

# Ontario Drug Benefit Formulary/Comparative Drug Index

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Drug Programs Policy and Strategy Branch

Ontario Public Drug Programs

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# **Part I**

## **Introduction**

# Part I: Introduction

## A. About the Formulary

The Ministry of Health and Long-Term Care (MOHLTC) issued the first Comparative Drug Index (CDI) in 1970 and Edition 1 of the Ontario Drug Benefit (ODB) Formulary was published in 1971. The integrated Formulary/CDI was first produced in 1974, to list the benefits available to eligible persons under the *Ontario Drug Benefit Act* (ODBA). The Formulary/CDI was developed in consultation with the ministry's external expert drug advisory committee, the Drug Quality and Therapeutics Committee (DQTC), now known as the Committee to Evaluate Drugs (CED). For many years, the Formulary/CDI has set the provincial standard for price, quality and interchangeability of drug products. The MOHLTC has liaised with the Ontario Medical Association (OMA), the Ontario Pharmacists Association (OPA), the Ontario College of Pharmacists (OCP), pharmaceutical manufacturers and other professional and patient groups as required on the content and policies embodied in this publication.

The ODB program is one of the most generous drug benefit programs in Canada, providing coverage for over 4,300 drugs and other substances, including some nutrition products and diabetic testing agents. With funding provided by the MOHLTC and the Ministry of Community and Social Services, the ODB program covers most of the cost of prescription drug products listed in the Formulary. As well, drugs that are not listed in the Formulary may be considered for coverage, on a case-by-case basis, through the ministry's Exceptional Access Program (EAP).

## 1. Purpose

The Formulary/CDI serves as a:

- Guide to prescribers 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 that have been designated interchangeable under the *Drug Interchangeability and Dispensing Fee Act* (DIDFA)
- Comparative pricing guide for drug products

## 2. Recipient Eligibility

The ODB program provides community-based, out-patient drug benefits to the following groups of Ontario residents who are eligible for Ontario Health Insurance Plan (OHIP) coverage under the *Health Insurance Act*:

- People 65 years of age and older
- People receiving benefits under the Ontario Disability Support Program or Ontario Works
- People residing in Homes for Special Care or long-term care homes
- People receiving professional services under the Home Care Program
- Registrants in the Trillium Drug 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 65<sup>th</sup> birthday. For example, if a resident's 65<sup>th</sup> birthday is April 15<sup>th</sup>, he/she will become eligible for the ODB program on May 1<sup>st</sup>. 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 the government to continue to add new drugs as benefits, a cost sharing scheme was introduced in July 1996. All ODB recipients are required to pay a portion of their prescriptions. For more details about co-payments and deductibles, 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 (EO) of the Ontario Public Drug Programs (the "Executive Officer") the authority to designate a product as interchangeable with one or more other products where the EO considers it advisable in the public interest to do so and certain requirements and conditions set out in the DIDFA and Regulation 935 made under the DIDFA are met. For example, a product can only be designated as interchangeable with another product if the product has the same amount of the same or similar active ingredient(s) in the same or similar dosage form as the other product. The onus is on the manufacturer to provide evidence of interchangeability.

The reimbursement of products on the current Formulary is based on a "lowest cost" policy, meaning that dispensers will only be reimbursed the lowest cost product listed in a category of drugs (there are some exceptions to this policy). This mandatory substitution, or interchangeability process, is set out in the DIDFA.

### Off-Formulary Interchangeability

Off-Formulary Interchangeability (OFI) is the application of interchangeable designations to drug products that are not listed as ODB benefits in the Formulary/CDI. OFI became effective April 1, 2007 when changes to Regulation 935 made under the DIDFA came into force. OFI drug products are reviewed by the CED or by the ministry, and upon approval of the EO, are determined to be interchangeable with an original product.

Please note that OFI products may be covered under the ODB program through the EAP.

## 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 EO may, depending on the relief ordered, reconsider the listing status of the drug product.

## 4. The Committee to Evaluate Drugs (CED)

The Committee to Evaluate Drugs (CED) is the ministry's independent expert advisory committee on drug-related issues and is established by Order-in-Council under the authority of section 9 of the *Ministry of Health and Long-Term Care Act*.

The CED provides an essential service to the ministry by evaluating the clinical value of drug products, interchangeability of generic drug products and cost-effectiveness of drugs through its rigorous and evidence-based reviews. These reviews result in recommendations being made to the EO regarding the designation of these products as benefits under the ODB program, and as interchangeable under the DIDFA. The EO makes the final decision regarding designations, taking into consideration the recommendations of the CED and public interest. The CED also provides the ministry with advice on a broad range of policy issues relating to the use of drugs.

The CED is comprised of a chair and 16 members appointed by the Lieutenant Governor in Council. Two of the 16 CED members are patient representatives. The remaining CED members include an economist, and 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 through the Ontario Public Appointments' website at:

[Ontario Public Appointments Secretariat Web Site](#).

To support improved transparency and accountability, the CED's recommendations and the EO's decisions are publicly available on the MOHTLC website at: [EO Decisions and CED Recommendations](#).

For drug products to be eligible for listing in the Formulary, a drug manufacturer must provide a complete submission in accordance with the prescribed conditions set out in:

- O. Reg. 201/96 made under the ODBA; and
- Regulation 935 made under the DIDFA.

Interpretive guidelines have been published to assist manufacturers in making their submissions and are available on the ministry's website at: [Guideline and Template Downloads](#).

Each complete submission undergoes a thorough review by the CED. Following its review, the CED makes recommendations to the EO as to whether a drug product should be designated as a benefit under the ODB program and/or as interchangeable under the DIDFA. As well, the CED makes recommendations as to drug products that should be available through the EAP. More information on how drugs are approved can be found on the ministry's website at: [How Drugs Are Approved](#).

## B. How to Use the Formulary

The Formulary/CDI identifies over 4,300 drug products designated as benefits under the ODB program, as well as drug products that are considered to be interchangeable, and serves as a reimbursement guide for prescribers and pharmacists.

The Formulary/CDI consists of a compilation of pharmaceutical products arranged in comparative categories and groupings according to the name, strength and dosage form of the active therapeutic ingredients.

**This information requires knowledgeable interpretation and is intended primarily for health care professionals, pharmacies, hospitals and organizations associated with the manufacture, distribution and use of pharmaceutical preparations.**

## Part III-A ODB Formulary/Comparative Drug Index

Part III-A of the ODB formulary is available through the searchable electronic formulary (e-Formulary) online at: [Formulary Search](#).

## Classification

Drugs are indexed by pharmacologic-therapeutic classification based on the classification system of the American Hospital Formulary Service (AHFS) 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.

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 DIDFA, unless otherwise noted. The Drug Benefit Price (DBP) is listed for each drug product as well as the **lowest DBP** for an interchangeable category. The ODB program will reimburse dispensing physicians and pharmacies the lowest DBP within an interchangeable category. If a pharmacy dispenses an interchangeable product to a patient who does not receive benefits under the ODB program, the pharmacy cannot charge more than the lowest

DBP for the interchangeable category when dispensing the product (see subsection 7(2) of the DIDFA).

## Drug Identification Number (DIN)

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

\*A small number of products, including drugs, nutrition products and diabetic test strips, have been assigned a product identification number (PIN) with leading digits 098 for the purposes of ODB claims. Ministry assigned PINs may differ from those shown on the manufacturer's label but must be used when submitting claims to the ODB program.

## Natural Product Number (NPN)

For natural health products, the Formulary/CDI lists the eight-digit Natural Product Number (NPN) assigned by Health Canada. Natural health products, as defined in the *Natural Health Products Regulations* made under the federal *Food and Drugs Act* are excluded from the definition of "drug" in Ontario's *Drug and Pharmacies Regulation Act* (DPRA), unless the natural health product contains pseudoephedrine or its salts, ephedrine or its salts, or any combination of them (see clause 1(1)(f) of the DPRA and subsection 3(7) of O. Reg. 58/11 made under the DPRA). Please note that only natural health products with NPNs listed as benefits in the Formulary/CDI are eligible for reimbursement under the ODB program.

## 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 (see section 23 of the ODBA). 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 only if 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.9 of Part I, entitled "Limited Use Products" as well as to Part XII of the Formulary/CDI.

## Therapeutic Notes

Many therapeutic notes contain specific clinical criteria that apply to some general benefit products as listed in the ODB Formulary. The therapeutic notes provide guidance to prescribers on where the product can be used in the most cost-effective manner as advised by the ministry's expert advisory committee, the CED. Therapeutic notes define appropriate therapy; and therefore, the expectation is that both prescribers and dispensers should follow them.

## Product Listing Agreements

A Product Listing Agreement (PLA) refers to a negotiated agreement between a pharmaceutical manufacturer and the EO. These agreements support reimbursement of some products in the Formulary and other Ontario public drug programs, such as the EAP and the New Drug Funding Program.

Agreements are intended to provide access to new and existing drugs according to certain conditions, and are based on a number of factors including the CED's recommendations, clinical evidence, therapeutic need and cost-effectiveness. Listing agreements may include multiple components:

- 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 the CED
- Cost and utilization considerations

## Part III-B Off-Formulary Interchangeable Drugs

Off-Formulary Interchangeable (OFI) drug products are listed by a pharmacologic-therapeutic classification based on the same classification system as applied to products in Part III-A of the Formulary/CDI. 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 paragraph 7 of subsection 8(1) Regulation 935 made under the DIDFA, manufacturers of these drug products shall give the EO notice of every change in the manufacturer's list price for their drug products.

## Part IV Consolidated Alphabetical Index of Drugs Products in Part III-B

Drugs in Part III-B listed by alphabetical order by name.

## 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 for treatment of ODB recipients with HIV/AIDS or patients receiving 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. Products listed in this section are available to these specific patient populations through the EAP, without the need for the submission of an individual patient request. Prescribers must be identified on the Facilitated Access Physician List that is appropriate for the patient and product being prescribed.

## Part VII Trillium Drug Benefit Program

The ministry provides benefits through the Trillium Drug Program to help individuals and families who have high prescription 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 provides an overview of the EAP.

## Part IX Additional Benefits

### Nutrition Products

This section includes a maximum allowable reimbursement mechanism for Nutrition Products (NP) covered under the ODB program. Physicians 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 eligibility criteria described in Part IX of the ODB Formulary. The ODB program 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.

Reimbursement of NPs is not considered through the EAP.

### Diabetic Testing Agents

Blood glucose test strips covered by the ODB program are listed in Part IX of the ODB Formulary. These products are available to ODB-eligible recipients with a valid prescription from a physician. Blood glucose test strips are listed with a maximum price that will be reimbursed under the ODB program. Please see section on diabetic testing

agents in Part IX for more information, including the maximum reimbursement limits on diabetic testing agents.

## Part X Abbreviations

This part contains a list of abbreviations for the names of manufacturers whose products are listed in the Formulary/CDI and a list of abbreviations for dosage forms.

## Part XI Section Currently Not In Use

## Part XII Limited Use

This section contains a guide for prescribers and pharmacists on how to complete an 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 online claims processing and adjudication in real-time. The collection, use and disclosure of personal information on the HNS are governed by section 13 of the ODBA and the *Personal Health Information 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 in the Formulary is the Drug Benefit Price (DBP) as defined in the *Ontario Drug Benefit Act* (ODBA) and the DIDFA. 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. Some drug products are listed in package (“Pk”) sizes (i.e., pressurized inhalers). For these products, the DBP is for the package size listed. For ointments, creams, powders and liquids the DBP is usually per gram or per millilitre. For tablets, capsules and suppositories, other than those designated “Pk,” the DBP is per unit dosage form. Claims must be submitted in alignment with the product listing in the Formulary.

Products that are benefits are reimbursed under the ODB program at the listed DBP (or if interchangeable products are listed, at the 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 co-payment amount for each prescription.

There are two categories of co-payments:

- 1) ODB recipients pay up to \$2 toward the dispensing fee for each prescription if they are one of the following:
  - 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 long-term care home under the *Long-Term Care Homes Act, 2007, or Homes for Special Care Act, R.S.O. 1990*
  - Eligible for benefits under the Trillium Drug Program and their deductible for the quarter has been paid
- 2) Single seniors with annual net income greater than or equal to \$16,018 or a senior couple with a combined annual income greater than or equal to \$24,175 each pay their first \$100 (i.e., deductible) in prescription costs each year. After that, each senior may pay up to \$6.11 (i.e., co-payment) toward the ODB dispensing fee on each prescription for an eligible benefit.

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 ODB program begins August 1 of each year. 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 in Part III-A of the Formulary/CDI on the e-Formulary, prescriptions for nutrition products and diabetic testing agents approved as benefits under the ODB program, extemporaneous products that are designated pharmaceutical products under the ODBA, and products that are approved under the EAP. 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

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 rules set out in the ODBA, and the DIDFA as well as to the details of the prescription as directed by the prescriber. For recipients who are eligible for benefits under the Ontario Works program, the maximum quantity of medication claimed under the ODB program must not exceed that required for a 35-day course of treatment; and in the case of medications to which the Trial Prescription Program applies, the maximum quantity for which the EO is required to pay is a quantity sufficient for 30 days.

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 prescriber and patient when dispensing the second prescription. The ministry recognizes that there are circumstances in which 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. The ministry will monitor claims to ensure that pharmacies comply with the HNS warnings and recoveries of payments 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 and be readily retrievable by the pharmacist for a period of 24 months, for audit purposes. It is recommended 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. Payment of Dispensing Fees under the Ontario Drug Benefit (ODB) Program

### Conditions on Payment of Dispensing Fees

In order to receive payment of a dispensing fee under the ODB program, the dispenser must supply at one time the **lesser** of:

1. The maximum quantity of the listed drug product that the dispenser is authorized to supply at one time; or
2. The maximum quantity permitted under section 18 of O. Reg. 201/96.

The amount referred to above (in either item 1 or 2) is the “Maximum Quantity.”

In most cases, the Maximum Quantity is a 35-day supply for Ontario Works recipients, a 30-day supply for the Trial Prescription Program, or a 100-day supply. The dispenser is permitted to dispense a quantity that is not the Maximum Quantity only if one of the following conditions applies:

1. The ODB recipient is a resident of a long-term care home ([Conditions for Payment of a Dispensing Fee under the ODB Program](#)).\*
2. The ODB recipient is a resident of any other residential facility funded by the Government of Ontario that is designated by the Executive Officer (e.g., Home for Special Care) and published on the ministry website at: ([Conditions for Payment of a Dispensing Fee under the ODB Program](#)).\*
3. The listed drug product is a product or belongs to a class of drug product that is specified by the Executive Officer and published on the ministry website at: ([Conditions for Payment of a Dispensing Fee under the ODB Program](#)) and the dispenser has determined that the quantity supplied should be less than the Maximum Quantity because, in the dispenser’s professional opinion,
  - The safety of the ODB recipient is a concern, or

- There is a risk of abuse or diversion if the drug product is supplied to the ODB recipient.\*\*
4. The dispenser has determined that the quantity supplied should be less than the Maximum Quantity because,
- a. In the dispenser's professional opinion, the ODB recipient is incapable of managing his or her medication as a result of physical, cognitive or sensory impairment; and
  - b. The ODB recipient or the person presenting the prescription agrees that the quantity supplied should be less than the Maximum Quantity.\*\*\*

\*Note: In the case of Exceptions 1 to 3, ODB recipients who are deemed to require more frequent dispensing should be assessed regularly to verify an ongoing need for more frequent dispensing.

\*\*Note: In the case of Exception 3, the dispenser must perform all of the following:

- The dispenser must make a written record of the reasons for his or her opinion;
- The dispenser must notify the prescriber in writing about the assessment and retain a copy of the notification; and
- Upon request, the dispenser must provide the ministry with copies of the written record and the written notification to the prescriber.

\*\*\*Note: In the case of Exception 4, the dispenser must perform of all the following:

- The dispenser must make a written record of the reasons for his or her opinion;
- The dispenser must notify the prescriber in writing about the assessment and retain a copy of the notification;
- The dispenser shall obtain in writing the agreement of the ODB recipient or the person presenting the prescription;
- Upon request, the dispenser must provide the ministry with copies of the written record, agreement and notification to the prescriber; and

- The exception is only valid for a period of 365 days. A dispenser's assessment that a patient requires more frequent dispensing because of a physical, cognitive or sensory impairment must be re-assessed annually. Records of this annual assessment must be maintained as part of the ODB recipient's permanent pharmacy health record.

All claims are subject to recovery if found to be ineligible for reimbursement under the ODB program.

## Two Fees / Calendar Month

In most cases, the Executive Officer will only pay a dispenser a maximum of two (2) dispensing fees per calendar month for the supply of a listed drug product, even if the prescription directs more frequent dispensing. This rule is subject to the rule respecting Chronic-Use Medications (see section below).

The two-dispensing-fees-per-month rule does not apply if:

- The ODB recipient is a resident of a long-term care home ([Conditions for Payment of a Dispensing Fee under the ODB Program](#)).
- The ODB recipient is a resident of any other residential facility funded by the Government of Ontario that is designated by the Executive Officer and published on the ministry website at: ([Conditions for Payment of a Dispensing Fee under the ODB Program](#)).
- The listed drug product is supplied in the Maximum Quantity (see definition in previous section "Conditions on Payment of Dispensing Fees") and is a product or belongs to a class of drug product that is specified by the Executive Officer and published on the ministry website at: ([Conditions for Payment of a Dispensing Fee under the ODB Program](#)).
- The listed drug product is a product or belongs to a class of drug product that is specified by the Executive Officer and published on the ministry website at: ([Conditions for Payment of a Dispensing Fee under the ODB Program](#)) and the dispenser has supplied the drug in a quantity that is *less than* the Maximum Quantity because, in the dispenser's professional opinion,
  - The safety of the ODB recipient is a concern, or

- There is a risk of abuse or diversion if the drug product is supplied to the ODB recipient.

Note: Where the dispenser has supplied *less than* the Maximum Quantity for safety/abuse/diversion reasons, the dispenser must make a written record of the reasons for his or her opinion, notify the prescriber in writing about the assessment, and retain copies of the written record and prescriber notification. All claims are subject to recovery if found to be ineligible for reimbursement under the ODB program.

## Dispensing Fees for Chronic-Use Medications

Effective October 1, 2015 changes were made to Ontario Regulation 201/96 made under the *Ontario Drug Benefit Act* to establish a limit on the number of dispensing fees that can be billed to the Executive Officer for certain **chronic-use medications**.

Dispensers are entitled to receive a maximum of five (5) dispensing fees per 365-day period, commencing on the day the first claim for an identified chronic-use medication is submitted to the ministry on or after October 1, 2015. Dispensers are encouraged to provide most ODB recipients with a 100 days' supply of most chronic-use medications to ensure that they receive a dispensing fee for each dispensing event.

The chronic-use medications subject to this new rule are listed on the ministry website: [Chronic-use Medications List by Generic Name](#).

This limit on the number of dispensing fees for chronic-use medications does not apply in the circumstances listed below. In these circumstances, the general rule of a maximum of two-dispensing-fees-per-month applies, unless the dispensing event is also exempt from that rule (see section above).

Exceptions:

1. ODB recipients who receive drug benefits under the Ontario Works Program.
2. ODB recipients who are residents of long-term care homes ([Conditions for Payment of a Dispensing Fee under the ODB Program](#)).
3. ODB recipients who are residents of any other residential facility funded by the Government of Ontario that is designated by the Executive Officer (e.g., Home for Special Care) and published on the ministry website ([Conditions for Payment of a Dispensing Fee under the ODB Program](#)).
4. The listed drug product dispensed is an extemporaneous preparation.

5. ODB recipients who are on a complex medication regime where patient safety is at risk and who require more frequent dispensing of the listed drug product to assist with the proper administration of the medication regime.\*\*
6. ODB recipients who require more frequent dispensing due to an established physical, cognitive or sensory impairment.\*\*

ODB recipients who are deemed to require more frequent dispensing must be assessed regularly to verify an ongoing need for more frequent dispensing.

**\*\*Note:** In the case of Exceptions 5 and 6, the dispenser must perform all of the following:

- The dispenser must make a written record of the reasons for his or her opinion;
- The dispenser must notify the prescriber in writing about the assessment and retain a copy of the notification;
- The dispenser shall obtain in writing the agreement of the ODB recipient or the person presenting the prescription;
- Upon request, the dispenser must provide the ministry with copies of the written record, agreement and notification to the prescriber; and
- Exceptions 5 and 6 are only valid for a period of 365 days. A dispenser's assessment that a patient requires more frequent dispensing because of a physical, cognitive or sensory impairment or because the patient is on a complex medication regime, must be re-assessed annually. Records of this annual assessment must be maintained as part of the ODB recipient's permanent pharmacy health record.

All claims are subject to recovery if found to be ineligible for reimbursement under the ODB program.

Note: Any reference in this section to the term "written", "in writing" or "written record" includes electronic records and electronic copies of written records.

## 7. Cost-to-Operator Claims

Effective March 1, 2007, in accordance with clause 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 in an interchangeable category and must dispense the original product or a higher-priced interchangeable 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.

## 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 two lower-cost interchangeable drug products, where available. When a prescriber identifies a patient for which it is medically necessary that a higher cost interchangeable product be provided, the prescriber must:

- Complete, sign and forward to the pharmacist a copy of the Health Canada adverse drug reaction form for each lower-cost interchangeable drug product trialed (Canada Vigilance Adverse Reaction Reporting Form); and
- Write “No Substitution” or “No Sub” on a written prescription or indicate “No Substitution” to the pharmacist in the case of a verbal prescription.

The prescriber 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 written notation “No Substitution,” reimbursement will be provided for the higher-cost interchangeable product only if the prescription is accompanied by a completed Health Canada adverse drug reaction form for each of the lower-cost interchangeable drug product trialed. This form must be completely filled out noting the details of the adverse reaction and signed by the prescriber.

Upon receipt, the **pharmacist** must:

- Clearly note on the adverse drug reaction form - “**ODB NO SUBSTITUTION**”;
- and
- Fax or mail the completed and signed form to Health Canada’s Canada Vigilance Program; and
- Retain his or her copy of the completed and signed adverse drug reaction form.

The adverse drug reaction form will not have to be renewed. However, in accordance with sections 19 and 29 of O. Reg. 201/96 made under the ODBA, the dispensary must retain a copy of the prescription and the required Health Canada adverse drug reaction form (completed and signed by the prescriber). The prescriber must write “No Substitution” or “No Sub” on renewal or subsequent new written prescriptions, and indicate “No Substitution” on subsequent new oral 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 adverse reaction form is not available at the pharmacy during an audit, the difference between the cost of the higher-cost product and the lowest DBP listed for the interchangeable category will be recovered.

The pharmacist must mail or fax the completed form to:

Canada Vigilance Program, Marketed Health Products Directorate,

Ontario Drug Benefit Formulary/CDI Edition 42

Effective February 25, 2016 I.16

Health Canada,  
Postal Locator 0701E, Ottawa, Ontario K1A 0K9  
Fax: 1-866-678-6789

Please refer to Health Canada's Canada Vigilance Program website to obtain a copy of the adverse drug reaction (Canada Vigilance Drug Reaction Reporting) form at: [Canada Vigilance Adverse Reaction Reporting Form](#).

For additional information on the Canada Vigilance Program, please call 1-866-234-2345 or visit: [Canada Vigilance Program](#).

An ODB recipient with a valid "no substitution" prescription that was filled prior to October 1, 2015 will be permitted to renew and refill their brand therapy as directed, as long as the appropriate documentation remains on file.

## 9. Limited Use Products

### Designating Listed Drugs as LU Benefits

Drug products reimbursed under the ODB program are evaluated and recommended for listing by the ministry's expert drug advisory committee, the CED. 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.

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

### LU Reimbursement Process

Patients may take the LU prescription to the pharmacy, or prescribers may fax it directly to the pharmacy. The Reason for Use (RFU) code, 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 prescribers 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 EAP (see Part VIII of the Formulary/CDI for further details).

## ODB Audit of LU 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 if one of the following applies:

- The LU (RFU) code indicated on the prescription does not meet the listed LU clinical criteria
- The LU (RFU) 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 prescriber 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 section 29 of O. Reg. 201/96 made under the ODBA.

## 10. Extemporaneous Preparations

An extemporaneous preparation is defined in section 1(1) of O.Reg 201/96 made under the ODBA as a "drug or combination of drugs prepared or compounded in a pharmacy according to a prescription."

Section 17 of the ODBA gives the EO of Ontario Public Drug Programs ("the Executive Officer") the authority to:

- 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
- 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 EO 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 OCP 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 EO under the EAP:  
 Alprostadiol, amphotericin B lipid complex, anacetim, azithromycin, baclofen, calcitriol, cefotaxime, cephalothin, clodronate, daclizumab, danaparoid, darbepoietin, deferoxamine, desmopressin, dolasetron, epoetin alfa, epoprostenol, estradiol dienanthate/estradiol benzoate/testosterone enanthate benzilic acid hydrazine, etanercept, filgrastim, fludarabine, fondaparinux, glatiramer acetate, hepatitis A vaccine, hepatitis B vaccine, infliximab, interferon alfa-2b/ribavirin, interferon beta-1a, interferon beta-1b, iron dextran, iron sucrose, ketorolac, levofloxacin, mycophenolate mofetil, nandrolone decanoate, pamidronate disodium, peginterferon alfa 2-b, somatrem, somatropin, sumatriptan, verteporfin, zoledronic acid.
- 2) Any injectable drug product which received a Notice of Compliance from Health Canada on or after September 4, 2003 is ineligible for reimbursement as a DPP under the ODB program unless approved by the EO under the EAP.
- 3) Any injectable drug product that is listed in Part III-A of the Formulary as an LU benefit is ineligible for reimbursement as a DPP under the ODB program unless the patient meets the clinical criteria outlined. Claims for these products in respect of patients who do not meet the defined LU criteria may be considered by the EO 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 ODBA are subject to post-payment verification.

The web posting is considered the authoritative source of information on the extemporaneous preparations policy. Please refer to the ministry's web posting for details on extemporaneous preparations that are eligible for reimbursement under the ODB program at: [Extemporaneous Preparations](#)

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 Help Desk.

## 11. Professional Pharmacy Services

The Ontario government on the advice from the Ontario Pharmacy Council has launched a number of professional pharmacy services.

Please refer to the ministry's website for information on the following professional pharmacy services at: [Professional Pharmacy Services](#)

- MedsCheck program
- MedsCheck at Home
- MedsCheck for Ontarians living with Diabetes
- MedsCheck for Long-Term Home Residents
- Pharmaceutical Opinion program
- Pharmacy Smoking Cessation program

## D. Information and Assistance

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

The information on ODB claims, including those on paper and electronic media, is collected for purposes related to the administration of the ODBA. It is collected under the authority of subsection 13(1) of the ODBA and clause 36(1)(h) 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: [Ministry of Health and Long-Term Care](#)

## 2. Inquiries and Assistance

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

### **Payments**

Program Payments  
Financial Management Branch  
P.O. Box 48  
Kingston, ON K7L 5J3

### **Manual Claims Submissions**

Ministry of Health and Long-Term Care  
Claims Services Branch  
ODB Paper Claims Processing  
P.O. Box 2300, Stn 'A', LCD1  
Hamilton, ON L8N 4A2

For new ODB program registrations and registry inquiries, please contact:

[HNS-Registration.MOH@ontario.ca](mailto:HNS-Registration.MOH@ontario.ca)

OR

Ministry of Health and Long-Term Care  
Claims Services Branch  
Provider Registry  
P.O. Box 68  
Kingston, ON K7L 5K1

**NOTE:** Dispensary operators are requested to notify the Provider Registry three weeks in advance of a change in status for openings, closures or transfers of ownership.

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: [Ministry of Health and Long-Term Care](#)

# 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 when the total drug cost is less than \$1,000.00;
- 6 percent when the total drug cost is greater than or equal to \$1,000.00.

Total drug cost equals the Drug Benefit Price of the drug product supplied multiplied by the total quantity of the drug product supplied.

# Part III

## Formulary Listings

# Part III-A

## Benefits List

The list of benefits may be accessed through the electronic ODB Formulary (e-Formulary) on the ministry's website at: [Formulary Search](#)

# **Part III-B**

## **Off-Formulary Interchangeable Drugs (OFI)**

## Part III-B: 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.

## 04:00 ANTIHISTAMINICS

| GENERIC NAME             | STRENGTH | DOSAGE FORM | BRAND NAME                    | DIN/PIN  | MFR | UNIT COST |
|--------------------------|----------|-------------|-------------------------------|----------|-----|-----------|
| CETIRIZINE HYDROCHLORIDE | 10mg     | TAB         | Reactine                      | 02223554 | MCL | N/A       |
|                          |          |             | Apo-Cetirizine                | 02231603 | APX | 0.4083    |
|                          |          |             | Extra Strength Allergy Relief | 02315955 | PMS | 0.3938    |
|                          |          |             | Mar-Cetirizine                | 02427133 | MAR | 0.4083    |
|                          | 20mg     | TAB         | Reactine                      | 01900978 | MCL | N/A       |
|                          |          |             | Mar-Cetirizine                | 02427141 | MAR | 0.7535    |
|                          |          |             | PMS-Cetirizine                | 02315963 | PMS | 0.7535    |
| LORATADINE               | 10mg     | TAB         | Claritin                      | 00782696 | SCP | N/A       |
|                          |          |             | Apo-Loratadine                | 02243880 | APX | 0.6267    |

## 08:00 ANTI-INFECTIVE AGENTS

### 08:12:04 ANTIBIOTICS ANTIFUNGALS

| GENERIC NAME    | STRENGTH | DOSAGE FORM | BRAND NAME        | DIN/PIN  | MFR | UNIT COST |
|-----------------|----------|-------------|-------------------|----------|-----|-----------|
| TERBINAFINE HCL | 250mg    | TAB         | Lamisil           | 02031116 | NOV | N/A       |
|                 |          |             | Apo-Terbinafine   | 02239893 | APX | 2.5243    |
|                 |          |             | Auro-Terbinafine  | 02320134 | AUR | 2.5246    |
|                 |          |             | Co Terbinafine    | 02254727 | COB | 2.5243    |
|                 |          |             | Gd-Terbinafine    | 02352818 | GEM | 2.5243    |
|                 |          |             | Jamp-Terbinafine  | 02357070 | JPC | 2.5243    |
|                 |          |             | Mylan-Terbinafine | 02242503 | MYL | 2.5246    |
|                 |          |             | Novo-Terbinafine  | 02240346 | NOP | 2.5243    |
|                 |          |             | PMS-Terbinafine   | 02294273 | PMS | 2.5245    |

### 08:12:12 ANTIBIOTICS ERYTHROMYCINS

| GENERIC NAME   | STRENGTH | DOSAGE FORM | BRAND NAME           | DIN/PIN  | MFR | UNIT COST |
|----------------|----------|-------------|----------------------|----------|-----|-----------|
| AZITHROMYCIN   | 600mg    | TAB         | Zithromax            | 02231143 | PFI | N/A       |
|                |          |             | Co-Azithromycin      | 02256088 | COB | 7.6250    |
|                |          |             | PMS-Azithromycin     | 02261642 | PMS | 7.6250    |
| CLARITHROMYCIN | 500mg    | TAB         | Biaxin BID           | 02126710 | ABB | N/A       |
|                |          |             | Apo-Clarithromycin   | 02274752 | APX | 2.2009    |
|                |          |             | Mylan-Clarithromycin | 02248857 | MYL | 2.2009    |
|                |          |             | PMS-Clarithromycin   | 02247574 | PMS | 2.2009    |
|                |          |             | Ran-Clarithromycin   | 02361434 | RAN | 2.2009    |
|                |          |             | Ratio-Clarithromycin | 02247819 | RPH | 2.2009    |

| GENERIC NAME | STRENGTH | DOSAGE FORM | BRAND NAME            | DIN/PIN  | MFR | UNIT COST |
|--------------|----------|-------------|-----------------------|----------|-----|-----------|
|              |          |             | Sandoz Clarithromycin | 02266547 | SDZ | 2.2009    |
|              |          |             | Teva-Clarithromycin   | 02248805 | TEV | 2.2009    |

## 08:12:16 ANTIBIOTICS PENICILLINS

| GENERIC NAME                                       | STRENGTH   | DOSAGE FORM    | BRAND NAME                              | DIN/PIN  | MFR | UNIT COST |
|----------------------------------------------------|------------|----------------|-----------------------------------------|----------|-----|-----------|
| <b>AMOXICILLIN</b>                                 | 125mg      | TAB            | Amoxil Chewable                         | 02041685 | AYE | N/A       |
|                                                    |            |                | Novamoxin Chewable                      | 02036347 | NOP | 0.4584    |
|                                                    | 250mg      | CHEW TAB       | Amoxil Chewable                         | 02041286 | AYE | N/A       |
|                                                    |            |                | Novamoxin Chewable                      | 02036355 | NOP | 0.6752    |
| <b>PIPERACILLIN SODIUM &amp; TAZOBACTAM SODIUM</b> | 2g & 250mg | INJ PD-VIAL PK | Tazocin                                 | 02170817 | PFI | N/A       |
|                                                    |            |                | Piperacillin & Tazobactam for Injection | 02308444 | APX | 10.1300   |
|                                                    | 3g & 375mg | INJ PD-VIAL PK | Tazocin                                 | 02170795 | WYE | N/A       |
|                                                    |            |                | Piperacillin & Tazobactam for Injection | 02308452 | APX | 15.2000   |
|                                                    |            |                | Piperacillin & Tazobactam for Injection | 02391538 | MYL | 15.2000   |
|                                                    |            |                | Piperacillin/Tazobactam Powder for Inj. | 02370166 | TEV | 15.2000   |
|                                                    | 4g & 500mg | INJ PD-VIAL PK | Tazocin                                 | 02170809 | WYE | N/A       |
|                                                    |            |                | AJ-Pip/Taz                              | 02391546 | AJC | 20.2700   |
|                                                    |            |                | Piperacillin & Tazobactam for Injection | 02308460 | APX | 20.2700   |
|                                                    |            |                | Piperacillin/Tazobactam Powder for Inj. | 02370174 | TEV | 20.2700   |

## 08:12:24 ANTIBIOTICS TETRACYCLINES

| GENERIC NAME               | STRENGTH  | DOSAGE FORM                            | BRAND NAME           | DIN/PIN  | MFR | UNIT COST |
|----------------------------|-----------|----------------------------------------|----------------------|----------|-----|-----------|
| <b>DOXYCYCLINE HYCLATE</b> | 100mg     | TAB                                    | Vibra-Tabs           | 00578452 | PFI | N/A       |
|                            |           |                                        | Apo-Doxy-Tabs        | 00874256 | APX | 0.5860    |
|                            |           |                                        | Novo-Doxylin Tablets | 02158574 | NOP | 0.5860    |
| <b>MINOCYCLINE HCL</b>     | 50mg      | CAP                                    | Minocin              | 02173514 | STI | N/A       |
|                            |           |                                        | Apo-Minocycline      | 02084090 | APX | 0.5350    |
|                            |           |                                        | Mylan-Minocycline    | 02230735 | MYL | 0.5350    |
|                            |           |                                        | Novo-Minocycline     | 02108143 | NOP | 0.5350    |
|                            |           |                                        | PMS-Minocycline      | 02294419 | PMS | 0.5350    |
|                            |           |                                        | Ratio-Minocycline    | 01914138 | RPH | 0.5350    |
|                            |           |                                        | Sandoz Minocycline   | 02237313 | SDZ | 0.5350    |
|                            |           |                                        | Minocin              | 02173506 | STI | N/A       |
|                            | 100mg     | CAP                                    | Apo-Minocycline      | 02084104 | APX | 1.0332    |
|                            |           |                                        | Mylan-Minocycline    | 02230736 | MYL | 1.0332    |
|                            |           |                                        | Novo-Minocycline     | 02108151 | NOP | 1.0332    |
|                            |           |                                        | PMS-Minocycline      | 02294427 | PMS | 1.0332    |
|                            |           |                                        | Ratio-Minocycline    | 01914146 | RPH | 1.0332    |
|                            |           |                                        | Sandoz Minocycline   | 02237314 | SDZ | 1.0332    |
| <b>TIGECYCLINE</b>         | 50mg/vial | PD INJ-5ML VIAL PK (PRESERVATIVE-FREE) | Tygacil              | 02285401 | PFI | N/A       |
|                            |           |                                        | Tigecycline          | 02409356 | APX | 71.4225   |

## 08:12:28 ANTIBIOTICS OTHER ANTIBIOTICS

| GENERIC NAME                | STRENGTH | DOSAGE FORM      | BRAND NAME                    | DIN/PIN  | MFR | UNIT COST |
|-----------------------------|----------|------------------|-------------------------------|----------|-----|-----------|
| <b>CEFAZOLIN SODIUM</b>     | 1g/vial  | INJ PD-VIAL PK   | Cefazolin for Injection       | 02297205 | ORC | 6.0000    |
|                             |          |                  | Cefazolin for Injection       | 02108127 | NOP | 6.0000    |
|                             | 10g/vial | INJ PD-VIAL PK   | Cefazolin for Injection       | 02297213 | ORC | 56.0000   |
|                             |          |                  | Cefazolin for Injection       | 02108135 | NOP | 60.0000   |
| <b>CEFOXITIN SODIUM</b>     | 1g/vial  | INJ PD-VIAL PK   | Mefoxin                       | 00663697 | MSD | N/A       |
|                             |          |                  | Cefoxitin for Injection       | 02291711 | ORC | 10.6000   |
|                             |          |                  | Cefoxitin for Injection USP   | 02128187 | NOP | 10.6000   |
|                             | 2g/vial  | INJ PD-VIAL PK   | Mefoxin                       | 00663700 | MSD | N/A       |
|                             |          |                  | Cefoxitin for Injection       | 02291738 | ORC | 21.2500   |
|                             |          |                  | Cefoxitin for Injection USP   | 02128195 | NOP | 21.2500   |
| <b>CEFTRIAXONE DISODIUM</b> | 10g/vial | INJ PD-1 VIAL PK | Rocephin                      | 00851957 | HLR | N/A       |
|                             |          |                  | Ceftriaxone for Injection USP | 02292904 | APX | 214.2000  |

## 08:18:00 ANTIVIRALS

| GENERIC NAME                  | STRENGTH | DOSAGE FORM | BRAND NAME         | DIN/PIN  | MFR | UNIT COST |
|-------------------------------|----------|-------------|--------------------|----------|-----|-----------|
| <b>ACYCLOVIR</b>              | 200mg    | TAB         | Zovirax            | 00634506 | GSK | N/A       |
|                               |          |             | Apo-Acyclovir      | 02207621 | APX | 0.8783    |
|                               |          |             | Mylan-Acyclovir    | 02242784 | MYL | 0.8783    |
|                               |          |             | Novo-Acyclovir     | 02285959 | NOP | 0.8783    |
|                               |          |             | Ratio-Acyclovir    | 02078627 | RPH | 0.8783    |
|                               | 400mg    | TAB         | Zovirax            | 01911627 | GSK | N/A       |
|                               |          |             | Apo-Acyclovir      | 02207648 | APX | 1.7288    |
|                               |          |             | Mylan-Acyclovir    | 02242463 | MYL | 1.7288    |
|                               |          |             | Novo-Acyclovir     | 02285967 | NOP | 1.7288    |
|                               |          |             | Ratio-Acyclovir    | 02078635 | RPH | 1.7288    |
| <b>ADEFOVIR<br/>DIPIVOXIL</b> | 10mg     | TAB         | Hepsera            | 02247823 | GIL | N/A       |
|                               |          |             | Apo-Adefovir       | 02420333 | APX | 20.4400   |
| <b>ENTECAVIR</b>              | 0.5mg    | TAB         | Baraclude          | 02282224 | BQU | N/A       |
|                               |          |             | Apo-Entecavir      | 02396955 | APX | 16.5000   |
|                               |          |             | PMS-Entecavir      | 02430576 | PMS | 16.5000   |
| <b>FAMICYCLOVIR</b>           | 125mg    | TAB         | Famvir             | 02229110 | NOV | N/A       |
|                               |          |             | Apo-Famciclovir    | 02292025 | APX | 2.0240    |
|                               |          |             | Co-Famciclovir     | 02305682 | COB | 2.0240    |
|                               |          |             | PMS-Famciclovir    | 02278081 | PMS | 2.0240    |
|                               |          |             | Sandoz Famciclovir | 02278634 | SDZ | 2.0240    |
|                               | 250mg    | TAB         | Famvir             | 02229129 | NOV | N/A       |
|                               |          |             | Apo-Famciclovir    | 02292041 | APX | 2.7200    |
|                               |          |             | Co-Famciclovir     | 02305690 | COB | 2.7200    |
|                               |          |             | PMS-Famciclovir    | 02278103 | PMS | 2.7200    |
|                               |          |             | Sandoz Famciclovir | 02278642 | SDZ | 2.7200    |
| <b>LAMIVUDINE</b>             | 100mg    | TAB         | Heptovir           | 02239193 | VIH | N/A       |
|                               |          |             | Apo-Lamivudine HBV | 02393239 | APX | 3.5316    |

| GENERIC NAME | STRENGTH | DOSAGE FORM | BRAND NAME         | DIN/PIN  | MFR | UNIT COST |
|--------------|----------|-------------|--------------------|----------|-----|-----------|
| VALACYCLOVIR | 1000mg   | TAB         | Valtrex            | 02246559 | GSK | N/A       |
|              |          |             | Apo-Valacyclovir   | 02354705 | APX | 5.8537    |
|              |          |             | Mylan-Valacyclovir | 02351560 | MYL | 3.3924    |
|              |          |             | Novo-Valacyclovir  | 02357542 | TEV | 3.3924    |
|              |          |             | PMS-Valacyclovir   | 02381230 | PMS | 5.8537    |
| ZIDOVUDINE   | 100mg    | CAP         | Retrovir           | 01902660 | VIH | N/A       |
|              |          |             | Apo-Zidovudine     | 01946323 | APX | 1.3977    |

