron	GLW
AZITHROMYCIN		
600mg Tab 02231143	Zithromax	PFI
02256088	Co Azithromycin	COB
DOXYCYCLINE		
100mg Cap 00740713	Apo-Doxy	APX
100mg Cap 00024368	Vibramycin	PFI
100mg Cap 00725250	Novo-Doxylin	NOP
100mg Tab 00578452	Vibra	PFI

DRUG NAME, STRENGTH AND DOSAGE FORM DIN	BRAND NAME	MANUFACTURER

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		
02236978	Novo-Fluconazole	NOP
02237370	Apo-Fluconazole	APX
02245292	Gen-Fluconazole	GEN
02245643	PMS-Fluconazole	PMS
02249294	Taro-Fluconazole	TAR
02281260	Co Fluconazole	COB
100mg Tab		
02236979	Novo-Fluconazole	NOP
02237371	Apo-Fluconazole	APX
02245293	Gen-Fluconazole	GEN
02245644	PMS-Fluconazole	PMS
02249308	Taro-Fluconazole	TAR
02281279	Co Fluconazole	COB

GANCICLOVIR SODIUM

500mg/Vial Pd Inj - 10mL Pk		
02162695	Cytovene	HLR

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

Inj - 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 00602884	Apo-K	APX
8meq LA Tab 00074225	Slow-K	NOV
10meq LA Tab 00471496	Kalium Durules	AST
20meq SR Tab 00713376	K-Dur	KEY

PYRIMETHAMINE

25mg Tab 00004774	Daraprim	GLW

PART VI-B

FACILITATED ACCESS TO PALLIATIVE CARE DRUG PRODUCTS

Facilitated Access to Palliative Care Drugs

Specific products used to treat ODB-eligible patients undergoing palliative (end-of-life) care are reimbursed through the Facilitated Access (FA) process under the Exceptional Access Program (EAP). Under this process, a select group of participating physicians are exempt from the usual paperwork associated with the provision of these products [i.e. exempt from obtaining approval under the EAP on a case by case basis], provided that the physician's College of Physicians and Surgeons of Ontario registration number also appears on the prescription for purposes of verification.

Palliative Care (PC) medication claims to be reimbursed by the Ontario Drug Benefit (ODB) program must be prescribed in accordance with the following patient eligibility criteria: "This patient has a terminal illness and has chosen outpatient palliative treatment. Life expectancy is less than six months and the medications are being requested for symptom control for a maximum period of six months." To facilitate the reimbursement process at the pharmacy, the prescriber is asked to indicate either, "Palliative" or "P.C.F.A.", on the prescription to signify that the patient meets the above-noted eligibility criteria. This would be an indication to the pharmacist that these medications may be reimbursed under this mechanism.

Physicians wishing to participate in this program are asked to note that the Ontario Medical Association (OMA) is responsible for determining eligibility to participate, and that the following criteria may be considered by OMA in order to determine eligibility:

- Physicians who do more than 20 palliative care consults in a year;
- Physicians who do more than 50 palliative care visits in a year;
- Physicians who have been identified as a leader in palliative care by a regional director for CCO;
- Physicians who have been identified as a leader in palliative care by the executive of the section of palliative medicine at the OMA;
- Physicians who have been identified as a leader in palliative care by an End of Life Network or Community Care Access Center;
- Physicians who have become members of a Palliative AFP.

Physicians wishing to obtain further information regarding the current list of physicians and/or criteria for physicians to be included on the list should contact Dr. Howard Burke, c/o Ina Nesbitt, Ontario Medical Association at (416) 340-2234 or via email at Ina.Nesbitt@oma.org.

The following drug products are available through the FA 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 designated in the Formulary/CDI as interchangeable or listed in Part III-B as Off-Formulary Interchangeable. Where interchangeability has not been designated by the ministry, it will be necessary to specify the generic drug name or the particular brand name in order for it to be reimbursed by the ministry under this mechanism.

These medications will no longer require application via the EAP on a case by case basis for coverage for the initial six-month course of therapy. It should be noted that consideration of coverage beyond this six-month initial period and requests for drugs that are not on the list will need to be submitted to the EAP Unit as usual. Physicians are encouraged to submit renewal requests at least 4 to 6 weeks prior to the expiration date. In addition, requests for the use of these medications in other clinical settings will continue to require the physician to apply via the EAP.

Pharmacies should note that adjudication for these medications via the Health Network System (HNS) will be allowed with the proviso that the PIN specifically assigned to each drug product is used for billing. Attempts to adjudicate these medications with the DIN may result in rejection of the claim. Should a difficulty be encountered by pharmacies attempting to adjudicate claims for these medications, the ODB HNS Help Desk should be contacted for assistance at 1-800-668-6641.

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PALLIATIVE CARE DRUGS

DRUG NAME, STRENGTH AND DOSAGE FORM PIN	BRAND NAME	MANUFACTURER
DIAZEPAM 5mg/mL Inj 2mL Pk 09857240	Sandoz Diazepam	SDZ
DIMENHYDRINATE 50mg/mL Inj-5mL Pk 09857207	Sandoz Dimenhydrinate	SDZ
FUROSEMIDE 10mg/mL Inj Sol-2mL Pk 09857208	Sandoz Furosemide	SDZ
GABAPENTIN 100mg Cap 09857244 09857209 09857245 09857246 09857247 09857248 09857250	Neurontin PMS-Gabapentin Apo-Gabapentin Novo-Gabapentin Gen-Gabapentin Co-Gabapentin Ratio-Gabapentin	PFI PMS APX NOP GEN COB RPH
300mg Cap 09857251 09857210 09857252 09857253 09857254 09857255 09857256	Neurontin PMS-Gabapentin Apo-Gabapentin Novo-Gabapentin Gen-Gabapentin Co-Gabapentin Ratio-Gabapentin	PFI PMS APX NOP GEN COB RPH
400mg Cap 09857259 09857211 09857260 09857261 09857262 09857263 09857264	Neurontin PMS-Gabapentin Apo-Gabapentin Novo-Gabapentin Gen-Gabapentin Co-Gabapentin Ratio-Gabapentin	PFI PMS APX NOP GEN COB RPH
GLYCOPYRROLATE 0.2mg/mL Inj-1mL Amp 09857212	Sandoz Glycopyrrolate	SDZ
HYOSCINE BUTYLBROMIDE 20mg/mL Inj Sol 09857213	Buscopan	BOE
10mg Tab 09857215	Buscopan	BOE
LORAZEPAM 4mg/mL Inj-1mL Pk 09857216	Sandoz Lorazepam	SDZ

