UPDATE A
Ontario Drug Benefit
Formulary/Comparative Drug Index
No. 41
Effective August 28, 2008

SUMMARY OF CHANGES

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New Single Source Drug(s)

DIN	PRODUCT	GENERIC NAME	MFR	DBP
09857298	Combigan 0.2% & 0.5% Oph Sol 10mL Pk	BRIMONIDINE TARTRATE & TIMOLOL MALEATE	ALL	40.1200

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.

02240297	Humalog Mix50 50% & 50% Inj Susp-5x3mL Pk	INSULIN LISPRO & INSULIN LISPRO PROTAMINE	LIL	51.5900
02255707	Risperdal Consta 25mg Pd for Inj-Vial Pk	RISPERIDONE	JNO	147.8500
02255723	Risperdal Consta 37.5mg Pd for Inj-Vial Pk	RISPERIDONE	JNO	221.7700
02255758	Risperdal Consta 50mg Pd for Inj-Vial Pk	RISPERIDONE	JNO	295.6900

Note: For the treatment of schizophrenia or schizoaffective disorders in patient who have:
A history of non-aherence; AND
Inadequate control or significant side-effects from two or more formulary oral antipsychotic medications, including at least one atypical agent; AND
Inadequate control or significant side-effects from one or more conventional depot antipsychotic agents.

New Multi-Source Drug(s)

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02300486	Co Pantoprazole	40mg	Ent Tab	COB	0.9785
02299585	Gen-Pantoprazole	40mg	Ent Tab	GEN	0.9785
02307871	PMS-Pantoprazole	40mg	Ent Tab	PMS	0.9785
02308703	Ratio-Pantoprazole	40mg	Ent Tab	RPH	0.9785
02301083	Sandoz Pantoprazole (Interchangeable with Pantoloc)	40mg	Ent Tab	SDZ	0.9785

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

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DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP

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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
	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

02297795	Apo-Gliclazide MR (Interchangeable with Diamicron MR)	30mg	SR Tab	APX	0.2794

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.

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02295822	Apo-Valacyclovir (Interchangeable with Valtrex)	500mg	Tab	APX	1.6962

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 frame. **NETWORK NOTE:** Network will limit supply to 7 days and 42 capsules. LU Authorization Period: 1 year

02292866	Ceftriaxone for Injection USP (Interchangeable with Rocephin)	0.25g/Vial	Inj Pd-1 Vial Pk	ORC	5.3750
02301148	Gen-Ramipril Cap	1.25mg		GEN	0.3250
02301156	Gen-Ramipril Cap	2.5mg		GEN	0.3750
02301164	Gen-Ramipril Cap	5mg		GEN	0.3750
02301172	Gen-Ramipril Cap (Interchangeable with Altace)	10mg		GEN	0.4750
02310279	Gen-Venlafaxine XR	37.5mg	ER Cap	GEN	0.4200
02310287	Gen-Venlafaxine XR	75mg	ER Cap	GEN	0.8399
02310295	Gen-Venlafaxine XR (Interchangeable with Effexor XR)	150mg	ER Cap	GEN	0.8868
02304686	Mint-Citalopram	20mg	Tab	MIN	0.6250
02304694	Mint-Citalopram (Interchangeable with Celexa)	40mg	Tab	MIN	0.6250
02310805	PMS-Rabeprazole EC	10mg	Tab	PMS	0.3250
02310813	PMS-Rabeprazole EC (Interchangeable with Pariet)	20mg	Tab	PMS	0.6500

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02298457	PMS-Valacyclovir (Interchangeable with Valtrex)	500mg	Tab	PMS	1.6962

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 frame. **NETWORK NOTE:** Network will limit supply to 7 days and 42 capsules. LU Authorization Period: 1 year

02299372	Ramipril Cap	1.25mg		RIA	0.3250
02255316	Ramipril Cap	2.5mg		RIA	0.3750
02255324	Ramipril Cap	5mg		RIA	0.3750
02255332	Ramipril Cap (Interchangeable with Altace)	10mg		RIA	0.4750

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02305429	Sandoz Brimonidine (Interchangeable with Alphagan)	0.2%	Oph Sol	SDZ	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 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