## 08:20:00 PLASMODICIDES (ANTIMALARIALS)

| GENERIC NAME                          | STRENGTH      | DOSAGE FORM | BRAND NAME                 | DIN/PIN  | MFR | UNIT COST |
|---------------------------------------|---------------|-------------|----------------------------|----------|-----|-----------|
| <b>ATOVAQUONE &amp; PROGUANIL HCL</b> | 250mg & 100mg | TAB         | Malarone                   | 02238151 | GSK | N/A       |
|                                       |               |             | Mylan-Atovaquone Proguanil | 02402165 | MYL | 4.1308    |
|                                       |               |             | Teva-Atovaquone Proguanil  | 02380927 | TEV | 4.1308    |
| <b>MEFLOQUINE HCL</b>                 | 250mg         | TAB         | Lariam                     | 02018055 | HLR | N/A       |
|                                       |               |             | Mefloquine                 | 02244366 | AAP | 3.6950    |

## 08:40:00 MISCELLANEOUS ANTI-INFECTIVES

| GENERIC NAME        | STRENGTH | DOSAGE FORM    | BRAND NAME             | DIN/PIN  | MFR | UNIT COST |
|---------------------|----------|----------------|------------------------|----------|-----|-----------|
| <b>CEFEPIME</b>     | 1g       | INJ PD-VIAL PK | Maxipime               | 02163632 | BQU | N/A       |
|                     |          |                | Cefepime for Injection | 02319020 | APX | 12.9360   |
|                     | 2g       | INJ PD-VIAL PK | Maxipime               | 02163640 | BQU | N/A       |
|                     |          |                | Cefepime for Injection | 02319039 | APX | 30.1963   |
| <b>LEVOFLOXACIN</b> | 750mg    | TAB            | Levaquin               | 02246804 | JAN | N/A       |
|                     |          |                | Apo-Levofloxacin       | 02325942 | APX | 6.5484    |
|                     |          |                | Co Levofloxacin        | 02315440 | COB | 6.5484    |
|                     |          |                | Novo-Levofloxacin      | 02285649 | NOP | 6.6150    |
|                     |          |                | PMS-Levofloxacin       | 02305585 | PMS | 6.5484    |
|                     |          |                | Sandoz Levofloxacin    | 02298651 | SDZ | 6.5484    |
| <b>LINEZOLID</b>    | 2mg/mL   | INJ-300ML PK   | Zyvoxam                | 02243685 | PFI | N/A       |
|                     |          |                | Linezolid Injection    | 02402637 | TEV | 88.7400   |

## 10:00 ANTI-NEOPLASTIC AGENTS

| GENERIC NAME     | STRENGTH | DOSAGE FORM | BRAND NAME      | DIN/PIN  | MFR | UNIT COST |
|------------------|----------|-------------|-----------------|----------|-----|-----------|
| <b>ERLOTINIB</b> | 25mg     | TAB         | Tarceva         | 02269007 | HLR | N/A       |
|                  |          |             | Teva-Erlotinib  | 02377691 | TEV | 11.8666   |
|                  | 100mg    | TAB         | Tarceva         | 02269015 | HLR | N/A       |
|                  |          |             | Teva-Erlotinib  | 02377705 | TEV | 47.4666   |
|                  | 150mg    | TAB         | Tarceva         | 02269023 | HLR | N/A       |
|                  |          |             | Teva- Erlotinib | 02377713 | TEV | 71.2000   |

## 12:00 AUTONOMIC AGENTS

### 12:04:00 PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS

| GENERIC NAME           | STRENGTH | DOSAGE FORM               | BRAND NAME                            | DIN/PIN  | MFR | UNIT COST |
|------------------------|----------|---------------------------|---------------------------------------|----------|-----|-----------|
| <b>DONEPEZIL HCL</b>   | 5mg      | ORALLY DISINTEGRATING TAB | Aricept RDT                           | 02269457 | PFI | N/A       |
|                        |          |                           | Co Donepezil ODT                      | 02397617 | COB | 3.6176    |
|                        |          |                           | Sandoz Donepezil ODT                  | 02367688 | SDZ | 3.6176    |
|                        | 10mg     | ORALLY DISINTEGRATING TAB | Aricept RDT                           | 02269465 | PFI | N/A       |
|                        |          |                           | Co Donepezil ODT                      | 02397625 | COB | 3.6176    |
|                        |          |                           | Sandoz Donepezil ODT                  | 02367696 | SDZ | 3.6176    |
| <b>PILOCARPINE HCL</b> | 5mg      | TAB                       | Salagen Tablets                       | 02216345 | PFI | N/A       |
|                        |          |                           | Pilocarpine Hydrochloride Tablets USP | 02402483 | STE | 0.7805    |

## 12:08:00 PARASYMPATHOLYTIC (CHOLINERGIC BLOCKING) AGENTS

| GENERIC NAME                    | STRENGTH | DOSAGE FORM                                | BRAND NAME                    | DIN/PIN  | MFR | UNIT COST |
|---------------------------------|----------|--------------------------------------------|-------------------------------|----------|-----|-----------|
| <b>GLYCOPYRROLATE</b>           | 0.2mg/mL | INJ SOL-2ML VIAL PK<br>(PRESERVATIVE FREE) | Robinul                       | 02043610 | WYA | N/A       |
|                                 |          |                                            | Glycopyrrolate Injection      | 02382857 | OMG | 7.9500    |
| <b>SCOPOLAMINE HYDROBROMIDE</b> | 0.4mg/mL | INJ SOL-1ML PK                             | Scopolamine Hydrobromide Inj. | 00541869 | HOS | N/A       |
|                                 |          |                                            | Scopolamine Hydrobromide Inj. | 02242810 | OMG | 4.5000    |
|                                 | 0.6mg/mL | INJ SOL-1ML PK                             | Scopolamine Hydrobromide Inj. | 00541877 | HOS | N/A       |
|                                 |          |                                            | Scopolamine Hydrobromide Inj. | 02242811 | OMG | 5.0000    |
| <b>TRIMEBUTINE MALEATE</b>      | 100mg    | TAB                                        | Modulon                       | 00587869 | BFI | N/A       |
|                                 |          |                                            | Trimebutine                   | 02245663 | AAP | 0.2690    |
|                                 | 200mg    | TAB                                        | Modulon                       | 00803499 | BFI | N/A       |
|                                 |          |                                            | Trimebutine                   | 02245664 | AAP | 0.5235    |

## 12:20:00 SKELETAL MUSCLE RELAXANTS

| GENERIC NAME          | STRENGTH  | DOSAGE FORM                         | BRAND NAME               | DIN/PIN  | MFR | UNIT COST |
|-----------------------|-----------|-------------------------------------|--------------------------|----------|-----|-----------|
| <b>BACLOFEN</b>       | 0.05mg/mL | INJ SOL-1ML PK (PRESERVATIVE-FREE)  | Lioresal Intrathecal     | 02131048 | NOV | N/A       |
|                       |           |                                     | Vpi-Baclofen Intrathecal | 02413620 | VPI | 11.2500   |
|                       | 0.5mg/mL  | INJ SOL-20ML PK (PRESERVATIVE-FREE) | Lioresal Intrathecal     | 02131056 | NOV | N/A       |
|                       |           |                                     | Vpi-Baclofen Intrathecal | 02413639 | VPI | 177.2500  |
|                       | 2mg/mL    | INJ SOL-5ML PK (PRESERVATIVE-FREE)  | Lioresal Intrathecal     | 02131064 | NOV | N/A       |
|                       |           |                                     | Vpi-Baclofen Intrathecal | 02413647 | VPI | 177.2500  |
| <b>TIZANIDINE HCL</b> | 4mg       | TAB                                 | Zanaflex                 | 02239170 | ELA | N/A       |
|                       |           |                                     | Apo-Tizanidine           | 02259893 | APX | 0.6884    |
|                       |           |                                     | Mylan-Tizanidine         | 02272059 | MYL | 0.5106    |

## 20:00 BLOOD FORMATION AND COAGULATION

### 20:12:00 COAGULANTS AND ANTI-COAGULANTS

| GENERIC NAME               | STRENGTH    | DOSAGE FORM                                   | BRAND NAME                    | DIN/PIN  | MFR | UNIT COST |
|----------------------------|-------------|-----------------------------------------------|-------------------------------|----------|-----|-----------|
| <b>EPTIFIBATIDE</b>        | 0.75mg/ml   | 100ML VIAL PK                                 | Integrilin                    | 02240351 | MEK | N/A       |
|                            |             |                                               | Eptifibatide Injection        | 02405083 | TEV | 94.5600   |
|                            | 2mg/ml      | 10ML VIAL PK                                  | Integrilin                    | 02240352 | MEK | N/A       |
|                            |             |                                               | Eptifibatide Injection        | 02367858 | TEV | 32.3000   |
| <b>FONDAPARINUX SODIUM</b> | 7.5mg/0.6ml | 0.6ML INJ SOL-PREF SYR<br>(PRESERVATIVE FREE) | Arixtra                       | 02258056 | GSK | N/A       |
|                            |             |                                               | Fondaparinux Sodium Injection | 02406896 | DRR | 18.1356   |
| <b>WARFARIN</b>            | 6mg         | TAB                                           | Coumadin                      | 02240206 | BQU | N/A       |
|                            |             |                                               | Mylan-Warfarin                | 02287501 | MYL | 0.2805    |
|                            |             |                                               | Taro-Warfarin                 | 02242686 | TAR | 0.2805    |

### 20:12:16 COAGULANTS AND ANTI-COAGULANTS HEMOSTATICS

| GENERIC NAME           | STRENGTH | DOSAGE FORM | BRAND NAME              | DIN/PIN  | MFR | UNIT COST |
|------------------------|----------|-------------|-------------------------|----------|-----|-----------|
| <b>TRANEXAMIC ACID</b> | 500mg    | TAB         | Cyklokapron             | 02064405 | PFI | N/A       |
|                        |          |             | Gd-Tranexamic Acid      | 02409097 | GEM | 0.8071    |
|                        |          |             | Tranexamic Acid Tablets | 02401231 | STE | 0.8071    |

## 24:00 CARDIOVASCULAR DRUGS

### 24:04:00 CARDIAC DRUGS

| GENERIC NAME       | STRENGTH | DOSAGE FORM | BRAND NAME     | DIN/PIN  | MFR | UNIT COST |
|--------------------|----------|-------------|----------------|----------|-----|-----------|
| <b>SOTALOL HCL</b> | 80mg     | TAB         | Sotacor        | 00897272 | BQU | N/A       |
|                    |          |             | Apo-Sotalol    | 02210428 | APX | 0.5932    |
|                    |          |             | Jamp-Sotalol   | 02368617 | JPC | 0.5932    |
|                    |          |             | Mylan-Sotalol  | 02229778 | MYL | 0.5932    |
|                    |          |             | Novo-Sotalol   | 02231181 | NOP | 0.5932    |
|                    |          |             | PMS-Sotalol    | 02238326 | PMS | 0.5932    |
|                    |          |             | Ratio-Sotalol  | 02084228 | RPH | 0.5932    |
|                    |          |             | Sandoz Sotalol | 02257831 | SDZ | 0.5932    |

## 24:06:00 ANTILIPEMIC DRUGS

| GENERIC NAME       | STRENGTH | DOSAGE FORM | BRAND NAME                  | DIN/PIN  | MFR | UNIT COST |
|--------------------|----------|-------------|-----------------------------|----------|-----|-----------|
| <b>FENOFIBRATE</b> | 67mg     | CAP         | Lipidil Micro               | 02230283 | FOU | N/A       |
|                    |          |             | Apo-Feno-Micro              | 02243180 | APX | 0.4325    |
|                    |          |             | Novo-Fenofibrate Micronized | 02243551 | NOP | 0.4325    |
|                    | 100mg    | TAB         | Lipidil Supra               | 02241601 | LAF | N/A       |
|                    |          |             | Apo-Feno-Super              | 02246859 | APX | 0.7875    |
|                    |          |             | Novo-Fenofibrate-S          | 02289083 | NOP | 0.7877    |
|                    |          |             | Sandoz Fenofibrate S        | 02288044 | SDZ | 0.7874    |
| <b>GEMFIBROZIL</b> | 600mg    | TAB         | Lopid                       | 00659606 | PFI | N/A       |
|                    |          |             | Apo-Gemfibrozil             | 01979582 | APX | 0.7520    |
|                    |          |             | Novo-Gemfibrozil            | 02142074 | NOP | 0.7520    |

## 24:08:00 HYPOTENSIVE DRUGS

| GENERIC NAME                                       | STRENGTH     | DOSAGE FORM | BRAND NAME                    | DIN/PIN  | MFR | UNIT COST |
|----------------------------------------------------|--------------|-------------|-------------------------------|----------|-----|-----------|
| <b>CLONIDINE HCL</b>                               | 0.025mg      | TAB         | Dixarit                       | 00519251 | BOE | N/A       |
|                                                    |              |             | Novo-Clonidine                | 02304163 | NOP | 0.2584    |
| <b>VERAPAMIL HCL</b>                               | 120mg        | LA TAB      | Isoptin SR                    | 01907123 | ABB | N/A       |
|                                                    |              |             | Apo-Verap SR                  | 02246893 | APX | 0.6900    |
|                                                    |              |             | Mylan-Verapamil SR            | 02210347 | MYL | 0.6900    |
| <b>LISINAPRIL &amp; HYDROCHLOROTHIAZIDE</b>        | 20mg & 25mg  | TAB         | Prinzide                      | 00884421 | MFC | N/A       |
|                                                    |              |             | Novo-Lisinopril/HCTZ (Type P) | 02302152 | NOP | 0.7011    |
|                                                    |              |             | Zestoretic                    | 02045729 | AZC | N/A       |
|                                                    |              |             | Mylan-Lisinopril HCTZ         | 02297752 | MYL | 0.7011    |
|                                                    |              |             | Sandoz Lisinopril HCT         | 02302381 | SDZ | 0.7011    |
|                                                    |              |             | Teva-Lisinopril/HCTZ (Type Z) | 02301784 | TEV | 0.7011    |
| <b>RAMIPRIL</b>                                    | 15mg         | CAP         | Altace                        | 02281112 | SAV | N/A       |
|                                                    |              |             | Apo-Ramipril                  | 02325381 | APX | 0.8550    |
|                                                    |              |             | Mar-Ramipril                  | 02420503 | MAR | 0.8550    |
|                                                    |              |             | Mint-Ramipril                 | 02421348 | MIN | 0.8132    |
|                                                    |              |             | PMS-Ramipril                  | 02343932 | PMS | 0.8132    |
|                                                    |              |             | Ran-Ramipril                  | 02425548 | RAN | 0.8550    |
| <b>ENALAPRIL MALEATE &amp; HYDROCHLOROTHIAZIDE</b> | 5mg & 12.5mg | TAB         | Vaseretic                     | 02242826 | MFC | N/A       |
|                                                    |              |             | Apo-Enalapril Maleate/HCTZ    | 02352923 | APX | 0.7493    |
|                                                    |              |             | Novo-Enalapril/HCTZ           | 02300222 | NOP | 0.6417    |
|                                                    | 10mg & 25mg  | TAB         | Vaseretic                     | 00657298 | MFC | N/A       |
|                                                    |              |             | Apo-Enalapril Maleate/HCTZ    | 02352931 | APX | 1.0741    |

| GENERIC NAME     | STRENGTH | DOSAGE FORM | BRAND NAME          | DIN/PIN  | MFR | UNIT COST |
|------------------|----------|-------------|---------------------|----------|-----|-----------|
|                  |          |             | Novo-Enalapril/HCTZ | 02300230 | NOP | 0.7712    |
| <b>VALSARTAN</b> | 40mg     | TAB         | Diovan              | 02270528 | NOV | N/A       |
|                  |          |             | Apo-Valsartan       | 02371510 | APX | 0.5823    |
|                  |          |             | Auro-Valsartan      | 02414201 | AUR | 0.5823    |
|                  |          |             | Co Valsartan        | 02337487 | COB | 0.5823    |
|                  |          |             | Mylan-Valsartan     | 02383527 | MYL | 0.5823    |
|                  |          |             | PMS-Valsartan       | 02312999 | PMS | 0.5823    |
|                  |          |             | Ran-Valsartan       | 02363062 | RAN | 0.5823    |
|                  |          |             | Sandoz Valsartan    | 02356740 | SDZ | 0.5823    |
|                  |          |             | Teva-Valsartan      | 02356643 | TEV | 0.5823    |

## 24:12:00 VASODILATING DRUGS

| GENERIC NAME                       | STRENGTH | DOSAGE FORM | BRAND NAME       | DIN/PIN  | MFR | UNIT COST |
|------------------------------------|----------|-------------|------------------|----------|-----|-----------|
| <b>BETAHISTINE DIHYDROCHLORIDE</b> | 8mg      | TAB         | Serc             | 02240601 | SPH | N/A       |
|                                    |          |             | Auro-Betahistine | 02449145 | AUR | 0.2070    |
|                                    |          |             | Novo-Betahistine | 02280183 | NOP | 0.2070    |
|                                    | 16mg     | TAB         | Serc             | 02243878 | SPH | N/A       |
|                                    |          |             | Auro-Betahistine | 02449153 | AUR | 0.3557    |
|                                    |          |             | Co Betahistine   | 02374757 | COB | 0.3557    |
|                                    |          |             | Novo-Betahistine | 02280191 | NOP | 0.3557    |
|                                    |          |             | PMS-Betahistine  | 02330210 | PMS | 0.3557    |
|                                    | 24mg     | TAB         | Serc             | 02247998 | SPH | N/A       |
|                                    |          |             | Auro-Betahistine | 02449161 | AUR | 0.4983    |
|                                    |          |             | Co Betahistine   | 02374765 | COB | 0.4983    |
|                                    |          |             | Novo-Betahistine | 02280205 | NOP | 0.4983    |
|                                    |          |             | PMS-Betahistine  | 02330237 | PMS | 0.4983    |
| <b>BOSENTAN MONOHYDRATE</b>        | 62.5mg   | TAB         | Tracleer         | 02244981 | ACT | N/A       |
|                                    |          |             | Apo-Bosentan     | 02399202 | APX | 32.0893   |
|                                    |          |             | Co Bosentan      | 02386194 | COB | 32.0893   |
|                                    |          |             | Mylan-Bosentan   | 02383497 | MYL | 32.0893   |
|                                    |          |             | PMS-Bosentan     | 02383012 | PMS | 32.0893   |
|                                    |          |             | Sandoz Bosentan  | 02386275 | SDZ | 32.0893   |
|                                    | 125mg    | TAB         | Teva-Bosentan    | 02398400 | TEV | 32.0893   |
|                                    |          |             | Tracleer         | 02244982 | ACT | N/A       |
|                                    |          |             | Apo-Bosentan     | 02399210 | APX | 32.0893   |
|                                    |          |             | Co Bosentan      | 02386208 | COB | 32.0893   |
|                                    |          |             | Mylan-Bosentan   | 02383500 | MYL | 32.0893   |
|                                    |          |             | PMS-Bosentan     | 02383020 | PMS | 32.0893   |

| GENERIC NAME                    | STRENGTH | DOSAGE FORM       | BRAND NAME        | DIN/PIN  | MFR | UNIT COST |
|---------------------------------|----------|-------------------|-------------------|----------|-----|-----------|
|                                 |          |                   | Sandoz Bosentan   | 02386283 | SDZ | 32.0893   |
|                                 |          |                   | Teva-Bosentan     | 02398419 | TEV | 32.0893   |
| <b>DIPYRIDAMOLE</b>             | 25mg     | TAB               | Persantine        | 00067385 | BOE | N/A       |
|                                 |          |                   | Apo-Dipyridamole  | 00895644 | APX | 0.2633    |
|                                 | 50mg     | TAB               | Persantine        | 00067393 | BOE | N/A       |
|                                 |          |                   | Apo-Dipyridamole  | 00895652 | APX | 0.3685    |
|                                 | 75mg     | TAB               | Persantine        | 00895660 | BOE | N/A       |
|                                 |          |                   | Apo-Dipyridamole  | 00452092 | APX | 0.4963    |
| <b>ISOSORBIDE-5-MONONITRATE</b> | 60mg     | ER TAB            | Imdur             | 02126559 | AZC | N/A       |
|                                 |          |                   | Apo-ISMN          | 02272830 | APX | 0.4950    |
|                                 |          |                   | PMS-ISMN          | 02301288 | PMS | 0.4950    |
| <b>NITROGLYCERIN</b>            | 0.2mg/hr | TRANSDERMAL PATCH | Nitro-Dur         | 01911910 | MEK | N/A       |
|                                 |          |                   | Mylan-Nitro Patch | 02407442 | MYL | 0.4463    |
|                                 | 0.8mg/hr | TRANSDERMAL PATCH | Nitro-Dur         | 02011271 | MEK | N/A       |
|                                 |          |                   | Mylan-Nitro Patch | 02407477 | MYL | 0.8743    |
| <b>TADALAFIL</b>                | 20mg     | TAB               | Adcirca           | 02338327 | LIL | N/A       |
|                                 |          |                   | Apo-Tadalafil PAH | 02421933 | APX | 11.4725   |

## 28:00 CENTRAL NERVOUS SYSTEM DRUGS

### 28:08:04 ANALGESICS NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

| GENERIC NAME                  | STRENGTH | DOSAGE FORM | BRAND NAME               | DIN/PIN  | MFR | UNIT COST |
|-------------------------------|----------|-------------|--------------------------|----------|-----|-----------|
| <b>DICLOFENAC POTASSIUM</b>   | 50mg     | TAB         | Voltaren Rapide          | 00881635 | NOV | N/A       |
|                               |          |             | Apo-Diclo Rapide         | 02243433 | APX | 0.3937    |
|                               |          |             | PMS-Diclofenac K         | 02239753 | PMS | 0.3937    |
|                               |          |             | Sandoz Diclofenac Rapide | 02261774 | SDZ | 0.3937    |
|                               |          |             | Teva-Diclofenac-K        | 02239355 | TEV | 0.3937    |
| <b>DICLOFENAC SODIUM</b>      | 1.5% W/W | TOP SOL     | Pennsaid                 | 02247265 | PAL | N/A       |
|                               |          |             | PMS-Diclofenac           | 02356783 | PMS | 0.6227    |
|                               |          |             | Taro-Diclofenac          | 02420988 | TAR | 0.6226    |
| <b>ETODOLAC</b>               | 200mg    | CAP         | Ultradol                 | 02142023 | PGP | N/A       |
|                               |          |             | Apo-Etodolac             | 02232317 | APX | 0.6000    |
|                               | 300mg    | CAP         | Ultradol                 | 02142031 | PGP | N/A       |
|                               |          |             | Apo-Etodolac             | 02232318 | APX | 0.6000    |
| <b>KETOROLAC TROMETHAMINE</b> | 10mg     | TAB         | Toradol                  | 02162660 | HLR | N/A       |
|                               |          |             | Apo-Ketorolac            | 02229080 | APX | 0.5192    |
| <b>NABUMETONE</b>             | 500mg    | TAB         | Relafen                  | 02083531 | GSK | N/A       |
|                               |          |             | Apo-Nabumetone           | 02238639 | APX | 0.5025    |
|                               |          |             | Mylan-Nabumetone         | 02244563 | MYL | 0.5025    |
|                               |          |             | Novo-Nabumetone          | 02240867 | NOP | 0.5025    |
|                               | 750mg    | TAB         | Relafen                  | 02083558 | GSK | N/A       |
|                               |          |             | Novo-Nabumetone          | 02240868 | NOP | 0.9192    |

| GENERIC NAME    | STRENGTH | DOSAGE FORM | BRAND NAME        | DIN/PIN  | MFR | UNIT COST |
|-----------------|----------|-------------|-------------------|----------|-----|-----------|
| NAPROXEN        | 250mg    | ENT TAB     | Naprosyn E        | 02162792 | HLR | N/A       |
|                 |          |             | Apo-Naproxen EC   | 02246699 | APX | 0.2087    |
|                 |          |             | Teva-Naproxen EC  | 02243312 | TEV | 0.2835    |
|                 | 375mg    | ENT TAB     | Naprosyn E        | 02162415 | HLR | N/A       |
|                 |          |             | Apo-Naproxen EC   | 02246700 | APX | 0.3675    |
|                 |          |             | Mylan-Naproxen EC | 02243432 | MYL | 0.3675    |
|                 |          |             | PMS-Naproxen EC   | 02294702 | PMS | 0.3675    |
|                 |          |             | Teva-Naproxen EC  | 02243313 | TEV | 0.3675    |
|                 |          |             |                   |          |     |           |
|                 | 500mg    | ENT TAB     | Naprosyn E        | 02162423 | HLR | N/A       |
|                 |          |             | Apo-Naproxen EC   | 02246701 | APX | 0.6894    |
|                 |          |             | Mylan-Naproxen EC | 02241024 | MYL | 0.6894    |
|                 |          |             | PMS-Naproxen EC   | 02294710 | PMS | 0.6894    |
|                 |          |             | Teva-Naproxen EC  | 02243314 | TEV | 0.6894    |
| NAPROXEN SODIUM | 275mg    | TAB         | Anaprox           | 02162725 | HLR | N/A       |
|                 |          |             | Apo-Napro-NA      | 00784354 | APX | 0.3422    |
|                 | 550mg    | TAB         | Anaprox DS        | 02162717 | HLR | N/A       |
|                 |          |             | Apo-Napro-NA DS   | 01940309 | APX | 0.6667    |
| OXAPROZIN       | 600mg    | TAB         | Daypro            | 02027860 | HLR | N/A       |
|                 |          |             | Apo-Oxaprozin     | 02243661 | APX | 0.6892    |

## 28:08:08 ANALGESICS OPIATE AGONISTS

| GENERIC NAME                                                     | STRENGTH                   | DOSAGE FORM | BRAND NAME        | DIN/PIN  | MFR | UNIT COST |
|------------------------------------------------------------------|----------------------------|-------------|-------------------|----------|-----|-----------|
| ACETYLSALICYLIC ACID & BUTALBITAL & CAFFEINE                     | 330mg & 50mg & 40mg        | CAP         | Fiorinal          | 00226327 | NOV | N/A       |
|                                                                  |                            |             | Ratio-Tecnal      | 00608238 | RPH | 1.3863    |
| ACETYLSALICYLIC ACID & BUTALBITAL & CAFFEINE & CODEINE PHOSPHATE | 330mg & 50mg & 40mg & 15mg | CAP         | Fiorinal C1/4     | 00176192 | NOV | N/A       |
|                                                                  |                            |             | Ratio-Tecnal C1/4 | 00608203 | RPH | 1.4865    |

| GENERIC NAME                            | STRENGTH                   | DOSAGE FORM | BRAND NAME                  | DIN/PIN  | MFR | UNIT COST |
|-----------------------------------------|----------------------------|-------------|-----------------------------|----------|-----|-----------|
|                                         | 330mg & 50mg & 40mg & 30mg | CAP         | Fiorinal C1/2               | 00176206 | NOV | N/A       |
|                                         |                            |             | Ratio-Tecnal C1/2           | 00608181 | RPH | 1.8203    |
| <b>FENTANYL TRANSDERMAL SYSTEM</b>      | 12mcg/hr                   | TRANS PATCH | Duragesic 12                | 02280345 | JNO | N/A       |
|                                         |                            |             | Co Fentanyl Matrix Patch    | 02386844 | COB | 3.1980    |
|                                         |                            |             | Mylan-Fentanyl Matrix Patch | 02396696 | MYL | 3.1980    |
|                                         |                            |             | PMS-Fentanyl MTX            | 02341379 | PMS | 3.1980    |
|                                         |                            |             | Ran-Fentanyl Matrix Patch   | 02330105 | RAN | 3.1980    |
|                                         |                            |             | Teva-Fentanyl               | 02311925 | TEV | 3.1980    |
|                                         |                            |             | Sandoz Fentanyl Patch       | 02327112 | SDZ | 3.1980    |
| <b>OXYCODONE HCL</b>                    | 5mg                        | TAB         | Oxy.IR                      | 02231934 | PFP | N/A       |
|                                         |                            |             | PMS-Oxycodone               | 02319977 | PMS | 0.1776    |
|                                         |                            |             | Supeudol                    | 00789739 | SDZ | 0.1776    |
|                                         | 10mg                       | TAB         | Oxy.IR                      | 02240131 | PFP | N/A       |
|                                         |                            |             | PMS-Oxycodone               | 02319985 | PMS | 0.2760    |
|                                         |                            |             | Supeudol                    | 00443948 | SDZ | 0.2760    |
|                                         | 20mg                       | TAB         | Oxy.IR                      | 02240132 | PFP | N/A       |
|                                         |                            |             | PMS-Oxycodone               | 02319993 | PMS | 0.4358    |
|                                         |                            |             | Supeudol                    | 02262983 | SDZ | 0.4358    |
| <b>TRAMADOL HCL</b>                     | 50mg                       | TAB         | Ultram                      | 02349469 | JAN | N/A       |
|                                         |                            |             | Apo-Tramadol                | 02426153 | APX | 0.6386    |
| <b>TRAMADOL HCL &amp; ACETAMINOPHEN</b> | 37.5mg & 325mg             | TAB         | Tramacet                    | 02264846 | JAN | N/A       |
|                                         |                            |             | Apo-Tramadol/Acet           | 02336790 | APX | 0.6264    |
|                                         |                            |             | Auro-Tramadol/Acetaminophen | 02439050 | AUR | 0.6264    |
|                                         |                            |             | Co Tramadol/Acet            | 02383209 | COB | 0.6264    |
|                                         |                            |             | Jamp-Acet-Tramadol          | 02388308 | JPC | 0.6264    |

| GENERIC NAME | STRENGTH | DOSAGE FORM | BRAND NAME                      | DIN/PIN  | MFR | UNIT COST |
|--------------|----------|-------------|---------------------------------|----------|-----|-----------|
|              |          |             | Mar-Tramadol/Acet               | 02388324 | MAR | 0.6264    |
|              |          |             | Mint-Tramadol/Acet              | 02389800 | MIN | 0.6264    |
|              |          |             | Mylan-Tramadol/Acet             | 02425599 | MYL | 0.6264    |
|              |          |             | PMS-Tramadol-Acet               | 02401657 | PMS | 0.6264    |
|              |          |             | Ran-Tramadol/Acet               | 02388197 | RAN | 0.6264    |
|              |          |             | Teva-Tramadol/<br>Acetaminophen | 02347180 | TEV | 0.6264    |
|              |          |             | Tramaphen-Odan                  | 02388294 | ODN | 0.6264    |

## 28:10:00 OPIATE ANTAGONISTS

| GENERIC NAME          | STRENGTH | DOSAGE FORM | BRAND NAME     | DIN/PIN  | MFR | UNIT COST |
|-----------------------|----------|-------------|----------------|----------|-----|-----------|
| <b>NALTREXONE HCL</b> | 50mg     | TAB         | Revia          | 02213826 | TEV | N/A       |
|                       |          |             | Apo-Naltrexone | 02444275 | APX | 7.3025    |

## 28:12:00 ANTICONVULSANTS

| GENERIC NAME  | STRENGTH | DOSAGE FORM | BRAND NAME              | DIN/PIN  | MFR | UNIT COST |
|---------------|----------|-------------|-------------------------|----------|-----|-----------|
| GABAPENTIN    | 600mg    | TAB         | Neurontin               | 02239717 | PFI | N/A       |
|               |          |             | Apo-Gabapentin          | 02293358 | APX | 1.3045    |
|               |          |             | Gabapentin Tablets USP  | 02392526 | ACH | 1.3045    |
|               |          |             | Gd-Gabapentin           | 02285843 | GEM | 1.3045    |
|               |          |             | Jamp-Gabapentin Tablets | 02402289 | JPC | 1.3045    |
|               |          |             | Mylan-Gabapentin        | 02397471 | MYL | 1.3045    |
|               |          |             | PMS-Gabapentin          | 02255898 | PMS | 1.3045    |
|               |          |             | Ratio-Gabapentin        | 02260913 | RPH | 1.3045    |
|               |          |             | Teva-Gabapentin         | 02248457 | TEV | 1.3045    |
|               | 800mg    | TAB         | Neurontin               | 02239718 | PFI | N/A       |
|               |          |             | Apo-Gabapentin          | 02293366 | APX | 1.7393    |
|               |          |             | Gabapentin Tablets USP  | 02392534 | ACH | 1.7393    |
|               |          |             | Gd-Gabapentin           | 02285851 | GEM | 1.7393    |
|               |          |             | Jamp-Gabapentin         | 02402297 | JPC | 1.7393    |
|               |          |             | Mylan-Gabapentin        | 02397498 | MYL | 1.7393    |
|               |          |             | PMS-Gabapentin          | 02255901 | PMS | 1.7393    |
|               |          |             | Ratio-Gabapentin        | 02260921 | RPH | 1.7393    |
|               |          |             | Teva-Gabapentin         | 02247346 | TEV | 1.7393    |
| LEVETIRACETAM | 250mg    | TAB         | Keppra                  | 02247027 | VLH | N/A       |
|               |          |             | Apo-Levetiracetam       | 02285924 | APX | 1.1175    |
|               |          |             | Auro-Levetiracetam      | 02375249 | AUR | 1.1175    |
|               |          |             | Co Levetiracetam        | 02274183 | COB | 1.1175    |
|               |          |             | Jamp-Levetiracetam      | 02403005 | JPC | 1.1175    |
|               |          |             | Levetiracetam Tablets   | 02399776 | ACH | 1.1175    |
|               |          |             | Nat-Levetiracetam       | 02440202 | NAT | 1.1175    |
|               |          |             | PMS-Levetiracetam       | 02296101 | PMS | 1.1175    |
|               |          |             | Ran-Levetiracetam       | 02396106 | RAN | 1.1175    |

| GENERIC NAME         | STRENGTH | DOSAGE FORM | BRAND NAME            | DIN/PIN  | MFR | UNIT COST |
|----------------------|----------|-------------|-----------------------|----------|-----|-----------|
|                      | 500mg    | TAB         | Keppra                | 02247028 | VLH | N/A       |
|                      |          |             | Apo-Levetiracetam     | 02285932 | APX | 1.3650    |
|                      |          |             | Auro-Levetiracetam    | 02375257 | AUR | 1.3650    |
|                      |          |             | Co Levetiracetam      | 02274191 | COB | 1.3650    |
|                      |          |             | Jamp-Levetiracetam    | 02403021 | JPC | 1.3650    |
|                      |          |             | Levetiracetam Tablets | 02399784 | ACH | 1.3650    |
|                      |          |             | Nat-Levetiracetam     | 02440210 | NAT | 1.3650    |
|                      |          |             | PMS-Levetiracetam     | 02296128 | PMS | 1.3650    |
|                      |          |             | Ran-Levetiracetam     | 02396114 | RAN | 1.3650    |
|                      | 750mg    | TAB         | Keppra                | 02247029 | VLH | N/A       |
|                      |          |             | Apo-Levetiracetam     | 02285940 | APX | 1.9425    |
|                      |          |             | Auro-Levetiracetam    | 02375265 | AUR | 1.9425    |
|                      |          |             | Co Levetiracetam      | 02274205 | COB | 1.9425    |
|                      |          |             | Jamp-Levetiracetam    | 02403048 | JPC | 1.9425    |
|                      |          |             | Levetiracetam Tablets | 02399792 | ACH | 1.9425    |
|                      |          |             | Nat-Levetiracetam     | 02440229 | NAT | 1.9425    |
|                      |          |             | PMS-Levetiracetam     | 02296136 | PMS | 1.9425    |
|                      |          |             | Ran-Levetiracetam     | 02396122 | RAN | 1.9425    |
| <b>OXCARBAZEPINE</b> | 150mg    | TAB         | Trileptal             | 02242067 | NOV | N/A       |
|                      |          |             | Apo-Oxcarbazepine     | 02284294 | APX | 0.6209    |
|                      |          |             | Jamp-Oxcarbazepine    | 02440717 | JPC | 0.6210    |
|                      | 300mg    | TAB         | Trileptal             | 02242068 | NOV | N/A       |
|                      |          |             | Apo-Oxcarbazepine     | 02284308 | APX | 0.9102    |
|                      |          |             | Jamp-Oxcarbazepine    | 02440725 | JPC | 0.9102    |
|                      | 600mg    | TAB         | Trileptal             | 02242069 | NOV | N/A       |
|                      |          |             | Apo-Oxcarbazepine     | 02284316 | APX | 1.8204    |
|                      |          |             | Jamp-Oxcarbazepine    | 02440733 | JPC | 1.8204    |
| <b>PREGABALIN</b>    | 225mg    | CAP         | Lyrica                | 02268477 | PFI | N/A       |
| GENERIC NAME         | STRENGTH | DOSAGE FORM | BRAND NAME            | DIN/PIN  | MFR | UNIT COST |
|                      |          |             | Apo-Pregabalin        | 02394286 | APX | 1.7270    |
|                      |          |             | Co Pregabalin         | 02402971 | COB | 1.7270    |

|  |  |  |                 |          |     |        |
|--|--|--|-----------------|----------|-----|--------|
|  |  |  | Gd-Pregabalin   | 02360195 | GEM | 1.7270 |
|  |  |  | Mar-Pregabalin  | 02417596 | MAR | 1.7270 |
|  |  |  | PMS-Pregabalin  | 02398079 | PMS | 1.7270 |
|  |  |  | Ran-Pregabalin  | 02392852 | RAN | 1.7270 |
|  |  |  | Teva-Pregabalin | 02361221 | TEV | 1.7270 |

## 28:16:04 PSYCHOTHERAPEUTIC AGENTS ANTIDEPRESSANTS

| GENERIC NAME          | STRENGTH | DOSAGE FORM | BRAND NAME                | DIN/PIN  | MFR | UNIT COST |
|-----------------------|----------|-------------|---------------------------|----------|-----|-----------|
| <b>FLUOXETINE HCL</b> | 10mg     | CAP         | Prozac                    | 02018985 | LIL | N/A       |
|                       |          |             | Apo-Fluoxetine            | 02216353 | APX | 1.1773    |
|                       |          |             | Auro-Fluoxetine           | 02385627 | AUR | 1.1773    |
|                       |          |             | Co Fluoxetine             | 02242177 | COB | 1.1773    |
|                       |          |             | Fluoxetine Capsules BP    | 02393441 | ACH | 1.1773    |
|                       |          |             | Jamp-Fluoxetine           | 02401894 | JPC | 1.1773    |
|                       |          |             | Mar-Fluoxetine            | 02392909 | MAR | 1.1773    |
|                       |          |             | Mint-Fluoxetine           | 02380560 | MIN | 1.1773    |
|                       |          |             | Mylan-Fluoxetine          | 02237813 | MYL | 1.1773    |
|                       |          |             | PMS-Fluoxetine            | 02177579 | PMS | 1.1773    |
|                       |          |             | Ran-Fluoxetine            | 02405695 | RAN | 1.1773    |
|                       |          |             | Ratio-Fluoxetine          | 02241371 | RPH | 1.1773    |
|                       |          |             | Sandoz Fluoxetine         | 02243486 | SDZ | 1.1773    |
|                       |          |             | Teva-Fluoxetine           | 02216582 | TEV | 1.1773    |
| <b>PAROXETINE HCL</b> | 10mg     | TAB         | Paxil                     | 02027887 | SMJ | N/A       |
|                       |          |             | Apo-Paroxetine            | 02240907 | APX | 1.0430    |
|                       |          |             | Auro-Paroxetine           | 02383276 | AUR | 1.0430    |
|                       |          |             | Co Paroxetine             | 02262746 | COB | 1.0430    |
|                       |          |             | Jamp-Paroxetine           | 02368862 | JPC | 1.0430    |
|                       |          |             | Mar-Paroxetine            | 02411946 | MAR | 1.0430    |
|                       |          |             | Mint-Paroxetine           | 02421372 | MIN | 1.0430    |
|                       |          |             | Mylan-Paroxetine          | 02248012 | MYL | 1.0430    |
|                       |          |             | PMS-Paroxetine            | 02247750 | PMS | 1.0430    |
|                       |          |             | Ratio-Paroxetine          | 02247810 | RPH | 1.0430    |
|                       |          |             | Sandoz Paroxetine Tablets | 02431777 | SDZ | 1.0430    |
|                       |          |             | Teva-Paroxetine           | 02248556 | TEV | 1.0430    |