DRUG NAME, STRENGTH AND DOSAGE FORM PIN	BRAND NAME	MANUFACTURER
METHADONE HCL		
1mg/mL O/L 09857221	Metadol	PMS
10mg/mL O/L 09857223	Metadol	PMS
1mg Tab 09857217	Metadol	PMS
5mg Tab 09857218	Metadol	PMS
10mg Tab 09857219	Metadol	PMS
25mg Tab 09857220	Metadol	PMS
METOCLOPRAMIDE HCL		
10mg/2mL Inj-2mL Pk 09857224	Sandoz Metoclopramide	SDZ
MIDAZOLAM HCL		
5mg/mL Inj-1mL Pk 09857225	Sandoz Midazolam	SDZ
MORPHINE SULFATE		
2mg/mL Inj Sol Amp 09857226	Sandoz Morphine	SDZ
10mg/mL Inj Sol Amp 09857227	Sandoz Morphine	SDZ
OXYCODONE HCL		
5mg 09857232	Supeudol	SIL
5mg 09857243	Oxy-IR	PFP
10mg 09857233	Supeudol	SIL
10mg 09857241	Oxy-IR	PFP
20mg 09857242	Oxy-IR	PFP
20mg 09857234	Supeudol	SIL
PHENOBARBITAL		
120mg/mL Inj Sol-1mL Pk 09857296	Phenobarbital	SDZ

DRUG NAME, STRENGTH AND DOSAGE FORM PIN	BRAND NAME	MANUFACTURER

PHENYTOIN (DIPHENYLHYDANTOIN)

50mg/mL Inj-2mL Pk 09857235	Sandoz Phenytoin	SDZ

SCOPOLAMINE HYDROBROMIDE

0.4mg/mL Inj Sol 09857236	Hospira-Scopolamine	HOS
0.6mg/mL Inj-1mL Pk 09857237	Hospira-Scopolamine	HOS

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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. This is an annual provincial government program and 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 Executive Officer on an individual basis, under section 16 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). In addition, to ensure proper application of the Trillium program for households that have not met their annual deductibles as of the third quarter, the days' supply for claims submitted during this period cannot exceed more than 30 days beyond the end of the third quarter (i.e. beyond May 30th of each benefit year). The Health Network System automatically calculates the days' supply in these circumstances and will not reimburse any exceeded amounts.

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.

Each program year, Trillium recipients enrolled in the previous program year will automatically be renewed unless:

- Household members have declined to give consent for the Ministry to access household income information directly from Canada Revenue Agency (CRA), or consent is missing;
- Any household member is turning 16 years of age prior to August 1;
- Household member(s) are paying private insurance premiums.
- The household has not utilized the TDP for the previous two benefit years.

A confirmation letter is mailed to households starting June of each year confirming TDP details for the program year. It is required that households inform the program of any changes or incorrect information.

A supply of Trillium applications can be obtained through the Health INFOline at 1-800-268-1153 or at your local pharmacy.

PART VIII

EXCEPTIONAL ACCESS PROGRAM (EAP)

Exceptional Access Program (EAP)

The Executive Officer (EO) considers requests for coverage of drug products approved for market by Health Canada but not listed in the Ontario Drug Benefit (ODB) Formulary/Comparative Drug Index (Formulary/CDI) for ODB eligible persons. The EO is guided by recommendations and guidelines developed by the Committee to Evaluate Drugs (CED), 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 Exceptional Access Program (EAP) 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 drug products often requested through the EAP include:

- More expensive 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 traditional evidence base regarding efficacy, safety and/or cost-effectiveness; but meets a specific clinical need,
- High cost drugs that are associated with risks of usage outside approved indications.

The EAP mechanism is not intended to be used to request reimbursement for drugs to treat self-limiting conditions/symptoms, drugs promoted for patient “convenience”, nutritional products, diabetic test strips, drugs that do not require a prescription for sale (i.e. over-the-counter) 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 or a continuation of a therapy in patients previously enrolled in a clinical trial once the drug is approved for marketing.

Manufacturers are required to make a submission to the ODB program for their drug products to be considered under the EAP. The drug products undergo the normal ODB Formulary review process whereby the CED would conduct a rigorous review and make a funding recommendations to the EO of the Ontario Public Drug Programs who in turn makes the final decision as to the coverage status of drugs under this program.

Reimbursement decision-making processes within the EAP utilize the same principles as the CED to make recommendations to the EO regarding listing of products on the ODB Formulary. The EO makes the final decision on funding. The EAP 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, **physicians** must send a **written request** to the Individual Eligibility Review Branch (IERB). Ministry staff coordinates the review process, which includes implementing a recommendation from the CED and/or external medical expert reviewers. Full clinical 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. Providing 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:

Exceptional Access Program (EAP) Unit
Individual Eligibility Review 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 EAP/ICR unit by calling the general Branch telephone number: 416-327-8109 or toll-free at 1-866-811-9893. 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) / ODB eligibility number;
- 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;
- details of both drug and non-drug alternatives that have been tried to treat the condition 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, bone mineral density reports, consultation reports.

NOTE: To facilitate EAP requests, IERB 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 (Part X) for your information, and is also available on the MOHLTC website along with other 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 Executive Officer's (EO) decision on reimbursement of the proposed therapy in a particular patient's case will be communicated by 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: The ministry is aware of 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 EAP approval information to other parties.)

Products are approved for reimbursement under the EAP for a specific timeframe (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 some chronic medications that are frequently requested through the EAP unit, with 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.

Approvals are not retroactive, but begin from the specified coverage date and are valid until the expiration date noted on the authorization letter. The Health Network System adjudicates EAP claims on-line.

As EAP 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 EAP request is required. Pharmacists should forward any questions regarding authorization of a specific EAP 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 EAP, the ministry will reimburse pharmacists an amount equal to the Drug Benefit Price, as outlined in Part III-A 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. However, pursuant to section 15 of O.Reg. 201/96 made under the ODBA, the EO has entered into agreements with manufacturers to establish drug benefit prices (DPBs) for products reimbursed under the Exceptional Access Program (EAP). In such cases, drug products reimbursed under the EAP, the Health Network System (HNS) will adjudicate claims at the established DBP. For further details, please refer to the following link: http://www.health.gov.on.ca/english/providers/program/drugs/odbf/odbf_except_access.html

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 (including details of current dose and clinical status) 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 EAP 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.