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02266539	Sandoz Clarithromycin (Interchangeable with Biaxin)	250mg	Tab	SDZ	0.7861
02303655	Sandoz Risperidone	0.25mg	Tab	SDZ	0.2075
02303663	Sandoz Risperidone (Interchangeable with Risperdal)	0.5mg	Tab	SDZ	0.3475
02310317	Sandoz Venlafaxine XR	37.5mg	ER Cap	SDZ	0.4200
02310325	Sandoz Venlafaxine XR	75mg	ER Cap	SDZ	0.8399
02310333	Sandoz Venlafaxine XR (Interchangeable with Effexor XR)	150mg	ER Cap	SDZ	0.8868

Exceptional Access Product(s)

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02169649	Betaseron	9,600,000IU	Inj Pref Syr-0.3mg Pk	BAH	102.0113

Facilitated Access Drug(s) - HIV/AIDS

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02300699	Atripla	600mg/300mg/200mg	Tab	BQU	39.1083

Manufacturer Requested Discontinued Drug(s)

Please note that these discontinued products will remain on the formulary until the current stock is depleted.

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
02266393	Apo-Salvent Ipravent Sterules	500mcg/2.5mg/2.5mL	Inh Sol-2.5mL Pk	APX
02243643	Kaletra	133.3mg/33.3mg	Cap	ABB
01999788	Kenalog-Orabase		Oral Top Oint	BQU
02024292	Novolin ge 10/90 Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO
02024306	Novolin ge 20/80 Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO
97984701	Nutren 2.0	2kcal/mL	Liq-250mL Pk	NES
97984728	Nutren Fibre	1kcal/mL	Liq-250mL Pk	NES
09857608	Nutren VHP	1kcal/mL	Liq-1500mL Pk	NES
09857516	Nutren VHP Fibre	1kcal/mL	Liq-250mL Pk	NES
09857524	Nutren VHP Fibre	1kcal/mL	Liq-1500mL Pk	NES
00374318	Oxyderm	20%	Lot	VAL
09857100	Pediatric Peptinex DT	1kcal/mL	Liq-250mL Pk	NON
09853200	Peptinex	1kcal/mL	Liq-237mL Pk	NON
09857133	Peptinex DT	1kcal/mL	Liq-250mL Pk	NON
09857125	Peptinex DT	1kcal/mL	Liq-1500mL Pk	NON
09853669	Resource Just For Kids		Liq-235mL Pk	NON
09857609	Resource Just for Kids with Fibre	1kcal/mL	Liq-237mL Pk	NON
02292807	Sandoz Risperidone	0.25mg	Tab	SDZ
02279495	Sandoz Risperidone	0.5mg	Tab	SDZ

Drug Benefit Price(s)

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02242518	Actonel	5mg	Tab	PGP	1.8214
02239146	Actonel	30mg	Tab	PGP	11.8000
02246896	Actonel	35mg	Tab	PGP	9.7150
02245345	Androgel	1%	2.5g Foil Packet	SPH	2.1263
02248763	Apo-Atenidone	50 & 25mg	Tab	APX	0.3195
02248764	Apo-Atenidone	100 & 25mg	Tab	APX	0.5236
01981501	Botox	100U/Vial	Pd Inj-100U Vial Pk	ALL	357.0000
02112736	Cortenema	100mg/60mL	Enema-60mL Pk	BFI	6.1600
02024217	Novolin ge 30/70	1000U/10mL	Inj Susp-10mL Pk	NOO	19.2700
09853812	Novolin ge 30/70 Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO	37.4900
02024314	Novolin ge 40/60 Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO	38.2200
02024322	Novolin ge 50/50 Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO	38.8200
02024225	Novolin ge NPH	1000U/10mL	Inj Susp-10mL Pk	NOO	19.4300
09853782	Novolin ge NPH Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO	37.9800
02024233	Novolin ge Toronto	1000U/10mL	Inj Sol-10mL Pk	NOO	19.4300
09853774	Novolin ge Toronto Penfill	100U/mL	Inj Sol-5x3mL Pk	NOO	38.1200
02265435	NovoMix 30 Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO	49.7800
02245397	NovoRapid	100U/mL	Inj Sol-10mL Pk	NOO	26.4600
02244353	NovoRapid Penfill	100U/mL	Inj Sol-5x3mL Pk	NOO	52.9100
02112787	Salofalk	500mg	Ent Tab	BFI	0.4928
02100622	Sulcrate	1g	Tab	BFI	0.5235
02103567	Sulcrate Suspension Plus	1g/5mL	Oral Susp	BFI	0.0951
02238984	Urso	250mg	Tab	BFI	1.2561
02245894	Urso DS	500mg	Tab	BFI	2.3826
02241332	Vagifem	25mcg	Vag Tab	NOO	2.7760
02230019	Viokase	8000 & 30000 & 30000 USP Units	Tab	BFI	0.1628
02230020	Viokase	16800 & 70000 & 70000 USP U/0.7g	Pd-114g Pk	BFI	38.7700
02241933	Viokase 16	16mg	Tab	BFI	0.3256