## 28:16:08 PSYCHOTHERAPEUTIC AGENTS TRANQUILIZERS

| GENERIC NAME      | STRENGTH | DOSAGE FORM           | BRAND NAME           | DIN/PIN  | MFR | UNIT COST |
|-------------------|----------|-----------------------|----------------------|----------|-----|-----------|
| <b>ALPRAZOLAM</b> | 1mg      | TAB                   | Xanax                | 00723770 | PFI | N/A       |
|                   |          |                       | Apo-Alpraz           | 02243611 | APX | 0.3099    |
|                   |          |                       | Jamp-Alprazolam      | 02400146 | JPC | 0.3099    |
|                   |          |                       | Mylan-Alprazolam     | 02229813 | MYL | 0.3099    |
|                   |          |                       | Nat-Alprazolam       | 02417650 | NAT | 0.3099    |
|                   | 2mg      | TAB                   | Xanax TS             | 00813958 | PFI | N/A       |
|                   |          |                       | Apo-Alpraz TS        | 02243612 | APX | 0.5508    |
|                   |          |                       | Jamp-Alprazolam      | 02400154 | JPC | 0.5508    |
|                   |          |                       | Mylan-Alprazolam     | 02229814 | MYL | 0.5508    |
| <b>CLOZAPINE</b>  | 25mg     | TAB                   | Clozaril             | 00894737 | NOV | N/A       |
|                   |          |                       | Apo-Clozapine        | 02248034 | APX | 0.6594    |
|                   |          |                       | Gen-Clozapine        | 02247243 | MYL | 0.6594    |
|                   | 100mg    | TAB                   | Clozaril             | 00894745 | NOV | N/A       |
|                   |          |                       | Gen-Clozapine        | 02247244 | MYL | 2.6446    |
|                   |          |                       | Apo-Clozapine        | 02248035 | APX | 2.6446    |
| <b>OLANZAPINE</b> | 20mg     | TAB                   | Zyprexa              | 02238851 | LIL | N/A       |
|                   |          |                       | Apo-Olanzapine       | 02333015 | APX | 10.3093   |
|                   |          |                       | Co Olanzapine        | 02325713 | COB | 10.3093   |
|                   |          |                       | Jamp Olanzapine FC   | 02417308 | JPC | 10.3093   |
|                   |          |                       | PMS-Olanzapine       | 02367483 | PMS | 10.3093   |
|                   |          |                       | Teva-Olanzapine      | 02359707 | TEV | 10.3093   |
|                   | 20mg     | RAPID DISSOLVE<br>TAB | Zyprexa Zydys        | 02243089 | LIL | N/A       |
|                   |          |                       | Apo-Olanzapine ODT   | 02360640 | APX | 7.5977    |
|                   |          |                       | Co Olanzapine ODT    | 02327597 | COB | 7.5978    |
|                   |          |                       | Jamp-Olanzapine ODT  | 02406659 | JPC | 7.5977    |
|                   |          |                       | Mar-Olanzapine ODT   | 02389126 | MAR | 7.5977    |
|                   |          |                       | Mint-Olanzapine ODT  | 02437007 | MIN | 7.5977    |
|                   |          |                       | Mylan-Olanzapine ODT | 02382733 | MYL | 7.5977    |
|                   |          |                       | Novo-Olanzapine OD   | 02321386 | NOP | 7.5977    |
|                   |          |                       | PMS-Olanzapine ODT   | 02423944 | PMS | 7.5977    |
|                   |          |                       |                      |          |     |           |

| GENERIC NAME      | STRENGTH | DOSAGE FORM | BRAND NAME            | DIN/PIN  | MFR | UNIT COST |
|-------------------|----------|-------------|-----------------------|----------|-----|-----------|
|                   |          |             | Ran-Olanzapine ODT    | 02414120 | RAN | 7.4227    |
|                   |          |             | Sandoz Olanzapine ODT | 02327805 | SDZ | 7.5978    |
| <b>QUETIAPINE</b> | 150mg    | TAB         | Seroquel              | 02240862 | AZC | N/A       |
|                   |          |             | Nat-Quetiapine        | 02439174 | NAT | 1.6222    |
|                   |          |             | Quetiapine Tablets    | 02387816 | ACH | 1.3518    |
|                   |          |             | Teva-Quetiapine       | 02284251 | TEV | 1.6222    |

## 28:16:12 PSYCHOTHERAPEUTIC AGENTS OTHER PSYCHOTROPICS

| GENERIC NAME             | STRENGTH | DOSAGE FORM | BRAND NAME       | DIN/PIN  | MFR | UNIT COST |
|--------------------------|----------|-------------|------------------|----------|-----|-----------|
| <b>LITHIUM CARBONATE</b> | 300mg    | ER TAB      | Duralith         | 00590665 | JNO | N/A       |
|                          |          |             | Lithmax          | 02266695 | AAP | 0.2495    |
| <b>TRYPTOPHAN</b>        | 500mg    | CAP         | Tryptan          | 00718149 | VAL | N/A       |
|                          |          |             | Apo-Tryptophan   | 02248540 | APX | 0.4987    |
|                          |          |             | Ratio-Tryptophan | 02240334 | RPH | 0.4987    |
|                          | 500mg    | TAB         | Tryptan          | 02029456 | VAL | N/A       |
|                          |          |             | Apo-Tryptophan   | 02248538 | APX | 0.4987    |
|                          |          |             | Ratio-Tryptophan | 02240333 | RPH | 0.4987    |
|                          | 1g       | TAB         | Tryptan          | 00654531 | VAL | N/A       |
|                          |          |             | Apo-Tryptophan   | 02248539 | APX | 0.8978    |
|                          |          |             | Ratio-Tryptophan | 02237250 | RPH | 0.8978    |

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

| GENERIC NAME               | STRENGTH | DOSAGE FORM | BRAND NAME          | DIN/PIN  | MFR | UNIT COST |
|----------------------------|----------|-------------|---------------------|----------|-----|-----------|
| <b>METHYLPHENIDATE HCL</b> | 20mg     | TAB         | Ritalin             | 00005614 | NOV | N/A       |
|                            |          |             | Apo-Methylphenidate | 02249332 | APX | 0.3536    |
|                            |          |             | PMS-Methylphenidate | 00585009 | PMS | 0.3536    |
| <b>MODAFINIL</b>           | 100mg    | TAB         | Alertec             | 02239665 | BJH | N/A       |
|                            |          |             | Apo-Modafinil       | 02285398 | APX | 0.9293    |
|                            |          |             | Auro-Modafinil      | 02430487 | AUR | 0.9293    |
|                            |          |             | Mar-Modafinil       | 02432560 | MAR | 0.9293    |
|                            |          |             | Teva-Modafinil      | 02420260 | TEV | 0.9293    |

## 28:24:00 SEDATIVES AND HYPNOTICS

| GENERIC NAME                   | STRENGTH | DOSAGE FORM         | BRAND NAME               | DIN/PIN  | MFR | UNIT COST |
|--------------------------------|----------|---------------------|--------------------------|----------|-----|-----------|
| <b>LORAZEPAM</b>               | 0.5mg    | SL TAB              | Ativan                   | 02041456 | PFI | N/A       |
|                                |          |                     | Apo-Lorazepam Sublingual | 02410745 | APX | 0.0875    |
|                                | 1mg      | SL TAB              | Ativan                   | 02041464 | PFI | N/A       |
|                                |          |                     | Apo-Lorazepam Sublingual | 02410753 | APX | 0.1100    |
|                                | 2mg      | SL TAB              | Ativan                   | 02041472 | PFI | N/A       |
|                                |          |                     | Apo-Lorazepam Sublingual | 02410761 | APX | 0.1711    |
| <b>BUSPIRONE HYDROCHLORIDE</b> | 10mg     | TAB                 | Buspar                   | 00603821 | BQU | N/A       |
|                                |          |                     | Apo-Buspirone            | 02211076 | APX | 0.6521    |
|                                |          |                     | Novo-Buspirone           | 02231492 | NOP | 0.6521    |
|                                |          |                     | PMS-Buspirone            | 02230942 | PMS | 0.6521    |
|                                |          |                     | Ratio-Buspirone          | 02237858 | RPH | 0.6521    |
| <b>MIDAZOLAM HCL</b>           | 5mg/ml   | INJ SOL-2ML VIAL PK | Versed                   | 09857436 | HLR | N/A       |
|                                |          |                     | Midazolam Injection      | 02242905 | PPC | 8.2000    |
| <b>ZOLPIDEM TARTRATE</b>       | 5mg      | SL TAB              | Sublinox                 | 02391678 | VAL | N/A       |
|                                |          |                     | Apo-Zolpidem ODT         | 02436159 | APX | 1.1825    |
|                                | 10mg     | SL TAB              | Sublinox                 | 02370433 | VAL | N/A       |
|                                |          |                     | Apo-Zolpidem ODT         | 02434946 | APX | 1.1884    |
| <b>ZOPICLONE</b>               | 5mg      | TAB                 | Imovane                  | 02216167 | SAV | N/A       |
|                                |          |                     | Apo-Zopiclone            | 02245077 | APX | 0.2231    |
|                                |          |                     | Co Zopiclone             | 02271931 | COB | 0.2231    |
|                                |          |                     | Jamp-Zopiclone Tablets   | 02406969 | JPC | 0.2231    |
|                                |          |                     | Mar-Zopiclone            | 02386771 | MAR | 0.2231    |
|                                |          |                     | Mint-Zopiclone           | 02391716 | MIN | 0.2231    |

| GENERIC NAME | STRENGTH | DOSAGE FORM | BRAND NAME             | DIN/PIN  | MFR | UNIT COST |
|--------------|----------|-------------|------------------------|----------|-----|-----------|
|              |          |             | Mylan-Zopiclone        | 02296616 | MYL | 0.2231    |
|              |          |             | Novo-Zopiclone         | 02251450 | NOP | 0.2231    |
|              |          |             | PMS-Zopiclone          | 02243426 | PMS | 0.2231    |
|              |          |             | Ran-Zopiclone          | 02267918 | RAN | 0.2231    |
|              |          |             | Ratio-Zopiclone        | 02246534 | RPH | 0.2231    |
|              |          |             | Sandoz Zopiclone       | 02257572 | SDZ | 0.2231    |
|              |          |             | Septa-Zopiclone        | 02386909 | SET | 0.2231    |
|              | 7.5mg    | TAB         | Imovane                | 01926799 | SAV | N/A       |
|              |          |             | Apo-Zopiclone          | 02218313 | APX | 0.4685    |
|              |          |             | Co Zopiclone           | 02271958 | COB | 0.4685    |
|              |          |             | Jamp-Zopiclone         | 02356805 | JPC | 0.4685    |
|              |          |             | Jamp-Zopiclone Tablets | 02406977 | JPC | 0.4685    |
|              |          |             | Mar-Zopiclone          | 02386798 | MAR | 0.4685    |
|              |          |             | Mint-Zopiclone         | 02391724 | MIN | 0.4685    |
|              |          |             | Mylan-Zopiclone        | 02238596 | MYL | 0.4685    |
|              |          |             | Novo-Zopiclone         | 02251469 | NOP | 0.4685    |
|              |          |             | PMS-Zopiclone          | 02240606 | PMS | 0.4685    |
|              |          |             | Ran-Zopiclone          | 02267926 | RAN | 0.4685    |
|              |          |             | Ratio-Zopiclone        | 02242481 | RPH | 0.4685    |
|              |          |             | Rhovane                | 02008203 | SDZ | 0.4685    |
|              |          |             | Septa-Zopiclone        | 02386917 | SET | 0.4685    |

## 28:92:00 MISCELLANEOUS CENTRAL NERVOUS SYSTEM AGENTS

| GENERIC NAME    | STRENGTH | DOSAGE FORM | BRAND NAME         | DIN/PIN  | MFR | UNIT COST |
|-----------------|----------|-------------|--------------------|----------|-----|-----------|
| ALMOTRIPTAN     | 6.25mg   | TAB         | Axert              | 02248128 | JNO | N/A       |
|                 |          |             | Apo-Almotriptan    | 02405792 | APX | 10.3300   |
|                 |          |             | Mylan-Almotriptan  | 02398435 | MYL | 9.7833    |
|                 | 12.5mg   | TAB         | Axert              | 02248129 | JNO | N/A       |
|                 |          |             | Apo-Almotriptan    | 02405806 | APX | 10.3300   |
|                 |          |             | Mylan-Almotriptan  | 02398443 | MYL | 9.7833    |
|                 |          |             | Sandoz Almotriptan | 02405334 | SDZ | 9.7825    |
|                 |          |             | Teva-Almotriptan   | 02434849 | TEV | 9.7833    |
| ATOMOXETINE HCL | 10mg     | CAP         | Strattera          | 02262800 | LIL | N/A       |
|                 |          |             | Apo-Atomoxetine    | 02318024 | APX | 2.3140    |
|                 |          |             | Novo-Atomoxetine   | 02314541 | NOP | 2.3140    |
|                 |          |             | PMS-Atomoxetine    | 02381028 | PMS | 2.3140    |
|                 |          |             | Sandoz Atomoxetine | 02386410 | SDZ | 2.3140    |
|                 | 18mg     | CAP         | Strattera          | 02262819 | LIL | N/A       |
|                 |          |             | Apo-Atomoxetine    | 02318032 | APX | 2.6522    |
|                 |          |             | Mylan-Atomoxetine  | 02378930 | MYL | 2.6522    |
|                 |          |             | Novo-Atomoxetine   | 02314568 | NOP | 2.6523    |
|                 |          |             | PMS-Atomoxetine    | 02381036 | PMS | 2.6522    |
|                 | 25mg     | CAP         | Sandoz Atomoxetine | 02386429 | SDZ | 2.6523    |
|                 |          |             | Strattera          | 02262827 | LIL | N/A       |
|                 |          |             | Apo-Atomoxetine    | 02318040 | APX | 2.9281    |
|                 |          |             | Mylan-Atomoxetine  | 02378949 | MYL | 2.9281    |
|                 |          |             | Novo-Atomoxetine   | 02314576 | NOP | 2.9281    |
|                 |          |             | PMS-Atomoxetine    | 02381044 | PMS | 2.9281    |

| GENERIC NAME      | STRENGTH | DOSAGE FORM | BRAND NAME         | DIN/PIN  | MFR | UNIT COST |
|-------------------|----------|-------------|--------------------|----------|-----|-----------|
|                   |          |             | Sandoz Atomoxetine | 02386437 | SDZ | 2.9280    |
|                   | 40mg     | CAP         | Strattera          | 02262835 | LIL | N/A       |
|                   |          |             | Apo-Atomoxetine    | 02318059 | APX | 3.3375    |
|                   |          |             | Mylan-Atomoxetine  | 02378957 | MYL | 3.3375    |
|                   |          |             | Novo-Atomoxetine   | 02314584 | NOP | 3.3377    |
|                   |          |             | PMS-Atomoxetine    | 02381052 | PMS | 3.3375    |
|                   |          |             | Sandoz Atomoxetine | 02386445 | SDZ | 3.3377    |
|                   | 60mg     | CAP         | Strattera          | 02262843 | LIL | N/A       |
|                   |          |             | Apo-Atomoxetine    | 02318067 | APX | 3.7024    |
|                   |          |             | Mylan-Atomoxetine  | 02378965 | MYL | 3.7024    |
|                   |          |             | Novo-Atomoxetine   | 02314592 | NOP | 3.7024    |
|                   |          |             | PMS-Atomoxetine    | 02381060 | PMS | 3.7024    |
|                   |          |             | Sandoz Atomoxetine | 02386453 | SDZ | 3.7023    |
|                   | 80mg     | CAP         | Strattera          | 02279347 | LIL | N/A       |
|                   |          |             | Apo-Atomoxetine    | 02318075 | APX | 3.9961    |
|                   |          |             | Mylan-Atomoxetine  | 02378973 | MYL | 3.9960    |
|                   |          |             | Sandoz Atomoxetine | 02386461 | SDZ | 3.9963    |
|                   |          |             | Teva-Atomoxetine   | 02362511 | TEV | 3.9960    |
|                   | 100mg    | CAP         | Strattera          | 02279355 | LIL | N/A       |
|                   |          |             | Apo-Atomoxetine    | 02318083 | APX | 4.3521    |
|                   |          |             | Mylan-Atomoxetine  | 02378981 | MYL | 4.3520    |
|                   |          |             | Sandoz Atomoxetine | 02386488 | SDZ | 4.3524    |
|                   |          |             | Teva-Atomoxetine   | 02362538 | TEV | 4.3520    |
| <b>ELETRIPTAN</b> | 20mg     | TAB         | Relpax             | 02256290 | PFI | N/A       |
|                   |          |             | Apo-Eletriptan     | 02386054 | APX | 10.0850   |
|                   |          |             | Gd-Eletriptan      | 02342235 | GEM | 10.0850   |
|                   |          |             | PMS-Eletriptan     | 02434342 | PMS | 10.0850   |

| GENERIC NAME                     | STRENGTH | DOSAGE FORM | BRAND NAME           | DIN/PIN  | MFR | UNIT COST |
|----------------------------------|----------|-------------|----------------------|----------|-----|-----------|
|                                  |          |             | Teva-Eletriptan      | 02382091 | TEV | 10.0850   |
|                                  | 40mg     | TAB         | Relpax               | 02256304 | PFI | N/A       |
|                                  |          |             | Apo-Eletriptan       | 02386062 | APX | 10.0850   |
|                                  |          |             | Gd-Eletriptan        | 02342243 | GEM | 10.0850   |
|                                  |          |             | PMS-Eletriptan       | 02434350 | PMS | 10.0850   |
|                                  |          |             | Teva-Eletriptan      | 02382105 | TEV | 10.0850   |
| <b>FROVATRIPTAN</b>              | 2.5mg    | TAB         | Frova                | 02257084 | EDO | N/A       |
|                                  |          |             | Apo-Frovatriptan     | 02426471 | APX | 12.5033   |
| <b>MEMANTINE HCL</b>             | 10mg     | TAB         | Ebixa                | 02260638 | VLH | N/A       |
|                                  |          |             | Apo-Memantine        | 02366487 | APX | 1.6357    |
|                                  |          |             | Co Memantine         | 02324067 | COB | 1.6357    |
|                                  |          |             | Med-Memantine        | 02409895 | GMP | 1.6357    |
|                                  |          |             | Mylan-Memantine      | 02430371 | MYL | 1.6357    |
|                                  |          |             | PMS-Memantine        | 02321130 | PMS | 1.6357    |
|                                  |          |             | Ratio-Memantine      | 02320908 | RPH | 1.6357    |
|                                  |          |             | Ran-Memantine        | 02421364 | RAN | 1.6357    |
|                                  |          |             | Sandoz Memantine     | 02344807 | SDZ | 1.6357    |
|                                  |          |             | Sandoz Memantine FCT | 02375532 | SDZ | 1.6357    |
| <b>NARATRIPTAN HYDROCHLORIDE</b> | 1mg      | TAB         | Amerge               | 02237820 | GSK | N/A       |
|                                  |          |             | Apo-Naratriptan      | 02365499 | APX | 7.7725    |
|                                  |          |             | Novo-Naratriptan     | 02314290 | NOP | 10.4113   |

| GENERIC NAME                            | STRENGTH | DOSAGE FORM               | BRAND NAME             | DIN/PIN  | MFR | UNIT COST |
|-----------------------------------------|----------|---------------------------|------------------------|----------|-----|-----------|
| PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE | 2.5mg    | TAB                       | Amerge                 | 02237821 | GSK | N/A       |
|                                         |          |                           | Apo-Naratriptan        | 02365502 | APX | 8.2125    |
|                                         |          |                           | Novo-Naratriptan       | 02314304 | NOP | 8.2125    |
|                                         |          |                           | Sandoz Naratriptan     | 02322323 | SDZ | 8.2125    |
|                                         | 0.5mg    | TAB                       | Mirapex                | 02241594 | BOE | N/A       |
|                                         |          |                           | Apo-Pramipexole        | 02292386 | APX | 1.3860    |
|                                         |          |                           | Co Pramipexole         | 02297310 | COB | 1.3860    |
|                                         |          |                           | Mylan-Pramipexole      | 02376369 | MYL | 1.3860    |
|                                         |          |                           | PMS-Pramipexole        | 02290138 | PMS | 1.3860    |
|                                         |          |                           | Sandoz Pramipexole     | 02315270 | SDZ | 1.3860    |
|                                         |          |                           | Teva-Pramipexole       | 02269317 | TEV | 1.3860    |
| RIZATRIPTAN                             | 5mg      | ORALLY DISINTEGRATING TAB | Maxalt RPD             | 02240518 | MEK | N/A       |
|                                         |          |                           | Apo-Rizatriptan RPD    | 02393484 | APX | 11.1150   |
|                                         |          |                           | Co Rizatriptan ODT     | 02374730 | COB | 11.1150   |
|                                         |          |                           | Mint-Rizatriptan ODT   | 02439573 | MIN | 11.1150   |
|                                         |          |                           | Mylan-Rizatriptan ODT  | 02379198 | MYL | 11.1150   |
|                                         |          |                           | Nat-Rizatriptan ODT    | 02436604 | NAT | 11.1650   |
|                                         |          |                           | PMS-Rizatriptan RDT    | 02393360 | PMS | 11.1150   |
|                                         |          |                           | Sandoz Rizatriptan ODT | 02351870 | SDZ | 11.1150   |
|                                         |          |                           | Teva-Rizatriptan ODT   | 02396661 | TEV | 11.1150   |
|                                         | 5mg      | TAB                       | Maxalt                 | 02240520 | FRS | N/A       |
|                                         |          |                           | Apo-Rizatriptan        | 02393468 | APX | 11.1150   |
|                                         |          |                           | Jamp-Rizatriptan       | 02380455 | JPC | 11.1150   |
|                                         |          |                           | Jamp-Rizatriptan IR    | 02429233 | JPC | 11.1150   |
|                                         |          |                           | Mar-Rizatriptan        | 02379651 | MAR | 11.1150   |
|                                         | 10mg     | ORALLY DISINTEGRATING TAB | Maxalt RPD             | 02240519 | MEK | N/A       |
|                                         |          |                           | Apo-Rizatriptan RPD    | 02393492 | APX | 11.1150   |
|                                         |          |                           | Co Rizatriptan ODT     | 02374749 | COB | 11.1150   |

| GENERIC NAME          | STRENGTH | DOSAGE FORM | BRAND NAME             | DIN/PIN  | MFR | UNIT COST |
|-----------------------|----------|-------------|------------------------|----------|-----|-----------|
|                       |          |             | Mint-Rizatriptan ODT   | 02439581 | MIN | 11.1150   |
|                       |          |             | Mylan-Rizatriptan ODT  | 02379201 | MYL | 11.1150   |
|                       |          |             | Nat-Rizatriptan ODT    | 02436612 | NAT | 11.1650   |
|                       |          |             | PMS-Rizatriptan RDT    | 02393379 | PMS | 11.1150   |
|                       |          |             | Sandoz Rizatriptan ODT | 02351889 | SDZ | 11.1150   |
|                       |          |             | Teva-Rizatriptan ODT   | 02396688 | TEV | 11.1150   |
|                       | 10mg     | TAB         | Maxalt                 | 02240521 | FRS | N/A       |
|                       |          |             | Apo-Rizatriptan        | 02393476 | APX | 11.1150   |
|                       |          |             | Co Rizatriptan         | 02381702 | COB | 11.1150   |
|                       |          |             | Jamp-Rizatriptan       | 02380463 | JPC | 11.1150   |
|                       |          |             | Jamp-Rizatriptan IR    | 02429241 | JPC | 11.1150   |
|                       |          |             | Mar-Rizatriptan        | 02379678 | MAR | 11.1150   |
| SUMATRIPTAN SUCCINATE | 25mg     | TAB         | Imitrex                | 09857299 | GSK | N/A       |
|                       |          |             | Co Sumatriptan         | 02257882 | COB | 8.9900    |
|                       |          |             | Mylan-Sumatriptan      | 02268906 | MYL | 8.9900    |
|                       |          |             | PMS-Sumatriptan        | 02256428 | PMS | 8.9900    |
|                       | 25mg     | TAB         | Imitrex DF             | 02239738 | GSK | N/A       |
|                       |          |             | Novo-Sumatriptan DF    | 02286815 | NOP | 8.9900    |
|                       | 50mg     | TAB         | Imitrex                | 02163764 | GSK | N/A       |
|                       |          |             | Apo-Sumatriptan        | 02268388 | APX | 9.0650    |
|                       |          |             | Co Sumatriptan         | 02257890 | COB | 9.0650    |
|                       |          |             | Mylan-Sumatriptan      | 02268914 | MYL | 9.0650    |
|                       |          |             | PMS-Sumatriptan        | 02256436 | PMS | 9.0650    |
|                       |          |             | Ratio-Sumatriptan      | 02271583 | RPH | 9.0650    |
|                       |          |             | Sandoz Sumatriptan     | 02263025 | SDZ | 9.0650    |
|                       | 50mg     | TAB         | Imitrex DF             | 02212153 | GSK | N/A       |
|                       |          |             | Novo-Sumatriptan DF    | 02286823 | NOP | 9.0650    |
|                       | 100mg    | TAB         | Imitrex                | 01950614 | GSK | N/A       |
|                       |          |             | Apo-Sumatriptan        | 02268396 | SPZ | 9.9867    |
|                       |          |             | Co Sumatriptan         | 02257904 | COB | 9.9867    |
|                       |          |             | Mylan-Sumatriptan      | 02268922 | MYL | 9.9867    |

| GENERIC NAME        | STRENGTH  | DOSAGE FORM                       | BRAND NAME              | DIN/PIN  | MFR | UNIT COST |
|---------------------|-----------|-----------------------------------|-------------------------|----------|-----|-----------|
|                     |           |                                   | PMS-Sumatriptan         | 02256444 | PMS | 9.9867    |
|                     |           |                                   | Ratio-Sumatriptan       | 02271591 | RPH | 9.9867    |
|                     |           |                                   | Sandoz Sumatriptan      | 02263033 | SDZ | 9.9867    |
|                     | 100mg     | TAB                               | Imitrex DF              | 02212161 | GSK | N/A       |
|                     |           |                                   | Novo-Sumatriptan DF     | 02286831 | NOP | 9.9866    |
|                     | 6mg/0.5ml | INJ SOL-PREF<br>SYR 0.5ML PK      | Imitrex                 | 02212188 | GLW | N/A       |
|                     |           |                                   | Taro-Sumatriptan        | 02361698 | TAR | 33.1750   |
| <b>ZOLMITRIPTAN</b> | 2.5mg     | TAB                               | Zomig                   | 02238660 | AZC | N/A       |
|                     |           |                                   | Apo-Zolmitriptan        | 02380951 | APX | 6.8583    |
|                     |           |                                   | Jamp-Zolmitriptan       | 02421623 | JPC | 6.8583    |
|                     |           |                                   | Mint-Zolmitriptan       | 02419521 | MIN | 6.8583    |
|                     |           |                                   | Mar-Zolmitriptan        | 02399458 | MAR | 6.8583    |
|                     |           |                                   | Mylan-Zolmitriptan      | 02369036 | MYL | 6.8583    |
|                     |           |                                   | Nat-Zolmitriptan        | 02421534 | NAT | 6.8633    |
|                     |           |                                   | PMS-Zolmitriptan        | 02324229 | PMS | 6.8586    |
|                     |           |                                   | Sandoz Zolmitriptan     | 02362988 | SDZ | 6.8586    |
|                     |           |                                   | Teva-Zolmitriptan       | 02313960 | TEV | 6.8583    |
|                     | 2.5mg     | ORALLY<br>DISINTE-<br>GRATING TAB | Zomig Rapimelt          | 02243045 | AZC | N/A       |
|                     |           |                                   | Apo-Zolmitriptan Rapid  | 02381575 | APX | 6.8633    |
|                     |           |                                   | Jamp-Zolmitriptan ODT   | 02428237 | JPC | 6.8650    |
|                     |           |                                   | Mint-Zolmitriptan ODT   | 02419513 | MIN | 6.8625    |
|                     |           |                                   | Mylan-Zolmitriptan ODT  | 02387158 | MYL | 6.8633    |
|                     |           |                                   | PMS-Zolmitriptan ODT    | 02324768 | PMS | 6.8625    |
|                     |           |                                   | Sandoz Zolmitriptan ODT | 02362996 | SDZ | 6.8625    |
|                     |           |                                   | Septa-Zolmitriptan-ODT  | 02428474 | SET | 6.8633    |
|                     |           |                                   | Teva-Zolmitriptan OD    | 02342545 | TEV | 6.8633    |

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:28:00 DIURETICS

| GENERIC NAME               | STRENGTH | DOSAGE FORM | BRAND NAME              | DIN/PIN  | MFR | UNIT COST |
|----------------------------|----------|-------------|-------------------------|----------|-----|-----------|
| <b>HYDROCHLOROTHIAZIDE</b> | 12.5mg   | TAB         | PMS-Hydrochlorothiazide | 02274086 | PMS | N/A       |
|                            |          |             | Apo-Hydro               | 02327856 | APX | 0.0322    |

## 52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

### 52:04:04 ANTI-INFECTIVES ANTIBIOTICS

| GENERIC NAME            | STRENGTH | DOSAGE FORM                        | BRAND NAME          | DIN/PIN  | MFR | UNIT COST |
|-------------------------|----------|------------------------------------|---------------------|----------|-----|-----------|
| <b>MOXIFLOXACIN HCL</b> | 0.5%     | OPH SOL-3ML PK (PRESERVATIVE-FREE) | Vigamox             | 02252260 | ALC | N/A       |
|                         |          |                                    | Act Moxifloxacin    | 02404656 | ACV | 11.2700   |
|                         |          |                                    | Apo-Moxifloxacin    | 02406373 | APX | 11.2700   |
|                         |          |                                    | Sandoz Moxifloxacin | 02411520 | SDZ | 11.2700   |

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

| GENERIC NAME         | STRENGTH | DOSAGE FORM    | BRAND NAME           | DIN/PIN  | MFR | UNIT COST |
|----------------------|----------|----------------|----------------------|----------|-----|-----------|
| <b>CIPROFLOXACIN</b> | 0.3%     | OPH SOL-5ML PK | Ciloxan              | 01945270 | ALC | N/A       |
|                      |          |                | Apo-Ciproflox        | 02263130 | APX | 1.7600    |
|                      |          |                | Sandoz Ciprofloxacin | 02387131 | SDZ | 9.3000    |

## 52:08:00 ANTI-INFLAMMATORY AGENTS

| GENERIC NAME                  | STRENGTH        | DOSAGE FORM        | BRAND NAME        | DIN/PIN  | MFR | UNIT COST |
|-------------------------------|-----------------|--------------------|-------------------|----------|-----|-----------|
| <b>FLUTICASONE PROPIONATE</b> | 50mcg/actuation | NAS SP-120 DOSE PK | Flonase           | 02213672 | GSK | N/A       |
|                               |                 |                    | Apo-Fluticasone   | 02294745 | APX | 21.9700   |
|                               |                 |                    | Ratio-Fluticasone | 02296071 | RPH | 21.9700   |
| <b>MOMETASONE FUROATE</b>     | 50mcg/dose      | NAS SP-140 DOSE PK | Nasonex           | 02238465 | MEK | N/A       |
|                               |                 |                    | Apo-Mometasone    | 02403587 | APX | 21.6900   |

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

| GENERIC NAME               | STRENGTH  | DOSAGE FORM      | BRAND NAME                    | DIN/PIN  | MFR | UNIT COST |
|----------------------------|-----------|------------------|-------------------------------|----------|-----|-----------|
| <b>IPRATROPIUM BROMIDE</b> | 0.06%     | NASAL SPRAY      | Atrovent                      | 02163713 | BOE | N/A       |
|                            |           |                  | Apo-Ipravent                  | 02246084 | APX | 1.4900    |
| <b>KETOTIFEN</b>           | 0.25mg/ml | OPH SOL-5ML PK   | Zaditor                       | 02242324 | LBT | N/A       |
|                            |           |                  | Ketotifen Ophthalmic Solution | 02400871 | STE | 21.1700   |
| <b>OLOPATADINE HCL</b>     | 0.1%      | OPH SOL-5ML PK   | Patanol                       | 02233143 | ALC | N/A       |
|                            |           |                  | Apo-Olopatadine               | 02305054 | APX | 26.1300   |
|                            |           |                  | Co Olopatadine 0.1%           | 02403986 | COB | 26.1300   |
|                            |           |                  | Mint-Olopatadine              | 02422727 | MIN | 26.1300   |
|                            |           |                  | Sandoz Olopatadine            | 02358913 | SDZ | 26.1300   |
|                            | 0.2%      | OPH SOL-2.5ML PK | Pataday                       | 02362171 | ALC | N/A       |
|                            |           |                  | Act Olopatadine 0.2%          | 02404095 | ACV | 26.1300   |
|                            |           |                  | Apo-Olopatadine               | 02402823 | APX | 26.1300   |
|                            |           |                  | Sandoz Olopatadine 0.2%       | 02420171 | SDZ | 26.1300   |

## 56:00 GASTROINTESTINAL DRUGS

### 56:22:00 ANTIEMETICS AND ANTINAUSEANTS

| GENERIC NAME                     | STRENGTH | DOSAGE FORM          | BRAND NAME            | DIN/PIN  | MFR | UNIT COST |
|----------------------------------|----------|----------------------|-----------------------|----------|-----|-----------|
| <b>NABILONE</b>                  | 0.25mg   | CAP                  | Cesamet               | 02312263 | VAL | N/A       |
|                                  |          |                      | Ran-Nabilone          | 02358077 | RAN | 1.3962    |
|                                  |          |                      | Teva-Nabilone         | 02392925 | TEV | 1.3962    |
| <b>ONDANSETRON HCL DIHYDRATE</b> | 2mg/ml   | INJ SOL-2ML VIAL PK  | Zofran                | 02213745 | GSK | N/A       |
|                                  |          |                      | Ondansetron Injection | 02265524 | NOP | 13.2180   |
|                                  | 2mg/ml   | INJ SOL-4ML VIAL PK  | Zofran                | 09857324 | GSK | N/A       |
|                                  |          |                      | Ondansetron Injection | 09857323 | NOP | 26.4000   |
|                                  | 2mg/ml   | INJ SOL-20ML VIAL PK | Zofran                | 09857325 | GSK | N/A       |
|                                  |          |                      | Ondansetron Injection | 02265532 | NOP | 132.1800  |

## 56:40:00 MISCELLANEOUS G.I. DRUGS

| GENERIC NAME               | STRENGTH | DOSAGE FORM | BRAND NAME                | DIN/PIN  | MFR | UNIT COST |
|----------------------------|----------|-------------|---------------------------|----------|-----|-----------|
| <b>ESOMEPRAZOLE</b>        | 20mg     | DR TAB      | Nexium                    | 02244521 | AZC | N/A       |
|                            |          |             | Act Esomeprazole          | 02423855 | ACV | 1.8690    |
|                            |          |             | Apo-Esomeprazole          | 02339099 | APX | 1.8690    |
|                            |          |             | Mylan-Esomeprazole        | 02383039 | MYL | 1.8690    |
|                            |          |             | Ran-Esomeprazole          | 02423979 | RAN | 1.8690    |
|                            | 40mg     | DR TAB/CAP  | Nexium                    | 02244522 | AZC | N/A       |
|                            |          |             | Act Esomeprazole          | 02423863 | ACV | 1.8690    |
|                            |          |             | Apo-Esomeprazole DR TAB   | 02339102 | APX | 1.8690    |
|                            |          |             | Mylan-Esomeprazole DR TAB | 02383047 | MYL | 1.8690    |
|                            |          |             | PMS-Esomeprazole DR CAP   | 02379171 | PMS | 1.8690    |
| <b>OMEPRAZOLE</b>          | 10mg     |             | Losec DR TAB              | 02230737 | AZC | N/A       |
|                            |          |             | Mylan-Omeprazole DR CAP   | 09857350 | MYL | 0.8167    |
|                            |          |             | Teva-Omeprazole DR TAB    | 02295407 | TEV | 0.8167    |
|                            | 10mg     | DR CAP      | Losec                     | 02119579 | AZC | N/A       |
|                            |          |             | Mylan-Omeprazole          | 02329425 | MYL | 0.8167    |
|                            |          |             | Sandoz Omeprazole         | 02296438 | SDZ | 0.8167    |
| <b>PANTOPRAZOLE SODIUM</b> | 20mg     | ENT TAB     | Pantoloc                  | 02241804 | NYC | N/A       |
|                            |          |             | Apo-Pantoprazole          | 02292912 | APX | 1.2750    |
|                            |          |             | Jamp-Pantoprazole         | 02408414 | JPC | 0.3246    |
|                            |          |             | Mar-Pantoprazole          | 02416557 | MAR | 1.2750    |
|                            |          |             | Novo-Pantoprazole         | 02285479 | NOP | 1.2750    |
|                            |          |             | PMS-Pantoprazole          | 02307863 | PMS | 1.2750    |

| GENERIC NAME | STRENGTH | DOSAGE FORM | BRAND NAME          | DIN/PIN  | MFR | UNIT COST |
|--------------|----------|-------------|---------------------|----------|-----|-----------|
|              |          |             | Ran-Pantoprazole    | 02305038 | RAN | 1.2750    |
|              |          |             | Sandoz Pantoprazole | 02301075 | SDZ | 1.2750    |