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. A Nutrition Products form is valid for one year following the date completed by the prescriber. 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 homes 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	Boost 1.5 Plus Calories	1.5kcal/mL Liq-237mL Pk	NON	4.37	1.55	1.55	0.00
97982580	Boost 1.0 Standard	1.06kcal/mL 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

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
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
09854266	IsoSource 1.5 Cal	Liq-250mL Pk	NON	4.99	1.87	1.87	0.00
09854444	Osmolite 1 Cal	1.06kcal/mL Liq-1000mL Pk	ABB	5.04	5.34	5.34	0.00
09854452	Osmolite 1 Cal	1.06kcal/mL Liq-1500mL Pk	ABB	5.04	8.01	8.01	0.00
09854487	Osmolite 1.2 Cal	1.2kcal/mL Liq-1000mL Pk	ABB	5.04	6.05	6.05	0.00
09857095	Osmolite 1.2 Cal	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	Boost Fruit Flavoured 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	7.7kcal/mL Liq-946mL Pk	NON		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
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

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
09857173	Compleat Pediatric	1kcal/mL Liq-250mL Pk	NON	10.37	2.59	2.59	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	4.94kcal/g Pd-400g Pk	MJN	8.21	16.04	16.04	0.00
97984558	Alimentum	Liq-4x237mL Pk	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
09857172	Enfamil EnfaCare A+	22kcal/30mL Pd for Liq-363g Pk	MJS	8.51	15.29	15.29	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 that are listed substances are covered as additional benefits for Ontario Drug Benefit (ODB) eligible persons in defined circumstances.

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

Pharmacists 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

09857283	True Track Smart System	HOM	0.4000	0.4000	0.0000
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
09857293	Ascensia Breeze 2	BAH	0.7290	0.7290	0.0000
09853693	Ascensia Autodisc	BAY	0.7290	0.7290	0.0000
09857127	Ascensia Contour	BAY	0.7290	0.7290	0.0000
09854088	Ascensia Elite	BAY	0.7290	0.7290	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
09857178	Accu-Chek Aviva	ROD	0.7404	0.7290	0.0114
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
ALC	Alcon Canada Inc.
ALL	Allergan Inc.
AMG	Amgen Canada Inc.
APX	Apotex Inc.
AST	Astra Pharma Inc.
ATO	Aton Pharma Inc.
AVE	Aventis Pharma
AXC	Axcan Pharma Inc.
AYE	Ayerst Laboratories
AZC	AstraZeneca
BAH	Bayer Inc., Healthcare Division
BAK	Baker Cummins Inc.
BAR	Barr Laboratories Inc.
BAX	Baxter Corporation
BAY	Bayer Inc., Consumer Care Division
BED	BD Consumer Healthcare
BFI	Axcan Pharma Inc.
BIO	Biovail Pharmaceuticals Canada
BJH	Draxis Health Inc.
BOE	Boehringer Ingelheim (Canada) Ltd.
BQU	Bristol Myers Squibb Canada Inc.
BSH	Bausch & Lomb Canada Inc.
BWE	Burroughs Wellcome Inc.
CDX	Canderm Pharmacal Ltd.
CIB	Ciba Pharmaceuticals, Division of Ciba-Geigy Canada Ltd.
COB	Cobalt Pharmaceuticals Inc.
CPL	Clay-Park Labs Inc.
CRY	Crystaal Corp.
CYI	Cytex Pharmaceutical Co.
DES	Desbergers Limited
DKT	Dioptic Laboratories, Division of Akorn Pharmaceuticals Canada Inc.
DPC	Dominion Pharmacal
DUI	Duchesnay Inc.
ELA	Elan Pharmaceuticals Inc.
ERF	Erfa Canada Inc.
ETH	Ethypharm Inc.
EUR	Euro-Pharm International Canada
FEI	Ferring Inc.
FIS	Fisons Corporation Limited
FOU	Fournier Pharma Inc.
FRS	Merck Frosst Canada Ltd.
FUJ	Astellas Pharma Canada Inc.
GAC	Galderma Canada Inc.
GEI	Geigy Pharmaceuticals, Division of Ciba-Geigy Canada Ltd.
GEN	Genpharm Inc.
GIL	Gilead Sciences Inc.

GLA	Glaxo Canada Inc.
GLW	Glaxo Wellcome Inc.
GRA	Graceway Pharmaceuticals
GSK	GlaxoSmithKline Inc.
GZM	Genzyme Canada Inc.
HLR	Hoffman-LaRoche Ltd.
HMR	Hoechst Marion Roussel Canada Inc.
HOM	Home Diagnostics Inc.
HOR	Frank W. Horner Inc.
HOS	Hospira Healthcare Corporation
HRU	Hoechst-Roussel Canada Inc.
IMM	Immunotech Research Ltd.
IOB	Iolab Canada Inc.
IVA	Ivax Laboratories Incorporated
JAN	Janssen Pharmaceutica Inc.
JNO	Janssen-Ortho Inc.
JOU	Jouveinal Canada Inc.
LEA	Lee-Adams Laboratories
LED	Lederle Cyanamid Canada Inc.
LEO	Leo Pharma Inc.
LIF	Lifescan Canada Inc.
LIL	Eli Lilly Canada Inc.
LON	Linson Pharma Inc.
MAN	Paul Maney Labs., Division of Canapharm Ind. Inc.
MAY	Mayne Pharma (Canada) Inc.
MCL	McNeil Consumer Products Co.
MEC	Medicis Canada Ltd.
MED	Medisense Canada Ltd.
MEI	Medican Pharma Inc.
MFC	Merck Frosst Canada Ltd.
MFS	Merck Frosst/Schering Pharma GP
MJN	Mead Johnson Nutritionals
MJS	Mead Johnson Canada
MMH	3M Pharmaceuticals, Division 3M Canada Inc.
MRR	Marion Merrell Dow Canada
MSD	Merck Sharp & Dohme, Canada, Division of Merck Frosst Canada
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.
NYC	Nycomed Canada Inc.
OMC	Ortho McNeil Inc.
OMG	Omega Laboratories Ltd.
ORC	Orchid Healthcare
ORG	Organon Canada Ltd.
ORY	Oryx Pharmaceuticals Inc.

OVA	Ovation Pharmaceuticals Inc.
PAL	Paladin Labs Inc.
PDA	Parke-Davis, Division Warner-Lambert Canada Inc.
PEN	Pendopharm Inc.
PFI	Pfizer Canada Inc.
PFP	Purdue Pharma
PGI	Proctor & Gamble Inc.
PGP	Proctor & Gamble Pharmaceuticals Canada, Inc.
PHE	Pharmel
PMJ	Pharmacia & Upjohn
PMS	Pharmascience Inc.
PRE	Prempharm Inc.
RAN	Ranbaxy Pharmaceuticals Canada Inc.
RBT	Roberts Pharmaceutical of Canada Inc.
RCA	Reed & Carnrick, Division of Block Drug Company (Canada) Ltd.
RIV	Rivex Pharma Inc.
ROD	Roche Diagnostics, a division of Hoffman-LaRoche Ltd.
ROG	Rougier Pharma, Division of Ratiopharm Inc.
ROS	Ross Laboratories-Abbott (Nutritional Products)
RPH	Ratiopharm Inc.
RPP	Rhone-Poulenc Rorer - Ethical Division
RPR	Rhone-Poulenc Rorer Consumer Inc.
SAO	Sanofi Canada Inc.
SAV	Sanofi Aventis Pharma
SCH	Schering Canada Inc.
SCP	Schering-Plough Canada Inc.
SDR	Stanley Pharmaceuticals Ltd.
SDZ	Sandoz Canada Inc.
SEA	Searle Canada Inc.
SEV	Servier Canada Inc.
SHI	Shire Canada Inc.
SHS	SHS North America
SIG	Sigma-Tau Pharmaceutical Inc.
SIL	Sabex 2002 Inc.
SKB	SmithKline Beecham Consumer Healthcare
SMJ	SmithKline Beecham Pharma Inc.
SNE	Smith & Nephew Inc.
SPH	Solvay Pharma Inc.
SQI	Squire Pharmaceuticals Inc.
STE	Sterimax Inc.
STH	Sterling Health
STI	Stiefel Canada Inc.
SYN	Syntex Inc.
TAN	Tanta Pharmaceutical Co.
TAR	Taro Pharmaceuticals Inc.
TER	Therasense Canada Inc.
THE	Theramed Corporation
THR	Thermor Ltd.
TPH	TaroPharma, a Division of Taro Pharmaceuticals Inc.