New Manufacturer Name(s)

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
00850330	Morphine Sulfate Injection USP	15mg/mL	Inj Sol Amp	HOS

Not-A-Benefit Drug(s)

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
01916866	Clavulin	250mg & 125mg	Tab	GSK
02099128	Norpramin	25mg	Tab	SAV
02099136	Norpramin	50mg	Tab	SAV
01927655	Nozinan	5mg	Tab	SAV
01927663	Nozinan	25mg	Tab	SAV
01927671	Nozinan	50mg	Tab	SAV
00371033	Parlodel	2.5mg	Tab	NOV
00761680	Rhodis-EC	100mg	Ent Tab	SAV
00761656	Rhotrimine	75mg	Cap	SAV
00761648	Rhotrimine	100mg	Tab	SAV
00010472	Tofranil	25mg	Tab	NOV

Off Formulary Interchangeable Product(s)

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02293358	Apo-Gabapentin	600mg	Tab	APX	1.3045
02293366	Apo-Gabapentin (Interchangeable with Neurontin)	800mg	Tab	APX	1.7393
02261995	Apo-Lisinopril/HCTZ (Interchangeable with Zestoretic)	20mg/25mg	Tab	APX	0.7011
02292904	Ceftriaxone for Injection USP (Interchangeable with Rocephin)	10g/Vial	Inj Pd-1 Vial Pk	APX	214.2000
02297752	Gen-Lisinopril HCTZ (Interchangeable with Zestoretic)	20mg/25mg	Tab	GEN	0.7011
02302152	Novo-Lisinopril/HCTZ (Type P) (Interchangeable with Prinzide)	20mg/25mg	Tab	NOP	0.7011
02301784	Novo-Lisinopril/HCTZ (Type Z) (Interchangeable with Zestoretic)	20mg/25mg	Tab	NOP	0.7011
02285479	Novo-Pantoprazole (Interchangeable with Pantoloc)	20mg	Ent Tab	NOP	1.2750
02301288	PMS-ISMN (Interchangeable with Imdur)	60mg	ER Tab	PMS	0.4950
02308681	Ratio-Pantoprazole (Interchangeable with Pantoloc)	20mg	Ent Tab	RPH	1.2750
02266547	Sandoz Clarithromycin (Interchangeable with Biaxin)	500mg	Tab	SDZ	2.2009
02269422	Sandoz Paroxetine (Interchangeable with Paxil)	10mg	Tab	SDZ	1.0430

Discontinued Drug(s) (Removed From Payment & Listing)

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
02251558	Novo-Citalopram	20mg	Tab	NOP
02042541	Ortho-Cept	0.15mg & 0.03mg	Tab-21 Pk	JNO
00403571	Panoxyl	15%	Gel	STI

Not-A-Benefit Drug(s) (Removed From Listing)

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
00014656	Artane	0.4mg/mL	O/L	LED
00016217	Decadron	0.1%	Oph/Ot Sol	MSD
00632708	Feldene	10mg	Sup	PFI

Status Change(s) from Limited Use to General Benefit

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02240294	Humalog Mix25	25% & 75%	Inj Susp-5x3mL Pk	LIL	51.5900
09853715	Humalog	100U/mL	Inj Sol-5x3mL Pk	LIL	51.5900
02229704	Humalog	100U/mL	Inj Sol-10mL Pk	LIL	25.7900

Note:

For the treatment of patients with Type 1 diabetes mellitus.

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.

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).