## 68:00 HORMONES AND SUBSTITUTES

### 68:20:02 ANTI-DIABETIC AGENTS ORAL ANTI-DIABETIC AGENTS

| GENERIC NAME  | STRENGTH | DOSAGE FORM | BRAND NAME         | DIN/PIN  | MFR | UNIT COST |
|---------------|----------|-------------|--------------------|----------|-----|-----------|
| GLIMEPIRIDE   | 1mg      | TAB         | Amaryl             | 02245272 | SAV | N/A       |
|               |          |             | Apo-Glimepiride    | 02295377 | APX | 0.4900    |
|               |          |             | Novo-Glimepiride   | 02273756 | NOP | 0.4900    |
|               |          |             | Ratio-Glimepiride  | 02273101 | RPH | 0.4900    |
|               |          |             | Sandoz Glimepiride | 02269589 | SDZ | 0.4900    |
|               | 2mg      | TAB         | Amaryl             | 02245273 | SAV | N/A       |
|               |          |             | Apo-Glimepiride    | 02295385 | APX | 0.4900    |
|               |          |             | Novo-Glimepiride   | 02273764 | NOP | 0.4900    |
|               |          |             | Ratio-Glimepiride  | 02273128 | RPH | 0.4900    |
|               |          |             | Sandoz Glimepiride | 02269597 | SDZ | 0.4900    |
|               | 4mg      | TAB         | Amaryl             | 02245274 | SAV | N/A       |
|               |          |             | Apo-Glimepiride    | 02295393 | APX | 0.4900    |
|               |          |             | Novo-Glimepiride   | 02273772 | NOP | 0.4900    |
|               |          |             | Ratio-Glimepiride  | 02273136 | RPH | 0.4900    |
|               |          |             | Sandoz Glimepiride | 02269619 | SDZ | 0.4900    |
| METFORMIN HCL | 500mg    | ER TAB      | Glumetza           | 02268493 | BIO | N/A       |
|               |          |             | Apo-Metformin ER   | 02305062 | APX | 0.4259    |
|               | 850mg    | TAB         | Glucophage         | 02162849 | SAV | N/A       |
|               |          |             | Act Metformin      | 02257734 | ACV | 0.2090    |
|               |          |             | Auro-Metformin     | 02438283 | AUR | 0.0610    |
|               |          |             | Ecl-Metformin      | 02421836 | ECL | 0.2090    |
|               |          |             | Jamp-Metformin     | 02380218 | JPC | 0.2090    |

| GENERIC NAME            | STRENGTH | DOSAGE FORM | BRAND NAME                        | DIN/PIN  | MFR | UNIT COST |
|-------------------------|----------|-------------|-----------------------------------|----------|-----|-----------|
|                         |          |             | Jamp-Metformin Blackberry         | 02380730 | JPC | 0.2090    |
|                         |          |             | Mar-Metformin                     | 02378639 | MAR | 0.2090    |
|                         |          |             | Metformin                         | 02378868 | MAR | 0.2090    |
|                         |          |             | Mint-Metformin                    | 02388774 | MIN | 0.2090    |
|                         |          |             | Mylan-Metformin                   | 02229656 | MYL | 0.2090    |
|                         |          |             | PMS-Metformin                     | 02242589 | PMS | 0.2090    |
|                         |          |             | Ran-Metformin                     | 02269058 | RAN | 0.2090    |
|                         |          |             | Ratio-Metformin                   | 02242931 | RPH | 0.2090    |
|                         |          |             | Sandoz Metformin FC               | 02246821 | SDZ | 0.2090    |
| <b>PIOGLITAZONE HCL</b> | 15mg     | TAB         | Actos                             | 02242572 | TAK | N/A       |
|                         |          |             | Accel Pioglitazone                | 02303442 | ACC | 1.1225    |
|                         |          |             | Apo-Pioglitazone                  | 02302942 | APX | 1.5716    |
|                         |          |             | Auro-Pioglitazone                 | 02384906 | AUR | 1.5716    |
|                         |          |             | Co Pioglitazone                   | 02302861 | COB | 1.5716    |
|                         |          |             | Jamp-Pioglitazone                 | 02397307 | JPC | 1.5716    |
|                         |          |             | Mint-Pioglitazone                 | 02326477 | MIN | 1.5716    |
|                         |          |             | Mylan-Pioglitazone                | 02298279 | MYL | 1.5716    |
|                         |          |             | Novo-Pioglitazone                 | 02274914 | NOP | 1.5716    |
|                         |          |             | Pioglitazone Hydrochloride Tablet | 02391600 | ACH | 1.5716    |
|                         |          |             | PMS-Pioglitazone                  | 02303124 | PMS | 1.5716    |
|                         |          |             | Ran-Pioglitazone                  | 02375850 | RAN | 1.5716    |
|                         |          |             | Sandoz Pioglitazone               | 02297906 | SDZ | 1.5716    |
|                         | 30mg     | TAB         | Actos                             | 02242573 | TAK | N/A       |
|                         |          |             | Accel Pioglitazone                | 02303450 | ACC | 1.5726    |
|                         |          |             | Apo-Pioglitazone                  | 02302950 | APX | 2.2017    |
|                         |          |             | Auro-Pioglitazone                 | 02384914 | AUR | 2.2017    |
|                         |          |             | Co Pioglitazone                   | 02302888 | COB | 2.2017    |
|                         |          |             | Jamp-Pioglitazone                 | 02365529 | JPC | 2.2017    |
|                         |          |             | Mint-Pioglitazone                 | 02326485 | MIN | 2.2017    |

| GENERIC NAME       | STRENGTH | DOSAGE FORM | BRAND NAME                        | DIN/PIN  | MFR | UNIT COST |
|--------------------|----------|-------------|-----------------------------------|----------|-----|-----------|
|                    |          |             | Mylan-Pioglitazone                | 02298287 | MYL | 2.2017    |
|                    |          |             | Novo-Pioglitazone                 | 02274922 | NOP | 2.2017    |
|                    |          |             | Pioglitazone Hydrochloride Tablet | 02339587 | ACH | 2.2017    |
|                    |          |             | PMS-Pioglitazone                  | 02303132 | PMS | 2.2017    |
|                    |          |             | Ran-Pioglitazone                  | 02375869 | RAN | 2.2017    |
|                    |          |             | Sandoz Pioglitazone               | 02297914 | SDZ | 2.2017    |
|                    | 45mg     | TAB         | Actos                             | 02242574 | TAK | N/A       |
|                    |          |             | Accel Pioglitazone                | 02303469 | ACC | 2.3646    |
|                    |          |             | Apo-Pioglitazone                  | 02302977 | APX | 3.3105    |
|                    |          |             | Auro-Pioglitazone                 | 02384922 | AUR | 3.3105    |
|                    |          |             | Co Pioglitazone                   | 02302896 | COB | 3.3105    |
|                    |          |             | Jamp-Pioglitazone                 | 02365537 | JPC | 3.3105    |
|                    |          |             | Mint-Pioglitazone                 | 02326493 | MIN | 3.3105    |
|                    |          |             | Mylan-Pioglitazone                | 02298295 | MYL | 3.3106    |
|                    |          |             | Novo-Pioglitazone                 | 02274930 | NOP | 3.3105    |
|                    |          |             | Pioglitazone Hydrochloride Tablet | 02339595 | ACH | 3.3105    |
|                    |          |             | PMS-Pioglitazone                  | 02303140 | PMS | 3.3105    |
|                    |          |             | Ran-Pioglitazone                  | 02375877 | RAN | 3.3105    |
|                    |          |             | Sandoz Pioglitazone               | 02297922 | SDZ | 3.3105    |
| <b>REPAGLINIDE</b> | 0.5mg    | TAB         | Gluconorm                         | 02239924 | NOO | N/A       |
|                    |          |             | Apo-Repaglinide                   | 02355663 | APX | 0.2083    |
|                    |          |             | Auro-Repaglinide                  | 02424258 | AUR | 0.2083    |
|                    |          |             | Co Repaglinide                    | 02321475 | SOB | 0.2083    |
|                    |          |             | PMS-Repaglinide                   | 02354926 | PMS | 0.2083    |
|                    |          |             | Sandoz Repaglinide                | 02357453 | SDZ | 0.2083    |
|                    | 1mg      | TAB         | Gluconorm                         | 02239925 | NOO | N/A       |
|                    |          |             | Apo-Repaglinide                   | 02355671 | APX | 0.2165    |
|                    |          |             | Auro-Repaglinide                  | 02424266 | AUR | 0.2165    |
|                    |          |             | Co Repaglinide                    | 02321483 | SOB | 0.2165    |
|                    |          |             | PMS-Repaglinide                   | 02354934 | PMS | 0.2165    |

| GENERIC NAME | STRENGTH | DOSAGE FORM | BRAND NAME         | DIN/PIN  | MFR | UNIT COST |
|--------------|----------|-------------|--------------------|----------|-----|-----------|
|              |          |             | Sandoz Repaglinide | 02357461 | SDZ | 0.2165    |
|              | 2mg      | TAB         | Gluconorm          | 02239926 | NOO | N/A       |
|              |          |             | Apo-Repaglinide    | 02355698 | APX | 0.2441    |
|              |          |             | Auro-Repaglinide   | 02424274 | AUR | 0.2441    |
|              |          |             | Co Repaglinide     | 02321491 | SOB | 0.2441    |
|              |          |             | PMS-Repaglinide    | 02354942 | PMS | 0.2441    |
|              |          |             | Sandoz Repaglinide | 02357488 | SDZ | 0.2440    |

## 68:32:00 PROGESTOGENS AND ORAL CONTRACEPTIVES

| GENERIC NAME                                       | STRENGTH      | DOSAGE FORM | BRAND NAME                             | DIN/PIN  | MFR | UNIT COST |
|----------------------------------------------------|---------------|-------------|----------------------------------------|----------|-----|-----------|
| <b>CYPROTERONE ACETATE &amp; ETHINYL ESTRADIOL</b> | 2mg & 0.035mg | TAB-21 PK   | Diane-35                               | 02233542 | BAY | N/A       |
|                                                    |               |             | Cyestra-35                             | 02290308 | PMS | 23.3394   |
|                                                    |               |             | Novo-Cyproterone/<br>Ethinyl Estradiol | 02309556 | NOP | 23.3400   |
|                                                    |               |             | Ran-Cyproterone/<br>Ethinyl Estradiol  | 02425017 | RAN | 23.3394   |
| <b>PROGESTERONE</b>                                | 100mg         | CAP         | Prometrium                             | 02166704 | MEK | N/A       |
|                                                    |               |             | Teva-Progesterone                      | 02439913 | TEV | 1.4358    |

## 84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

### 84:36:00 MISCELLANEOUS SKIN AND MUCOUS MEMBRANE PREPARATIONS

| GENERIC NAME     | STRENGTH | DOSAGE FORM               | BRAND NAME    | DIN/PIN  | MFR | UNIT COST |
|------------------|----------|---------------------------|---------------|----------|-----|-----------|
| <b>IMIQUIMOD</b> | 5%       | TOP CR<br>250MG-<br>UD PK | Aldara        | 02239505 | VAL | N/A       |
|                  |          |                           | Apo-Imiquimod | 02407825 | APX | 11.0300   |

## 92:00 UNCLASSIFIED THERAPEUTIC AGENTS

| GENERIC NAME                 | STRENGTH | DOSAGE FORM | BRAND NAME                       | DIN/PIN  | MFR | UNIT COST |
|------------------------------|----------|-------------|----------------------------------|----------|-----|-----------|
| <b>ALENDRONATE</b>           | 5mg      | TAB         | Fosamax                          | 02233055 | MFC | N/A       |
|                              |          |             | Alendronate Sodium Tablets       | 02381478 | ACH | 1.0370    |
|                              |          |             | Apo-Alendronate                  | 02248727 | APX | 1.0370    |
|                              |          |             | Ran-Alendronate                  | 02384698 | RAN | 1.0370    |
|                              |          |             | Teva-Alendronate                 | 02248251 | TEV | 1.0370    |
|                              | 40mg     | TAB         | Fosamax                          | 02201038 | MFC | N/A       |
|                              |          |             | Co Alendronate                   | 02258102 | COB | 3.0832    |
| <b>CABERGOLINE</b>           | 0.5mg    | TAB         | Dostinex                         | 02242471 | PMJ | N/A       |
|                              |          |             | Co Cabergoline                   | 02301407 | COB | 10.6182   |
| <b>CLOPIDOGREL BISULFATE</b> | 300mg    | TAB         | Plavix                           | 02330555 | SAV | N/A       |
|                              |          |             | Apo-Clopidogrel                  | 02398591 | APX | 9.5447    |
|                              |          |             | Teva-Clopidogrel                 | 02388065 | TEV | 9.5447    |
| <b>FINASTERIDE</b>           | 1mg      | TAB         | Propecia                         | 02238213 | MFC | N/A       |
|                              |          |             | Auro-Finasteride 1mg             | 02428148 | AUR | 1.1455    |
|                              |          |             | Mylan-Finasteride HG             | 02392631 | MYL | 1.1453    |
|                              |          |             | PMS-Finasteride                  | 02320169 | PMS | 1.1453    |
|                              |          |             | Sandoz Finasteride A             | 02339471 | SDZ | 1.1453    |
| <b>MONTELUKAST SODIUM</b>    | 4mg      | GRAN PK     | Singulair                        | 02247997 | MEK | N/A       |
|                              |          |             | Sandoz Montelukast               | 02358611 | SDZ | 1.0938    |
|                              | 5mg      | CHEW TAB    | Singulair                        | 02238216 | MEK | N/A       |
|                              |          |             | Apo-Montelukast                  | 02377616 | APX | 1.2075    |
|                              |          |             | Auro-Montelukast Chewable Tablet | 02422875 | AUR | 1.2077    |
|                              |          |             | Mar-Montelukast                  | 02399873 | MAR | 1.2075    |

| GENERIC NAME                | STRENGTH | DOSAGE FORM       | BRAND NAME                 | DIN/PIN  | MFR | UNIT COST |
|-----------------------------|----------|-------------------|----------------------------|----------|-----|-----------|
|                             |          |                   | Mint-Montelukast           | 02408635 | MIN | 1.2075    |
|                             |          |                   | Mylan-Montelukast          | 02380757 | MYL | 1.2075    |
|                             |          |                   | PMS-Montelukast            | 02354985 | PMS | 1.2075    |
|                             |          |                   | Ran-Montelukast            | 02402807 | RAN | 1.2075    |
|                             |          |                   | Sandoz Montelukast         | 02330393 | SDZ | 1.2075    |
|                             |          |                   | Teva-Montelukast           | 02355515 | TEV | 1.2077    |
|                             | 10mg     | TAB               | Singulair                  | 02238217 | MEK | N/A       |
|                             |          |                   | Apo-Montelukast            | 02374609 | APX | 1.7735    |
|                             |          |                   | Auro-Montelukast           | 02401274 | AUR | 1.7735    |
|                             |          |                   | Jamp-Montelukast           | 02391422 | JPC | 1.7735    |
|                             |          |                   | Mar-Montelukast            | 02399997 | MAR | 1.7735    |
|                             |          |                   | Mint-Montelukast           | 02408643 | MIN | 1.7735    |
|                             |          |                   | Montelukast Sodium Tablets | 02379236 | ACH | 1.7735    |
|                             |          |                   | Mylan-Montelukast          | 02368226 | MYL | 1.7735    |
|                             |          |                   | PMS-Montelukast FC         | 02373947 | PMS | 1.7735    |
|                             |          |                   | Ran-Montelukast            | 02389517 | RAN | 1.7735    |
|                             |          |                   | Sandoz Montelukast         | 02328593 | SDZ | 1.7735    |
|                             |          |                   | Teva-Montelukast           | 02355523 | TEV | 1.7737    |
| <b>PAMIDRONATE DISODIUM</b> | 3mg/ml   | INJ SOL-10ML VIAL | Aredia                     | 02059762 | NOV | N/A       |
|                             |          |                   | Pamidronate Disodium Omega | 02249669 | OMG | 86.7800   |
|                             | 6mg/ml   | INJ SOL-10ML VIAL | Aredia                     | 02059770 | NOV | N/A       |
|                             |          |                   | Pamidronate Disodium Omega | 02249677 | OMG | 176.7000  |
|                             | 9mg/ml   | INJ SOL-10ML VIAL | Aredia                     | 02059789 | NOV | N/A       |
|                             |          |                   | Pamidronate Disodium Omega | 02249685 | OMG | 260.3300  |
| <b>RILUZOLE</b>             | 50mg     | TAB               | Rilutek                    | 02242763 | SAC | N/A       |
|                             |          |                   | Apo-Riluzole               | 02352583 | APX | 7.3630    |

| GENERIC NAME | STRENGTH | DOSAGE FORM | BRAND NAME         | DIN/PIN  | MFR | UNIT COST |
|--------------|----------|-------------|--------------------|----------|-----|-----------|
| SILDENAFIL   | 20mg     | TAB         | Mylan-Riluzole     | 02390299 | MYL | 7.3630    |
|              |          |             | Revatio            | 02279401 | PFI | N/A       |
|              |          |             | Apo-Sildenafil R   | 02418118 | APX | 7.2940    |
|              |          |             | PMS-Sildenafil R   | 02412179 | PMS | 7.2940    |
|              |          |             | Ratio-Sildenafil R | 02319500 | RPH | 7.2940    |
|              | 25mg     | TAB         | Viagra             | 02239766 | PFI | N/A       |
|              |          |             | Apo-Sildenafil     | 02248201 | APX | 8.2894    |
|              |          |             | Auro-Sildenafil    | 02414368 | AUR | 8.2894    |
|              |          |             | Co Sildenafil      | 02372053 | COB | 8.2894    |
|              |          |             | Gd-Sildenafil      | 02291991 | GEM | 8.2900    |
|              |          |             | Jamp-Sildenafil    | 02405660 | JPC | 8.2900    |
|              |          |             | Mint-Sildenafil    | 02393069 | MIN | 8.2900    |
|              |          |             | Myl-Sildenafil     | 02392577 | MYL | 8.2900    |
|              |          |             | PMS-Sildenafil     | 02371626 | PMS | 8.2894    |
|              |          |             | Ran-Sildenafil     | 02383101 | RAN | 8.2894    |
|              |          |             | Sandoz Sildenafil  | 02318806 | SDX | 8.2894    |
|              |          |             | Sildenafil         | 02317559 | PMS | 8.2894    |
|              |          |             | Teva-Sildenafil    | 02308738 | TEV | 8.2900    |
|              | 50mg     | TAB         | Viagra             | 02239767 | PFI | N/A       |
|              |          |             | Apo-Sildenafil     | 02248202 | APX | 8.8481    |
|              |          |             | Auro-Sildenafil    | 02414376 | AUR | 8.8475    |
|              |          |             | Co Sildenafil      | 02372061 | COB | 8.8481    |
|              |          |             | Gd-Sildenafil      | 02292009 | GEM | 8.8475    |
|              |          |             | Jamp-Sildenafil    | 02405679 | JPC | 8.8475    |
|              |          |             | Mint-Sildenafil    | 02393077 | MIN | 8.8475    |
|              |          |             | Myl-Sildenafil     | 02392585 | MYL | 8.8475    |
|              |          |             | PMS-Sildenafil     | 02371634 | PMS | 8.8481    |
|              |          |             | Ran-Sildenafil     | 02383128 | RAN | 8.8481    |
|              |          |             | Sandoz Sildenafil  | 02318814 | SDX | 8.8481    |
|              |          |             | Sildenafil         | 02317575 | PMS | 8.8481    |

| GENERIC NAME           | STRENGTH | DOSAGE FORM                           | BRAND NAME                                | DIN/PIN  | MFR | UNIT COST |
|------------------------|----------|---------------------------------------|-------------------------------------------|----------|-----|-----------|
|                        |          |                                       | Teva-Sildenafil                           | 02308746 | TEV | 8.8481    |
|                        | 100mg    | TAB                                   | Viagra                                    | 02239768 | PFI | N/A       |
|                        |          |                                       | Apo-Sildenafil                            | 02248203 | APX | 9.2006    |
|                        |          |                                       | Auro-Sildenafil                           | 02414384 | AUR | 9.2000    |
|                        |          |                                       | Co Sildenafil                             | 02372088 | COB | 9.2016    |
|                        |          |                                       | Gd-Sildenafil                             | 02292017 | GEM | 9.2000    |
|                        |          |                                       | Jamp-Sildenafil                           | 02405687 | JPC | 9.2000    |
|                        |          |                                       | Mint-Sildenafil                           | 02393085 | MIN | 9.2000    |
|                        |          |                                       | Myl-Sildenafil                            | 02392593 | MYL | 9.2007    |
|                        |          |                                       | PMS-Sildenafil                            | 02371642 | PMS | 9.2006    |
|                        |          |                                       | Ran-Sildenafil                            | 02383136 | RAN | 9.2006    |
|                        |          |                                       | Sandoz Sildenafil                         | 02318822 | SDX | 9.2006    |
|                        |          |                                       | Sildenafil                                | 02317583 | PMS | 9.2006    |
|                        |          |                                       | Teva-Sildenafil                           | 02308754 | TEV | 9.2006    |
|                        |          |                                       | Van-Sildenafil                            | 02431866 | VAN | 9.2006    |
| <b>TETRABENAZINE</b>   | 25mg     | TAB                                   | Nitoman                                   | 02199270 | VAL | N/A       |
|                        |          |                                       | Apo-Tetrabenazine                         | 02407590 | APX | 4.8551    |
|                        |          |                                       | PMS-Tetrabenazine                         | 02402424 | PMS | 4.8551    |
|                        |          |                                       | Tetrabenazine Tablets                     | 02410338 | STE | 4.8551    |
| <b>ZOLEDRONIC ACID</b> | 4mg/5mL  | INJ SOL-5ML PK<br>(PRESERVATIVE-FREE) | Zometa Concentrate                        | 02248296 | NOV | N/A       |
|                        |          |                                       | PMS-Zoledronic Acid                       | 02403056 | PMS | 415.5600  |
|                        |          |                                       | Taro-Zoledronic Acid Concentrate          | 02415186 | TAR | 415.5600  |
|                        |          |                                       | Zoledronic Acid-Z                         | 02401606 | SDZ | 415.5600  |
|                        |          |                                       | Zoledronic Acid for Injection             | 02421550 | HOS | 134.6500  |
|                        |          |                                       | Zoledronic Acid for Injection             | 02407639 | TEV | 415.5600  |
|                        |          |                                       | Zoledronic Acid for Injection Concentrate | 02422425 | DRR | 415.5600  |
|                        |          |                                       | Zoledronic Acid for Injection Concentrate | 02413701 | OMG | 415.0000  |

**Part IV**  
**Consolidated Alphabetical**  
**Index of Drug Products**  
**Listed in Part III-B**

# Part IV: Consolidated Alphabetical Index of Drug Products Listed in Part III- B

| PRODUCT NAME                                                                        | STRENGTH | DOSAGE FORM                           | DIN/PIN  | MFR | PAGE      |
|-------------------------------------------------------------------------------------|----------|---------------------------------------|----------|-----|-----------|
| ACCEL PIOGLITAZONE                                                                  | 15MG     | TAB                                   | 02303442 | ACC | 47        |
| ACCEL PIOGLITAZONE                                                                  | 30MG     | TAB                                   | 02303450 | ACC | 47        |
| ACCEL PIOGLITAZONE                                                                  | 45MG     | TAB                                   | 02303469 | ACC | 48        |
| <b>ACETYLSALICYLIC ACID &amp; BUTALBITAL &amp; CAFFEINE</b>                         |          |                                       |          |     | <b>21</b> |
| <b>ACETYLSALICYLIC ACID &amp; BUTALBITAL &amp; CAFFEINE &amp; CODEINE PHOSPHATE</b> |          |                                       |          |     | <b>22</b> |
| ACT ESOMEPRAZOLE                                                                    | 20MG     | DR TAB                                | 02423855 | ACV | 44        |
| ACT ESOMEPRAZOLE                                                                    | 40MG     | DR TAB                                | 02423863 | ACV | 44        |
| ACT MOXIFLOXACIN                                                                    | 0.5%     | OPH SOL-3ML PK<br>(PRESERVATIVE-FREE) | 02404656 | ACV | 40        |
| ACT METFORMIN                                                                       | 850MG    | TAB                                   | 02257734 | ACV | 46        |
| ACTOS                                                                               | 15MG     | TAB                                   | 02242572 | TAK | 47        |
| ACTOS                                                                               | 30MG     | TAB                                   | 02242573 | TAK | 47        |
| ACTOS                                                                               | 45MG     | TAB                                   | 02242574 | TAK | 48        |
| ACT OLOPATADINE 0.2%                                                                | 0.20%    | OPH SOL-2.5ML<br>PK                   | 02404095 | ACV | 42        |
| <b>ACYCLOVIR</b>                                                                    |          |                                       |          |     | <b>6</b>  |
| ADCIRCA                                                                             | 20MG     | TAB                                   | 02338327 | LIL | 19        |
| <b>ADEFOVIR DIPIVOXIL</b>                                                           |          |                                       |          |     | <b>6</b>  |

| PRODUCT NAME               | STRENGTH   | DOSAGE FORM        | DIN/PIN  | MFR | PAGE      |
|----------------------------|------------|--------------------|----------|-----|-----------|
| AJ-PIP/TAZ                 | 4G & 500MG | INJ PD-VIAL PK     | 02391546 | AJC | 3         |
| ALDARA                     | 5%         | TOP CR 250MG-UD PK | 02239505 | APX | 51        |
| <b>ALENDRONATE</b>         |            |                    |          |     | <b>52</b> |
| ALENDRONATE SODIUM TABLETS | 5MG        | TAB                | 02381478 | ACH | 52        |
| ALERTEC                    | 100MG      | TAB                | 02239665 | BJH | 30        |
| <b>ALMOTRIPTAN</b>         |            |                    |          |     | <b>33</b> |
| <b>ALPRAZOLAM</b>          |            |                    |          |     | <b>28</b> |
| ALTACE                     | 15MG       | CAP                | 02281112 | SAV | 16        |
| AMARYL                     | 1MG        | TAB                | 02245272 | SAV | 46        |
| AMARYL                     | 2MG        | TAB                | 02245273 | SAV | 46        |
| AMARYL                     | 4MG        | TAB                | 02245274 | SAV | 46        |
| AMERGE                     | 1MG        | TAB                | 02237820 | GSK | 35        |
| AMERGE                     | 2.5MG      | TAB                | 02237821 | GSK | 36        |
| <b>AMOXICILLIN</b>         |            |                    |          |     | <b>3</b>  |
| AMOXIL CHEWABLE            | 125MG      | TAB                | 02041685 | AYE | 3         |
| AMOXIL CHEWABLE            | 250MG      | CHEW TAB           | 02041286 | AYE | 3         |
| ANAPROX                    | 275MG      | TAB                | 02162725 | HLR | 21        |
| ANAPROX DS                 | 550MG      | TAB                | 02162717 | HLR | 21        |
| APO-ACYCLOVIR              | 200MG      | TAB                | 02207621 | APX | 6         |
| APO-ACYCLOVIR              | 400MG      | TAB                | 02207648 | APX | 6         |
| APO-ADEFOVIR               | 10MG       | TAB                | 02420333 | APX | 6         |
| APO-ALENDRONATE            | 5MG        | TAB                | 02248727 | APX | 52        |
| APO-ALMOTRIPTAN            | 12.5MG     | TAB                | 02405806 | APX | 33        |
| APO-ALMOTRIPTAN            | 6.25MG     | TAB                | 02405792 | APX | 33        |
| APO-ALPRAZ                 | 1MG        | TAB                | 02243611 | APX | 28        |
| APO-ALPRAZ TS              | 2MG        | TAB                | 02243612 | APX | 28        |
| APO-ATOMOXETINE            | 10MG       | CAP                | 02318024 | APX | 33        |
| APO-ATOMOXETINE            | 18MG       | CAP                | 02318032 | APX | 33        |

| PRODUCT NAME                  | STRENGTH     | DOSAGE FORM | DIN/PIN  | MFR | PAGE |
|-------------------------------|--------------|-------------|----------|-----|------|
| APO-ATOMOXETINE               | 25MG         | CAP         | 02318040 | APX | 33   |
| APO-ATOMOXETINE               | 40MG         | CAP         | 02318059 | APX | 34   |
| APO-ATOMOXETINE               | 60MG         | CAP         | 02318067 | APX | 34   |
| APO-ATOMOXETINE               | 80MG         | CAP         | 02318075 | APX | 34   |
| APO-ATOMOXETINE               | 100MG        | CAP         | 02318083 | APX | 34   |
| APO-BOSENTAN                  | 62.5mg       | TAB         | 02399202 | APX | 18   |
| APO-BOSENTAN                  | 125mg        | TAB         | 02399210 | APX | 18   |
| APO-BUSPIRONE                 | 10MG         | TAB         | 02211076 | APX | 31   |
| APO-CETIRIZINE                | 10MG         | TAB         | 02231603 | APX | 1    |
| APO-CIPROFLOX                 | 0.30%        | OPH SOL     | 02263130 | APX | 40   |
| APO-CLARITHROMYCIN            | 500MG        | TAB         | 02274752 | APX | 2    |
| APO-CLOPIDOGREL               | 300MG        | TAB         | 02398591 | APX | 52   |
| APO-CLOZAPINE                 | 25MG         | TAB         | 02248034 | APX | 28   |
| APO-CLOZAPINE                 | 100MG        | TAB         | 02248035 | APX | 28   |
| APO-DICLO RAPIDE              | 50MG         | TAB         | 02243433 | APX | 20   |
| APO-DIPYRIDAMOLE              | 25MG         | TAB         | 00895644 | APX | 19   |
| APO-DIPYRIDAMOLE              | 50MG         | TAB         | 00895652 | APX | 19   |
| APO-DIPYRIDAMOLE              | 75MG         | TAB         | 00895660 | APX | 19   |
| APO-DOXY-TABS                 | 100MG        | TAB         | 00874256 | APX | 4    |
| APO-ELETRIPTAN                | 20MG         | TAB         | 02386054 | APX | 34   |
| APO-ELETRIPTAN                | 40MG         | TAB         | 02386062 | APX | 35   |
| APO-ENALAPRIL<br>MALEATE/HCTZ | 5MG & 12.5MG | TAB         | 02352923 | APX | 16   |
| APO-ENALAPRIL<br>MALEATE/HCTZ | 10MG & 25MG  | TAB         | 02352931 | APX | 17   |
| APO-ENTECAVIR                 | 0.5MG        | TAB         | 02396955 | APX | 6    |
| APO-ESOMEPRAZOLE              | 20MG         | DR TAB      | 02339099 | APX | 44   |
| APO-ESOMEPRAZOLE              | 40MG         | DR TAB      | 02339102 | APX | 44   |
| APO-ETODOLAC                  | 200MG        | CAP         | 02232317 | APX | 20   |
| APO-ETODOLAC                  | 300MG        | CAP         | 02232318 | APX | 20   |

| PRODUCT NAME                | STRENGTH        | DOSAGE FORM            | DIN/PIN  | MFR | PAGE |
|-----------------------------|-----------------|------------------------|----------|-----|------|
| APO-FAMCICLOVIR             | 125MG           | TAB                    | 02292025 | APX | 6    |
| APO-FAMCICLOVIR             | 250MG           | TAB                    | 02292041 | APX | 6    |
| APO-FENO-MICRO              | 67MG            | CAP                    | 02243180 | APX | 15   |
| APO-FENO-SUPER              | 100MG           | TAB                    | 02246859 | APX | 15   |
| APO-FLUOXETINE              | 10MG            | CAP                    | 02216353 | APX | 27   |
| APO-FLUTICASONE             | 50MCG/ACTUATION | NAS SP-120<br>DOSE PK  | 02294745 | APX | 41   |
| APO-FROVATRIPTAN            | 2.5MG           | TAB                    | 02426471 | APX | 35   |
| APO-GABAPENTIN              | 600MG           | TAB                    | 02293358 | APX | 24   |
| APO-GABAPENTIN              | 800MG           | TAB                    | 02293366 | APX | 24   |
| APO-GEMFIBROZIL             | 600MG           | TAB                    | 01979582 | APX | 15   |
| APO-GLIMEPIRIDE             | 1MG             | TAB                    | 02295377 | APX | 46   |
| APO-GLIMEPIRIDE             | 2MG             | TAB                    | 02295385 | APX | 46   |
| APO-GLIMEPIRIDE             | 4MG             | TAB                    | 02295393 | APX | 46   |
| APO-HYDRO                   | 12.5MG          | TAB                    | 02327856 | APX | 39   |
| APO-IMIQUIMOD               | 5%              | TOP CR 250MG-<br>UD PK | 02407825 | APX | 51   |
| APO-IPRAVENT                | 0.06%           | NASAL SPRAY            | 02246084 | APX | 42   |
| APO-ISMN                    | 60MG            | ER TAB                 | 02272830 | APX | 19   |
| APO-KETOROLAC               | 10MG            | TAB                    | 02229080 | APX | 20   |
| APO-LAMIVUDINE HBV          | 100MG           | TAB                    | 02393239 | APX | 7    |
| APO-LEVETIRACETAM           | 250MG           | TAB                    | 02285924 | APX | 24   |
| APO-LEVETIRACETAM           | 500MG           | TAB                    | 02285932 | APX | 25   |
| APO-LEVETIRACETAM           | 750MG           | TAB                    | 02285940 | APX | 25   |
| APO-LEVOFLOXACIN            | 750MG           | TAB                    | 02325942 | APX | 9    |
| APO-LORATADINE              | 10MG            | TAB                    | 02243880 | APX | 1    |
| APO-LORAZEPAM<br>SUBLINGUAL | 0.5MG           | SL TAB                 | 02410745 | APX | 31   |
| APO-LORAZEPAM<br>SUBLINGUAL | 1MG             | SL TAB                 | 02410753 | APX | 31   |

| PRODUCT NAME                | STRENGTH  | DOSAGE FORM                           | DIN/PIN  | MFR | PAGE |
|-----------------------------|-----------|---------------------------------------|----------|-----|------|
| APO-LORAZEPAM<br>SUBLINGUAL | 2MG       | SL TAB                                | 02410761 | APX | 31   |
| APO-MEMANTINE               | 10MG      | TAB                                   | 02366487 | APX | 35   |
| APO-METFORMIN ER            | 500MG     | ER TAB                                | 02305062 | APX | 46   |
| APO-METHYLPHENIDATE         | 20MG      | TAB                                   | 02249332 | APX | 30   |
| APO-MINOCYCLINE             | 50MG      | CAP                                   | 02084090 | APX | 4    |
| APO-MINOCYCLINE             | 100MG     | CAP                                   | 02084104 | APX | 4    |
| APO-MODAFINIL               | 100MG     | TAB                                   | 02285398 | APX | 30   |
| APO-MOMETASONE              | 50MG/DOSE | NASAL SPRAY                           | 02403587 | APX | 41   |
| APO-MONTELUKAST             | 5MG       | CHEW TAB                              | 02377616 | APX | 52   |
| APO-MONTELUKAST             | 10MG      | TAB                                   | 02374609 | APX | 53   |
| APO-MOXIFLOXACIN            | 0.5%      | Oph Sol-3mL Pk<br>(Preservative-Free) | 02406373 | APX | 40   |
| APO-NABUMETONE              | 500MG     | TAB                                   | 02238639 | APX | 20   |
| APO-NALTREXONE              | 50MG      | TAB                                   | 02444275 | APX | 23   |
| APO-NAPRO-NA                | 275MG     | TAB                                   | 00784354 | APX | 21   |
| APO-NAPRO-NA DS             | 550MG     | TAB                                   | 01940309 | APX | 21   |
| APO-NAPROXEN EC             | 250MG     | ENT TAB                               | 02246699 | APX | 21   |
| APO-NAPROXEN EC             | 375MG     | ENT TAB                               | 02246700 | APX | 21   |
| APO-NAPROXEN EC             | 500MG     | ENT TAB                               | 02246701 | APX | 21   |
| APO-NARATRIPTAN             | 1MG       | TAB                                   | 02365499 | APX | 36   |
| APO-NARATRIPTAN             | 2.5MG     | TAB                                   | 02365502 | APX | 36   |
| APO-OLANZAPINE              | 20MG      | TAB                                   | 02333015 | APX | 28   |
| APO-OLANZAPINE ODT          | 20MG      | RAPID DISSOLVE<br>TAB                 | 02360640 | APX | 28   |
| APO-OLOPATADINE             | 0.10%     | OPH SOL                               | 02305054 | APX | 42   |
| APO-OLOPATADINE             | 0.20%     | OPH SOL-2.5ML<br>PK                   | 02402823 | APX | 42   |
| APO-OXAPROZIN               | 600MG     | TAB                                   | 02243661 | APX | 21   |
| APO-OXCARBAZEPINE           | 150MG     | TAB                                   | 02284294 | APX | 25   |
| APO-OXCARBAZEPINE           | 300MG     | TAB                                   | 02284308 | APX | 25   |

| PRODUCT NAME        | STRENGTH | DOSAGE FORM                     | DIN/PIN  | MFR | PAGE |
|---------------------|----------|---------------------------------|----------|-----|------|
| APO-OXCARBAZEPINE   | 600MG    | TAB                             | 02284316 | APX | 25   |
| APO-PANTOPRAZOLE    | 20MG     | ENT TAB                         | 02292912 | APX | 44   |
| APO-PAROXETINE      | 10MG     | TAB                             | 02240907 | APX | 27   |
| APO-PIOGLITAZONE    | 15MG     | TAB                             | 02302942 | APX | 47   |
| APO-PIOGLITAZONE    | 30MG     | TAB                             | 02302950 | APX | 47   |
| APO-PIOGLITAZONE    | 45MG     | TAB                             | 02302977 | APX | 48   |
| APO-PRAMIPEXOLE     | 0.5MG    | TAB                             | 02292386 | APX | 36   |
| APO-PREGABALIN      | 225MG    | CAP                             | 02394286 | APX | 25   |
| APO-RAMIPRIL        | 15MG     | CAP                             | 02325381 | APX | 16   |
| APO-REPAGLINIDE     | 0.5MG    | TAB                             | 02355663 | APX | 48   |
| APO-REPAGLINIDE     | 1MG      | TAB                             | 02355671 | APX | 48   |
| APO-REPAGLINIDE     | 2MG      | TAB                             | 02355698 | APX | 49   |
| APO-RILUZOLE        | 50MG     | TAB                             | 02352583 | APX | 53   |
| APO-RIZATRIPTAN     | 5MG      | TAB                             | 02393468 | APX | 36   |
| APO-RIZATRIPTAN     | 10MG     | TAB                             | 02393476 | APX | 36   |
| APO-RIZATRIPTAN RPD | 10MG     | ORALLY<br>DISINTEGRATING<br>TAB | 02393492 | APX | 37   |
| APO-RIZATRIPTAN RPD | 5MG      | ORALLY<br>DISINTEGRATING<br>TAB | 02393484 | APX | 36   |
| APO-SILDENAFIL      | 25MG     | TAB                             | 02248201 | APX | 54   |
| APO-SILDENAFIL      | 50MG     | TAB                             | 02248202 | APX | 54   |
| APO-SILDENAFIL      | 100MG    | TAB                             | 02248203 | APX | 54   |
| APO-SILDENAFIL R    | 20MG     | TAB                             | 02418118 | APX | 54   |
| APO-SOTALOL         | 80MG     | TAB                             | 02210428 | APX | 14   |
| APO-SUMATRIPTAN     | 100MG    | TAB                             | 02268396 | APX | 38   |
| APO-SUMATRIPTAN     | 50MG     | TAB                             | 02268388 | APX | 37   |
| APO-TADALAFIL PAH   | 20MG     | TAB                             | 02421933 | APX | 19   |
| APO-TERBINAFINE     | 250MG    | TAB                             | 02239893 | APX | 2    |

| PRODUCT NAME           | STRENGTH       | DOSAGE FORM                     | DIN/PIN  | MFR | PAGE |
|------------------------|----------------|---------------------------------|----------|-----|------|
| APO-TIZANIDINE         | 4MG            | TAB                             | 02259893 | APX | 12   |
| APO-TETRABENAZINE      | 25MG           | TAB                             | 02407590 | APX | 55   |
| APO-TRAMADOL           | 50MG           | TAB                             | 02426153 | APX | 22   |
| APO-TRAMADOL/ACET      | 37.5MG & 325MG | TAB                             | 02336790 | APX | 22   |
| APO-TRYPTOPHAN         | 1G             | TAB                             | 02248539 | APX | 29   |
| APO-TRYPTOPHAN         | 500MG          | CAP                             | 02248540 | APX | 29   |
| APO-TRYPTOPHAN         | 500MG          | TAB                             | 02248538 | APX | 29   |
| APO-VALACYCLOVIR       | 1000MG         | TAB                             | 02354705 | APX | 7    |
| APO-VALSARTAN          | 40MG           | TAB                             | 02371510 | APX | 17   |
| APO-VERAP SR           | 120MG          | LA TAB                          | 02246893 | APX | 16   |
| APO-ZIDOVUDINE         | 100MG          | CAP                             | 01946323 | APX | 7    |
| APO-ZOLMITRIPTAN       | 2.5MG          | TAB                             | 02380951 | APX | 38   |
| APO-ZOLMITRIPTAN RAPID | 2.5MG          | ORALLY<br>DISINTEGRATING<br>TAB | 02381575 | APX | 38   |
| APO-ZOLPIDEM ODT       | 5MG            | SL TAB                          | 02436159 | APX | 31   |
| APO-ZOLPIDEM ODT       | 10MG           | SL TAB                          | 02434946 | APX | 31   |
| APO-ZOPICLONE          | 5MG            | TAB                             | 02245077 | APX | 31   |
| APO-ZOPICLONE          | 7.5MG          | TAB                             | 02218313 | APX | 32   |
| AREDIA                 | 3MG/ML         | INJ SOL-10ML<br>VIAL            | 02059762 | NOV | 53   |
| AREDIA                 | 6MG/ML         | INJ SOL-10ML<br>VIAL            | 02059770 | NOV | 53   |
| AREDIA                 | 9MG/ML         | INJ SOL-10ML<br>VIAL            | 02059789 | NOV | 53   |
| ARICEPT RDT            | 5MG            | ORALLY<br>DISINTEGRATING<br>TAB | 02269457 | PFI | 10   |
| ARICEPT RDT            | 10MG           | ORALLY<br>DISINTEGRATING<br>TAB | 02269465 | PFI | 10   |