UPJ	The Upjohn Company of Canada
VAE	Valeo Pharma Inc.
VAL	Valeant Canada Ltd.
VLH	Lundbeck Canada Inc.
VRO	Virco Pharmaceutical (Canada) Inc.
WAB	Waymar Pharmaceuticals Inc.
WAY	Wyeth Pharmaceuticals
WEL	WellSpring Pharmaceutical Canada Corp.
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 Rinse	Oral Rinse
App	with Applicator	Ot	Otic
Cap	Capsule	Pd	Powder
Cart	Cartridge	Pd Inh	Powder for Inhalation
Chew	Chewable	Pel	Pellet
Cl Lot	Cleansing Lotion	Ped	Pediatric
CR	Controlled Release	Pk	Package
Cr	Cream	Pref Syr	Prefilled Syringe
Eff	Effervescent	Prolong-Rel	Prolonged-Release
Emol	Emollient	Rect	Rectal
Emuls	Emulsion	Rect Aero	Rectal Aerosol
Ent	Enteric		Foam
Ent Microsph Cap	Enteric Coated Microspheres in Capsules	SDV	Single Dose Vial
		SG Cap	Soft Gelatin Cap
ER	Extended Release	SL	Sublingual
Gran	Granule	Sol	Solution
Inh	for Inhalation	Sp	Spray
Inj	Injectable	Sprinkle Cap	Sprinkle Capsule
LA	Long Acting	SR	Sustained Release
Lot	Lotion	Sup	Suppository
Loz	Lozenge	Susp	Suspension
MDV	Multi Dose Vial	Tab	Tablet
Nas	Nasal	Tamp	Tampon
Oily	in Oil	3 Phase	Three Phase
Oint	Ointment	Top	Topical
O/L	Oral Liquids	Transderm Syst	Transdermal Therapeutic System
Oph	Ophthalmic		
Oral Pd	Oral Powder	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
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, Ectosone, Valisone) - Clobetasone Butyrate 0.05% (Eumovate) - Difflocortolone Valerate 0.1% (Nerisone) - Flumethasone Pivalate 0.03% (Locacorten Vioform) - Fluocinolone Acetonide 0.01%, 0.025% (Fluoderm, Synalar, Synamol) - 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) - Betamethasone Dipropionate 0.05% (Diprosone, TARO-SONE, Topisone) - Fluocinonide 0.05% (Lidemol, Lidex, Lyderm, Tiamol) - 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 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 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	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	2 oz. = 60 mL	20 oz. = 570 mL		
1 gr. = 60 mg	2 oz. = 60 g	3 oz. = 85 mL	32 oz. = 910 mL	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	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 oz. = 145 mL	80 oz. = 2270 mL		
5 gr. = 300 mg	16 oz. = 455 g	6 oz. = 170 mL		6 oz. = 170 mL			
7 1/2 gr. = 500 mg	32 oz. = 910 g	8 oz. = 230 mL		8 oz. = 230 mL			
10 gr. = 600 mg	64 oz. = 1820 g						

Report of suspected adverse reaction due
to **health products*** marketed in Canada

(when completed)

La version française de ce document est disponible à: http://www.be-se.ac.ca/dhp-mps/modele/rapport-declaration/ar-ei_form_f.html

*** 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.**

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 will be protected as per the *Privacy Act*. 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:

Information related to the identity of the patient and/or reporter will be protected as per the *Privacy Act*, including in the case of an access to information request. Suspected health product-related AR information that is submitted on a voluntary basis 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/insti/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 Canada Vigilance Program. 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/dhp-mps/medef/report-declaration/ar-ei_form_e.html, from your Canada Vigilance Regional Office (see contact information below), and is also available in the appendices of the Compendium of Pharmaceuticals and Specialties (CPS).

All applicable sections of the Canada Vigilance 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 Adverse Event following an Immunization (AEFI) 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 AEFI reporting form. This form is available on the Internet at http://www.phac-aspc.gc.ca/im/acfi-form_e.html, 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 the Canada Vigilance Program, additional copies of the Canada Vigilance Reporting Forms or to report an AR, health professionals and consumers are invited to contact a Canada Vigilance Regional Office as listed below. The following toll-free numbers may be used by health professionals and consumers. Calls will be automatically routed to the appropriate Canada Vigilance Regional Office 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 and Yukon: Canada Vigilance Regional Office - BC and Yukon, 400-4595 Canada Way, Burnaby, British Columbia, V5G 1J9
CanadaVigilance_BC@hc-sc.gc.ca

Alberta and Northwest Territories: Canada Vigilance Regional Office - Alberta and Northwest Territories, Suite 730, 9700 Jasper Avenue, Edmonton, Alberta, T5J 4C3
CanadaVigilance_AB@hc-sc.gc.ca

Saskatchewan: Canada Vigilance Regional Office - Saskatchewan, 4th floor, Room 412, 101 - 22nd Street East, Saskatoon, Saskatchewan, S7K 0E1
CanadaVigilance_SK@hc-sc.gc.ca

Manitoba: Canada Vigilance Regional Office - Manitoba, 510 Lagimodière Blvd, Winnipeg, Manitoba, R2J 3Y1
CanadaVigilance_MB@hc-sc.gc.ca

Ontario and Nunavut: Canada Vigilance Regional Office - Ontario and Nunavut, 2301 Midland Avenue, Toronto, Ontario, M1P 4R7
CanadaVigilance_ON@hc-sc.gc.ca

Québec: Canada Vigilance Regional Office - Québec, 1001 Saint-Laurent Street West, Longueuil, Québec, J4K 1C7
CanadaVigilance_QC@hc-sc.gc.ca

Atlantic: Canada Vigilance Regional Office - Atlantic, For New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland and Labrador, 1505 Barrington St., Maritime Centre, Suite 1625, 16th floor, Halifax, Nova Scotia, B3J 3Y6
CanadaVigilance_ATL@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 Canada Vigilance Reporting Form. It can be communicated by telephone, fax or e-mail to the appropriate Canada Vigilance Regional Office (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.