New Diabetic Testing Agent(s)

PIN	PRODUCT	MFR	COST/ UNIT	AMT MOH PAYS	AMT PATIENT PAYS
09857297	Freestyle Lite Blood Glucose Strip	ABB	0.7452	0.7290	0.0162

CONSOLIDATED INDEX

PRODUCT, STRENGTH & DOSAGE FORM	DIN	MFR	UPDATE	PAGE NO.
Humalog 100U/mL Inj Sol 10mL Pk	02229704	LIL	A	17
Humalog Mix25 25% & 75% Inj Susp-5x3mL Pk	02240294	LIL	A	17
Humalog Mix50 50% & 50% Inj Susp-5x3mL Pk	02240297	LIL	A	2
INSULIN LISPRO & INSULIN LISPRO PROTAMINE			A	2
INTERFERON BETA-1B			A	8
ISOSORBIDE-5-MONONITRATE			A	14
Kaletra 133.3mg/33.3mg Cap	02243643	ABB	A	10
Kenalog-Orabase Oral Top Oint	01999788	BQU	A	10
LISINOPRIL & HYDROCHLOROTHIAZIDE			A	14
Mint-Citalopram 20mg Tab	02304686	MIN	A	5
Mint-Citalopram 40mg Tab	02304694	MIN	A	5
Morphine Sulfate Injection USP 15mg/mL Inj Sol Amp	00850330	HOS	A	12
Norpramin 25mg Tab	02099128	SAV	A	13
Norpramin 50mg Tab	02099136	SAV	A	13
Novo-Citalopram 20mg Tab	02251558	NOP	A	15
Novo-Lisinopril/HCTZ (Type P) 20/25mg Tab	02302152	NOP	A	14
Novo-Lisinopril/HCTZ (Type Z) 20/25mg Tab	02301784	NOP	A	14
Novo-Pantoprazole 20mg Ent Tab	02285479	NOP	A	14
Novolin ge 10/90 Penfill 100U/mL Inj Susp-5x3mL Pk	02024292	NOO	A	10
Novolin ge 20/80 Penfill 100U/mL Inj Susp-5x3mL Pk	02024306	NOO	A	10
Novolin ge 30/70 1000U/mL Inj Susp-10mL Pk	02024217	NOO	A	11
Novolin ge 30/70 Penfill 100U/mL Inj Susp-5x3mL Pk	09853812	NOO	A	11
Novolin ge 40/60 Penfill 100U/mL Inj Susp-5x3mL Pk	02024314	NOO	A	11
Novolin ge 50/50 Penfill 100U/mL Inj Susp-5x3mL Pk	02024322	NOO	A	11
Novolin ge NPH 1000U/mL Inj Susp-10mL Pk	02024225	NOO	A	11
Novolin ge NPH Penfill 100U/mL Inj Susp-5x3mL Pk	09853782	NOO	A	11
Novolin ge Toronto 1000U/mL Inj Susp-10mL Pk	02024233	NOO	A	11
Novolin ge Toronto Penfill 100U/mL Inj Susp-5x3mL Pk	09853774	NOO	A	11
NovoMix 30 Penfill 100U/mL Inj Susp-5x3mL Pk	02265435	NOO	A	11
NovoRapid 100U/mL Inj Susp-10mL Pk	02245397	NOO	A	11
NovoRapid Penfill 100U/mL Inj Susp-5x3mL Pk	02244353	NOO	A	11
Nozinan 5mg Tab	01927655	SAV	A	13
Nozinan 25mg Tab	01927663	SAV	A	13
Nozinan 50mg Tab	01927671	SAV	A	13
Nutren 2.0 2kcal/mL Liq-250mL Pk	97984701	NES	A	10
Nutren Fibre 1kcal/mL Liq-250mL Pk	97984728	NES	A	10
Nutren VHP 1kcal/mL Liq-1500mL Pk	09857608	NES	A	10
Nutren VHP Fibre 1kcal/mL Liq-250mL Pk	09857516	NES	A	10
Nutren VHP Fibre 1kcal/mL Liq-1500mL Pk	09857524	NES	A	10
Ortho-Cept 0.15mg & 0.03mg Tab-21 Pk	02042541	JNO	A	15
Oxyderm 20% Lot	00374318	VAL	A	10
Panoxyl 15% Gel	00403571	STI	A	15
PANTOPRAZOLE SODIUM			A	3
			A	14
Parlodel 2.5mg Tab	00371033	NOV	A	13
PAROXETINE HCL			A	14
Pediatric Peptinex Dt 1kcal/mL Liq-250mL Pk	09857100	NON	A	10
Peptinex 1kcal/mL Liq-237mL Pk	09853200	NON	A	10
Peptinex DT 1kcal/mL Liq-250mL Pk	09857133	NON	A	10