| PRODUCT NAME                              | STRENGTH    | DOSAGE FORM                                            | DIN/PIN  | MFR | PAGE      |
|-------------------------------------------|-------------|--------------------------------------------------------|----------|-----|-----------|
| ARIXTRA                                   | 7.5MG/0.6ML | INJ SOL-PREF<br>SYR 0.6ML PK<br>(PRESERVATIVE<br>FREE) | 02258056 | GSK | 13        |
| ATIVAN                                    | 0.5MG       | SL TAB                                                 | 02041456 | PFI | 31        |
| ATIVAN                                    | 1MG         | SL TAB                                                 | 02041464 | PFI | 31        |
| ATIVAN                                    | 2MG         | SL TAB                                                 | 02041472 | PFI | 31        |
| <b>ATOMOXETINE HCL</b>                    |             |                                                        |          |     | <b>33</b> |
| <b>ATOVAQUONE &amp; PROGUANIL<br/>HCL</b> |             |                                                        |          |     | <b>8</b>  |
| ATROVENT                                  | 0.06%       | NASAL SPRAY                                            | 02163713 | BOE | 42        |
| AURO-BETAHISTINE                          | 8MG         | TAB                                                    | 02449145 | AUR | 18        |
| AURO-BETAHISTINE                          | 16MG        | TAB                                                    | 02449153 | AUR | 18        |
| AURO-BETAHISTINE                          | 24MG        | TAB                                                    | 02449161 | AUR | 18        |
| AURO-FINASTERIDE                          | 1MG         | TAB                                                    | 02428148 | AUR | 52        |
| AURO-FLUOXETINE                           | 10MG        | CAP                                                    | 02385627 | AUR | 27        |
| AURO-LEVETIRACETAM                        | 250MG       | TAB                                                    | 02375249 | AUR | 24        |
| AURO-LEVETIRACETAM                        | 500MG       | TAB                                                    | 02375257 | AUR | 25        |
| AURO-LEVETIRACETAM                        | 750MG       | TAB                                                    | 02375265 | AUR | 25        |
| AURO-METFORMIN                            | 850MG       | TAB                                                    | 02438283 | AUR | 46        |
| AURO-MODAFINIL                            | 100MG       | TAB                                                    | 02430487 | AUR | 30        |
| AURO-MONTELUKAST                          | 10MG        | TAB                                                    | 02401274 | AUR | 53        |
| AURO-MONTELUKAST<br>CHEWABLE TABLET       | 5MG         | CHEW TAB                                               | 02422875 | AUR | 52        |
| AURO-PAROXETINE                           | 10MG        | TAB                                                    | 02383276 | AUR | 27        |
| AURO-PIOGLITAZONE                         | 15MG        | TAB                                                    | 02384906 | AUR | 47        |
| AURO-PIOGLITAZONE                         | 30MG        | TAB                                                    | 02384914 | AUR | 47        |
| AURO-PIOGLITAZONE                         | 45MG        | TAB                                                    | 02384922 | AUR | 48        |
| AURO-REPAGLINIDE                          | 0.5MG       | TAB                                                    | 02424258 | AUR | 48        |
| AURO-REPAGLINIDE                          | 1MG         | TAB                                                    | 02424266 | AUR | 48        |
| AURO-REPAGLINIDE                          | 2MG         | TAB                                                    | 02424274 | AUR | 49        |

| PRODUCT NAME                           | STRENGTH       | DOSAGE FORM    | DIN/PIN  | MFR | PAGE      |
|----------------------------------------|----------------|----------------|----------|-----|-----------|
| AURO-SILDENAFIL                        | 25MG           | TAB            | 02414368 | AUR | 54        |
| AURO-SILDENAFIL                        | 50MG           | TAB            | 02414376 | AUR | 54        |
| AURO-SILDENAFIL                        | 100MG          | TAB            | 02414384 | AUR | 55        |
| AURO-TERBINAFINE                       | 250MG          | TAB            | 02320134 | AUR | 2         |
| AURO-TRAMADOL/ACETAMINOPHEN            | 37.5MG & 325MG | TAB            | 02439050 | AUR | 22        |
| AURO-VALSARTAN                         | 40MG           | TAB            | 02414201 | AUR | 17        |
| AXERT                                  | 12.5MG         | TAB            | 02248129 | JNO | 33        |
| AXERT                                  | 6.25MG         | TAB            | 02248128 | JNO | 33        |
| <b>AZITHROMYCIN</b>                    |                |                |          |     | <b>2</b>  |
| <b>BACLOFEN</b>                        |                |                |          |     | <b>12</b> |
| BARACLUDE                              | 0.5MG          | TAB            | 02282224 | BQU | 6         |
| <b>BETAHISTINE<br/>DIHYDROCHLORIDE</b> |                |                |          |     | <b>18</b> |
| BIAXIN BID                             | 500MG          | TAB            | 02126710 | ABB | 2         |
| <b>BOSENTAN MONOHYDRATE</b>            |                |                |          |     | <b>18</b> |
| BUSPAR                                 | 10MG           | TAB            | 00603821 | BQU | 31        |
| <b>BUSPIRONE HYDROCHLORIDE</b>         |                |                |          |     | <b>31</b> |
| <b>CABERGOLINE</b>                     |                |                |          |     | <b>52</b> |
| CEFAZOLIN FOR INJECTION                | 10G/VIAL       | INJ PD-VIAL PK | 02297213 | ORC | 5         |
| CEFAZOLIN FOR INJECTION                | 10G/VIAL       | INJ PD-VIAL PK | 02108135 | NOP | 5         |
| CEFAZOLIN FOR INJECTION                | 1G/VIAL        | INJ PD-VIAL PK | 02297205 | ORC | 5         |
| CEFAZOLIN FOR INJECTION                | 1G/VIAL        | INJ PD-VIAL PK | 02108127 | NOP | 5         |
| <b>CEFAZOLIN SODIUM</b>                |                |                |          |     | <b>5</b>  |
| <b>CEFEPIME</b>                        |                |                |          |     | <b>9</b>  |
| CEFEPIME FOR INJECTION                 | 1G             | INJ PD-VIAL PK | 02319020 | APX | 9         |
| CEFEPIME FOR INJECTION                 | 2G             | INJ PD-VIAL PK | 02319039 | APX | 9         |
| CEFOXITIN FOR INJECTION                | 1G/VIAL        | INJ PD-VIAL PK | 02291711 | ORC | 5         |
| CEFOXITIN FOR INJECTION                | 2G/VIAL        | INJ PD-VIAL PK | 02291738 | ORC | 5         |
| CEFOXITIN FOR INJECTION<br>USP         | 1G/VIAL        | INJ PD-VIAL PK | 02128187 | NOP | 5         |

| PRODUCT NAME                    | STRENGTH | DOSAGE FORM      | DIN/PIN  | MFR | PAGE      |
|---------------------------------|----------|------------------|----------|-----|-----------|
| CEFOXITIN FOR INJECTION USP     | 2G/VIAL  | INJ PD-VIAL PK   | 02128195 | NOP | 5         |
| <b>CEFOXITIN SODIUM</b>         |          |                  |          |     | <b>5</b>  |
| <b>CEFTRIAXONE DISODIUM</b>     |          |                  |          |     | <b>5</b>  |
| CEFTRIAXONE FOR INJECTION USP   | 10G/VIAL | INJ PD-1 VIAL PK | 02292904 | APX | 5         |
| CESAMET                         | 0.25MG   | CAP              | 02312263 | VAL | 43        |
| <b>CETIRIZINE HYDROCHLORIDE</b> |          |                  |          |     | <b>1</b>  |
| CILOXAN                         | 0.30%    | OPH SOL          | 01945270 | ALC | 40        |
| <b>CIPROFLOXACIN</b>            |          |                  |          |     | <b>40</b> |
| <b>CLARITHROMYCIN</b>           |          |                  |          |     | <b>2</b>  |
| CLARITIN                        | 10MG     | TAB              | 00782696 | SCP | 1         |
| <b>CLONIDINE HCL</b>            |          |                  |          |     | <b>16</b> |
| <b>CLOPIDOGREL BISULFATE</b>    |          |                  |          |     | <b>52</b> |
| <b>CLOZAPINE</b>                |          |                  |          |     | <b>28</b> |
| CLOZARIL                        | 100MG    | TAB              | 00894745 | NOV | 28        |
| CLOZARIL                        | 25MG     | TAB              | 00894737 | NOV | 28        |
| CO ALENDRONATE                  | 40MG     | TAB              | 02258102 | COB | 52        |
| CO AZITHROMYCIN                 | 600MG    | TAB              | 02256088 | COB | 2         |
| CO BETAHISTINE                  | 16MG     | TAB              | 02374757 | COB | 18        |
| CO BETAHISTINE                  | 24MG     | TAB              | 02374765 | COB | 18        |
| CO BOSENTAN                     | 125MG    | TAB              | 02386208 | COB | 18        |
| CO BOSENTAN                     | 62.5MG   | TAB              | 02386194 | COB | 18        |
| CO CABERGOLINE                  | 0.5MG    | TAB              | 02301407 | COB | 52        |
| CO FAMCICLOVIR                  | 125MG    | TAB              | 02305682 | COB | 6         |
| CO DONEPEZIL                    | 5MG      | ODT              | 02397617 | COB | 10        |
| CO DONEPEZIL                    | 10MG     | ODT              | 02397625 | COB | 10        |
| CO FAMCICLOVIR                  | 250MG    | TAB              | 02305690 | COB | 6         |
| CO FENTANYL MATRIX PATCH        | 12MCG/HR | TRANS PATCH      | 02386844 | COB | 22        |
| CO FLUOXETINE                   | 10MG     | CAP              | 02242177 | COB | 27        |

| PRODUCT NAME        | STRENGTH | DOSAGE FORM                     | DIN/PIN  | MFR | PAGE |
|---------------------|----------|---------------------------------|----------|-----|------|
| CO LEVETIRACETAM    | 250MG    | TAB                             | 02274183 | COB | 24   |
| CO LEVETIRACETAM    | 500MG    | TAB                             | 02274191 | COB | 25   |
| CO LEVETIRACETAM    | 750MG    | TAB                             | 02274205 | COB | 25   |
| CO LEVOFLOXACIN     | 750MG    | TAB                             | 02315440 | COB | 9    |
| CO MEMANTINE        | 10MG     | TAB                             | 02324067 | COB | 35   |
| CO OLANZAPINE       | 20MG     | TAB                             | 02325713 | COB | 28   |
| CO OLANZAPINE ODT   | 20MG     | RAPID DISSOLVE<br>TAB           | 02327597 | COB | 28   |
| CO OLOPATADINE 0.1% | 0.1%     | OPH SOL                         | 02403986 | COB | 42   |
| CO PAROXETINE       | 10MG     | TAB                             | 02262746 | COB | 27   |
| CO PIOGLITAZONE     | 15MG     | TAB                             | 02302861 | COB | 47   |
| CO PIOGLITAZONE     | 30MG     | TAB                             | 02302888 | COB | 47   |
| CO PIOGLITAZONE     | 45MG     | TAB                             | 02302896 | COB | 48   |
| CO PRAMIPEXOLE      | 0.5MG    | TAB                             | 02297310 | COB | 36   |
| CO PREGABALIN       | 225MG    | CAP                             | 02402971 | COB | 26   |
| CO REPAGLINIDE      | 0.5MG    | TAB                             | 02321475 | COB | 48   |
| CO REPAGLINIDE      | 1MG      | TAB                             | 02321483 | COB | 48   |
| CO REPAGLINIDE      | 2MG      | TAB                             | 02321491 | COB | 49   |
| CO RIZATRIPTAN      | 10MG     | TAB                             | 02381702 | COB | 36   |
| CO RIZATRIPTAN ODT  | 10MG     | ORALLY<br>DISINTEGRATING<br>TAB | 02374749 | COB | 37   |
| CO RIZATRIPTAN ODT  | 5MG      | ORALLY<br>DISINTEGRATING<br>TAB | 02374730 | COB | 36   |
| CO SILDENAFIL       | 25MG     | TAB                             | 02372053 | COB | 54   |
| CO SILDENAFIL       | 50MG     | TAB                             | 02372061 | COB | 54   |
| CO SILDENAFIL       | 100MG    | TAB                             | 02372088 | COB | 55   |
| CO SUMATRIPTAN      | 25MG     | TAB                             | 02257882 | COB | 37   |
| CO SUMATRIPTAN      | 50MG     | TAB                             | 02257890 | COB | 37   |
| CO SUMATRIPTAN      | 100MG    | TAB                             | 02257904 | COB | 38   |

| PRODUCT NAME                                       | STRENGTH       | DOSAGE FORM | DIN/PIN  | MFR | PAGE      |
|----------------------------------------------------|----------------|-------------|----------|-----|-----------|
| CO TERBINAFINE                                     | 250MG          | TAB         | 02254727 | COB | 2         |
| CO TRAMADOL/ACET                                   | 37.5MG & 325MG | TAB         | 02383209 | COB | 22        |
| CO VALSARTAN                                       | 40MG           | TAB         | 02337487 | COB | 17        |
| CO ZOPICLONE                                       | 5MG            | TAB         | 02271931 | COB | 31        |
| CO ZOPICLONE                                       | 7.5MG          | TAB         | 02271958 | COB | 32        |
| COUMADIN                                           | 6MG            | TAB         | 02240206 | BQU | 13        |
| CYESTRA-35                                         | 2MG & 0.035MG  | TAB-21 PK   | 02290308 | PMS | 50        |
| CYKLOKAPRON                                        | 500MG          | TAB         | 02064405 | PFI | 13        |
| <b>CYPROTERONE ACETATE &amp; ETHINYL ESTRADIOL</b> |                |             |          |     | <b>50</b> |
| DAYPRO                                             | 600MG          | TAB         | 02027860 | HLR | 21        |
| <b>DEFEROXAMINE MESYLATE</b>                       |                |             |          |     | <b>45</b> |
| DIANE-35                                           | 2MG & 0.035MG  | TAB-21 PK   | 02233542 | BAY | 50        |
| <b>DICLOFENAC POTASSIUM</b>                        |                |             |          |     | <b>20</b> |
| <b>DICLOFENAC SODIUM</b>                           |                |             |          |     | <b>20</b> |
| DIOVAN                                             | 40MG           | TAB         | 02270528 | NOV | 17        |
| <b>DIPYRIDAMOLE</b>                                |                |             |          |     | <b>18</b> |
| DIXARIT                                            | 0.025MG        | TAB         | 00519251 | BOE | 16        |
| <b>DONEPEZIL HCL</b>                               |                |             |          |     | <b>10</b> |
| DOSTINEX                                           | 0.5MG          | TAB         | 02242471 | PMJ | 52        |
| <b>DOXYCYCLINE HYCLATE</b>                         |                |             |          |     | <b>4</b>  |
| DURAGESIC 12                                       | 12MCG/HR       | TRANS PATCH | 02280345 | JNO | 22        |
| DURALITH                                           | 300MG          | ER TAB      | 00590665 | JNO | 29        |
| EBIXA                                              | 10MG           | TAB         | 02260638 | VLH | 35        |
| ECL-METFORMIN                                      | 850MG          | TAB         | 02421836 | ECL | 46        |
| <b>ELETRIPTAN</b>                                  |                |             |          |     | <b>34</b> |
| <b>ENALAPRIL MALEATE &amp; HYDROCHLOROTHIAZIDE</b> |                |             |          |     | <b>16</b> |
| <b>ENTECAVIR</b>                                   |                |             |          |     | <b>6</b>  |
| <b>EPTIFIBATIDE</b>                                |                |             |          |     | <b>13</b> |

| PRODUCT NAME                       | STRENGTH                   | DOSAGE FORM                                   | DIN/PIN  | MFR | PAGE      |
|------------------------------------|----------------------------|-----------------------------------------------|----------|-----|-----------|
| EPTIFIBATIDE INJECTION             | 0.75MG/ML                  | 100ML VIAL PK                                 | 02405083 | TEV | 13        |
| EPTIFIBATIDE INJECTION             | 2MG/ML                     | 10ML VIAL PK                                  | 02367858 | TEV | 13        |
| <b>ESOMEPRAZOLE</b>                |                            |                                               |          |     | <b>44</b> |
| <b>ETODOLAC</b>                    |                            |                                               |          |     | <b>20</b> |
| EXTRA STRENGTH ALLERGY RELIEF      | 10MG                       | TAB                                           | 02315955 | PMS | 1         |
| <b>FAMICYCLOVIR</b>                |                            |                                               |          |     | <b>6</b>  |
| FAMVIR                             | 125MG                      | TAB                                           | 02229110 | NOV | 6         |
| FAMVIR                             | 250MG                      | TAB                                           | 02229129 | NOV | 6         |
| <b>FENOFIBRATE</b>                 |                            |                                               |          |     | <b>15</b> |
| <b>FENTANYL TRANSDERMAL SYSTEM</b> |                            |                                               |          |     | <b>22</b> |
| <b>FINASTERIDE</b>                 |                            |                                               |          |     | <b>52</b> |
| FIORINAL                           | 330MG & 50MG & 40MG        | CAP                                           | 00226327 | NOV | 21        |
| FIORINAL C1/2                      | 330MG & 50MG & 40MG & 30MG | CAP                                           | 00176206 | NOV | 22        |
| FIORINAL C1/4                      | 330MG & 50MG & 40MG & 15MG | CAP                                           | 00176192 | NOV | 21        |
| FLONASE                            | 50MCG/ACTUATION            | NAS SP-120 DOSE PK                            | 02213672 | GSK | 41        |
| <b>FLUOXETINE HCL</b>              |                            |                                               |          |     | <b>27</b> |
| FLUOXETINE CAPSULES BP             | 10MG                       | CAP                                           | 02393441 | ACH | 27        |
| <b>FLUTICASONE PROPIONATE</b>      |                            |                                               |          |     | <b>41</b> |
| <b>FONDAPARINUX SODIUM</b>         |                            |                                               |          |     | <b>13</b> |
| FONDAPARINUX SODIUM INJECTION      | 7.5MG/0.6ML                | INJ SOL-PREF SYR 0.6ML PK (PRESERVATIVE FREE) | 02406896 | DRR | 13        |
| FOSAMAX                            | 40MG                       | TAB                                           | 02201038 | MFC | 52        |
| FOSAMAX                            | 5MG                        | TAB                                           | 02233055 | MFC | 52        |
| FROVA                              | 2.5MG                      | TAB                                           | 02257084 | EDO | 35        |

| PRODUCT NAME               | STRENGTH | DOSAGE FORM         | DIN/PIN  | MFR | PAGE      |
|----------------------------|----------|---------------------|----------|-----|-----------|
| <b>FROVATRIPTAN</b>        |          |                     |          |     | <b>35</b> |
| <b>GABAPENTIN</b>          |          |                     |          |     | <b>24</b> |
| GABAPENTIN TABLETS USP     | 600MG    | TAB                 | 02392526 | ACH | 24        |
| GABAPENTIN TABLETS USP     | 800MG    | TAB                 | 02392534 | ACH | 24        |
| GD-ELETRIPTAN              | 20MG     | TAB                 | 02342235 | GEM | 34        |
| GD-ELETRIPTAN              | 40MG     | TAB                 | 02342243 | GEM | 35        |
| GD-GABAPENTIN              | 600MG    | TAB                 | 02285843 | GEM | 24        |
| GD-GABAPENTIN              | 800MG    | TAB                 | 02285851 | GEM | 24        |
| GD-PREGABALIN              | 225MG    | CAP                 | 02360195 | GEM | 26        |
| GD-SILDENAFIL              | 100MG    | TAB                 | 02292017 | GEM | 55        |
| GD-SILDENAFIL              | 25MG     | TAB                 | 02291991 | GEM | 54        |
| GD-SILDENAFIL              | 50MG     | TAB                 | 02292009 | GEM | 54        |
| GD-TERBINAFINE             | 250MG    | TAB                 | 02352818 | GEM | 2         |
| GD-TRANEXAMIC ACID         | 500MG    | TAB                 | 02409097 | GEM | 13        |
| <b>GEMFIBROZIL</b>         |          |                     |          |     | <b>15</b> |
| GEN-CLOZAPINE              | 100MG    | TAB                 | 02247244 | MYL | 28        |
| GEN-CLOZAPINE              | 25MG     | TAB                 | 02247243 | MYL | 28        |
| <b>GLIMEPIRIDE</b>         |          |                     |          |     | <b>46</b> |
| GLUCONORM                  | 0.5MG    | TAB                 | 02239924 | NOO | 48        |
| GLUCONORM                  | 1MG      | TAB                 | 02239925 | NOO | 48        |
| GLUCONORM                  | 2MG      | TAB                 | 02239926 | NOO | 49        |
| GLUCOPHAGE                 | 850MG    | TAB                 | 02162849 | SAV | 46        |
| GLUMETZA                   | 500MG    | ER TAB              | 02268493 | BIO | 46        |
| <b>GLYCOPYRROLATE</b>      |          |                     |          |     |           |
| GLYCOPYRROLATE INJECTION   | 0.2MG/ML | INJ SOL-2ML VIAL PK | 02382857 | OMG | 11        |
| HEPSERA                    | 10MG     | TAB                 | 02247823 | GIL | 6         |
| HEPTOVIR                   | 100MG    | TAB                 | 02239193 | VIH | 6         |
| <b>HYDROCHLOROTHIAZIDE</b> |          |                     |          |     | <b>39</b> |

| PRODUCT NAME                    | STRENGTH       | DOSAGE FORM                  | DIN/PIN  | MFR | PAGE      |
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| IMDUR                           | 60MG           | ER TAB                       | 02126559 | AZC | 19        |
| <b>IMIQUIMOD</b>                |                |                              |          |     | <b>51</b> |
| IMITREX                         | 100MG          | TAB                          | 01950614 | GSK | 38        |
| IMITREX                         | 25MG           | TAB                          | 09857299 | GSK | 37        |
| IMITREX                         | 50MG           | TAB                          | 02163764 | GSK | 37        |
| IMITREX                         | 6MG/0.5ML      | INJ SOL-PREF<br>SYR 0.5ML PK | 02212188 | GLW | 38        |
| IMITREX DF                      | 100MG          | TAB                          | 02212161 | GSK | 37        |
| IMITREX DF                      | 25MG           | TAB                          | 02239738 | GSK | 37        |
| IMITREX DF                      | 50MG           | TAB                          | 02212153 | GSK | 37        |
| IMOVANE                         | 5MG            | TAB                          | 02216167 | SAV | 31        |
| IMOVANE                         | 7.5MG          | TAB                          | 01926799 | SAV | 32        |
| INTEGRILIN                      | 0.75MG/ML      | 100ML VIAL PK                | 02240351 | MEK | 13        |
| INTEGRILIN                      | 2MG/ML         | 10ML VIAL PK                 | 02240352 | MEK | 13        |
| <b>IPRATROPIUM BROMIDE</b>      |                |                              |          |     | <b>42</b> |
| ISOPTIN SR                      | 120MG          | LA TAB                       | 01907123 | ABB | 16        |
| <b>ISOSORBIDE-5-MONONITRATE</b> |                |                              |          |     | <b>19</b> |
| JAMP-ACET-TRAMADOL              | 37.5MG & 325MG | TAB                          | 02388308 | JPC | 22        |
| JAMP-ALPRAZOLAM                 | 1MG            | TAB                          | 02400146 | JPC | 28        |
| JAMP-ALPRAZOLAM                 | 2MG            | TAB                          | 02400154 | JPC | 28        |
| JAMP-FLUOXETINE                 | 10MG           | CAP                          | 02401894 | JPC | 27        |
| JAMP-GABAPENTIN TABLETS         | 600MG          | TAB                          | 02402289 | JPC | 24        |
| JAMP-GABAPENTIN TABLETS         | 800MG          | TAB                          | 02402297 | JPC | 24        |
| JAMP-LEVETIRACETAM              | 250MG          | TAB                          | 02403005 | JPC | 24        |
| JAMP-LEVETIRACETAM              | 500MG          | TAB                          | 02403021 | JPC | 25        |
| JAMP-LEVETIRACETAM              | 750MG          | TAB                          | 02403048 | JPC | 25        |
| JAMP-METFORMIN                  | 850MG          | TAB                          | 02380218 | JPC | 46        |
| JAMP-METFORMIN<br>BLACKBERRY    | 850MG          | TAB                          | 02380730 | JPC | 47        |
| JAMP-MONTELUKAST                | 10MG           | TAB                          | 02391422 | JPC | 53        |

| PRODUCT NAME           | STRENGTH | DOSAGE FORM                     | DIN/PIN  | MFR | PAGE |
|------------------------|----------|---------------------------------|----------|-----|------|
| JAMP OLANZAPINE FC     | 20MG     | TAB                             | 02417308 | JPC | 28   |
| JAMP-OLANZAPINE ODT    | 20MG     | RAPID DISSOLVE<br>TAB           | 02406659 | JPC | 28   |
| JAMP-OXCARBAZEPINE     | 150MG    | TAB                             | 02440717 | JPC | 25   |
| JAMP-OXCARBAZEPINE     | 300MG    | TAB                             | 02440725 | JPC | 25   |
| JAMP-OXCARBAZEPINE     | 600MG    | TAB                             | 02440733 | JPC | 25   |
| JAMP-PANTOPRAZOLE      | 20MG     | ENT TAB                         | 02408414 | JPC | 44   |
| JAMP-PAROXETINE        | 10MG     | TAB                             | 02368862 | JPC | 27   |
| JAMP-PIOGLITAZONE      | 15MG     | TAB                             | 02397307 | JPC | 47   |
| JAMP-PIOGLITAZONE      | 30MG     | TAB                             | 02365529 | JPC | 47   |
| JAMP-PIOGLITAZONE      | 45MG     | TAB                             | 02365537 | JPC | 48   |
| JAMP-RIZATRIPTAN       | 10MG     | TAB                             | 02380463 | JPC | 36   |
| JAMP-RIZATRIPTAN       | 5MG      | TAB                             | 02380455 | JPC | 36   |
| JAMP-RIZATRIPTAN IR    | 5MG      | TAB                             | 02429233 | JPC | 36   |
| JAMP-RIZATRIPTAN IR    | 10MG     | TAB                             | 02429241 | JPC | 37   |
| JAMP-SILDENAFIL        | 25MG     | TAB                             | 02405660 | JPC | 54   |
| JAMP-SILDENAFIL        | 50MG     | TAB                             | 02405679 | JPC | 54   |
| JAMP-SILDENAFIL        | 100MG    | TAB                             | 02405687 | JPC | 55   |
| JAMP-SOTALOL           | 80MG     | TAB                             | 02368617 | JPC | 14   |
| JAMP-TERBINAFINE       | 250MG    | TAB                             | 02357070 | JPC | 2    |
| JAMP-ZOLMITRIPTAN      | 2.5MG    | TAB                             | 02421623 | JPC | 38   |
| JAMP-ZOLMITRIPTAN ODT  | 2.5MG    | ORALLY<br>DISINTEGRATING<br>TAB | 02428237 | JPC | 38   |
| JAMP-ZOPICLONE         | 7.5MG    | TAB                             | 02356805 | JPC | 32   |
| JAMP-ZOPICLONE TABLETS | 5MG      | TAB                             | 02406969 | JPC | 31   |
| JAMP-ZOPICLONE TABLETS | 7.5MG    | TAB                             | 02406977 | JPC | 32   |
| KEPPRA                 | 250MG    | TAB                             | 02247027 | VLH | 24   |
| KEPPRA                 | 500MG    | TAB                             | 02247028 | VLH | 25   |
| KEPPRA                 | 750MG    | TAB                             | 02247029 | VLH | 25   |

| PRODUCT NAME                                | STRENGTH      | DOSAGE FORM                         | DIN/PIN  | MFR | PAGE      |
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| <b>KETOROLAC TROMETHAMINE</b>               |               |                                     |          |     | <b>20</b> |
| <b>KETOTIFEN</b>                            |               |                                     |          |     | <b>42</b> |
| KETOTIFEN OPHTHALMIC SOLUTION               | 0.25MG/ML     | OPH SOL                             | 02400871 | STE | 42        |
| LAMISIL                                     | 250MG         | TAB                                 | 02031116 | NOV | 2         |
| <b>LAMIVUDINE</b>                           |               |                                     |          |     | <b>6</b>  |
| LARIAM                                      | 250MG         | TAB                                 | 02018055 | HLR | 8         |
| LEVAQUIN                                    | 750MG         | TAB                                 | 02246804 | JAN | 9         |
| <b>LEVETIRACETAM</b>                        |               |                                     |          |     | <b>24</b> |
| LEVETIRACETAM TABLETS                       | 250MG         | TAB                                 | 02399776 | ACH | 24        |
| LEVETIRACETAM TABLETS                       | 500MG         | TAB                                 | 02399784 | ACH | 25        |
| LEVETIRACETAM TABLETS                       | 750MG         | TAB                                 | 02399792 | ACH | 25        |
| <b>LEVOFLOXACIN</b>                         |               |                                     |          |     | <b>9</b>  |
| <b>LINEZOLID</b>                            |               |                                     |          |     | <b>9</b>  |
| LINEZOLID INJECTION                         | 2MG/ML        | INJ-300ML PK                        | 02402637 | TEV | 9         |
| LIORESAL INTRATHECAL                        | 0.05MG/ML     | INJ SOL-1ML PK (PRESERVATIVE-FREE)  | 02131048 | NOV | 12        |
| LIORESAL INTRATHECAL                        | 0.5MG/ML      | INJ SOL-20ML PK (PRESERVATIVE-FREE) | 02131056 | NOV | 12        |
| LIORESAL INTRATHECAL                        | 2MG/ML        | INJ SOL-5ML PK (PRESERVATIVE-FREE)  | 02131064 | NOV | 12        |
| LIPIDIL MICRO                               | 67MG          | CAP                                 | 02230283 | FOU | 15        |
| LIPIDIL SUPRA                               | 100MG         | TAB                                 | 02241601 | LAF | 15        |
| <b>LITHIUM CARBONATE</b>                    |               |                                     |          |     | <b>29</b> |
| <b>LISINOPRIL &amp; HYDROCHLOROTHIAZIDE</b> |               |                                     |          |     | <b>16</b> |
| LITHMAX                                     | 300MG         | ER TAB                              | 02266695 | AAP | 29        |
| <b>LORATADINE</b>                           |               |                                     |          |     | <b>1</b>  |
| LOSEC                                       | 10MG          | DR CAP                              | 02119579 | AZC | 44        |
| LOSEC DR TAB                                | 10MG          |                                     | 02230737 | AZC | 44        |
| LOPID                                       | 600 MG        | TAB                                 | 00659606 | PFI | 15        |
| LYRICA                                      | 225MG         | CAP                                 | 02268477 | PFI | 25        |
| MALARONE                                    | 250MG & 100MG | TAB                                 | 02238151 | GSK | 8         |

| PRODUCT NAME          | STRENGTH       | DOSAGE FORM                     | DIN/PIN  | MFR | PAGE     |
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| MAR-CETIRIZINE        | 10MG           | TAB                             | 02427133 | MAR | 1        |
| MAR-CETIRIZINE        | 20MG           | TAB                             | 02427141 | MAR | 1        |
| MAR-FLUOXETINE        | 10MG           | CAP                             | 02392909 | MAR | 27       |
| MAR-METFORMIN         | 850MG          | TAB                             | 02378639 | MAR | 47       |
| MAR-MODAFINIL         | 100MG          | TAB                             | 02432560 | MAR | 30       |
| MAR-MONTELUKAST       | 10MG           | TAB                             | 02399997 | MAR | 53       |
| MAR-MONTELUKAST       | 5MG            | CHEW TAB                        | 02399873 | MAR | 52       |
| MAR-OLANZAPINE ODT    | 20MG           | RAPID DISSOLVE TAB              | 02389126 | MAR | 29       |
| MAR-PANTOPRAZOLE      | 20MG           | ENT TAB                         | 02416557 | MAR | 44       |
| MAR-PAROXETINE        | 10 MG          | TAB                             | 02411946 | MAR | 27       |
| MAR-PREGABALIN        | 225MG          | CAP                             | 02417596 | MAR | 26       |
| MAR-RAMIPRIL          | 15MG           | CAP                             | 02420503 | MAR | 16       |
| MAR-RIZATRIPTAN       | 10MG           | TAB                             | 02379678 | MAR | 37       |
| MAR-RIZATRIPTAN       | 5MG            | TAB                             | 02379651 | MAR | 36       |
| MAR-TRAMADOL/ACET     | 37.5MG & 325MG | TAB                             | 02388324 | MAR | 23       |
| MAR-ZOLMITRIPTAN      | 2.5MG          | TAB                             | 02399458 | MAR | 38       |
| MAR-ZOPICLONE         | 5MG            | TAB                             | 02386771 | MAR | 31       |
| MAR-ZOPICLONE         | 7.5MG          | TAB                             | 02386798 | MAR | 32       |
| MAXALT                | 10MG           | TAB                             | 02240521 | FRS | 36       |
| MAXALT                | 5MG            | TAB                             | 02240520 | FRS | 36       |
| MAXALT RPD            | 10MG           | ORALLY<br>DISINTEGRATING<br>TAB | 02240519 | MEK | 37       |
| MAXALT RPD            | 5MG            | ORALLY<br>DISINTEGRATING TAB    | 02240518 | MEK | 36       |
| MAXIPIME              | 1G             | INJ PD-VIAL PK                  | 02163632 | BQU | 9        |
| MAXIPIME              | 2G             | INJ PD-VIAL PK                  | 02163640 | BQU | 9        |
| MED-MEMANTINE         | 10MG           | TAB                             | 02409895 | GMP | 35       |
| MEFLOQUINE            | 250MG          | TAB                             | 02244366 | AAP | 8        |
| <b>MEFLOQUINE HCL</b> |                |                                 |          |     | <b>8</b> |

| PRODUCT NAME               | STRENGTH | DOSAGE FORM               | DIN/PIN  | MFR | PAGE      |
|----------------------------|----------|---------------------------|----------|-----|-----------|
| MEFOXIN                    | 1G/VIAL  | INJ PD-VIAL PK            | 00663697 | MSD | 5         |
| MEFOXIN                    | 2G/VIAL  | INJ PD-VIAL PK            | 00663700 | MSD | 5         |
| <b>MEMANTINE HCL</b>       |          |                           |          |     | <b>35</b> |
| METFORMIN                  | 850MG    | TAB                       | 02378868 | MAR | 47        |
| <b>METFORMIN HCL</b>       |          |                           |          |     | <b>46</b> |
| <b>METHOTREXATE</b>        |          |                           |          |     | <b>9</b>  |
| <b>METHYLPHENIDATE HCL</b> |          |                           |          |     | <b>30</b> |
| <b>MIDAZOLAM HCL</b>       |          |                           |          |     | <b>31</b> |
| MIDAZOLAM INJECTION        | 5MG/ML   | INJ SOL-2ML VIAL PK       | 02242905 | PPC | 31        |
| MINOCIN                    | 100MG    | CAP                       | 02173506 | STI | 4         |
| MINOCIN                    | 50MG     | CAP                       | 02173514 | STI | 4         |
| <b>MINOCYCLINE HCL</b>     |          |                           |          |     | <b>4</b>  |
| MINT-FLUOXETINE            | 10MG     | CAP                       | 02380560 | MIN | 27        |
| MINT-MONTELUKAST           | 5MG      | CHEW TAB                  | 02408635 | MIN | 53        |
| MINT-MONTELUKAST           | 10MG     | TAB                       | 02408643 | MIN | 53        |
| MINT-METFORMIN             | 850MG    | TAB                       | 02388774 | MIN | 47        |
| MINT-OLANZAPINE ODT        | 20MG     | RAPID DISSOLVE TAB        | 02437007 | MIN | 29        |
| MINT-OLOPATADINE           | 25MG/ML  | OPH SOL-5ML PK            | 02422727 | MIN | 42        |
| MINT-PAROXETINE            | 10MG     | TAB                       | 02421372 | MIN | 27        |
| MINT-PIOGLITAZONE          | 15MG     | TAB                       | 02326477 | MIN | 47        |
| MINT-PIOGLITAZONE          | 30MG     | TAB                       | 02326485 | MIN | 47        |
| MINT-PIOGLITAZONE          | 45MG     | TAB                       | 02326493 | MIN | 48        |
| MINT-RAMIPRIL              | 15MG     | CAP                       | 02421348 | MIN | 16        |
| MINT-RIZATRIPTAN ODT       | 5MG      | ORALLY DISINTEGRATING TAB | 02439573 | MIN | 36        |
| MINT-RIZATRIPTAN ODT       | 10MG     | ORALLY DISINTEGRATING TAB | 02439581 | MIN | 37        |
| MINT-SILDENAFIL            | 100MG    | TAB                       | 02393085 | MIN | 55        |
| MINT-SILDENAFIL            | 25MG     | TAB                       | 02393069 | MIN | 54        |
| MINT-SILDENAFIL            | 50MG     | TAB                       | 02393077 | MIN | 54        |

| PRODUCT NAME               | STRENGTH       | DOSAGE FORM               | DIN/PIN  | MFR | PAGE      |
|----------------------------|----------------|---------------------------|----------|-----|-----------|
| MINT-TRAMADOL/ACET         | 37.5MG & 325MG | TAB                       | 02389800 | MIN | 23        |
| MINT-ZOLMITRIPTAN          | 2.5MG          | TAB                       | 02419521 | MIN | 38        |
| MINT-ZOLMITRIPTAN ODT      | 2.5MG          | ORALLY DISINTEGRATING TAB | 02419513 | MIN | 38        |
| MINT-ZOPICLONE             | 5MG            | TAB                       | 02391716 | MIN | 32        |
| MINT-ZOPICLONE             | 7.5MG          | TAB                       | 02391724 | MIN | 32        |
| MIRAPEX                    | 0.5MG          | TAB                       | 02241594 | BOE | 36        |
| <b>MODAFINIL</b>           |                |                           |          |     | <b>30</b> |
| MODULON                    | 100MG          | TAB                       | 00587869 | BFI | 11        |
| MODULON                    | 200MG          | TAB                       | 00803499 | BFI | 11        |
| <b>MONTELUKAST SODIUM</b>  |                |                           |          |     | <b>52</b> |
| MONTELUKAST SODIUM TABLETS | 10MG           | TAB                       | 02379236 | ACH | 53        |
| <b>MOXIFLOXACIN HCL</b>    |                |                           |          |     | 40        |
| MYLAN-ACYCLOVIR            | 200MG          | TAB                       | 02242784 | MYL | 6         |
| MYLAN-ACYCLOVIR            | 400MG          | TAB                       | 02242463 | MYL | 6         |
| MYLAN-ALMOTRIPTAN          | 12.5MG         | TAB                       | 02398443 | MYL | 33        |
| MYLAN-ALMOTRIPTAN          | 6.25MG         | TAB                       | 02398435 | MYL | 33        |
| MYLAN-ALPRAZOLAM           | 1MG            | TAB                       | 02229813 | MYL | 28        |
| MYLAN-ALPRAZOLAM           | 2MG            | TAB                       | 02229814 | MYL | 28        |
| MYLAN-ATOMOXETINE          | 100MG          | CAP                       | 02378981 | MYL | 34        |
| MYLAN-ATOMOXETINE          | 18MG           | CAP                       | 02378930 | MYL | 33        |
| MYLAN-ATOMOXETINE          | 25MG           | CAP                       | 02378949 | MYL | 33        |
| MYLAN-ATOMOXETINE          | 40MG           | CAP                       | 02378957 | MYL | 34        |
| MYLAN-ATOMOXETINE          | 60MG           | CAP                       | 02378965 | MYL | 34        |
| MYLAN-ATOMOXETINE          | 80MG           | CAP                       | 02378973 | MYL | 34        |
| MYLAN-ATOVAQUONE/PROGUANIL | 250MG & 100MG  | TAB                       | 02402165 | MYL | 8         |
| MYLAN-BOSENTAN             | 125MG          | TAB                       | 02383500 | MYL | 18        |
| MYLAN-BOSENTAN             | 62.5MG         | TAB                       | 02383497 | MYL | 18        |
| MYLAN-CLARITHROMYCIN       | 500MG          | TAB                       | 02248857 | MYL | 2         |