Please fax completed form and/or any additional relevant information to 416 327-7526 or toll-free 1 866 811-9908; or send to the Individual Eligibility Review Branch (IERB), 3rd floor, 5700 Yonge Street, Toronto ON M2M 4K5. For copies of this and other EAP forms, please visit http://www.health.gov.on.ca/english/public/forms/form_menus/odb_fm.html

The Executive Officer (EO) of Ontario Public Drug Programs considers requests for coverage of drug products not listed in the Ontario Drug Benefit Formulary under the Exceptional Access Program (EAP). This form is intended to facilitate requests for drugs considered under the EAP. The EO 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

First name	Initial	Last name
Mailing Address		
Street no.	Street name	
City	Postal code	
Fax no. ()	Telephone no. ()	

Section 2 – Patient Information

First name	Initial	Last name
Health Number		
Date of birth (yyyy/mm/dd)		

☐ New request ☐ Renewal of existing EAP approval (specify EAP#) _____

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 & objective 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:

Name of drug (indicate if current or previously taken)	Dosage	Approximate timeframe of therapy	Reason(s) why formulary alternatives are not appropriate
☐ current ☐ previous			
☐ current ☐ previous			
☐ current ☐ previous			
☐ current ☐ previous			

b) 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 under the authority of the *Personal Health Information Protection Act*, 2004, S.O. 2004, c.3, Sched. A (PHIPA) and Section 13 of the *Ontario Drug Benefit Act*, R.S.O. 1990c.O.10 and will be used in accordance with PHIPA, as set out in the Ministry of Health and Long-Term Care "Statement of Information Practices", which may be accessed at www.health.gov.on.ca. If you have any questions about the collection or use of this information, call the Ontario Drug Programs Help Desk at 1 800 668-6641 or contact the Director, Individual Eligibility Review Branch (IERB), Ministry of Health and Long-Term Care, 3rd floor, 5700 Yonge St., Toronto ON M2M 4K5.

Prescriber signature (mandatory)	CPSO number	Date

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'œsophage 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.

Cratères d'admissibilit  du patient pour le remboursement de produits nutritionnels

Les cratères d'admissibilit  du patient suivants d termineront l'admissibilit  d'un prestataire   un remboursement de produits nutritionnels (PN) en vertu du Programme de m dicaments 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 m decin en tant que **seule source** de nutrition pour l'une des raisons suivantes :

- Troubles de l'oropharynx ou troubles gastro-intestinaux r sultant d'une alt ration de l'oesophage ou de dysphagie; p. ex., chirurgie de la t te ou du cou, troubles neuromusculaires ou maladie cardiovasculaire, quand la dysphagie emp che le patient de manger;
- Troubles de la digestion ou de l'absorption et/ou s v re insuffisance intestinale entra nant une intol rance des aliments; p. ex., insuffisance pancr atique, obstruction biliaire, syndrome de l'intestin court;
- Patient n cessitant un r gime d fini chimiquement comme principal traitement d'une maladie pour laquelle les avantages th rapeutiques ont  t  prouv s : maladie de Crohn.

Toute demande de remboursement doit  tre accompagn e d'un formulaire Produits nutritionnels valable et d ument rempli.

Les pharmaciens doivent conserver une copie du formulaire Produits nutritionnels pendant deux ans.

Exclusions:

Un produit nutritionnel ne sera pas rembours  en vertu du programme PMO s'il sert   l'un des usages suivants :

- Amoinissement prescrit pour le traitement de l'ob s t 
- Allergies alimentaires
- Musculation
- Remplacement volontaire de repas
- Additif nutritionnel
- Commodit 
- Utilis  pour remplacer l'allaitement maternel des nourissons ayant des fonctions gastrointestinales normales

Les patients qui tol rent certains aliments solides et qui n'ont besoin que de suppl ments n'ont pas droit   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 **enti rement** la Section 1 du formulaire Produits nutritionnels (PN).
- Remettre au patient le formulaire d ument rempli avec l'ordonnance pour des PN, ou envoyer le formulaire d ument rempli directement   la pharmacie du patient par t l copieur.
- 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 cratères d'admissibilit .

Pour le pharmacien

- V rifier si la Section 1 est remplie et si les cratères d'admissibilit  du patient mentionn s satisfont aux cratères d'admissibilit  pour les PN **avant d'ex cuter l'ordonnance**.
- Renvoyer le formulaire dont la Section 1 est incompl te au prescripteur pour qu'il la remplisse, ou lui demander d'envoyer un autre formulaire r vis .
- Remplir enti rement la Section 2.
- Envoyer la demande de remboursement par le Syst me informatique des programmes de m dicaments en effectuant toutes les  tapes de la validation. Si le syst me rejette la demande, v rifier si le patient r pond aux cratères d'admissibilit  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 r pondent pas aux cratères d'admissibilit  pour les PN.
- Le Minist re v rifie r guli rement les demandes de remboursement en vertu du PMO une fois le remboursement effectu . **Pour tout formulaire PN qui n'est pas enti rement rempli ou qui laisse   penser que les cratères d'admissibilit  du patient pour les PN n'ont pas  t  appliqu s convenablement, la pharmacie devra effectuer un remboursement.**

Le pharmacien doit  tre en possession d'un formulaire PN d ument 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 suppl mentaires, les m decins et les pharmaciens peuvent appeler le (613) 548-6586 ou le 1 888 310-9008.

PART XI

This section is currently not in use

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 Exceptional Access Program (EAP) 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

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. As of 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.

Also, as of September 27, 2005, the requirement for the use of the ministry-issued LU prescription form was 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 have the RFU code appropriately provided on the prescription 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

All LU prescriptions require a Reason for Use (RFU) code to be completed by the practitioner. The RFU code verifies that the patient meets the LU criteria. Effective May 16, 2008, the RFU code may now be communicated:

- By handwriting on an LU prescription; or
- Electronically on an electronically generated LU prescription; or
- Verbally during a verbal order of an LU prescription by a practitioner; or
- Verbally during a LU prescription transfer between pharmacies.

LU prescriptions preprinted by manufacturers or generated by a dispensary's computer software, are neither valid nor acceptable by the ministry.. 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.

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.