PRODUCT, STRENGTH & DOSAGE FORM	DIN	MFR	UPDATE	PAGE NO.
Peptinex DT 1kcal/mL Liq-1500mL Pk	09857125	NON	A	10
PMS-ISMN 60mg ER Tab	02301288	PMS	A	14
PMS-Pantoprazole 40mg Ent Tab	02307871	PMS	A	3
PMS-Rabeprazole EC 10mg Tab	02310805	PMS	A	5
PMS-Rabeprazole EC 20mg Tab	02310813	PMS	A	5
PMS-Valacyclovir 500mg Tab	02298457	PMS	A	6
RABEPRAZOLE SODIUM			A	5
RAMIPRIL			A	5
Ramipril Cap 1.25mg	02299372	RIA	A	6
Ramipril Cap 2.5mg	02255316	RIA	A	6
Ramipril Cap 5mg	02255324	RIA	A	6
Ramipril Cap 10mg	02255332	RIA	A	6
Ratio-Pantoprazole 20mg Ent Tab	02308681	RPH	A	14
Ratio-Pantoprazole 40mg Ent Tab	02308703	RPH	A	3
Rhodis-EC 100mg Ent Tab	00761680	SAV	A	13
Rhotrimine 75mg Cap	00761656	SAV	A	13
Rhotrimine 100mg Tab	00761648	SAV	A	13
Resource Just For Kids Liq-235mL Pk	09853669	NON	A	10
Resource Just For Kids with Fibre 1kcal/mL Liq-237mL Pk	09857609	NON	A	10
Risperdal Consta 25mg Pd for Inj-Vial Pk	02255707	JNO	A	2
Risperdal Consta 37.5mg Pd for Inj-Vial Pk	02255723	JNO	A	2
Risperdal Consta 50mg Pd for Inj-Vial Pk	02255758	JNO	A	2
RISPERIDONE			A	2
			A	7
Salofalk 500mg Ent Tab	02112787	BFI	A	11
Sandoz Brimonidine 0.2% Oph Sol	02305429	SDZ	A	6
Sandoz Clarithromycin 250mg Tab	02266539	SDZ	A	7
Sandoz Clarithromycin 500mg Tab	02266547	SDZ	A	14
Sandoz Pantoprazole 40mg Ent Tab	02301083	SDZ	A	3
Sandoz Paroxetine 10mg Tab	02269422	SDZ	A	14
Sandoz Risperidone 0.25mg Tab	02303655	SDZ	A	7
	02292807	SDZ	A	10
Sandoz Risperidone 0.5mg Tab	02303663	SDZ	A	7
	02279495	SDZ	A	10
Sandoz Venlafaxine XR 37.5mg ER Cap	02310317	SDZ	A	7
Sandoz Venlafaxine XR 75mg ER Cap	02310325	SDZ	A	7
Sandoz Venlafaxine XR 150mg ER Cap	02310333	SDZ	A	7
Sulcrate 1g Tab	02100622	BFI	A	11
Sulcrate Suspension Plus 1g/5mL Oral Susp	02103567	BFI	A	11
Tofranil 25mg Tab	00010472	NOV	A	13
Urso 250mg Tab	02238984	BFI	A	11
Urso DS 500mg Tab	02245894	BFI	A	11
Vagifem 25mcg Vag Tab	02241332	NOO	A	11
VALACYCLOVIR			A	5
VENLAFAXINE HCL			A	5
Viokase 8000 & 30000 & 30000 USP Units Tab	02230019	BFI	A	11
Viokase 16800 & 70000 & 70000 USP U/0.7g Pd-114g Pk	02230020	BFI	A	11
Viokase 16 16mg Tab	02241933	BFI	A	11