| PRODUCT NAME                | STRENGTH    | DOSAGE FORM        | DIN/PIN  | MFR | PAGE |
|-----------------------------|-------------|--------------------|----------|-----|------|
| MYLAN-ESOMEPRAZOLE          | 20MG        | DR TAB             | 02383039 | MYL | 44   |
| MYLAN-ESOMEPRAZOLE          | 40MG        | DR TAB             | 02383047 | MYL | 44   |
| MYLAN-FENTANYL MATRIX PATCH | 12MCG/HR    | TRANS PATCH        | 02396696 | MYL | 22   |
| MYLAN-FINASTERIDE HG        | 1MG         | TAB                | 02392631 | MYL | 52   |
| MYLAN-FLUOXETINE            | 10MG        | CAP                | 02237813 | MYL | 27   |
| MYLAN-GABAPENTIN            | 600MG       | TAB                | 02397471 | MYL | 24   |
| MYLAN-GABAPENTIN            | 800MG       | TAB                | 02397498 | MYL | 24   |
| MYLAN-LISINOPRIL HCTZ       | 20MG & 25MG | TAB                | 02297752 | MYL | 16   |
| MYLAN-MEMANTINE             | 10MG        | TAB                | 02430371 | MYL | 35   |
| MYLAN-METFORMIN             | 850MG       | TAB                | 02229656 | MYL | 47   |
| MYLAN-MINOCYCLINE           | 100MG       | CAP                | 02230736 | MYL | 4    |
| MYLAN-MINOCYCLINE           | 50MG        | CAP                | 02230735 | MYL | 4    |
| MYLAN-MONTELUKAST           | 10MG        | TAB                | 02368226 | MYL | 53   |
| MYLAN-MONTELUKAST           | 5MG         | CHEW TAB           | 02380757 | MYL | 53   |
| MYLAN-NABUMETONE            | 500MG       | TAB                | 02244563 | MYL | 20   |
| MYLAN-NAPROXEN EC           | 375MG       | ENT TAB            | 02243432 | MYL | 21   |
| MYLAN-NAPROXEN EC           | 500MG       | ENT TAB            | 02241024 | MYL | 21   |
| MYLAN-NITRO PATCH           | 0.2MG/HR    | TRANS PATCH        | 02407442 | MYL | 19   |
| MYLAN-NITRO PATCH           | 0.8MG/HR    | TRANS PATCH        | 02407477 | MYL | 19   |
| MYLAN-OLANZAPINE ODT        | 20MG        | RAPID DISSOLVE TAB | 02382733 | MYL | 29   |
| MYLAN-OMEPRAZOLE            | 10MG        | DR CAP             | 02329425 | MYL | 44   |
| MYLAN-OMEPRAZOLE DR CAP     | 10MG        |                    | 09857350 | MYL | 44   |
| MYLAN-PAROXETINE            | 10MG        | TAB                | 02248012 | MYL | 27   |
| MYLAN-PIOGLITAZONE          | 15MG        | TAB                | 02298279 | MYL | 47   |
| MYLAN-PIOGLITAZONE          | 30MG        | TAB                | 02298287 | MYL | 48   |
| MYLAN-PIOGLITAZONE          | 45MG        | TAB                | 02298295 | MYL | 48   |
| MYLAN-PRAMIPEXOLE           | 0.5MG       | TAB                | 02376369 | MYL | 36   |
| MYLAN-RILUZOLE              | 50MG        | TAB                | 02390299 | MYL | 54   |

| PRODUCT NAME           | STRENGTH       | DOSAGE FORM                     | DIN/PIN  | MFR | PAGE      |
|------------------------|----------------|---------------------------------|----------|-----|-----------|
| MYLAN-RIZATRIPTAN ODT  | 10MG           | ORALLY<br>DISINTEGRATING<br>TAB | 02379201 | MYL | 37        |
| MYLAN-RIZATRIPTAN ODT  | 5MG            | ORALLY<br>DISINTEGRATING<br>TAB | 02379198 | MYL | 36        |
| MYLAN-SOTALOL          | 80MG           | TAB                             | 02229778 | MYL | 14        |
| MYLAN-SUMATRIPTAN      | 100MG          | TAB                             | 02268922 | MYL | 38        |
| MYLAN-SUMATRIPTAN      | 25MG           | TAB                             | 02268906 | MYL | 37        |
| MYLAN-SUMATRIPTAN      | 50MG           | TAB                             | 02268914 | MYL | 37        |
| MYLAN-TERBINAFINE      | 250MG          | TAB                             | 02242503 | MYL | 2         |
| MYLAN-TIZANIDINE       | 4MG            | TAB                             | 02272059 | MYL | 12        |
| MYLAN-TRAMADOL/ACET    | 37.5MG & 325MG | TAB                             | 02425599 | MYL | 23        |
| MYLAN-VALACYCLOVIR     | 1000MG         | TAB                             | 02351560 | MYL | 7         |
| MYLAN-VALSARTAN        | 40MG           | TAB                             | 02383527 | MYL | 17        |
| MYLAN-VERAPAMIL SR     | 120MG          | LA TAB                          | 02210347 | MYL | 16        |
| MYLAN-WARFARIN         | 6MG            | TAB                             | 02287501 | MYL | 13        |
| MYLAN-ZOLMITRIPTAN     | 2.5MG          | TAB                             | 02369036 | MYL | 38        |
| MYLAN-ZOLMITRIPTAN ODT | 2.5MG          | ORALLY<br>DISINTEGRATING<br>TAB | 02387158 | MYL | 38        |
| MYLAN-ZOPICLONE        | 5MG            | TAB                             | 02296616 | MYL | 32        |
| MYLAN-ZOPICLONE        | 7.5MG          | TAB                             | 02238596 | MYL | 32        |
| MYL-SILDENAFIL         | 100MG          | TAB                             | 02392593 | MYL | 55        |
| MYL-SILDENAFIL         | 25MG           | TAB                             | 02392577 | MYL | 54        |
| MYL-SILDENAFIL         | 50MG           | TAB                             | 02392585 | MYL | 54        |
| <b>NABILONE</b>        |                |                                 |          |     | <b>43</b> |
| <b>NABUMETONE</b>      |                |                                 |          |     | <b>20</b> |
| <b>NALTREXONE HCL</b>  |                |                                 |          |     | <b>23</b> |
| <b>NAPROXEN</b>        |                |                                 |          |     | <b>20</b> |
| <b>NAPROXEN SODIUM</b> |                |                                 |          |     | <b>21</b> |

| PRODUCT NAME                         | STRENGTH   | DOSAGE FORM                     | DIN/PIN  | MFR | PAGE      |
|--------------------------------------|------------|---------------------------------|----------|-----|-----------|
| NAPROSYN E                           | 250MG      | ENT TAB                         | 02162792 | HLR | 21        |
| NAPROSYN E                           | 375MG      | ENT TAB                         | 02162415 | HLR | 21        |
| NAPROSYN E                           | 500MG      | ENT TAB                         | 02162423 | HLR | 21        |
| <b>NARATRIPTAN<br/>HYDROCHLORIDE</b> |            |                                 |          |     | <b>35</b> |
| NASONEX                              | 50MCG/DOSE | NASAL SPRAY                     | 02238465 | MEK | 41        |
| NAT-ALPRAZOLAM                       | 1MG        | TAB                             | 02417650 | NAT | 28        |
| NAT-LEVETIRACETAM                    | 250MG      | TAB                             | 02440202 | NAT | 24        |
| NAT-LEVETIRACETAM                    | 500MG      | TAB                             | 02440210 | NAT | 25        |
| NAT-LEVETIRACETAM                    | 750MG      | TAB                             | 02440229 | NAT | 25        |
| NAT-QUETIAPINE                       | 150MG      | TAB                             | 02439174 | NAT | 29        |
| NAT-RIZATRIPTAN ODT                  | 5MG        | ORALLY<br>DISINTEGRATING<br>TAB | 02436604 | NAT | 36        |
| NAT-RIZATRIPTAN ODT                  | 10MG       | ORALLY<br>DISINTEGRATING<br>TAB | 02436612 | NAT | 37        |
| NAT-ZOLMITRIPTAN                     | 2.5MG      | TAB                             | 02421534 | NAT | 38        |
| NEURONTIN                            | 600MG      | TAB                             | 02239717 | PFI | 24        |
| NEURONTIN                            | 800MG      | TAB                             | 02239718 | PFI | 24        |
| NEXIUM                               | 20MG       | DR TAB                          | 02244521 | AZC | 44        |
| NEXIUM                               | 40MG       | DR TAB                          | 02244522 | AZC | 44        |
| NITOMAN                              | 25MG       | TAB                             | 02199270 | VAL | 55        |
| NITRO-DUR                            | 0.2MG/HR   | TRANS PATCH                     | 01911910 | MEK | 19        |
| NITRO-DUR                            | 0.8MG/HR   | TRANS PATCH                     | 02011271 | MEK | 19        |
| NOVAMOXIN CHEWABLE                   | 125MG      | TAB                             | 02036347 | NOP | 3         |
| NOVAMOXIN CHEWABLE                   | 250MG      | CHEW TAB                        | 02036355 | NOP | 3         |
| NOVO-ACYCLOVIR                       | 200MG      | TAB                             | 02285959 | NOP | 6         |
| NOVO-ACYCLOVIR                       | 400MG      | TAB                             | 02285967 | NOP | 6         |
| NOVO-ATOMOXETINE                     | 10MG       | CAP                             | 02314541 | NOP | 33        |
| NOVO-ATOMOXETINE                     | 18MG       | CAP                             | 02314568 | NOP | 33        |

| PRODUCT NAME                          | STRENGTH      | DOSAGE FORM | DIN/PIN  | MFR | PAGE |
|---------------------------------------|---------------|-------------|----------|-----|------|
| NOVO-ATOMOXETINE                      | 25MG          | CAP         | 02314576 | NOP | 33   |
| NOVO-ATOMOXETINE                      | 40MG          | CAP         | 02314584 | NOP | 34   |
| NOVO-ATOMOXETINE                      | 60MG          | CAP         | 02314592 | NOP | 34   |
| NOVO-BETAHISTINE                      | 16MG          | TAB         | 02280191 | NOP | 18   |
| NOVO-BETAHISTINE                      | 24MG          | TAB         | 02280205 | NOP | 18   |
| NOVO-BETAHISTINE                      | 8MG           | TAB         | 02280183 | NOP | 18   |
| NOVO-BUSPIRONE                        | 10MG          | TAB         | 02231492 | NOP | 31   |
| NOVO-CLONIDINE                        | 0.025MG       | TAB         | 02304163 | NOP | 16   |
| NOVO-CYPROTERONE/ETHINYL<br>ESTRADIOL | 2MG & 0.035MG | TAB-21 PK   | 02309556 | NOP | 50   |
| NOVO-DOXYLIN TABLETS                  | 100MG         | TAB         | 02158574 | NOP | 4    |
| NOVO-ENALAPRIL/HCTZ                   | 10MG & 25MG   | TAB         | 02300230 | NOP | 17   |
| NOVO-ENALAPRIL/HCTZ                   | 5MG & 12.5MG  | TAB         | 02300222 | NOP | 16   |
| NOVO-FENOFIBRATE<br>MICRONIZED        | 67MG          | CAP         | 02243551 | NOP | 15   |
| NOVO-FENOFIBRATE-S                    | 100MG         | TAB         | 02289083 | NOP | 15   |
| NOVO-GEMFIBROZIL                      | 600MG         | TAB         | 02142074 | NOP | 15   |
| NOVO-GLIMEPIRIDE                      | 1MG           | TAB         | 02273756 | NOP | 46   |
| NOVO-GLIMEPIRIDE                      | 2MG           | TAB         | 02273764 | NOP | 46   |
| NOVO-GLIMEPIRIDE                      | 4MG           | TAB         | 02273772 | NOP | 46   |
| NOVO-LEVOFLOXACIN                     | 750MG         | TAB         | 02285649 | NOP | 9    |
| NOVO-LISINOPRIL/HCTZ (TYPE<br>P)      | 20MG/25MG     | TAB         | 02302152 | NOP | 16   |
| NOVO-MINOCYCLINE                      | 100MG         | CAP         | 02108151 | NOP | 4    |
| NOVO-MINOCYCLINE                      | 50MG          | CAP         | 02108143 | NOP | 4    |
| NOVO-NABUMETONE                       | 500MG         | TAB         | 02240867 | NOP | 20   |
| NOVO-NABUMETONE                       | 750MG         | TAB         | 02240868 | NOP | 20   |
| NOVO-NARATRIPTAN                      | 1MG           | TAB         | 02314290 | NOP | 36   |
| NOVO-NARATRIPTAN                      | 2.5MG         | TAB         | 02314304 | NOP | 36   |

| PRODUCT NAME                     | STRENGTH | DOSAGE FORM         | DIN/PIN  | MFR | PAGE      |
|----------------------------------|----------|---------------------|----------|-----|-----------|
| NOVO-OLANZAPINE OD               | 20MG     | RAPID DISSOLVE TAB  | 02321386 | NOP | 29        |
| NOVO-PANTOPRAZOLE                | 20MG     | ENT TAB             | 02285479 | NOP | 44        |
| NOVO-PIOGLITAZONE                | 15MG     | TAB                 | 02274914 | NOP | 47        |
| NOVO-PIOGLITAZONE                | 30MG     | TAB                 | 02274922 | NOP | 48        |
| NOVO-PIOGLITAZONE                | 45MG     | TAB                 | 02274930 | NOP | 48        |
| NOVO-SOTALOL                     | 80MG     | TAB                 | 02231181 | NOP | 14        |
| NOVO-SUMATRIPTAN DF              | 100MG    | TAB                 | 02286831 | NOP | 38        |
| NOVO-SUMATRIPTAN DF              | 25MG     | TAB                 | 02286815 | NOP | 37        |
| NOVO-SUMATRIPTAN DF              | 50MG     | TAB                 | 02286823 | NOP | 37        |
| NOVO-TERBINAFINE                 | 250MG    | TAB                 | 02240346 | NOP | 2         |
| NOVO-VALACYCLOVIR                | 1000MG   | TAB                 | 02357542 | TEV | 7         |
| NOVO-ZOPICLONE                   | 5MG      | TAB                 | 02251450 | NOP | 32        |
| NOVO-ZOPICLONE                   | 7.5MG    | TAB                 | 02251469 | NOP | 32        |
| <b>OLANZAPINE</b>                |          |                     |          |     | <b>28</b> |
| <b>OLOPATADINE HCL</b>           |          |                     |          |     | <b>42</b> |
| <b>OMEPRAZOLE</b>                |          |                     |          |     | <b>44</b> |
| <b>ONDANSETRON HCL DIHYDRATE</b> |          |                     |          |     | <b>43</b> |
| ONDANSETRON INJECTION            | 2MG/ML   | INJ SOL-20ML VIAL   | 02265532 | NOP | 43        |
| ONDANSETRON INJECTION            | 2MG/ML   | INJ SOL-2ML VIAL PK | 02265524 | NOP | 43        |
| ONDANSETRON INJECTION            | 2MG/ML   | INJ SOL-4ML VIAL PK | 09857323 | NOP | 43        |
| <b>OXAPROZIN</b>                 |          |                     |          |     | <b>21</b> |
| <b>OXCARBAZEPINE</b>             |          |                     |          |     | <b>25</b> |
| OXY.IR                           | 10MG     | TAB                 | 02240131 | PFP | 22        |
| OXY.IR                           | 20MG     | TAB                 | 02240132 | PFP | 22        |
| OXY.IR                           | 5MG      | TAB                 | 02231934 | PFP | 22        |
| <b>OXYCODONE HCL</b>             |          |                     |          |     | <b>22</b> |

| PRODUCT NAME                                       | STRENGTH   | DOSAGE FORM       | DIN/PIN  | MFR | PAGE      |
|----------------------------------------------------|------------|-------------------|----------|-----|-----------|
| <b>PAMIDRONATE DISODIUM</b>                        |            |                   |          |     | <b>53</b> |
| PAMIDRONATE DISODIUM OMEGA                         | 3MG/ML     | INJ SOL-10ML VIAL | 02249669 | OMG | 53        |
| PAMIDRONATE DISODIUM OMEGA                         | 6MG/ML     | INJ SOL-10ML VIAL | 02249677 | OMG | 53        |
| PAMIDRONATE DISODIUM OMEGA                         | 9MG/ML     | INJ SOL-10ML VIAL | 02249685 | OMG | 53        |
| PANTOLOC                                           | 20MG       | ENT TAB           | 02241804 | NYC | 44        |
| <b>PANTOPRAZOLE SODIUM</b>                         |            |                   |          |     | <b>44</b> |
| <b>PAROXETINE HCL</b>                              |            |                   |          |     | <b>27</b> |
| PATADAY                                            | 0.20%      | OPH SOL-2.5ML PK  | 02362171 | ALC | 42        |
| PATANOL                                            | 0.10%      | OPH SOL           | 02233143 | ALC | 42        |
| PAXIL                                              | 10MG       | TAB               | 02027887 | SMJ | 27        |
| PENNSAID                                           | 1.5% W/W   | TOP SOL           | 02247265 | PAL | 20        |
| PERSANTINE                                         | 25MG       | TAB               | 00067385 | BOE | 19        |
| PERSANTINE                                         | 50MG       | TAB               | 00067393 | BOE | 19        |
| PERSANTINE                                         | 75MG       | TAB               | 00452092 | BOE | 19        |
| <b>PILOCARPINE HCL</b>                             |            |                   |          |     | <b>10</b> |
| PILOCARINE HYDROCHLORIDE TABLETS USP               | 5MG        | TAB               | 02402483 | STE | 10        |
| <b>PIOGLITAZONE HCL</b>                            |            |                   |          |     | <b>47</b> |
| PIOGLITAZONE HYDROCHLORIDE TABLETS                 | 15MG       | TAB               | 02391600 | ACH | 47        |
| PIOGLITAZONE HYDROCHLORIDE TABLETS                 | 30MG       | TAB               | 02339587 | ACH | 48        |
| PIOGLITAZONE HYDROCHLORIDE TABLETS                 | 45MG       | TAB               | 02339595 | ACH | 48        |
| <b>PIPERACILLIN SODIUM &amp; TAZOBACTAM SODIUM</b> |            |                   |          |     | <b>3</b>  |
| PIPERACILLIN & TAZOBACTAM FOR INJECTION            | 2G & 250MG | INJ PD-VIAL PK    | 02308444 | APX | 3         |

| PRODUCT NAME                            | STRENGTH   | DOSAGE FORM    | DIN/PIN  | MFR | PAGE |
|-----------------------------------------|------------|----------------|----------|-----|------|
| PIPERACILLIN & TAZOBACTAM FOR INJECTION | 3G & 375MG | INJ PD-VIAL PK | 02308452 | APX | 3    |
| PIPERACILLIN & TAZOBACTAM FOR INJECTION | 3G & 375MG | INJ PD-VIAL PK | 02391538 | MYL | 3    |
| PIPERACILLIN & TAZOBACTAM FOR INJECTION | 4G & 500MG | INJ PD-VIAL PK | 02308460 | APX | 3    |
| PIPERACILLIN/TAZOBACTAM POWDER FOR INJ. | 3G & 375MG | INJ PD-VIAL PK | 02370166 | TEV | 3    |
| PIPERACILLIN/TAZOBACTAM POWDER FOR INJ. | 4G & 500MG | INJ PD-VIAL PK | 02370174 | TEV | 4    |
| PLAVIX                                  | 300MG      | TAB            | 02330555 | SAV | 52   |
| PMS-ATOMOXETINE                         | 10MG       | CAP            | 02381028 | PMS | 33   |
| PMS-ATOMOXETINE                         | 18MG       | CAP            | 02381036 | PMS | 33   |
| PMS-ATOMOXETINE                         | 25MG       | CAP            | 02381044 | PMS | 33   |
| PMS-ATOMOXETINE                         | 40MG       | CAP            | 02381052 | PMS | 34   |
| PMS-ATOMOXETINE                         | 60MG       | CAP            | 02381060 | PMS | 34   |
| PMS-AZITHROMYCIN                        | 600MG      | TAB            | 02261642 | PMS | 2    |
| PMS-BETAHISTINE                         | 16MG       | TAB            | 02330210 | PMS | 18   |
| PMS-BETAHISTINE                         | 24MG       | TAB            | 02330237 | PMS | 18   |
| PMS-BOSENTAN                            | 125MG      | TAB            | 02383020 | PMS | 18   |
| PMS-BOSENTAN                            | 62.5MG     | TAB            | 02383012 | PMS | 18   |
| PMS-BUSPIRONE                           | 10MG       | TAB            | 02230942 | PMS | 31   |
| PMS-CETIRIZINE                          | 20MG       | TAB            | 02315963 | PMS | 1    |
| PMS-CLARITHROMYCIN                      | 500MG      | TAB            | 02247574 | PMS | 2    |
| PMS-DICLOFENAC                          | 1.5% WW    | TOP SOL        | 02356783 | PMS | 20   |
| PMS-DICLOFENAC K                        | 50MG       | TAB            | 02239753 | PMS | 20   |
| PMS-ELETRIPTAN                          | 20MG       | TAB            | 02434342 | PMS | 35   |
| PMS-ELETRIPTAN                          | 40MG       | TAB            | 02434350 | PMS | 35   |
| PMS-ENTECAVIR                           | 0.5MG      | TAB            | 02430576 | PMS | 6    |
| PMS-ESOMEPRAZOLE DR                     | 40MG       | DR CAP         | 02379171 | PMS | 44   |
| PMS-FAMCICLOVIR                         | 125MG      | TAB            | 02278081 | PMS | 6    |

| PRODUCT NAME            | STRENGTH | DOSAGE FORM           | DIN/PIN  | MFR | PAGE |
|-------------------------|----------|-----------------------|----------|-----|------|
| PMS-FAMCICLOVIR         | 250MG    | TAB                   | 02278103 | PMS | 6    |
| PMS-FENTANYL MTX        | 12MCG/HR | TRANS PATCH           | 02341379 | PMS | 22   |
| PMS-FINASTERIDE         | 1MG      | TAB                   | 02320169 | PMS | 52   |
| PMS-FLUOXETINE          | 10MG     | CAP                   | 02177579 | PMS | 27   |
| PMS-GABAPENTIN          | 600MG    | TAB                   | 02255898 | PMS | 24   |
| PMS-GABAPENTIN          | 800MG    | TAB                   | 02255901 | PMS | 24   |
| PMS-HYDROCHLOROTHIAZIDE | 12.5MG   | TAB                   | 02274086 | PMS | 39   |
| PMS-ISMN                | 60MG     | ER TAB                | 02301288 | PMS | 19   |
| PMS-LEVETIRACETAM       | 250MG    | TAB                   | 02296101 | PMS | 24   |
| PMS-LEVETIRACETAM       | 500MG    | TAB                   | 02296128 | PMS | 25   |
| PMS-LEVETIRACETAM       | 750MG    | TAB                   | 02296136 | PMS | 25   |
| PMS-LEVOFLOXACIN        | 750MG    | TAB                   | 02305585 | PMS | 9    |
| PMS-MEMANTINE           | 10MG     | TAB                   | 02321130 | PMS | 35   |
| PMS-METFORMIN           | 850MG    | TAB                   | 02242589 | PMS | 47   |
| PMS-METHYLPHENIDATE     | 20MG     | TAB                   | 00585009 | PMS | 30   |
| PMS-MINOCYCLINE         | 100MG    | CAP                   | 02294427 | PMS | 4    |
| PMS-MINOCYCLINE         | 50MG     | CAP                   | 02294419 | PMS | 4    |
| PMS-MONTELUKAST         | 5MG      | CHEW TAB              | 02354985 | PMS | 53   |
| PMS-MONTELUKAST FC      | 10MG     | TAB                   | 02373947 | PMS | 53   |
| PMS-NAPROXEN EC         | 375MG    | ENT TAB               | 02294702 | PMS | 21   |
| PMS-NAPROXEN EC         | 500MG    | ENT TAB               | 02294710 | PMS | 21   |
| PMS-OLANZAPINE          | 20MG     | TAB                   | 02367483 | PMS | 28   |
| PMS-OLANZAPINE ODT      | 20MG     | RAPID DISSOLVE<br>TAB | 02423944 | PMS | 29   |
| PMS-OXYCODONE           | 10MG     | TAB                   | 02319985 | PMS | 22   |
| PMS-OXYCODONE           | 20MG     | TAB                   | 02319993 | PMS | 22   |
| PMS-OXYCODONE           | 5MG      | TAB                   | 02319977 | PMS | 22   |
| PMS-PAROXETINE          | 10MG     | TAB                   | 02247750 | PMS | 27   |

| PRODUCT NAME        | STRENGTH       | DOSAGE FORM                     | DIN/PIN  | MFR | PAGE |
|---------------------|----------------|---------------------------------|----------|-----|------|
| PMS-PANTOPRAZOLE    | 20MG           | ENT TAB                         | 02307863 | PMS | 44   |
| PMS-PIOGLITAZONE    | 15MG           | TAB                             | 02303124 | PMS | 47   |
| PMS-PIOGLITAZONE    | 30MG           | TAB                             | 02303132 | PMS | 48   |
| PMS-PIOGLITAZONE    | 45MG           | TAB                             | 02303140 | PMS | 48   |
| PMS-PRAMIPEXOLE     | 0.5MG          | TAB                             | 02290138 | PMS | 36   |
| PMS-PREGABALIN      | 225MG          | CAP                             | 02398079 | PMS | 26   |
| PMS-RAMIPRIL        | 15MG           | CAP                             | 02343932 | PMS | 16   |
| PMS-REPAGLINIDE     | 0.5MG          | TAB                             | 02354926 | PMS | 48   |
| PMS-REPAGLINIDE     | 1MG            | TAB                             | 02354934 | PMS | 49   |
| PMS-REPAGLINIDE     | 2MG            | TAB                             | 02354942 | PMS | 49   |
| PMS-RIZATRIPTAN RDT | 10MG           | ORALLY<br>DISINTEGRATING<br>TAB | 02393379 | PMS | 37   |
| PMS-RIZATRIPTAN RDT | 5MG            | ORALLY<br>DISINTEGRATING<br>TAB | 02393360 | PMS | 36   |
| PMS-SILDENAFIL      | 25MG           | TAB                             | 02371626 | PMS | 54   |
| PMS-SILDENAFIL      | 50MG           | TAB                             | 02371634 | PMS | 54   |
| PMS-SILDENAFIL      | 100MG          | TAB                             | 02371642 | PMS | 55   |
| PMS-SILDENAFIL R    | 20MG           | TAB                             | 02412179 | PMS | 54   |
| PMS-SOTALOL         | 80MG           | TAB                             | 02238326 | PMS | 14   |
| PMS-SUMATRIPTAN     | 25MG           | TAB                             | 02256428 | PMS | 37   |
| PMS-SUMATRIPTAN     | 50MG           | TAB                             | 02256436 | PMS | 37   |
| PMS-SUMATRIPTAN     | 100MG          | TAB                             | 02256444 | PMS | 38   |
| PMS-TERBINAFINE     | 250MG          | TAB                             | 02294273 | PMS | 2    |
| PMS-TETRABENAZINE   | 25MG           | TAB                             | 02402424 | PMS | 55   |
| PMS-TRAMADOL-ACET   | 37.5MG & 325MG | TAB                             | 02401657 | PMS | 23   |
| PMS-VALACYCLOVIR    | 1000MG         | TAB                             | 02381230 | PMS | 7    |
| PMS-VALSARTAN       | 40MG           | TAB                             | 02312999 | PMS | 17   |

| PRODUCT NAME                                   | STRENGTH      | DOSAGE FORM                        | DIN/PIN  | MFR | PAGE      |
|------------------------------------------------|---------------|------------------------------------|----------|-----|-----------|
| PMS-ZOLEDRONIC ACID                            | 4MG/5ML       | INJ SOL-5ML PK (PRESERVATIVE-FREE) | 02403056 | PMS | 55        |
| PMS-ZOLMITRIPTAN                               | 2.5MG         | TAB                                | 02324229 | PMS | 38        |
| PMS-ZOLMITRIPTAN ODT                           | 2.5MG         | ORALLY DISINTEGRATING TAB          | 02324768 | PMS | 38        |
| PMS-ZOPICLONE                                  | 5MG           | TAB                                | 02243426 | PMS | 32        |
| PMS-ZOPICLONE                                  | 7.5MG         | TAB                                | 02240606 | PMS | 32        |
| <b>PRAMIPEXOLE DIHYDROCHLORIDE MONOHYDRATE</b> |               |                                    |          |     | <b>35</b> |
| <b>PREGABALIN</b>                              |               |                                    |          |     | <b>25</b> |
| PRINZIDE                                       | 20MG/25MG     | TAB                                | 00884421 | MFC | 16        |
| <b>PROGESTERONE</b>                            |               |                                    |          |     | 50        |
| PROMETRIUM                                     | 100MG         | CAP                                | 02166704 | MEK | 50        |
| PROPECIA                                       | 1MG           | TAB                                | 02238213 | MFC | 52        |
| PROZAC                                         | 10MG          | CAP                                | 02018985 | LIL | 27        |
| <b>QUETIAPINE</b>                              |               |                                    |          |     | <b>29</b> |
| QUETIAPINE TABLETS                             | 150MG         | TAB                                | 02387816 | ACH | 29        |
| <b>RAMIPRIL</b>                                |               |                                    |          |     | <b>16</b> |
| RAN-ALENDRONATE                                | 5MG           | TAB                                | 02384698 | RAN | 52        |
| RAN-CLARITHROMYCIN                             | 500MG         | TAB                                | 02361434 | RAN | 2         |
| RAN-CYPROTERONE/ ETHINYL ESTRADIOL             | 2MG & 0.035MG | TAB-21 Pk                          | 02425017 | RAN | 50        |
| RAN-ESOMEPRAZOLE                               | 20MG          | DR TAB                             | 02423979 | RAN | 44        |
| RAN-ESOMEPRAZOLE                               | 40MG          | DR TAB                             | 02423987 | RAN | 44        |
| RAN-FENTANYL MATRIX PATCH                      | 12MCG/HR      | TRANS PATCH                        | 02330105 | RAN | 22        |
| RAN-FLUOXETINE                                 | 10MG          | CAP                                | 02405695 | RAN | 27        |
| RAN-LEVETIRACETAM                              | 250MG         | TAB                                | 02396106 | RAN | 24        |
| RAN-LEVETIRACETAM                              | 500MG         | TAB                                | 02396114 | RAN | 25        |

| PRODUCT NAME         | STRENGTH        | DOSAGE FORM           | DIN/PIN  | MFR | PAGE |
|----------------------|-----------------|-----------------------|----------|-----|------|
| RAN-LEVETIRACETAM    | 750MG           | TAB                   | 02396122 | RAN | 25   |
| RAN-MEMANTINE        | 10MG            | TAB                   | 02421364 | RAN | 35   |
| RAN-METFORMIN        | 850MG           | TAB                   | 02269058 | RAN | 47   |
| RAN-MONTELUKAST      | 10MG            | TAB                   | 02389517 | RAN | 53   |
| RAN-MONTELUKAST      | 5MG             | CHEW TAB              | 02402807 | RAN | 53   |
| RAN-NABILONE         | 0.25MG          | CAP                   | 02358077 | RAN | 43   |
| RAN-OLANZAPINE ODT   | 20MG            | RAPID DISSOLVE<br>TAB | 02414120 | RAN | 29   |
| RAN-PANTOPRAZOLE     | 20MG            | ENT TAB               | 02305038 | RAN | 45   |
| RAN-PIOGLITAZONE     | 15MG            | TAB                   | 02375850 | RAN | 47   |
| RAN-PIOGLITAZONE     | 30MG            | TAB                   | 02375869 | RAN | 48   |
| RAN-PIOGLITAZONE     | 45MG            | TAB                   | 02375877 | RAN | 48   |
| RAN-PREGABALIN       | 225MG           | CAP                   | 02392852 | RAN | 26   |
| RAN-RAMIPRIL         | 15MG            | CAP                   | 02425548 | RAN | 16   |
| RAN-SILDENAFIL       | 25MG            | TAB                   | 02383101 | RAN | 54   |
| RAN-SILDENAFIL       | 50MG            | TAB                   | 02383128 | RAN | 54   |
| RAN-SILDENAFIL       | 100MG           | TAB                   | 02383136 | RAN | 55   |
| RAN-TRAMADOL/ACET    | 37.5MG & 325MG  | TAB                   | 02388197 | RAN | 23   |
| RAN-VALSARTAN        | 40MG            | TAB                   | 02363062 | RAN | 17   |
| RAN-ZOPICLONE        | 5MG             | TAB                   | 02267918 | RAN | 32   |
| RAN-ZOPICLONE        | 7.5MG           | TAB                   | 02267926 | RAN | 32   |
| RATIO-ACYCLOVIR      | 200MG           | TAB                   | 02078627 | RPH | 6    |
| RATIO-ACYCLOVIR      | 400MG           | TAB                   | 02078635 | RPH | 6    |
| RATIO-BUSPIRONE      | 10MG            | TAB                   | 02237858 | RPH | 31   |
| RATIO-CLARITHROMYCIN | 500MG           | TAB                   | 02247819 | RPH | 3    |
| RATIO-FLUOXETINE     | 10MG            | CAP                   | 02241371 | RPH | 27   |
| RATIO-FLUTICASONE    | 50MCG/ACTUATION | NAS SP-120<br>DOSE PK | 02296071 | RPH | 41   |
| RATIO-GABAPENTIN     | 600MG           | TAB                   | 02260913 | RPH | 24   |
| RATIO-GABAPENTIN     | 800MG           | TAB                   | 02260921 | RPH | 24   |

| PRODUCT NAME       | STRENGTH                   | DOSAGE FORM | DIN/PIN  | MFR | PAGE      |
|--------------------|----------------------------|-------------|----------|-----|-----------|
| RATIO-GLIMEPIRIDE  | 1MG                        | TAB         | 02273101 | RPH | 46        |
| RATIO-GLIMEPIRIDE  | 2MG                        | TAB         | 02273128 | RPH | 46        |
| RATIO-GLIMEPIRIDE  | 4MG                        | TAB         | 02273136 | RPH | 46        |
| RATIO-MEMANTINE    | 10MG                       | TAB         | 02320908 | RPH | 35        |
| RATIO-METFORMIN    | 850MG                      | TAB         | 02242931 | RPH | 47        |
| RATIO-MINOCYCLINE  | 100MG                      | CAP         | 01914146 | RPH | 4         |
| RATIO-MINOCYCLINE  | 50MG                       | CAP         | 01914138 | RPH | 4         |
| RATIO-PAROXETINE   | 10MG                       | TAB         | 02247810 | RPH | 27        |
| RATIO-SILDENAFIL R | 20MG                       | TAB         | 02319500 | RPH | 54        |
| RATIO-SOTALOL      | 80MG                       | TAB         | 02084228 | RPH | 14        |
| RATIO-SUMATRIPTAN  | 100MG                      | TAB         | 02271591 | RPH | 38        |
| RATIO-SUMATRIPTAN  | 50MG                       | TAB         | 02271583 | RPH | 37        |
| RATIO-TECNAL       | 330MG & 50MG & 40MG        | CAP         | 00608238 | RPH | 21        |
| RATIO-TECNAL C1/2  | 330MG & 50MG & 40MG & 30MG | CAP         | 00608181 | RPH | 22        |
| RATIO-TECNAL C1/4  | 330MG & 50MG & 40MG & 15MG | CAP         | 00608203 | RPH | 21        |
| RATIO-TRYPTOPHAN   | 1G                         | TAB         | 02237250 | RPH | 29        |
| RATIO-TRYPTOPHAN   | 500MG                      | CAP         | 02240334 | RPH | 29        |
| RATIO-TRYPTOPHAN   | 500MG                      | TAB         | 02240333 | RPH | 29        |
| RATIO-ZOPICLONE    | 5MG                        | TAB         | 02246534 | RPH | 32        |
| RATIO-ZOPICLONE    | 7.5MG                      | TAB         | 02242481 | RPH | 32        |
| REACTINE           | 10MG                       | TAB         | 02223554 | MCL | 1         |
| REACTINE           | 20MG                       | TAB         | 01900978 | MCL | 1         |
| RELAFEN            | 500MG                      | TAB         | 02083531 | GSK | 20        |
| RELAFEN            | 750MG                      | TAB         | 02083558 | GSK | 20        |
| RELPAX             | 20MG                       | TAB         | 02256290 | PFI | 34        |
| RELPAX             | 40MG                       | TAB         | 02256304 | PFI | 35        |
| <b>REPAGLINIDE</b> |                            |             |          |     | <b>48</b> |

| PRODUCT NAME             | STRENGTH | DOSAGE FORM                     | DIN/PIN  | MFR | PAGE      |
|--------------------------|----------|---------------------------------|----------|-----|-----------|
| RETROVIR                 | 100MG    | CAP                             | 01902660 | VIH | 7         |
| REVATIO                  | 20MG     | TAB                             | 02279401 | PFI | 54        |
| REVIA                    | 50MG     | TAB                             | 02213826 | TEV | 23        |
| RHOVANE                  | 7.5MG    | TAB                             | 02008203 | SDZ | 32        |
| RILUTEK                  | 50MG     | TAB                             | 02242763 | SAC | 53        |
| <b>RILUZOLE</b>          |          |                                 |          |     | <b>53</b> |
| RITALIN                  | 20MG     | TAB                             | 00005614 | NOV | 30        |
| <b>RIZATRIPTAN</b>       |          |                                 |          |     | <b>36</b> |
| ROBINUL                  | 0.2MG/ML | INJ SOL-2 ML<br>VIAL PK         | 02043610 | WYA | 11        |
| ROCEPHIN                 | 10G/VIAL | INJ PD-1 VIAL PK                | 00851957 | HLR | 5         |
| SALAGEN TABLETS          | 5MG      | TAB                             | 02216345 | PFI | 10        |
| SANDOZ ALMOTRIPTAN       | 12.5MG   | TAB                             | 02405334 | SDZ | 33        |
| SANDOZ ATOMOXETINE       | 100MG    | CAP                             | 02386488 | SDZ | 34        |
| SANDOZ ATOMOXETINE       | 10MG     | CAP                             | 02386410 | SDZ | 33        |
| SANDOZ ATOMOXETINE       | 18MG     | CAP                             | 02386429 | SDZ | 33        |
| SANDOZ ATOMOXETINE       | 25MG     | CAP                             | 02386437 | SDZ | 34        |
| SANDOZ ATOMOXETINE       | 40MG     | CAP                             | 02386445 | SDZ | 34        |
| SANDOZ ATOMOXETINE       | 60MG     | CAP                             | 02386453 | SDZ | 34        |
| SANDOZ ATOMOXETINE       | 80MG     | CAP                             | 02386461 | SDZ | 34        |
| SANDOZ BOSENTAN          | 125MG    | TAB                             | 02386283 | SDZ | 18        |
| SANDOZ BOSENTAN          | 62.5MG   | TAB                             | 02386275 | SDZ | 18        |
| SANDOZ CIPROFLOXACIN     | 0.30%    | OPH SOL                         | 02387131 | SDZ | 40        |
| SANDOZ CLARITHROMYCIN    | 500MG    | TAB                             | 02266547 | SDZ | 3         |
| SANDOZ DICLOFENAC RAPIDE | 50MG     | TAB                             | 02261774 | SDZ | 20        |
| SANDOZ DONEPEZIL ODT     | 5MG      | ORALLY<br>DISINTEGRATING<br>TAB | 02367688 | SDZ | 10        |
| SANDOZ DONEPEZIL ODT     | 10MG     | ORALLY<br>DISINTEGRATING<br>TAB | 02367696 | SDZ | 10        |

| PRODUCT NAME                 | STRENGTH    | DOSAGE FORM                           | DIN/PIN  | MFR | PAGE |
|------------------------------|-------------|---------------------------------------|----------|-----|------|
| SANDOZ FAMCICLOVIR           | 125MG       | TAB                                   | 02278634 | SDZ | 6    |
| SANDOZ FAMCICLOVIR           | 250MG       | TAB                                   | 02278642 | SDZ | 6    |
| SANDOZ FENOFIBRATE S         | 100MG       | TAB                                   | 02288044 | SDZ | 15   |
| SANDOZ FENTANYL PATCH        | 12MCG/HR    | TRANS PATCH                           | 02327112 | SDZ | 22   |
| SANDOZ FINASTERIDE A         | 1MG         | TAB                                   | 02339471 | SDZ | 52   |
| SANDOZ FLUOXETINE            | 10MG        | CAP                                   | 02243486 | SDZ | 27   |
| SANDOZ GLIMEPIRIDE           | 1MG         | TAB                                   | 02269589 | SDZ | 46   |
| SANDOZ GLIMEPIRIDE           | 2MG         | TAB                                   | 02269597 | SDZ | 46   |
| SANDOZ GLIMEPIRIDE           | 4MG         | TAB                                   | 02269619 | SDZ | 46   |
| SANDOZ LEVOFLOXACIN          | 750MG       | TAB                                   | 02298651 | SDZ | 9    |
| SANDOZ LISINOPRIL HCT        | 20MG & 25MG | TAB                                   | 02302381 | SDZ | 16   |
| SANDOZ MEMANTINE             | 10MG        | TAB                                   | 02344807 | SDZ | 35   |
| SANDOZ MEMANTINE FCT         | 10MG        | TAB                                   | 02375532 | SDZ | 35   |
| SANDOZ METFORMIN FC          | 850MG       | TAB                                   | 02246821 | SDZ | 47   |
| SANDOZ MINOCYCLINE           | 100MG       | CAP                                   | 02237314 | SDZ | 4    |
| SANDOZ MINOCYCLINE           | 50MG        | CAP                                   | 02237313 | SDZ | 4    |
| SANDOZ MONTELUKAST           | 10MG        | TAB                                   | 02328593 | SDZ | 53   |
| SANDOZ MONTELUKAST           | 4MG         | GRAN PK                               | 02358611 | SDZ | 52   |
| SANDOZ MONTELUKAST           | 5MG         | CHEW TAB                              | 02330393 | SDZ | 53   |
| SANDOZ MOXIFLOXACIN          | 0.5%        | OPH SOL-3ML PK<br>(PRESERVATIVE-FREE) | 02411520 | SDZ | 40   |
| SANDOZ NARATRIPTAN           | 2.5MG       | TAB                                   | 02322323 | SDZ | 36   |
| SANDOZ OLANZAPINE ODT        | 20MG        | RAPID DISSOLVE<br>TAB                 | 02327805 | SDZ | 29   |
| SANDOZ OLOPATADINE           | 0.10%       | OPH SOL                               | 02358913 | SDZ | 42   |
| SANDOZ OLOPATADINE 0.2%      | 0.2%        | OPH SOL                               | 02420171 | SDZ | 42   |
| SANDOZ OMEPRAZOLE            | 10MG        | DR CAP                                | 02296438 | SDZ | 44   |
| SANDOZ PANTOPRAZOLE          | 20MG        | ENT TAB                               | 02301075 | SDZ | 45   |
| SANDOZ PAROXETINE<br>TABLETS | 10MG        | TAB                                   | 02431777 | SDZ | 27   |