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 complete before patients take the prescription to the pharmacy, or practitioners fax it directly to the pharmacy.
- All LU prescriptions require a Reason for Use (RFU) code to be completed by the practitioner. The RFU code verifies that the patient meets the LU criteria. The methods for practitioners to communicate the RFU for LU prescriptions to the pharmacist have been expanded. Effective May 16, 2008, the RFU code may now be communicated:
 - By handwriting on an LU prescription; or
 - Electronically on an electronically generated LU prescription; or
 - Verbally during a verbal order of an LU prescription by a practitioner;
- 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.
- 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 Exceptional Access Program (EAP) (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 with the RFU code must be fully complete before dispensing.
- All LU prescriptions require a Reason for Use (RFU) code to be completed by the practitioner. The RFU code verifies that the patient meets the LU criteria. The methods for practitioners to communicate the RFU for LU prescriptions to the pharmacist have been expanded. The RFU code may now be communicated:
 - By handwriting on an LU prescription; or
 - Electronically on an electronically generated LU prescription; or
 - Verbally during a verbal order of an LU prescription by a practitioner;
- Pharmacists may also communicate the RFU code verbally during a LU prescription transfer between pharmacies.
- 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 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 Glucobay
02190893 Glucobay

Reason for
Use code

Clinical criteria

175

For the treatment of non-insulin-dependent diabetes mellitus (NIDDM):

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
		02285975	Novo-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

ALFUZOSIN HYDROCHLORIDE

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 Sandoz 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.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

BENZYDAMINE HCL
0.15%

Oral Rinse

01966065 Tantum
02229777 PMS-Benzydamine
02229799 Novo-Benzydamine
02230170 Ratio-Benzydamine
02239044 Apo-Benzydamine

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

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

02246284 PMS-Brimonidine

02260077 Apo-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.

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.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

BUPROPION HCL

100mg	Tab	02237824	Wellbutrin SR
		02275074	Sandoz Bupropion SR
		02285657	Ratio-Bupropion SR
150mg	Tab	02237825	Wellbutrin SR
		02260239	Novo-Bupropion SR
		02275082	Sandoz Bupropion SR
		02285665	Ratio-Bupropion SR
150mg	Tab	02275090	Wellbutrin XL
300mg	Tab	02275104	Wellbutrin XL

Reason for Use code	Clinical criteria
315	For the treatment of depression. LU Authorization Period: Indefinite.

CALCIPOTRIOL

50mcg/g	Cr	02150956	Dovonex
50mcg/g	Oint	01976133	Dovonex

Reason for Use code	Clinical criteria
191	For the treatment of psoriasis in patients who have failed topical corticosteroids alone, or are intolerant to topical corticosteroids. LU Authorization Period: Indefinite.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

CAPECITABINE

150mg

Tab

02238453 Xeloda

500mg

Tab

02238454 Xeloda

Reason for
Use code

Clinical criteria

346

For the first-line treatment of patients with metastatic colorectal cancer in whom combination chemotherapy is not recommended.

NOTE: Not to be used in patients who have failed 5-fluorouracil.

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.

406

For adjuvant treatment of stage 3 or high risk stage 2* colon cancer in patients who have completed surgery (within three months), who would normally be candidates for adjuvant chemotherapy with 5FU/LV.

*high risk stage 2 colon cancer is defined as one of the following:

- obstruction,
- perforation,
- poorly differentiated adenocarcinoma,
- inadequate lymph node sampling,
- T4 tumour.

LU Authorization Period: 6 months.

CARBAMAZEPINE

200mg

LA Tab

00773611 Tegretol CR
02231543 PMS-Carbamazepine CR
02241882 Gen-Carbamazepine CR
02242908 Apo-Carbamazepine CR
02261839 Sandoz Carbamazepine CR

400mg

LA Tab

00755583 Tegretol CR
02231544 PMS-Carbamazepine CR
02241883 Gen-Carbamazepine CR
02242909 Apo-Carbamazepine CR
02261847 Sandoz 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	02245914	PMS-Carvedilol
		02247933	Apo-Carvedilol
		02252309	Ratio-Carvedilol
		02268027	Ran-Carvedilol
6.25mg	Tab	02245915	PMS-Carvedilol
		02247934	Apo-Carvedilol
		02252317	Ratio-Carvedilol
		02268035	Ran-Carvedilol
12.5mg	Tab	02245916	PMS-Carvedilol
		02247935	Apo-Carvedilol
		02252325	Ratio-Carvedilol
		02268043	Ran-Carvedilol
25mg	Tab	02245917	PMS-Carvedilol
		02247936	Apo-Carvedilol
		02252333	Ratio-Carvedilol
		02268051	Ran-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	Cap	02239941	Celebrex
200mg	Cap	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	Oral Susp	02237514	Cipro
250mg	Tab	02155958	Cipro
		02161737	Novo-Ciprofloxacin
		02229521	Apo-Ciproflo
		02245647	Gen-Ciprofloxacin
		02246825	Ratio-Ciprofloxacin
		02247339	Co-Ciprofloxacin
		02248437	PMS-Ciprofloxacin
		02248756	Sandoz Ciprofloxacin
		02266962	Taro-Ciprofloxacin
		02267934	Ran-Ciprofloxacin
		02303728	Ran-Ciproflo
500mg	Tab	02155966	Cipro
		02161745	Novo-Ciprofloxacin
		02229522	Apo-Ciproflo
		02245648	Gen-Ciprofloxacin
		02246826	Ratio-Ciprofloxacin
		02247340	Co-Ciprofloxacin
		02248438	PMS-Ciprofloxacin
		02248757	Sandoz Ciprofloxacin
		02266970	Taro-Ciprofloxacin
		02267942	Ran-Ciprofloxacin
		02303736	Ran-Ciproflo
750mg	Tab	02155974	Cipro
		02161753	Novo-Ciprofloxacin
		02229523	Apo-Ciproflo
		02245649	Gen-Ciprofloxacin
		02246827	Ratio-Ciprofloxacin
		02247341	Co-Ciprofloxacin
		02248439	PMS-Ciprofloxacin
		02248758	Sandoz Ciprofloxacin
		02267950	Ran-Ciprofloxacin
		02303744	Ran-Ciproflo

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.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

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.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

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.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

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.

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.

CONJUGATED EQUINE ESTROGEN/MEDROXYPROGESTERONE ACETATE

0.625mg/2.5mg

Tab-28 Day Pk

02242878

Premplus

0.625mg/5mg

Tab-28 Day Pk

02242879

Premplus

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.

CONJUGATED ESTROGENS

0.3mg

Tab

02043394

Premarin

0.625mg

Tab

00265470

C.E.S.

02043408

Premarin

1.25mg

Tab

00265489

C.E.S.

02043424

Premarin

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.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

CYCLOSPORINE

10mg	Cap	02237671	Neoral
25mg	Cap	02150689	Neoral
		02247073	Sandoz Cyclosporine
50mg	Cap	02150662	Neoral
		02247074	Sandoz Cyclosporine
100mg	Cap	02150670	Neoral
		02242821	Sandoz Cyclosporine
100mg/mL	O/L	02150697	Neoral

Reason for Use code

Clinical criteria

177

For the treatment of psoriasis in patients who have failed, or are intolerant to, other systemic therapies, including methotrexate, acitretin or PUVA;

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
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 *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.

DELTA-9-TETRAHYDROCANNABINOL

2.5mg
5mg

Cap
Cap

00611190 Marinol
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.

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.

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 24 hours 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 *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, 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.

02089769 Ogen 1.25

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.

02089777 Ogen 2.5

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.

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.

407

For the sequential treatment of postmenopausal women with estrogen receptor-positive early breast cancer who have received 2-3 years of initial adjuvant tamoxifen therapy.
LU Authorization Period: Treatment period required to complete a total of 5 years of adjuvant therapy.

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

02278111 PMS-Famciclovir

02278650 Sandoz Famciclovir

02292068 Apo-Famciclovir

**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.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

FENTANYL TRANSDERMAL SYSTEM

25mcg/hr	Trans Patch	01937383	Duragesic 25
		02249391	Ran-Fentanyl
		02282941	Ratio-Fentanyl
50mcg/hr	Trans Patch	01937391	Duragesic 50
		02249413	Ran-Fentanyl
		02282968	Ratio-Fentanyl
75mcg/hr	Trans Patch	01937405	Duragesic 75
		02249421	Ran-Fentanyl
		02282976	Ratio-Fentanyl
100mcg/hr	Trans Patch	01937413	Duragesic 100
		02249448	Ran-Fentanyl
		02282984	Ratio-Fentanyl

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.

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

02282348 PMS-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.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

FLUCONAZOLE

50mg	Tab	02236978	Novo-Fluconazole
		02237370	Apo-Fluconazole
		02245292	Gen-Fluconazole
		02245643	PMS-Fluconazole
		02249294	Taro-Fluconazole
100mg	Tab	02281260	Co Fluconazole
		02236979	Novo-Fluconazole
		02237371	Apo-Fluconazole
		02245293	Gen-Fluconazole
		02245644	PMS-Fluconazole
		02249308	Taro-Fluconazole
		02281279	Co Fluconazole

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.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

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. CAUTION: 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.

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.

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
		02260883	Ratio-Gabapentin
		02084279	Neurontin
		02243447	PMS-Gabapentin
		02244305	Apo-Gabapentin
300mg	Cap	02244514	Novo-Gabapentin
		02248260	Gen-Gabapentin
		02256150	Co-Gabapentin
		02260891	Ratio-Gabapentin
		02084287	Neurontin
		02243448	PMS-Gabapentin
		02244306	Apo-Gabapentin
		02244515	Novo-Gabapentin
		02248261	Gen-Gabapentin
		02256169	Co-Gabapentin
400mg	Cap	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

8mg

ER Cap

02266717

Reminyl ER

16mg

ER Cap

02266725

Reminyl ER

24mg

ER Cap

02266733

Reminyl ER

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

02162695

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.

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 Penfill

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-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-5x3mL 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.

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	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	02097176 02231135	Ratio-Ipratropium UDV PMS-Ipratropium
250mcg/mL	Inh Sol-2mL UDV Pk	02097168 02216221 02231245	Ratio-Ipratropium UDV Gen-Ipratropium PMS-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.
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 02239627 02246083	Atrovent PMS-Ipratropium Apo-Ipravent

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

02266393

Apo-Salvent Ipravent
Sterules

02272695

Gen-Combo Sterinebs

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.

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

LAMOTRIGINE

25mg	Tab	02142082	Lamictal
		02243352	Ratio-Lamotrigine
		02245208	Apo-Lamotrigine
		02246897	PMS-Lamotrigine
		02248232	Novo-Lamotrigine
100mg	Tab	02265494	Gen-Lamotrigine
		02142104	Lamictal
		02243353	Ratio-Lamotrigine
		02245209	Apo-Lamotrigine
		02246898	PMS-Lamotrigine
150mg	Tab	02248233	Novo-Lamotrigine
		02265508	Gen-Lamotrigine
		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. <u>Note:</u> 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.

LANSOPRAZOLE

15mg
30mg

DR Cap
DR Cap

02165503 Prevacid
02165511 Prevacid

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 these settings.
- LU Authorization Period: 1 Year.

Continued on next page...

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 *H. pylori*-positive peptic ulcers where *H. pylori* 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 retreatment of *H. pylori*-positive peptic ulcers where *H. pylori* recurrence or persistence is documented, by breath test or endoscopy, for a one-week course.
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.

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.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

LEFLUNOMIDE

10mg	Tab	02241888	Arava
		02256495	Apo-Leflunomide
		02261251	Novo-Leflunomide
		02283964	Sandoz Leflunomide
		02288265	PMS-Leflunomide
20mg	Tab	02241889	Arava
		02256509	Apo-Leflunomide
		02261278	Novo-Leflunomide
		02283972	Sandoz Leflunomide
		02288273	PMS-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.

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.
403	For the treatment of hormone receptor positive early breast cancer in postmenopausal women who have received 5 years of adjuvant tamoxifen therapy. LU Authorization Period: 5 years.
408	As an alternative to tamoxifen for the adjuvant treatment of post-menopausal women with hormone receptor positive early breast cancer for a maximum of five years. LU Authorization Period: 5 years.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

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.

LEVOFLOXACIN

250mg	Tab	02236841	Levaquin
500mg	Tab	02236842	Levaquin

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*; bronchiectasis. *Risk 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.

LINEZOLID

600mg

Tab

02243684 Zyvoxam

**Reason for
Use code**

Clinical criteria

- 362** For the treatment of patients with:
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
02257564 Sandoz Loperamide

**Reason for
Use code**

Clinical criteria

- 110** For the treatment of diarrhea associated with:
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.

MEPERIDINE HCL

50mg

Tab

02138018 Demerol

Reason for
Use code

Clinical criteria

270

Limited to 2 weeks supply for acute pain.

LU Authorization Period: 1 year.

METHYLCELLULOSE

0.5%

Oph-Sol

00000809 Isopto Tears

1%

Oph-Sol

00000817 Isopto 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.

MIDODRINE HCL

2.5mg

Tab

01934392 Amatine

02278677 Apo-Midodrine

5mg

Tab

01934406 Amatine

02278685 Apo-Midodrine

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.

MONTELUKAST SODIUM

4mg

Chew Tab

02243602 Singulair

Reason for
Use code

Clinical criteria

382

For the treatment of asthma in patients aged 2-5 years old.

LU Authorization Period: 1 year.

MOXIFLOXACIN HYDROCHLORIDE

400mg

Tab

02242965 Avelox

Reason for Use code	Clinical criteria
337	For the treatment of patients with: <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.

MYCOPHENOLATE MOFETIL

200mg/mL

Pd for Oral Susp-175mL Pk

02242145 CellCept

250mg

SG Cap

02192748 CellCept

500mg

Tab

02237484 CellCept

Reason for Use code	Clinical criteria
190	For the prophylaxis of organ rejection in patients receiving allogeneic renal, cardiac or hepatic transplants. LU Authorization Period: Indefinite.