| PRODUCT NAME                          | STRENGTH | DOSAGE FORM                     | DIN/PIN  | MFR | PAGE      |
|---------------------------------------|----------|---------------------------------|----------|-----|-----------|
| SANDOZ PIOGLITAZONE                   | 15MG     | TAB                             | 02297906 | SDZ | 47        |
| SANDOZ PIOGLITAZONE                   | 30MG     | TAB                             | 02297914 | SDZ | 48        |
| SANDOZ PIOGLITAZONE                   | 45MG     | TAB                             | 02297922 | SDZ | 48        |
| SANDOZ PRAMIPEXOLE                    | 0.5MG    | TAB                             | 02315270 | SDZ | 36        |
| SANDOZ REPAGLINIDE                    | 0.5MG    | TAB                             | 02357453 | SDZ | 48        |
| SANDOZ REPAGLINIDE                    | 1MG      | TAB                             | 02357461 | SDZ | 49        |
| SANDOZ REPAGLINIDE                    | 2MG      | TAB                             | 02357488 | SDZ | 49        |
| SANDOZ RIZATRIPTAN ODT                | 10MG     | ORALLY<br>DISINTEGRATING<br>TAB | 02351889 | SDZ | 37        |
| SANDOZ RIZATRIPTAN ODT                | 5MG      | ORALLY<br>DISINTEGRATING<br>TAB | 02351870 | SDZ | 36        |
| SANDOZ SILDENAFIL                     | 25MG     | TAB                             | 02318806 | SDZ | 54        |
| SANDOZ SILDENAFIL                     | 50MG     | TAB                             | 02318814 | SDZ | 54        |
| SANDOZ SILDENAFIL                     | 100MG    | TAB                             | 02318822 | SDZ | 55        |
| SANDOZ SOTALOL                        | 80MG     | TAB                             | 02257831 | SDZ | 14        |
| SANDOZ SUMATRIPTAN                    | 100MG    | TAB                             | 02263033 | SDZ | 38        |
| SANDOZ SUMATRIPTAN                    | 50MG     | TAB                             | 02263025 | SDZ | 37        |
| SANDOZ VALSARTAN                      | 40MG     | TAB                             | 02356740 | SDZ | 17        |
| SANDOZ ZOLMITRIPTAN                   | 2.5MG    | TAB                             | 02362988 | SDZ | 38        |
| SANDOZ ZOLMITRIPTAN ODT               | 2.5MG    | ORALLY<br>DISINTEGRATING<br>TAB | 02362996 | SDZ | 38        |
| SANDOZ ZOPICLONE                      | 5MG      | TAB                             | 02257572 | SDZ | 32        |
| <b>SCOPOLAMINE<br/>HYDROBROMIDE</b>   |          |                                 |          |     | <b>11</b> |
| SCOPOLAMINE<br>HYDROBROMIDE INJECTION | 0.4MG/ML | INJ SOL-1ML PK                  | 02242810 | OMG | 11        |
| SCOPOLAMINE<br>HYDROBROMIDE INJECTION | 0.4MG/ML | INJ SOL-1ML PK                  | 00541869 | HOS | 11        |
| SCOPOLAMINE<br>HYDROBROMIDE INJECTION | 0.6MG/ML | INJ SOL-1ML PK                  | 02242811 | OMG | 11        |

| PRODUCT NAME                          | STRENGTH | DOSAGE FORM                     | DIN/PIN  | MFR | PAGE      |
|---------------------------------------|----------|---------------------------------|----------|-----|-----------|
| SCOPOLAMINE<br>HYDROBROMIDE INJECTION | 0.6MG/ML | INJ SOL-1ML PK                  | 00541877 | HOS | 11        |
| SEPTA-ZOLMITRIPTAN-ODT                | 2.5MG    | ORALLY<br>DISINTEGRATING<br>TAB | 02428474 | SET | 38        |
| SEPTA-ZOPICLONE                       | 5MG      | TAB                             | 02386909 | SET | 32        |
| SEPTA-ZOPICLONE                       | 7.5MG    | TAB                             | 02386917 | SET | 32        |
| SERC                                  | 16MG     | TAB                             | 02243878 | SPH | 18        |
| SERC                                  | 24MG     | TAB                             | 02247998 | SPH | 18        |
| SERC                                  | 8MG      | TAB                             | 02240601 | SPH | 18        |
| SEROQUEL                              | 150MG    | TAB                             | 02240862 | AZC | 29        |
| <b>SILDENAFIL</b>                     |          |                                 |          |     | <b>54</b> |
| SILDENAFIL                            | 25MG     | TAB                             | 02317559 | PMS | 54        |
| SILDENAFIL                            | 50MG     | TAB                             | 02317575 | PMS | 54        |
| SILDENAFIL                            | 100MG    | TAB                             | 02317583 | PMS | 55        |
| SINGULAIR                             | 10MG     | TAB                             | 02238217 | MEK | 53        |
| SINGULAIR                             | 4MG      | GRAN PK                         | 02247997 | MEK | 52        |
| SINGULAIR                             | 5MG      | CHEW TAB                        | 02238216 | MEK | 52        |
| SOTACOR                               | 80MG     | TAB                             | 00897272 | BQU | 14        |
| <b>SOTALOL HCL</b>                    |          |                                 |          |     | <b>14</b> |
| STRATTERA                             | 100MG    | CAP                             | 02279355 | LIL | 34        |
| STRATTERA                             | 10MG     | CAP                             | 02262800 | LIL | 33        |
| STRATTERA                             | 18MG     | CAP                             | 02262819 | LIL | 33        |
| STRATTERA                             | 25MG     | CAP                             | 02262827 | LIL | 33        |
| STRATTERA                             | 40MG     | CAP                             | 02262835 | LIL | 34        |
| STRATTERA                             | 60MG     | CAP                             | 02262843 | LIL | 34        |
| STRATTERA                             | 80MG     | CAP                             | 02279347 | LIL | 34        |
| SUBLINOX                              | 5MG      | ORALLY<br>DISINTEGRATING<br>TAB | 02391678 | VAL | 31        |

| PRODUCT NAME                                               | STRENGTH      | DOSAGE FORM                     | DIN/PIN  | MFR | PAGE      |
|------------------------------------------------------------|---------------|---------------------------------|----------|-----|-----------|
| SUBLINOX                                                   | 10MG          | ORALLY<br>DISINTEGRATING<br>TAB | 02370433 | VAL | 31        |
| <b>SUMATRIPTAN SUCCINATE</b>                               |               |                                 |          |     | <b>37</b> |
| SUPEUDOL                                                   | 10MG          | TAB                             | 00443948 | SDZ | 22        |
| SUPEUDOL                                                   | 20MG          | TAB                             | 02262983 | SDZ | 22        |
| SUPEUDOL                                                   | 5MG           | TAB                             | 00789739 | SDZ | 22        |
| <b>TADALAFIL</b>                                           |               |                                 |          |     | <b>19</b> |
| TARCEVA                                                    | 25MG          | TAB                             | 02269007 | HLR | 9         |
| TARCEVA                                                    | 100MG         | TAB                             | 02269015 | HLR | 9         |
| TARCEVA                                                    | 150MG         | TAB                             | 02269023 | HLR | 9         |
| TARO-DICLOFENAC                                            | 1.5% WW       | TOP SOL                         | 02420988 | TAR | 20        |
| TARO-SUMATRIPTAN                                           | 6MG/0.5ML     | INJ SOL-PREF<br>SYR 0.5ML PK    | 02361698 | TAR | 38        |
| TARO-WARFARIN                                              | 6MG           | TAB                             | 02242686 | TAR | 13        |
| TARO-ZOLEDRONIC ACID<br>CONCENTRATE<br>(PRESERVATIVE-FREE) | 4MG/5ML       | INJ SOL-5ML PK                  | 02415186 | TAR | 55        |
| TAZOCIN                                                    | 2G & 250MG    | INJ PD-VIAL PK                  | 02170817 | PFI | 3         |
| TAZOCIN                                                    | 3G & 375MG    | INJ PD-VIAL PK                  | 02170795 | WYE | 3         |
| TAZOCIN                                                    | 4G & 500MG    | INJ PD-VIAL PK                  | 02170809 | WYE | 3         |
| <b>TETRABENAZINE</b>                                       |               |                                 |          |     | <b>55</b> |
| TETRABENAZINE TABLETS                                      | 25MG          | TAB                             | 02410338 | STE | 55        |
| <b>TERBINAFINE HCL</b>                                     |               |                                 |          |     | <b>2</b>  |
| TEVA-ALENDRONATE                                           | 5MG           | TAB                             | 02248251 | TEV | 52        |
| TEVA-ALMOTRIPTAN                                           | 12.5MG        | TAB                             | 02434849 | TEV | 33        |
| TEVA-ATOMOXETIN                                            | 100MG         | CAP                             | 02362538 | TEV | 34        |
| TEVA-ATOMOXETIN                                            | 80MG          | CAP                             | 02362511 | TEV | 34        |
| TEVA-ATOVAQUONE<br>PROGUANIL                               | 250MG & 100MG | TAB                             | 02380927 | TEV | 8         |
| TEVA-BOSENTAN                                              | 125MG         | TAB                             | 02398419 | TEV | 19        |

| PRODUCT NAME                  | STRENGTH    | DOSAGE FORM | DIN/PIN  | MFR | PAGE |
|-------------------------------|-------------|-------------|----------|-----|------|
| TEVA-BOSENTAN                 | 62.5MG      | TAB         | 02398400 | TEV | 18   |
| TEVA-CLARITHROMYCIN           | 500MG       | TAB         | 02248805 | TEV | 3    |
| TEVA-CLOPIDOGREL              | 300MG       | TAB         | 02388065 | TEV | 52   |
| TEVA-DICLOFENAC-K             | 50MG        | TAB         | 02239355 | TEV | 20   |
| TEVA-FENTANYL                 | 12MCG/HR    | TRANS PATCH | 02311925 | TEV | 22   |
| TEVA-FLUOXETINE               | 10MG        | CAP         | 02216582 | TEV | 27   |
| TEVA-ELETRIPTAN               | 20MG        | TAB         | 02382091 | TEV | 35   |
| TEVA-ELETRIPTAN               | 40MG        | TAB         | 02382105 | TEV | 35   |
| TEVA-ERLOTINIB                | 25MG        | TAB         | 02377691 | TEV | 9    |
| TEVA-ERLOTINIB                | 100MG       | TAB         | 02377705 | TEV | 9    |
| TEVA-ERLOTINIB                | 150MG       | TAB         | 02377713 | TEV | 9    |
| TEVA-GABAPENTIN               | 600MG       | TAB         | 02248457 | TEV | 24   |
| TEVA-GABAPENTIN               | 800MG       | TAB         | 02247346 | TEV | 24   |
| TEVA-LISINOPRIL/HCTZ (TYPE Z) | 20MG & 25MG | TAB         | 02301784 | TEV | 16   |
| TEVA-OMEPRAZOLE               | 10MG        | DR TAB      | 02295407 | TEV | 44   |
| TEVA-MODAFINIL                | 100MG       | TAB         | 02420260 | TEV | 30   |
| TEVA-MONTELUKAST              | 10MG        | TAB         | 02355523 | TEV | 53   |
| TEVA-MONTELUKAST              | 5MG         | CHEW TAB    | 02355515 | TEV | 53   |
| TEVA-NABILONE                 | 0.25MG      | CAP         | 02392925 | TEV | 43   |
| TEVA-NAPROXEN EC              | 250MG       | ENT TAB     | 02243312 | TEV | 21   |
| TEVA-NAPROXEN EC              | 375MG       | ENT TAB     | 02243313 | TEV | 21   |
| TEVA-NAPROXEN EC              | 500MG       | ENT TAB     | 02243314 | TEV | 21   |
| TEVA-OLANZAPINE               | 20MG        | TAB         | 02359707 | TEV | 28   |
| TEVA-PAROXETINE               | 10MG        | TAB         | 02248556 | TEV | 28   |
| TEVA-PRAMIPEXOLE              | 0.5MG       | TAB         | 02269317 | TEV | 36   |
| TEVA-PREGABALIN               | 225MG       | CAP         | 02361221 | TEV | 26   |
| TEVA-PROGESTERONE             | 100MG       | CAP         | 02439913 | TEV | 50   |
| TEVA-QUETIAPINE               | 150MG       | TAB         | 02284251 | TEV | 29   |
| TEVA-RIZATRIPTAN ODT          | 5MG         | TAB         | 02396661 | TEV | 36   |

| PRODUCT NAME                                | STRENGTH       | DOSAGE FORM                               | DIN/PIN  | MFR | PAGE      |
|---------------------------------------------|----------------|-------------------------------------------|----------|-----|-----------|
| TEVA-RIZATRIPTAN ODT                        | 10MG           | TAB                                       | 02396688 | TEV | 37        |
| TEVA-SILDENAFIL                             | 25MG           | TAB                                       | 02308738 | TEV | 54        |
| TEVA-SILDENAFIL                             | 50MG           | TAB                                       | 02308746 | TEV | 55        |
| TEVA-SILDENAFIL                             | 100MG          | TAB                                       | 02308754 | TEV | 55        |
| TEVA-TRAMADOL/ACETAMINOPHEN                 | 37.5MG & 325MG | TAB                                       | 02347180 | TEV | 23        |
| TEVA-VALSARTAN                              | 40MG           | TAB                                       | 02356643 | TEV | 17        |
| TEVA-ZOLMITRIPTAN                           | 2.5MG          | TAB                                       | 02313960 | TEV | 38        |
| TEVA-ZOLMITRIPTAN OD                        | 2.5MG          | ORALLY<br>DISINTEGRATING<br>TAB           | 02342545 | TEV | 38        |
| <b>TIGECYCLINE</b>                          |                |                                           |          |     | <b>5</b>  |
| TIGECYCLINE                                 | 50MG/VIAL      | PD INJ-5ML VIAL PK<br>(PRESERVATIVE-FREE) | 02409356 | APX | 4         |
| <b>TIZANIDINE HCL</b>                       |                |                                           |          |     | <b>12</b> |
| TORADOL                                     | 10MG           | TAB                                       | 02162660 | HLR | 20        |
| TRACLEER                                    | 62.5MG         | TAB                                       | 02244981 | ACT | 18        |
| TRACLEER                                    | 125MG          | TAB                                       | 02244982 | ACT | 18        |
| TRAMACET                                    | 37.5MG & 325MG | TAB                                       | 02264846 | JAN | 22        |
| <b>TRAMADOL HCL</b>                         |                |                                           |          |     | <b>22</b> |
| <b>TRAMADOL HCL &amp;<br/>ACETAMINOPHEN</b> |                |                                           |          |     | <b>22</b> |
| TRAMAPHEN-ODAN                              | 37.5MG & 325MG | TAB                                       | 02388294 | ODN | 23        |
| <b>TRANEXAMIC ACID</b>                      |                |                                           |          |     | <b>13</b> |
| TRANEXAMIC ACID TABLETS                     | 500MG          | TAB                                       | 02401231 | STE | 13        |
| TRILEPTAL                                   | 150MG          | TAB                                       | 02242067 | NOV | 25        |
| TRILEPTAL                                   | 300MG          | TAB                                       | 02242068 | NOV | 25        |
| TRILEPTAL                                   | 600MG          | TAB                                       | 02242069 | NOV | 25        |
| TRIMEBUTINE                                 | 100MG          | TAB                                       | 02245663 | AAP | 11        |
| TRIMEBUTINE                                 | 200MG          | TAB                                       | 02245664 | AAP | 11        |
| <b>TRIMEBUTINE MALEATE</b>                  |                |                                           |          |     | <b>11</b> |

| PRODUCT NAME             | STRENGTH     | DOSAGE FORM                               | DIN/PIN  | MFR | PAGE      |
|--------------------------|--------------|-------------------------------------------|----------|-----|-----------|
| TRYPTAN                  | 1G           | TAB                                       | 00654531 | VAL | 29        |
| TRYPTAN                  | 500MG        | CAP                                       | 00718149 | VAL | 29        |
| TRYPTAN                  | 500MG        | TAB                                       | 02029456 | VAL | 29        |
| <b>TRYPTOPHAN</b>        |              |                                           |          |     | <b>29</b> |
| TYGACIL                  | 50MG/VIAL    | PD INJ-5ML VIAL PK<br>(PRESERVATIVE-FREE) | 02285401 | PFI | 4         |
| ULTRADOL                 | 200MG        | CAP                                       | 02142023 | PGP | 20        |
| ULTRADOL                 | 300MG        | CAP                                       | 02142031 | PGP | 20        |
| ULTRAM                   | 50MG         | TAB                                       | 02349469 | JAN | 22        |
| <b>VALACYCLOVIR</b>      |              |                                           |          |     | <b>6</b>  |
| <b>VALSARTAN</b>         |              |                                           |          |     | <b>16</b> |
| VALTREX                  | 1000MG       | TAB                                       | 02246559 | GSK | 7         |
| VAN-SILDENAFIL           | 100MG        | TAB                                       | 02431866 | VAN | 55        |
| VASERETIC                | 10MG & 25MG  | TAB                                       | 00657298 | MFC | 16        |
| VASERETIC                | 5MG & 12.5MG | TAB                                       | 02242826 | MFC | 16        |
| <b>VERAPAMIL HCL</b>     |              |                                           |          |     | <b>16</b> |
| VERSED                   | 5MG/ML       | INJ SOL-2ML VIAL<br>PK                    | 09857436 | HLR | 31        |
| VIAGRA                   | 25MG         | TAB                                       | 02239766 | PFI | 54        |
| VIAGRA                   | 50MG         | TAB                                       | 02239767 | PFI | 54        |
| VIAGRA                   | 100MG        | TAB                                       | 02239768 | PFI | 55        |
| VIBRA-TABS               | 100MG        | TAB                                       | 00578452 | PFI | 4         |
| VIGAMOX                  | 0.5%         | OPH SOL-3ML PK<br>(PRESERVATIVE-FREE)     | 02252260 | ALC | 40        |
| VOLTAREN RAPIDE          | 50MG         | TAB                                       | 00881635 | NOV | 20        |
| VPI-BACLOFEN INTRATHECAL | 0.05MG/ML    | INJ SOL-1ML PK (NO<br>PRESERVATIVE)       | 02413620 | VPI | 12        |
| VPI-BACLOFEN INTRATHECAL | 0.5MG/ML     | INJ SOL-20ML PK (NO<br>PRESERVATIVE)      | 02413639 | VPI | 12        |
| VPI-BACLOFEN INTRATHECAL | 2MG/ML       | INJ SOL-5ML PK (NO<br>PRESERVATIVE)       | 02413647 | VPI | 12        |
| <b>WARFARIN</b>          |              |                                           |          |     | <b>13</b> |
| XANAX                    | 1MG          | TAB                                       | 00723770 | PFI | 28        |

| PRODUCT NAME                              | STRENGTH    | DOSAGE FORM                        | DIN/PIN  | MFR | PAGE      |
|-------------------------------------------|-------------|------------------------------------|----------|-----|-----------|
| XANAX TS                                  | 2MG         | TAB                                | 00813958 | PFI | 28        |
| ZADITOR                                   | 0.25MG/ML   | OPH SOL                            | 02242324 | LBT | 42        |
| ZANAFLEX                                  | 4MG         | TAB                                | 02239170 | ELA | 12        |
| ZESTORETIC                                | 20MG & 25MG | TAB                                | 02045729 | AZC | 16        |
| <b>ZIDOVUDINE</b>                         |             |                                    |          |     | <b>7</b>  |
| ZITHROMAX                                 | 600MG       | TAB                                | 02231143 | PFI | 2         |
| ZOFRAN                                    | 2MG/ML      | INJ SOL-2ML VIAL PK                | 02213745 | GSK | 43        |
| ZOFRAN                                    | 2MG/ML      | INJ SOL-4ML VIAL PK                | 09857324 | GSK | 43        |
| ZOFRAN                                    | 2MG/ML      | INJ SOL-20ML VIAL PK               | 09857325 | GSK | 43        |
| <b>ZOLEDRONIC ACID</b>                    |             |                                    |          |     | 55        |
| ZOLEDRONIC ACID-Z                         | 4MG/5ML     | INJ SOL-5ML PK (PRESERVATIVE-FREE) | 02401606 | SDZ | 55        |
| ZOLEDRONIC ACID FOR INJECTION             | 4MG/5ML     | INJ SOL-5ML PK (PRESERVATIVE-FREE) | 02421550 | HOS | 55        |
| ZOLEDRONIC ACID FOR INJECTION             | 4MG/5ML     | INJ SOL-5ML PK (PRESERVATIVE-FREE) | 02407639 | TEV | 55        |
| ZOLEDRONIC ACID FOR INJECTION CONCENTRATE | 4MG/5ML     | INJ SOL-5ML PK (PRESERVATIVE-FREE) | 02422425 | DRR | 55        |
| ZOLEDRONIC ACID FOR INJECTION CONCENTRATE | 4MG/5ML     | INJ SOL-5ML PK (PRESERVATIVE-FREE) | 02413701 | OMG | 55        |
| <b>ZOLMITRIPTAN</b>                       |             |                                    |          |     | <b>38</b> |
| ZOMETA CONCENTRATE                        | 4MG/5ML     | INJ SOL (PRESERVATIVE-FREE)        | 02248296 | NOV | 55        |
| ZOMIG                                     | 2.5MG       | TAB                                | 02238660 | AZC | 38        |

| PRODUCT NAME     | STRENGTH | DOSAGE FORM                     | DIN/PIN  | MFR | PAGE      |
|------------------|----------|---------------------------------|----------|-----|-----------|
| ZOMIG RAPIMELT   | 2.5MG    | ORALLY<br>DISINTEGRATING<br>TAB | 02243045 | AZC | 38        |
| <b>ZOPICLONE</b> |          |                                 |          |     | <b>31</b> |
| ZOVIRAX          | 200MG    | TAB                             | 00634506 | GSK | 6         |
| ZOVIRAX          | 400MG    | TAB                             | 01911627 | GSK | 6         |
| ZYPREXA          | 20MG     | TAB                             | 02238851 | LIL | 28        |
| ZYPREXA ZYDIS    | 20MG     | RAPID DISSOLVE<br>TAB           | 02243089 | LIL | 28        |
| ZYVOXAM          | 2MG/ML   | INJ-300ML PK                    | 02243685 | PAL | 9         |

# **Part V**

## **Index of Pharmacologic- Therapeutic Classification**

# Part V: Index of Pharmacologic-Therapeutic Classification

| CLASSIFICATION | NAME                                            |
|----------------|-------------------------------------------------|
| <b>04:00</b>   | <b>ANTIHISTAMINES</b>                           |
| <b>08:00</b>   | <b>ANTI-INFECTIVE AGENTS</b>                    |
| 08:08          | Anthelmintics                                   |
| 08:12          | Antibiotics                                     |
| 08:12:04       | Antifungals                                     |
| 08:12:12       | Erythromycins                                   |
| 08:12:16       | Penicillins                                     |
| 08:12:24       | Tetracyclines                                   |
| 08:12:28       | Other Antibiotics                               |
| 08:16          | Antitubercular Agents                           |
| 08:18          | Antivirals                                      |
| 08:20          | Plasmodicides (Antimalarials)                   |
| 08:24          | Sulfonamides                                    |
| 08:32          | Trichomonacides                                 |
| 08:36          | Urinary Anti-Infectives                         |
| 08:40          | Miscellaneous Anti-Infectives                   |
| <b>10:00</b>   | <b>ANTINEOPLASTIC AGENTS</b>                    |
| <b>12:00</b>   | <b>AUTONOMIC AGENTS</b>                         |
| 12:04          | Parasympathomimetic (Cholinergic) Agents        |
| 12:08          | Parasympatholytic (Cholinergic Blocking) Agents |
| 12:12          | Sympathomimetic (Adrenergic) Agents             |

| CLASSIFICATION | NAME                                        |
|----------------|---------------------------------------------|
| 12:16          | Sympatholytic (Adrenergic Blocking) Agents  |
| 12:20          | Skeletal Muscle Relaxants                   |
| <b>20:00</b>   | <b>BLOOD FORMATION AND COAGULATION</b>      |
| 20:04          | Antianemia Drugs                            |
| 20:12          | Coagulants and Anti-Coagulants              |
| 20:12:16       | Hemostatics                                 |
| 20:16          | Hematopoietic Agents                        |
| 20:24          | Hemorrhheologic Agents                      |
| <b>24:00</b>   | <b>CARDIOVASCULAR DRUGS</b>                 |
| 24:04          | Cardiac Drugs                               |
| 24:06          | Antilipemic Drugs                           |
| 24:08          | Hypotensive Drugs (For Diuretics See 40:28) |
| 24:12          | Vasodilating Drugs                          |
| <b>28:00</b>   | <b>CENTRAL NERVOUS SYSTEM DRUGS</b>         |
| 28:08          | Analgesics                                  |
| 28:08:04       | Nonsteroidal Anti-Inflammatory Agents       |
| 28:08:08       | Opiate Agonists                             |
| 28:08:12       | Opiate Partial Agonists                     |
| 28:08:92       | Miscellaneous Analgesics and Antipyretics   |
| 28:10:00       | Opiate Antagonists                          |
| 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  |

| CLASSIFICATION | NAME                                           |
|----------------|------------------------------------------------|
| <b>36:00</b>   | <b>DIAGNOSTIC AGENTS</b>                       |
| 36:04          | Adrenal Insufficiency                          |
| <b>40:00</b>   | <b>ELECTROLYTIC, CALORIC AND WATER BALANCE</b> |
| 40:12          | Replacement Agents                             |
| 40:18          | Potassium-Removing Resins                      |
| 40:28          | Diuretics                                      |
| 40:40          | Uricosuric Drugs                               |
| <b>48:00</b>   | <b>COUGH PREPARATIONS</b>                      |
| 48:04          | Antitussives                                   |
| 48:08          | Expectorants                                   |
| <b>52:00</b>   | <b>EYE, EAR, NOSE AND THROAT PREPARATIONS</b>  |
| 52:04          | Anti-Infectives                                |
| 52:04:04       | Antibiotics                                    |
| 52:04:12       | Other Anti-Infectives                          |
| 52:08          | Anti-Inflammatory Agents                       |
| 52:16          | Local Anesthetics                              |
| 52:20          | Miotics                                        |
| 52:24          | Mydriatics                                     |
| 52:32          | Vasoconstrictors                               |
| 52:36          | Other Eye, Ear, Nose and Throat Agents         |
| <b>56:00</b>   | <b>GASTROINTESTINAL DRUGS</b>                  |
| 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                       |
| <b>60:00</b>   | <b>GOLD COMPOUNDS</b>                          |

| CLASSIFICATION | NAME                                          |
|----------------|-----------------------------------------------|
| <b>64:00</b>   | <b>HEAVY METAL ANTAGONISTS</b>                |
| <b>68:00</b>   | <b>HORMONES AND SUBSTITUTES</b>               |
| 68:04          | Corticosteroids                               |
| 68:08          | Androgens                                     |
| 68:16          | Estrogens                                     |
| 68:20          | Anti-Diabetic Agents                          |
| 68:20:02       | Oral Anti-Diabetic Agents                     |
| 68:20:10       | Insulins (Rapid Acting)                       |
| 68:20:12       | Insulins (Intermediate Acting)                |
| 68:20:14       | Insulins (Long Acting)                        |
| 68:20:16       | Insulins (Pre-Mixed)                          |
| 68:24          | Parathyroid Agents                            |
| 68:28          | Pituitary Agents                              |
| 68:32          | Progestogens and Oral Contraceptives          |
| 68:36          | Thyroids                                      |
| 68:38          | Anti-Thyroids                                 |
| <b>84:00</b>   | <b>SKIN AND MUCOUS MEMBRANE PREPARATIONS</b>  |
| 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                             |
| 84:28          | Keratolytic Agents                            |
| 84:36          | Miscellaneous Skin and Mucous Membrane Agents |
| <b>86:00</b>   | <b>SPASMOLYTICS</b>                           |
| <b>88:00</b>   | <b>VITAMINS</b>                               |
| 88:08          | Vitamin B                                     |

| CLASSIFICATION | NAME                                   |
|----------------|----------------------------------------|
| 88:12          | Vitamin C                              |
| 88:16          | Vitamin D                              |
| 88:28          | Multivitamins                          |
| <b>92:00</b>   | <b>UNCLASSIFIED THERAPEUTIC AGENTS</b> |
| <b>96:00</b>   | <b>MISCELLANEOUS</b>                   |
| 96:01          | Nutrition Products                     |
| 96:05          | Diabetic Testing Agents                |

# **Part VI**

## **Facilitated Access Drug Products**

# **Part VI-A**

## **Facilitated Access to HIV/AIDS Drug Products**

# Part VI-A: Facilitated Access to HIV/AIDS Drug Products

The following list of drug products prescribed to ODB-eligible persons with HIV/AIDS are reimbursed through the Facilitated Access process under the EAP. Under this mechanism, 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 (CPSO) registration number also appears on the prescription for purposes of verification.

## Eligibility Criteria

For the treatment of HIV/AIDS.

Note: The prescriber must be approved for the Facilitated Access mechanism. Reimbursement for other indications may be considered through the EAP.

## Physician List

Pharmacies have been provided with a list of physicians approved to participate in the Facilitated Access mechanism (Physician List). Any changes to this list are communicated to pharmacies via the ONE-mail system.

The ministry is responsible for determining physician eligibility to participate based on one of the following criteria:

- Infectious disease specialist (as per CPSO's website)
- Affiliation with an HIV centre/clinic
- Prior EAP approval on file for any HIV drug

## Facilitated Access (FA) Drugs which are also Listed as LU Benefits

**Patient meets LU criteria:** For Facilitated Access (FA) drugs which are listed as LU benefits in Part III-A of the Formulary/CDI AND prescribed for an indication listed under the LU criteria, an LU prescription must be completed for reimbursement. More details

about the LU reimbursement process are available in Part I - Section C.9 and Part XII of the Formulary/CDI.

**Patient does not meet LU criteria:** For FA drugs which are listed as LU benefits AND prescribed for indications that do not meet the LU criteria, the claim can be processed through the FA mechanism if FA reimbursement criteria are met (see eligibility criteria above). Reimbursement for other indications may be considered through the EAP. 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 as interchangeable in Part III-A or Part III-B of the Formulary/CDI. Where interchangeability has not been designated, it is necessary for the prescriber to specify the generic drug name, or the particular brand on the prescription, in order for the drug product(s) to be reimbursed by the ministry under this mechanism.

Should a difficulty be encountered by pharmacies attempting to submit claims for these medications, the ODB Help Desk can be contacted.

**PHARMACISTS ARE REMINDED THAT THE PHYSICIAN LIST IS STRICTLY CONFIDENTIAL AND SHOULD NOT BE SHARED WITH NON-PHARMACY STAFF. THE MINISTRY EXPECTS PHARMACISTS TO TAKE RESPONSIBILITY FOR ENSURING THIS INFORMATION IS TREATED ACCORDINGLY.**

# Facilitated Access

## HIV/AIDS DRUGS

| GENERIC NAME           | STRENGTH  | DOSAGE FORM | BRAND NAME           | DIN      | MFR |
|------------------------|-----------|-------------|----------------------|----------|-----|
| ACYCLOVIR              | 200mg/5ml | SUSP        | Zovirax              | 00886157 | GLW |
|                        | 200mg     | TAB         | Zovirax              | 00634506 | GSK |
|                        |           |             | Apo-Acyclovir        | 02207621 | APX |
|                        |           |             | Mylan-Acyclovir      | 02242784 | MYL |
|                        |           |             | Novo-Acyclovir       | 02285959 | NOP |
|                        |           |             | Ratio-Acyclovir      | 02078627 | RPH |
|                        | 400mg     | TAB         | Zovirax              | 01911627 | GSK |
|                        |           |             | Apo-Acyclovir        | 02207648 | APX |
|                        |           |             | Mylan-Acyclovir      | 02242463 | MYL |
|                        |           |             | Novo-Acyclovir       | 02285967 | NOP |
| ATOVAQUONE             | 750mg/5ml | O/L         | Mepron               | 02217422 | GLW |
|                        |           |             |                      |          |     |
| AZITHROMYCIN           | 600mg     | TAB         | Zithromax            | 02231143 | PFI |
|                        |           |             | Co Azithromycin      | 02256088 | COB |
|                        |           |             | PMS-Azithromycin     | 02261642 | PMS |
| DOXYCYCLINE            | 100mg     | CAP         | Vibramycin           | 00024368 | PFI |
|                        |           |             | Apo-Doxy             | 00740713 | APX |
|                        |           |             | Novo-Doxylin         | 00725250 | NOP |
| DOXYCYCLINE<br>HYCLATE | 100mg     | TAB         | Vibra-Tabs           | 00578452 | PFI |
|                        |           |             | Apo-Doxy-Tabs        | 00874256 | APX |
|                        |           |             | Novo-Doxylin Tablets | 02158574 | NOP |

| GENERIC NAME         | STRENGTH                                                                                                                                                                                        | DOSAGE FORM    | BRAND NAME        | PIN      | MFR |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|----------|-----|
| 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            | Diflucan P.O.S.   | 02024152 | PFI |
| FLUCONAZOLE          | 50mg                                                                                                                                                                                            | TAB            | Diflucan          | 00891800 | PFI |
|                      |                                                                                                                                                                                                 |                | Apo-Fluconazole   | 02237370 | APX |
|                      |                                                                                                                                                                                                 |                | Co Fluconazole    | 02281260 | COB |
|                      |                                                                                                                                                                                                 |                | Mylan-Fluconazole | 02245292 | MYL |
|                      |                                                                                                                                                                                                 |                | Novo-Fluconazole  | 02236978 | NOP |
|                      |                                                                                                                                                                                                 |                | PMS-Fluconazole   | 02245643 | PMS |
|                      | 100mg                                                                                                                                                                                           | TAB            | Diflucan          | 00891819 | PFI |
|                      |                                                                                                                                                                                                 |                | Apo-Fluconazole   | 02237371 | APX |
|                      |                                                                                                                                                                                                 |                | Co Fluconazole    | 02281279 | COB |
|                      |                                                                                                                                                                                                 |                | Mylan-Fluconazole | 02245293 | MYL |
|                      |                                                                                                                                                                                                 |                | Novo-Fluconazole  | 02236979 | NOP |
|                      |                                                                                                                                                                                                 |                | PMS-Fluconazole   | 02245644 | PMS |
| GANCICLOVIR SODIUM   | 500mg/vial                                                                                                                                                                                      | PD INJ-10ML PK | Cytovene          | 02162695 | HLR |
| ITRACONAZOLE         | Note: Recommended for the treatment of oral/esophageal candidiasis unresponsive to less expensive alternatives.                                                                                 |                |                   |          |     |
|                      | 10mg/ml                                                                                                                                                                                         | ORAL SOL       | Sporanox          | 02231347 | JAN |
|                      | 100mg                                                                                                                                                                                           | CAP            | Sporanox          | 02047454 | JAN |
| 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            | Humatin           | 02078759 | PDA |
| PNEUMOCOCCAL VACCINE |                                                                                                                                                                                                 | INJ-1 DOSE PK  | Pneumovax 23      | 00431648 | MSD |

| GENERIC NAME       | STRENGTH | DOSAGE FORM | BRAND NAME        | PIN      | MFR |
|--------------------|----------|-------------|-------------------|----------|-----|
| POTASSIUM CHLORIDE | 8meq     | LA TAB      | Apo-K             | 00602884 | APX |
|                    |          |             | Slow-K            | 80040226 | NOV |
|                    |          | SR CAP      | Micro-K Extencaps | 02042304 | WAY |
|                    | 10meq    | LA TAB      | Kalium Durules    | 00471496 | AST |
|                    | 20meq    | SR TAB      | K-Dur             | 00713376 | KEY |
| PYRIMETHAMINE      | 25mg     | TAB         | Daraprim          | 00004774 | GLW |

# **Part VI-B**

## **Facilitated Access to Palliative Care Drug Products**

# Part VI-B: Facilitated Access to Palliative Care Drug Products

The following list of drug products used to treat ODB-eligible patients undergoing palliative (end-of-life) care are reimbursed through the Facilitated Access (FA) mechanism under the EAP. Under this mechanism, 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 EAP on a case-by-case basis).

## Eligibility Criteria

Palliative Care (PC) medication claims reimbursed under the 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. The physician’s CPSO registration number must be included on the prescription for purposes of verification.

## Physician List

Pharmacies have been provided with a list of physicians approved to participate in the Facilitated Access mechanism. Any changes to this list are communicated to pharmacies via their ONE-mail system.

The OMA is responsible for determining physician eligibility to participate based on the following criteria:

- 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 provider of palliative care by a regional director for CCO
- Physicians who have been identified as a provider of palliative care by the executive of the section of palliative medicine at the OMA

- Physicians who have been identified as a provider of palliative care by an End of Life Network or Community Care Access Centre
- Physicians who are members of a Palliative Alternate Funding Plan (AFP)
- Physicians who work in collaboration with a Palliative Care Physician

Physicians wishing to obtain further information can contact the Ontario Medical Association at (416) 599-2580 ext. 3265, or 1-800-268-7215 ext. 3265, or by e-mail at [pcf@oma.org](mailto:pcf@oma.org).

## EAP Requests

This mechanism facilitates reimbursement for FA drugs for palliative care patients for an initial six-month course of therapy only. EAP requests are required for coverage of FA drugs beyond the initial six-month period, coverage of FA drugs prescribed for use in other clinical settings, and for coverage of drugs not listed in Part III-A or Part VI-B of the Formulary/CDI. Physicians are encouraged to submit renewal requests at least 4 to 6 weeks prior to the expiration date.

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 as interchangeable in Part III-A, or Part III-B of the Formulary/CDI. Where interchangeability has not been designated, the prescription must specify the generic drug name or the particular brand name in order for it to be reimbursed by the ministry under the FA mechanism.

Pharmacies should note that adjudication for these medications via the 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 Help Desk should be contacted.