NADROPARIN CALCIUM

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.

BRAND NAME

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

OFLOXACIN			
200mg	Tab	02231529	Apo-Oflox
		02243474	Novo-Ofloxacin
300mg	Tab	02231531	Apo-Oflox
		02243475	Novo-Ofloxacin
400mg	Tab	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

02190915 Losec DR Tab
02245058 Apo-Omeprazole Cap
02260867 Ratio-Omeprazole DR Tab
02296446 Sandoz Omeprazole
09857285 Apo Omeprazole

20mg

Cap

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.

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 these settings.

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

OMEPRAZOLE MAGNESIUM

20mg

DR Tab

09857195 Losec
 09857267 Ratio-Omeprazole

Reason for Use code	Clinical criteria
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.

ONDANSETRON HYDROCHLORIDE

4mg/5mL

O/L

02229639 Zofran

4mg

Tab

02213567 Zofran

02258188 PMS-Ondansetron

02264056 Novo-Ondansetron

02274310 Sandoz Ondansetron

02278529 Ratio-Ondansetron

02288184 Apo-Ondansetron

02297868 Gen-Ondansetron

4mg

Tab

02239372 Zofran ODT

8mg

Tab

02213575 Zofran

02258196 PMS-Ondansetron

02264064 Novo-Ondansetron

02274329 Sandoz Ondansetron

02278537 Ratio-Ondansetron

02288192 Apo-Ondansetron

02297876 Gen-Ondansetron

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.

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.

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.

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.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

PANTOPRAZOLE SODIUM

40mg	Ent Tab	02229453	Pantoloc
		02285487	Novo-Pantoprazole
		02292920	Apo-Pantoprazole
		02305046	Ran-Pantoprazole

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 these settings. 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 Ratio-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.

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.

QUINAGOLIDE HCL

0.075mg

Tab

02223767 Norprolac

0.15mg

Tab

02223775 Norprolac

Reason for
Use code

Clinical criteria

405

For the treatment of hyperprolactinemia in patients who have:

- Failed to respond to a greater than or equal to 3 month trial of bromocriptine; or
- Failed to tolerate bromocriptine; or
- Failed to shrink a prolactinoma by greater than 1 cm after 12 months of bromocriptine therapy.

LU Authorization Period: 5 years.

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.

104

Patients with a CD4+ cell count less than 100/mm³ without an AIDS-defining diagnosis.

LU Authorization Period: 1 Year.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

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.

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

02173360

Gen-Salbutamol

02208237

PMS-Salbutamol

02213427

Ventolin Nebules P.F.

02231678

Apo-Salvent Sterule

02239366

Ratio-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.

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.

SALBUTAMOL

5mg/mL

Inh Sol-10mL Pk

00860808

Ratio-Salbutamol
Respirator Solution

02069571

PMS-Salbutamol
Respirator Solution

02154412

Sandoz 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
50mcg

Diskhaler-60 Disk Pk
Pd Inh-60 Dose Pk

02214261

SereVent Diskhaler Disks

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.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

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 <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.

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	02281392	Novo-Tamsulosin SR
		02294265	Ratio-Tamsulosin
		02294885	Ran-Tamsulosin
		02295121	Sandoz Tamsulosin
		02298570	Gen-Tamsulosin
0.4mg	Tab	02270102	Flomax CR

NOTE: Randomized controlled trials have shown no significant differences in efficacy between daily doses of 0.4mg and 0.8mg of tamsulosin. Therefore, the daily tamsulosin dose should not exceed 0.4mg.

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.

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.

TESTOSTERONE CYPIONATE

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

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 ENANTHATE

1000mg/5mL Oily

Inj Sol-5mL Pk

00029246 Delatestryl

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 UNDECANOATE

40mg

Cap

00782327 Andriol

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
02243587 Sandoz 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 antihypertensive drugs or cardiac dysfunction, and from symptoms due to migraine, epilepsy, hypoglycemia, or other causes, such as tumor.
 - (b) If investigation demonstrates that the events are caused by emboli from the heart, the patient should be treated with anticoagulants, such as warfarin.
 - (c) If the events are due to artery-to-artery emboli from the carotid bifurcation with a severe stenosis, the patient should probably be treated with ASA and offered carotid endarterectomy if medically suitable (70% to 99% stenosis).
 - (d) ASA should be the first line of defense for patients with TIA and threatened stroke, and after an initial stroke of any severity.
 - (e) The only drugs other than ASA that are available as platelet inhibitors and which have been shown to be of value for such patients are ticlopidine and clopidogrel.
 - (f) Before abandoning ASA in favour of ticlopidine, efforts should be made to improve the tolerability of ASA by reducing the dose, taking it with food, and using enteric coated ASA.
- Ticlopidine will be reimbursed for patients:

- 219 Who are known to be, or become, intolerant of ASA;
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, *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 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.

TOPIRAMATE

15mg
25mg

Sprinkle Cap
Sprinkle Cap

02239907 Topamax Sprinkle
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
02248860 Novo-Topiramate
02256827 Ratio-Topiramate
02260050 Sandoz Topiramate
02262991 PMS-Topiramate
02263351 Gen-Topiramate
02279614 Apo-Topiramate
02287765 Co Topiramate

100mg

Tab

02230894 Topamax
02248861 Novo-Topiramate
02256835 Ratio-Topiramate
02260069 Sandoz Topiramate
02263009 PMS-Topiramate
02263378 Gen-Topiramate
02279630 Apo-Topiramate
02287773 Co Topiramate

200mg

Tab

02230896 Topamax
02248862 Novo-Topiramate
02256843 Ratio-Topiramate
02263017 PMS-Topiramate
02263386 Gen-Topiramate
02267837 Sandoz Topiramate
02279649 Apo-Topiramate
02287781 Co Topiramate

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

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.

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

01926462 Vitamin A Acid

0.025%

Gel

00587966 Stieva-A

0.05%

Gel

01926489 Vitamin A Acid

0.025%

Sol

00578568 Stieva-A

Reason for Use code

Clinical criteria

269

For the treatment of acne vulgaris.

LU Authorization Period: 1 year.

GENERIC NAME \ STRENGTH	DOSAGE FORM	DIN	BRAND NAME

URSODIOL
250mg

Tab

02238984 Urso
02273497 PMS-Ursodiol C

Reason for Use code	Clinical criteria
273	For the treatment of primary biliary cirrhosis. LU Authorization Period: Indefinite.

URSODIOL
500mg

Tab

02245894 Urso DS
02273500 PMS-Ursodiol C

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.

VALACYCLOVIR
500mg

Tab

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.

*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.

ZOLEDRONIC ACID

5mg/100mL

Inj Sol-100mL Pk

02269198 Aclasta

Reason for
Use code

Clinical criteria

319

For the treatment of Paget's disease.

LU Authorization Period: Indefinite.