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# Facilitated Access Palliative Care Drugs

| GENERIC NAME           | STRENGTH | DOSAGE FORM                             | BRAND NAME                                  | PIN      | MFR |
|------------------------|----------|-----------------------------------------|---------------------------------------------|----------|-----|
| DIAZEPAM               | 5mg/ml   | INJ 2ML PK                              | Sandoz Diazepam                             | 09857240 | SDZ |
| DIMENHYDRINATE         | 50mg/ml  | INJ-5ML PK                              | Sandoz Dimenhydrinate                       | 09857207 | SDZ |
| FUROSEMIDE             | 10mg/ml  | INJ SOL-2ML PK                          | Sandoz Furosemide                           | 09857208 | SDZ |
| GLYCOPYRROLATE         | 0.2mg/ml | INJ SOL-2ML VIAL PK (PRESERVATIVE FREE) | Glycopyrrolate Injection                    | 09857521 | OMG |
| GLYCOPYRRONIUM BROMIDE | 0.2mg/ml | INJ-1ML AMP PK                          | Sandoz Glycopyrrolate                       | 09857212 | SDZ |
| HYOSCINE BUTYLBROMIDE  | 20mg/ml  | INJ SOL                                 | Buscopan                                    | 09857213 | BOE |
|                        | 10mg     | TAB                                     | Buscopan                                    | 09857215 | BOE |
| LORAZEPAM              | 4mg/ml   | INJ-1ML PK                              | Sandoz Lorazepam                            | 09857216 | SDZ |
| METHADONE HCL          | 1mg/ml   | O/L                                     | Metadol                                     | 09857221 | PMS |
|                        | 10mg/ml  | O/L                                     | Metadol                                     | 09857223 | PMS |
|                        | 1mg      | TAB                                     | Metadol                                     | 09857217 | PMS |
|                        | 5mg      | TAB                                     | Metadol                                     | 09857218 | PMS |
|                        | 10mg     | TAB                                     | Metadol                                     | 09857219 | PMS |
|                        | 25mg     | TAB                                     | Metadol                                     | 09857220 | PMS |
| METOCLOPRAMIDE HCL     | 10mg/2ml | INJ-2ML PK                              | Sandoz Metoclopramide                       | 09857224 | SDZ |
| MIDAZOLAM HCL          | 5mg/ml   | INJ-1ML PK                              | Sandoz Midazolam                            | 09857225 | SDZ |
|                        |          | INJ-1ML PK                              | Midazolam Injection SDZ (Preservative-Free) | 09857479 | SDZ |
|                        |          | INJ-2ML PK                              | Midazolam                                   | 09857438 | PPC |

| GENERIC NAME                | STRENGTH | DOSAGE FORM       | BRAND NAME                 | PIN      | MFR |
|-----------------------------|----------|-------------------|----------------------------|----------|-----|
| MORPHINE SULFATE            | 2mg/ml   | INJ SOL AMP       | Sandoz Morphine            | 09857226 | SDZ |
|                             | 10mg/ml  | INJ SOL AMP       | Sandoz Morphine            | 09857227 | SDZ |
| OXYCODONE HCL               | 5mg      | TAB               | Oxy.IR                     | 09857243 | PFP |
|                             |          |                   | PMS-Oxycodone              | 09857318 | PMS |
|                             |          |                   | Supeudol                   | 09857232 | SIL |
|                             | 10mg     | CR TAB            | OxyNEO                     | 09857408 | PFP |
|                             | 10mg     | TAB               | Oxy.IR                     | 09857241 | PFP |
|                             |          |                   | PMS-Oxycodone              | 09857319 | PMS |
|                             |          |                   | Supeudol                   | 09857233 | SIL |
|                             | 15mg     | CR TAB            | OxyNEO                     | 09857409 | PFP |
|                             | 20mg     | TAB               | Oxy.IR                     | 09857242 | PFP |
|                             |          |                   | PMS-Oxycodone              | 09857321 | PMS |
|                             |          |                   | Supeudol                   | 09857234 | SIL |
|                             | 20mg     | CR TAB            | OxyNEO                     | 09857410 | PFP |
|                             | 30mg     | CR Tab            | OxyNEO                     | 09857411 | PFP |
|                             | 40mg     | CR Tab            | OxyNEO                     | 09857412 | PFP |
|                             | 80mg     | CR Tab            | OxyNEO                     | 09857413 | PFP |
| PAMIDRONATE DISODIUM        | 3mg/ml   | INJ SOL-10ML VIAL | Pamidronate Disodium Omega | 09857399 | OMG |
|                             | 6mg/ml   | INJ SOL-10ML VIAL | Pamidronate Disodium Omega | 09857402 | OMG |
|                             | 9mg/ml   | INJ SOL-10ML VIAL | Pamidronate Disodium Omega | 09857403 | OMG |
| PHENOBARBITAL               | 120mg/ml | INJ SOL-1ML PK    | Phenobarbital              | 09857296 | SDZ |
| PHENYTOIN (DIPHENHYDANTOIN) | 50mg/ml  | INJ-2ML PK        | Sandoz Phenytoin           | 09857235 | SDZ |

| GENERIC NAME             | STRENGTH | DOSAGE FORM    | BRAND NAME                         | PIN      | MFR |
|--------------------------|----------|----------------|------------------------------------|----------|-----|
| SCOPOLAMINE HYDROBROMIDE | 0.4mg/ml | INJ SOL-1ML PK | Scopolamine Hydrobromide Injection | 09857236 | HOS |
|                          |          |                | Scopolamine Hydrobromide Injection | 09857384 | OMG |
|                          | 0.6mg/ml | INJ SOL-1ML PK | Scopolamine Hydrobromide Injection | 09857237 | HOS |
|                          |          |                | Scopolamine Hydrobromide Injection | 09857385 | OMG |

# **Part VII**

## **Trillium Drug Program**

# Part VII: 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. 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 TDP runs from August 1 of one year to July 31 of the following year. 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 an eligible drug product. Any unpaid deductible in a quarter will be added to the next quarter's deductible. By regulation costs covered by other entities (i.e., private insurers and employers, are not counted towards the TDP deductible). TDP deductibles must be paid by the household's out-of-pocket expenditure.

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.

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 in Part VI of the Formulary/CDI
- Any drug product which has been approved by the EO on an individual basis, under section 16 of the ODBA or in accordance with the regulations under the ODBA [O.Reg. 201/96 sec. 3(4) iv, 3(5)]

- Products on the Nutrition Products list and Diabetic Testing Agents list in Part IX of the Formulary/CDI
- Extemporaneous products designated as pharmaceutical products under the regulations made under the ODBA
- Products listed in Schedule 2 to O. Reg. 201/96 (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 HNS 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 documentation confirming that they are leaving the province for more than 100 days including either:

- A letter signed and dated by the recipient indicating travel dates
- A copy of the recipient's travel documentation (e.g., travel insurance)

Vacation supply claims must not be submitted through the HNS 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. Pharmacists should advise Trillium recipients that the ministry will not reimburse vacation supplies paid for out-of-pocket during the third and fourth quarters of the benefit year except in rare circumstances.

Each program year, Trillium recipients enrolled in the previous program year will automatically be renewed unless one of the following conditions applies:

- 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
- The household has not utilized the TDP for the previous two benefit years
- All members of the household are over 65 years of age

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.

Trillium applications can be obtained through the TDP at 1-800-575-5386, from local pharmacies, or can be downloaded from the ministry's website at: [The Trillium Drug Program \(TDP\)](#)

# **Part VIII**

## **Exceptional Access Program (EAP)**

# Part VIII: Exceptional Access Program (EAP)

The Exceptional Access Program (EAP) facilitates patient access to drugs not funded in the ODB Formulary where no listed alternative is available. In order to receive coverage through the EAP, the patient must be eligible to receive benefits under the ODB program.

The EO, on behalf of the ministry, considers requests for coverage of drug products that are not listed in the ODB Formulary/CDI. Funding decisions for drug products considered by the EAP are based on recommendations and guidelines from the ministry's expert advisory committee, the CED and approved by the EO. Also, the program is supported by an extensive roster of expert medical advisers who may be involved in criteria development and/or the review of individual requests for the coverage of drug products. All EAP requests will be considered according to the policies described below to ensure a fair and consistent review of each request. Modernization initiatives to facilitate the EAP process are ongoing.

## Funding Decision

Typically the CED recommends consideration through the EAP for drug products where strong clinical evidence is not available to support efficacy and/or cost-effectiveness, when compared to other drugs already funded through the ODB program.

EAP requests are only considered for a drug or indication(s) which has been approved for funding by the EO. For manufacturer-initiated reviews, each complete submission undergoes a rigorous review by the CED. The CED makes recommendations to the EO as to whether a drug product should be listed as a formulary benefit and/or designated as an interchangeable drug product (for generic drugs). The CED also makes recommendations as to whether or not drug products should be available through the EAP, and may develop clinical criteria.

Please note, the EAP does not consider funding for non-drug products, which include diabetic test strips, medical or assistive devices, natural health products, or nutrition products. Please refer to Part IX of the ODB Formulary/CDI for nutrition products and diabetic test strips that are covered under the ODB program.

The EO may also request that the CED perform a review and provide a recommendation for a drug or indication in the absence of a manufacturer submission for the purposes of consideration under EAP. Normally, this occurs for indications which have not been approved by Health Canada (i.e., off-label indications). For Health

Canada approved indications, the onus is on the manufacturer to submit information to the Ontario Public Drug Programs to request a product review. Following the CED's review, the EO makes the final decision regarding the reimbursement of the product.

## EAP Criteria

For a drug to be considered for funding, the EAP reimbursement criteria must always be met prior to the initiation of treatment with the drug being requested, unless otherwise specified within the criteria. This includes:

- Funding for continued treatment that was previously supplied through a clinical trial, or paid for by other means (such as a third party payer)  
*Note:* First time applications for the funding of ongoing treatments must meet both initial and renewal criteria for the drug being requested (unless otherwise specified)
- Funding for a renewal beyond the previously approved initial period, unless otherwise specified

Selected drug-specific criteria used in the consideration of EAP requests are available on the ministry's website, in order to improve transparency and assist physicians in making EAP drug requests.

## EAP Application Process

To apply through the EAP, the patient's physician must submit a request documenting complete and relevant medical information to the ministry, providing the clinical rationale for requesting the unlisted drug and reasons why covered benefits are not suitable. All requests are reviewed according to the guidelines and criteria recommended by the CED and approved by the EO. This review includes a thorough assessment of the patient's specific case and clinical circumstances, as provided by the physician, as well as the scientific evidence available. If EAP approval is granted, the coverage period begins as of the effective date and extends only to the specified date.

To assist physicians applying for exceptional access, please refer to the Request for an Unlisted Drug Product – Exceptional Access Program (EAP) Form on the ministry's website at: [Request for an Unlisted Drug Product - Exceptional Access Program \(EAP\)](#)

Additionally, the criteria for the funding of frequently requested drugs considered through the EAP are posted on the ministry's website at: [Exceptional Access Program](#) Physicians are encouraged to utilize this resource to ensure that they provide the adequate clinical information necessary for the EAP to assess the requested drug(s). Only physicians practicing in Ontario may request coverage for an EAP drug. Requests should be sent to the attention of:

Exceptional Access Program (EAP) Unit  
Exceptional Access Program Branch  
3rd Floor, 5700 Yonge Street  
Toronto ON M2M 4K5  
Fax: (416) 327-7526  
Toll free fax: 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 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 ODB Help Desk.

To minimize delays, please ensure that your request is written legibly. Each request should include a concise clinical description and therapeutic plan which must include, but is not limited to, the following:

- Physician's name, CPSO number, street address, fax number, telephone number, physician's signature (mandatory)
- Patient's name, date of birth, health card number (HCN) / 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 co-morbid conditions
- Other relevant information (e.g., culture and sensitivity reports, serum drug levels, laboratory results, bone mineral density reports, consultation reports)

## Extension of Coverage for EAP Drugs

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 to six 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. Physicians are encouraged to review the EAP criteria for renewal consideration of individual drugs to ensure that sufficient and appropriate information is provided to facilitate a timely response. The request 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.

Please refer to the EAP Reimbursement Criteria for further information at:

[Exceptional Access Program](#)

## EAP - Telephone Request Service

The Telephone Request Service (TRS) offers physicians another way to submit EAP requests for a group of selected drugs. In most cases, these requests will be assessed in real-time. Physicians or their delegates may call the TRS to submit their requests and obtain a faster funding decision for selected drugs and indications. Please visit the ministry's website for the evaluation questionnaires and reimbursement criteria at:

[Exceptional Access Program](#)

Physicians and their delegates are encouraged to review the TRS Reimbursement Criteria before calling to ensure that the drug they are requesting is one that can be considered through this service and additionally, to ensure that they provide the necessary information for EAP staff to make a funding decision during the call.

Requests for drug products or indications not currently available through TRS will be asked to be submitted via fax.

Physicians and their delegates may call 1-866-811-9893 or 416-327-8109 and select the TRS option. The hours of operation of EAP's TRS are from 8:30 AM to 5:00 PM Monday to Friday. Service is not available on weekends, provincial statutory holidays, and Remembrance Day.

Please refer to the ministry's web posting for additional information at: [Exceptional Access Program](#)

## Compassionate Review Policy

Where there are rare clinical circumstances in immediately life-, limb-, or organ-threatening conditions, the EO considers requests for drugs or indications in the absence of a final funding decision. Requests must meet the criteria for the Compassionate Review Policy.

Note: For cancer drugs, Cancer Care Ontario (CCO) administers the Case-by-Case Review Program (CBCRP) on behalf of the MOHLTC. The new CBCRP extends and adapts the Compassionate Review Policy to therapies that will be administered in cancer centres and hospitals.

The CBCRP considers funding requests for cancer drugs (both oral therapies and injectable drugs) for cancer patients who have a rare clinical circumstance that is immediately life threatening (i.e., death is likely within a matter of months) and who require treatment with an unfunded drug, because there is no other satisfactory and

funded treatment. For further information on CBCRP including eligibility criteria and how to apply, please visit the CCO website at: [Cancer Care Ontario](#). While CCO administers the CBCRP, the EO of Ontario Public Drug Programs makes all final funding decisions.

## Funding for Drugs being used in Clinical Trials

This section is intended to clarify the circumstances in which EAP funding will be considered for drugs being used within the context of a clinical trial. Generally, the ODB program does not fund drugs being studied under a clinical trial. These costs should be funded by the trial organizer and accounted for within the study budget. Supportive therapies may be considered for funding under all of the following circumstances:

- Funding will only be considered for ODB-eligible recipients (must be ODB eligible at the time of enrollment in the trial)
- Funding will only be considered for products currently funded by the ODB program according to their approved criteria
- EAP request should indicate that the requested product is being used as supportive therapy as part of a clinical trial

Manufacturer-sponsored trials will be excluded, and it is expected that manufacturers will provide funding for study treatments as part of the trial budget. For trials that are not manufacturer sponsored, investigators are asked to provide prior notification to the ministry of impending requests for funding of supportive therapies for a clinical trial. Requestors should indicate trial details, funding details, patient numbers, and timelines for their request prior to submitting the first request to EAP.

Inquiries regarding the EAP should be directed to:

E-mail: [EAPFeedback.MOH@ontario.ca](mailto:EAPFeedback.MOH@ontario.ca)  
Phone: 416-327-8109 or 1-866-811-9893  
Fax: 416-327-7526 or 1-866-811-9908  
Exceptional Access Program  
3rd Floor, 5700 Yonge St.  
North York, ON M2M 4K5

## Reimbursement

The decision on reimbursement of individual requests will be communicated by letter to the requesting physician. If coverage is approved, the physician may provide a copy of the ministry's response letter to the patient to take to their pharmacy. It should be noted that while pharmacies are not required to keep a copy of the response letter on file, retaining a copy of the letter may facilitate the pharmacy's awareness of covered products and may also assist in the monitoring of the approval duration of the request to avoid a gap in treatment should ongoing coverage be required. (Note: The ministry is aware of its obligations under the *Personal Health Information Protection Act, 2004*)

(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.)

The HNS adjudicates EAP claims online. Coverage begins on the specified coverage date and is valid until the expiration date noted on the authorization letter.

For drugs approved under the EAP, the ministry will reimburse pharmacists an amount equal to the Drug Benefit Price as outlined in the Formulary/CDI or listed on the ministry's website, 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 outlined 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.

The EO may enter into agreements with manufacturers to establish DBPs for products reimbursed under the EAP. In such cases, drug products reimbursed under the EAP will be adjudicated at the established DBP. Please refer to the ministry's website for further information at: [Exceptional Access Program](#)

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.

Retroactive reimbursement of approved requests may be considered by the EO on a case-by-case basis.

**Part IX**

**Additional Benefits:**

**Nutrition**

**Products/ Diabetic Testing  
Agents**

# Part IX: Additional Benefits: Nutrition Products/ Diabetic Testing Agents

## Nutrition Products

Nutrition Products (NPs) are listed substances reimbursed as additional benefits for ODB-eligible persons in defined circumstances.

Enteral nutrition products are eligible for coverage under the ODB program only when prescribed by a physician as the patient's sole source of nutrition. Patients tolerating some solid foods and requiring only supplementation in addition to food are not eligible for coverage.

### Eligibility Criteria:

Enteral nutrition products will be reimbursed for ODB-eligible persons when prescribed 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 and fully completed Nutrition Product form.

Nutrition Product forms are valid for one year following the date completed. Physicians can order Nutrition Product forms by calling 1-888-310-9008, or print the Nutrition Product form from the ministry's website at: [Nutrition Product Form](#)

Pharmacists are required to retain a copy of the Nutrition Product form on file for 24 months after which any NP claim is submitted to the HNS. For example, an NP claim submitted for ODB reimbursement with a date of service on December 31, 2010, must be substantiated with a valid and completed Nutrition Product form signed and dated by the prescribing physician (from January 1, 2010 to December 31, 2010) and retained on file until December 31, 2012.

### Exclusion Criteria:

An NP 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 prescriber or dietician may select any Nutrition Product from the approved list; however, only the prescriber can complete the Nutrition Product form. Depending on which NP 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 NP. 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 NPs under the ODB program).

Reimbursement of NPs is not considered through the EAP.

### Maximum Allowable Reimbursement Mechanism and Pricing Schedule — Nutrition Products

### Administration

A valid prescription from a prescriber is required for pharmacists to dispense approved NPs under the ODB program to eligible recipients. Pharmacists and prescribers 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 NPs for these residents are not reimbursed under the ODB program.

## Claims

Pharmacists should note the maximum amount the ministry will reimburse pharmacies for each approved NP. Cost-to-operator claims will not be accepted. NP claims are not eligible for a mark-up.

## Reimbursement Process

The maximum allowable reimbursement process provides ODB-eligible recipients with coverage for the cost of NPs 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 NPs that are approved for coverage and identifies a maximum price (per 1000kcal) for specific categories.

# Maximum Allowable Reimbursement Schedule for Nutrition Products

## A.1 COMPLETE POLYMERIC – LACTOSE FREE      MAXIMUM = 5.04

| BRAND NAME              | STRENGTH, DOSAGE FORM, PACKAGE SIZE | PIN/NPN  | MFR | COST (\$) PER 1000K CAL | COST (\$) PER PKG | AMT (\$) MOHLTC PAYS | AMT (\$) PATIENT PAYS |
|-------------------------|-------------------------------------|----------|-----|-------------------------|-------------------|----------------------|-----------------------|
| Boost 1.5 Plus Calories | 1.5KCAL/ML LIQ-237ML PK             | 97982610 | NES | 4.37                    | 1.55              | 1.55                 | 0.00                  |
| Ensure Plus             | LIQ-235ML PK CANS                   | 97904333 | ABB | 5.04                    | 1.79              | 1.79                 | 0.00                  |
| NovaSource Renal        | LIQ-235ML PK                        | 09854258 | NES | 4.32                    | 2.05              | 2.05                 | 0.00                  |
| Nutren 1.5              | 1.5KCAL/ML LIQ-250ML PK             | 97984698 | NES | 5.04                    | 1.89              | 1.89                 | 0.00                  |
| Resource 2.0            | LIQ-237ML PK                        | 09853170 | NES | 4.32                    | 2.05              | 2.05                 | 0.00                  |
| Suplena                 | LIQ-235ML PK                        | 09853731 | ABB | 4.94                    | 2.09              | 2.09                 | 0.00                  |
| TwoCal HN               | 2KCAL/ML LIQ-235ML PK               | 09854380 | ROS | 5.04                    | 2.37              | 2.37                 | 0.00                  |

## A.2 COMPLETE POLYMERIC – FIBRE CONTAINING MAXIMUM = 7.68

| BRAND NAME              | STRENGTH,<br>DOSAGE<br>FORM,<br>PACKAGE<br>SIZE | PIN/NPN  | MFR | COST<br>(\$)<br>PER<br>1000K<br>CAL | COST<br>(\$)<br>PER<br>PKG | AMT (\$) MOHLTC<br>PAYS | AMT (\$) PATIENT<br>PAYS |
|-------------------------|-------------------------------------------------|----------|-----|-------------------------------------|----------------------------|-------------------------|--------------------------|
| Compleat Modified       | LIQ-250ML PK                                    | 97983330 | NES | 7.66                                | 2.03                       | 2.03                    | 0.00                     |
| Compleat Modified       | LIQ-1000ML PK                                   | 09854231 | NON | 7.45                                | 7.97                       | 7.97                    | 0.00                     |
| Ensure with Fibre       | LIQ-235ML PK CANS                               | 97904317 | ABB | 7.68                                | 2.00                       | 2.00                    | 0.00                     |
| Glucerna 1.0 Cal        | LIQ-235ML PK                                    | 09854392 | ABB | 7.68                                | 1.80                       | 1.80                    | 0.00                     |
| IsoSource HN with Fibre | LIQ-250ML PK                                    | 09854363 | NES | 6.10                                | 1.83                       | 1.83                    | 0.00                     |
| Jevity 1 Cal            | 1.06KCAL/ML<br>LIQ-235ML PK                     | 97984060 | ABB | 7.68                                | 1.92                       | 1.92                    | 0.00                     |
| Jevity 1 Cal            | 1.06KCAL/ML<br>LIQ-1500ML PK                    | 09854479 | ABB | 7.68                                | 12.22                      | 12.22                   | 0.00                     |
| Jevity 1.2 Cal          | 1.2KCAL/ML<br>LIQ-235ML PK                      | 09854096 | ABB | 7.70                                | 2.17                       | 2.17                    | 0.00                     |
| Jevity 1.2 Cal          | 1.2KCAL/ML<br>LIQ-1000ML PK                     | 09857109 | ABB | 7.61                                | 9.13                       | 9.13                    | 0.00                     |
| Jevity 1.2 Cal          | 1.2KCAL/ML<br>LIQ-1500ML PK                     | 09857117 | ABB | 7.61                                | 13.70                      | 13.70                   | 0.00                     |
| Jevity 1.5 Cal          | 1.5KCAL/ML<br>LIQ-235ML PK                      | 09857344 | ABB | 7.67                                | 2.70                       | 2.70                    | 0.00                     |
| Jevity 1.5 Cal          | 1.5KCAL/ML<br>LIQ-1000ML PK                     | 09857310 | ABB | 7.68                                | 11.52                      | 11.52                   | 0.00                     |
| Jevity 1.5 Cal          | 1.5KCAL/ML<br>LIQ-1500ML PK                     | 09857312 | ABB | 7.68                                | 17.28                      | 17.28                   | 0.00                     |
| Resource Diabetic       | 1.06KCAL/ML<br>LIQ-250ML PK                     | 09857427 | NES | 6.57                                | 1.74                       | 1.74                    | 0.00                     |

## A.3 COMPLETE POLYMERIC – HIGH NITROGEN MAXIMUM = 5.11

| BRAND NAME        | STRENGTH,<br>DOSAGE FORM,<br>PACKAGE SIZE | PIN/NPN  | MFR | COST<br>(\$)<br>PER<br>1000K<br>CAL | COST<br>(\$)<br>PER<br>PKG | AMT (\$)<br>MOHLTC<br>PAYS | AMT (\$)<br>PATIENT<br>PAYS |
|-------------------|-------------------------------------------|----------|-----|-------------------------------------|----------------------------|----------------------------|-----------------------------|
| IsoSource 1.5 Cal | LIQ-250ML PK                              | 09854266 | NES | 4.99                                | 1.87                       | 1.87                       | 0.00                        |
| IsoSource HN      | LIQ-250ML PK                              | 97984663 | NES | 4.03                                | 1.20                       | 1.20                       | 0.00                        |
| IsoSource VHN     | LIQ-250ML PK                              | 09853553 | NES | 8.51                                | 2.12                       | 1.27                       | 0.85                        |
| Osmolite 1 Cal    | 1.06KCAL/ML<br>LIQ-1500ML PK              | 09854452 | ABB | 5.04                                | 8.01                       | 8.01                       | 0.00                        |
| Osmolite 1 CAL    | LIQ-235ML PK                              | 97973165 | ABB | 5.07                                | 1.26                       | 1.26                       | 0.00                        |
| Osmolite 1.2 Cal  | 1.2KCAL/ML LIQ-<br>1500 ML PK             | 09857095 | ABB | 5.04                                | 9.07                       | 9.07                       | 0.00                        |
| Osmolite 1.2 CAL  | LIQ-235ML PK                              | 09854169 | ABB | 5.11                                | 1.44                       | 1.44                       | 0.00                        |

## B. INCOMPLETE POLYMERIC

MAXIMUM = 8.50

| BRAND NAME                           | STRENGTH,<br>DOSAGE FORM,<br>PACKAGE SIZE | PIN      | MFR | COST<br>(\$)<br>PER<br>1000K<br>CAL | COST<br>(\$)<br>PER<br>PKG | AMT (\$)<br>MOHLTC<br>PAYS | AMT (\$)<br>PATIENT<br>PAYS |
|--------------------------------------|-------------------------------------------|----------|-----|-------------------------------------|----------------------------|----------------------------|-----------------------------|
| Boost Fruit<br>Flavoured<br>Beverage | LIQ-237ML PK                              | 09853154 | NES | 8.61                                | 1.55                       | 1.53                       | 0.02                        |

## C.1 MODULAR – PROTEIN

MAXIMUM = 15.90

| BRAND NAME | STRENGTH,<br>DOSAGE FORM,<br>PACKAGE SIZE | PIN      | MFR | COST<br>(\$)<br>PER<br>1000K<br>CAL | COST<br>(\$)<br>PER<br>PKG | AMT (\$)<br>MOHLTC<br>PAYS | AMT (\$)<br>PATIENT<br>PAYS |
|------------|-------------------------------------------|----------|-----|-------------------------------------|----------------------------|----------------------------|-----------------------------|
| HMS 90     | PD-10G POUCH                              | 09854193 | IMM | 49.50                               | 1.98                       | 0.64                       | 1.34                        |

## C.3 MODULAR - FAT

| BRAND NAME | STRENGTH,<br>DOSAGE FORM,<br>PACKAGE SIZE | PIN      | MFR | COST<br>(\$)<br>PER<br>1000K<br>CAL | COST<br>(\$)<br>PER<br>PKG | AMT (\$) MOHLTC<br>PAYS | AMT (\$) PATIENT<br>PAYS |
|------------|-------------------------------------------|----------|-----|-------------------------------------|----------------------------|-------------------------|--------------------------|
| MCT Oil    | 7.7KCAL/ML LIQ-<br>946ML PK               | 97904473 | NES |                                     | 34.49                      | 34.49                   | 0.00                     |

#### D. CHEMICALLY DEFINED FORMULA

**MAXIMUM = 35.26**

| BRAND NAME              | STRENGTH,<br>DOSAGE FORM,<br>PACKAGE SIZE | PIN/NPN  | MFR | COST<br>(\$)<br>PER<br>1000K<br>CAL | COST<br>(\$)<br>PER<br>PKG | AMT (\$) MOHLTC<br>PAYS | AMT (\$) PATIENT<br>PAYS |
|-------------------------|-------------------------------------------|----------|-----|-------------------------------------|----------------------------|-------------------------|--------------------------|
| Peptamen                | LIQ-250ML PK                              | 97984779 | NES | 28.46                               | 7.12                       | 7.12                    | 0.00                     |
| Peptamen 1.5            | 1.5KCAL/ML LIQ-<br>250ML PK               | 09853090 | NES | 27.36                               | 10.26                      | 10.26                   | 0.00                     |
| Peptamen 1.5            | 1.5KCAL/ML LIQ-<br>1000ML PK              | 09857126 | NES | 27.36                               | 41.04                      | 41.04                   | 0.00                     |
| Peptamen with<br>Prebio | 1KCAL/ML LIQ-<br>250ML PK                 | 09857101 | NES | 28.46                               | 7.12                       | 7.12                    | 0.00                     |
| Peptamen with<br>Prebio | 1KCAL/ML LIQ-<br>1500ML PK                | 09857102 | NES | 28.46                               | 42.69                      | 42.69                   | 0.00                     |
| Perative                | LIQ-237ML PK                              | 09854390 | ROS | 8.83                                | 2.72                       | 2.72                    | 0.00                     |
| Perative                | LIQ-1000ML PK                             | 09854391 | ROS | 8.83                                | 11.48                      | 11.48                   | 0.00                     |
| Portagen                | 1.02KCAL/ML<br>PD-454G PK                 | 09854401 | MJN | 10.40                               | 22.23                      | 22.23                   | 0.00                     |
| Tolerex                 | PD-80G PK                                 | 97982750 | NES | 13.90                               | 4.17                       | 4.17                    | 0.00                     |
| Vivonex T.E.N.          | PD-80.4G PK                               | 09853618 | NES | 23.44                               | 7.03                       | 7.03                    | 0.00                     |
| Vivonex Plus            | PD-79.5G PK                               | 97982830 | NES | 23.70                               | 7.03                       | 7.03                    | 0.00                     |

#### E.1 PEDIATRIC FORMULA, COMPLETE POLYMERIC – LACTOSE FREE

**MAXIMUM = 10.51**

| BRAND NAME    | STRENGTH,<br>DOSAGE FORM,<br>PACKAGE SIZE | PIN/NPN  | MFR | COST<br>(\$)<br>PER<br>1000K<br>CAL | COST<br>(\$)<br>PER<br>PKG | AMT (\$)<br>MOHLTC<br>PAYS | AMT (\$)<br>PATIENT<br>PAYS |
|---------------|-------------------------------------------|----------|-----|-------------------------------------|----------------------------|----------------------------|-----------------------------|
| Nutren Junior | 1KCAL/ML LIQ-<br>250ML PK                 | 09854215 | NES | 6.59                                | 1.65                       | 1.65                       | 0.00                        |
| PediaSure     | LIQ-235ML PK                              | 97984370 | ABB | 10.51                               | 2.47                       | 2.47                       | 0.00                        |

## **E.2 PEDIATRIC FORMULA, COMPLETE POLYMERIC – FIBRE CONTAINING MAXIMUM = 10.51**

| BRAND NAME                  | STRENGTH,<br>DOSAGE FORM,<br>PACKAGE SIZE | PIN      | MFR | COST<br>(\$)<br>PER<br>1000K<br>CAL | COST<br>(\$)<br>PER<br>PKG | AMT (\$)<br>MOHLTC<br>PAYS | AMT (\$)<br>PATIENT<br>PAYS |
|-----------------------------|-------------------------------------------|----------|-----|-------------------------------------|----------------------------|----------------------------|-----------------------------|
| Compleat Pediatric          | 1KCAL/ML LIQ-<br>250ML PK                 | 09857173 | NES | 10.37                               | 2.59                       | 2.59                       | 0.00                        |
| Nutren Junior Fibre         | 1KCAL/ML LIQ-<br>250ML PK                 | 09854223 | NES | 6.59                                | 1.65                       | 1.65                       | 0.00                        |
| Pediasure Plus With Fibre   | 1.5KCAL/ML LIQ-<br>235ML PK               | 09857419 | ROS | 7.77                                | 2.74                       | 2.74                       | 0.00                        |
| Pediasure With Fibre        | 1KCAL/ML LIQ-<br>235ML PK                 | 09854371 | ROS | 10.51                               | 2.47                       | 2.47                       | 0.00                        |
| Resource Kid Essentials 1.5 | 1.5KCAL/ML LIQ-<br>237ML PK               | 09857142 | NON | 6.55                                | 2.33                       | 2.33                       | 0.00                        |

## **F. PEDIATRIC FORMULA, INCOMPLETE POLYMERIC MAXIMUM = 20.16**

| BRAND NAME | STRENGTH,<br>DOSAGE FORM,<br>PACKAGE SIZE | PIN      | MFR | COST<br>(\$)<br>PER<br>1000K<br>CAL | COST<br>(\$)<br>PER<br>PKG | AMT (\$)<br>MOHLT<br>C PAYS | AMT (\$)<br>PATIENT<br>PAYS |
|------------|-------------------------------------------|----------|-----|-------------------------------------|----------------------------|-----------------------------|-----------------------------|
| RCF        | LIQ-384ML PK                              | 97973084 | ABB | 20.16                               | 6.27                       | 6.27                        | 0.00                        |

## **G.1 PEDIATRIC FORMULA, CHEMICALLY DEFINED – OLIGOMERIC (SEMI-ELEMENTAL) MAXIMUM=13.13**

| BRAND NAME                 | STRENGTH,<br>DOSAGE FORM,<br>PACKAGE SIZE                      | PIN      | MFR | COST<br>(\$)<br>PER<br>1000K<br>CAL | COST<br>(\$)<br>PER<br>PKG | AMT (\$)<br>MOHLTC<br>PAYS | AMT (\$)<br>PATIENT<br>PAYS |
|----------------------------|----------------------------------------------------------------|----------|-----|-------------------------------------|----------------------------|----------------------------|-----------------------------|
| Alimentum                  | LIQ-4x237 ML PK                                                | 97984558 | ABB | 9.55                                | 6.16                       | 6.16                       | 0.00                        |
| Nutramigen A+              | 0.68KCAL/ML<br>LIQ-945ML PK                                    | 09857347 | MJN | 13.13                               | 8.44                       | 8.44                       | 0.00                        |
| Nutramigen A+              | 5KCAL/G PD-<br>454G PK                                         | 09857345 | MJN | 8.78                                | 19.94                      | 19.94                      | 0.00                        |
| PediaSure<br>Peptide 1 Cal | 1.0KCAL/ML LIQ-<br>237ML PK<br>RECLOSABLE<br>PLASTIC<br>BOTTLE | 09857523 | ABB | 11.35                               | 2.69                       | 2.69                       | 0.00                        |

**G.2 PEDIATRIC FORMULA, CHEMICALLY DEFINED – MONOMERIC (ELEMENTAL)  
MAXIMUM=35.15**

| BRAND NAME                                         | STRENGTH,<br>DOSAGE FORM,<br>PACKAGE SIZE | PIN      | MFR | COST<br>(\$)<br>PER<br>1000K<br>CAL | COST<br>(\$)<br>PER<br>PKG | AMT (\$)<br>MOHLTC<br>PAYS | AMT (\$)<br>PATIENT<br>PAYS |
|----------------------------------------------------|-------------------------------------------|----------|-----|-------------------------------------|----------------------------|----------------------------|-----------------------------|
| E028 Splash<br>(Orange-<br>Pineapple<br>Flavoured) | 1KCAL/ML LIQ-<br>237ML PK                 | 09857336 | NUT | 30.05                               | 7.12                       | 7.12                       | 0.00                        |
| E028 Splash<br>(Grape<br>Flavoured)                | 1KCAL/ML LIQ-<br>237ML PK                 | 09857335 | NUT | 30.05                               | 7.12                       | 7.12                       | 0.00                        |
| Neocate Junior                                     | 1KCAL/ML PD-<br>400G PK                   | 09854207 | NUT | 35.15                               | 64.68                      | 64.68                      | 0.00                        |
| Neocate With<br>DHA & ARA                          | 0.67KCAL/1ML<br>PD-400G CAN<br>PK         | 09857433 | NUT | 28.24                               | 54.56                      | 54.56                      | 0.00                        |
| PurAmino A+                                        | 5KCAL/G PD-<br>400G PK                    | 09857369 | MJN | 22.90                               | 45.79                      | 45.79                      | 0.00                        |
| Vivonex<br>Pediatric                               | PD-48.7G PK                               | 09853308 | NES | 35.15                               | 7.03                       | 7.03                       | 0.00                        |



**H. PEDIATRIC FORMULA, OTHERS****MAXIMUM = N/A**

| <b>BRAND NAME</b>                     | <b>STRENGTH,<br/>DOSAGE FORM,<br/>PACKAGE SIZE</b> | <b>PIN</b> | <b>MFR</b> | <b>COST<br/>(\$)<br/>PER<br/>1000K<br/>CAL</b> | <b>COST<br/>(\$)<br/>PER<br/>PKG</b> | <b>AMT (\$)<br/>MOHLTC<br/>PAYS</b> | <b>AMT (\$)<br/>PATIENT<br/>PAYS</b> |
|---------------------------------------|----------------------------------------------------|------------|------------|------------------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|
| Enfamil<br>EnfaCare A+                | 22KCAL/30ML<br>PD FOR LIQ-<br>363G PK              | 09857172   | MJS        | 8.51                                           | 15.29                                | 15.29                               | 0.00                                 |
| KetoCal                               | 7.2KCAL/G PD-<br>300G PK                           | 09854398   | NUT        | 13.89                                          | 30.00                                | 30.00                               | 0.00                                 |
| KetoCal 4:1<br>(Unflavoured)          | 1.5KCAL/ML LIQ-<br>237ML TETRA<br>PK               | 09857497   | NUT        | 16.16                                          | 5.75                                 | 5.75                                | 0.00                                 |
| Ketocal 4:1<br>(Vanilla<br>Flavoured) | 1.5KCAL/ML LIQ-<br>237ML TETRA<br>PK               | 09857388   | NUT        | 16.16                                          | 5.75                                 | 5.75                                | 0.00                                 |
| Modulen IBD                           | 1KCAL/ML PD-<br>400G PK                            | 09857393   | NES        | 14.50                                          | 29.00                                | 29.00                               | 0.00                                 |
| Peptamen<br>Junior                    | LIQ-250ML PK                                       | 09853588   | NES        | 28.46                                          | 7.12                                 | 7.12                                | 0.00                                 |
| Similac<br>Advance<br>NeoSure         | 5.15KCAL/G PD-<br>363G PK                          | 09857124   | ABB        | 8.02                                           | 14.99                                | 14.99                               | 0.00                                 |

# Diabetic Testing Agents

Blood Glucose Test Strips (BGTSS) are listed substances that are covered as additional benefits for ODB-eligible persons in defined circumstances.

Effective August 1, 2013, the EO introduced changes to the reimbursement of BGTSS for eligible ODB program recipients. For more information, please visit the ministry's website on diabetes test strips at: [Reimbursement levels for Blood Glucose Test Strips](#).

## General Rules and Maximums

The HNS will track and determine appropriate levels of reimbursement of BGTSS based on the current diabetes therapy used by eligible ODB recipients.

When a claim is submitted for BGTSS for eligible ODB recipients, the HNS will automatically review the anti-diabetes medications claims in the previous six months, to identify claims for insulin products and other anti-diabetes medications. The HNS will then apply a maximum number of self-monitoring BGTSS that may be reimbursed for the recipient in the following 365 days as follows:

| Diabetes Treatment History                                                                                   | Number of BGTSS Allowed within a 365-day Period |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Patients managing diabetes with insulin                                                                      | 3,000                                           |
| Patients managing diabetes with anti-diabetes medication with high risk of causing hypoglycemia <sup>1</sup> | 400                                             |
| Patients managing diabetes using anti-diabetes medication with low risk of causing hypoglycemia <sup>2</sup> | 200                                             |
| Patients managing diabetes through diet/lifestyle therapy only (no insulin or anti-diabetes medications)     | 200                                             |

<sup>1</sup>Including but not limited to glyburide, gliclazide, chlorpropamide, tolbutamide, repaglinide, nateglinide, or glimepiride

<sup>2</sup>Including but not limited to metformin, sitagliptin phosphate monohydrate, saxagliptin, acarbose, rosiglitazone, pioglitazone, linagliptin, or liraglutide

Recipients will be allotted the indicated number of test strips for use over the course of a 365-day period. The test strip allotment will apply to both online and paper claims.

When submitting a claim for insulin or anti-diabetes medication along with a claim for BGTSS, **pharmacists should submit all anti-diabetes medications prior to entering the BGTSS claim**. This ensures that the most current drug profile is included in the historical treatment review, and patients are allocated the proper number of test strips. Similarly, all related paper claims should be submitted for processing as soon as possible.

## Pricing Schedule — Diabetic Testing Agents

### Administration

A valid prescription from a physician is required for pharmacists to dispense approved Blood Glucose Test Strips (BGTS) 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 claims are not eligible for a mark-up.

Please note: Only one 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 for Blood Glucose Test Strips

The ministry will reimburse pharmacies the amount identified in the column **Amount MOHLTC Pays** plus the lesser of the posted usual and customary fee or the ODB dispensing fee, minus the co-payment portion. The pharmacy cannot charge eligible recipients any amount other than the co-payment for supplying BGTS under the ODB program.

The following pricing schedule lists those BGTS approved for coverage and the maximum price, up to which they will be reimbursed.

# Pricing Schedule for Diabetic Testing Agents

## BLOOD GLUCOSE TEST STRIPS

| PRODUCT NAME                        | PIN      | MFR | AMOUNT (\$) MOHLTC<br>PAYS PER UNIT |
|-------------------------------------|----------|-----|-------------------------------------|
| Accu-Chek Advantage                 | 09853626 | ROD | 0.7481                              |
| Accu-Chek Aviva                     | 09857178 | ROD | 0.7481                              |
| Accu-Chek Compact                   | 09854282 | ROD | 0.7481                              |
| Accu-Chek Inform II Test Strips     | 09857456 | ROD | 0.6595                              |
| Accu-Chek Mobile                    | 09857452 | ROD | 0.7481                              |
| Accutrend                           | 09853162 | ROD | 0.7679                              |
| Advantage Comfort                   | 09854002 | ROD | 0.7481                              |
| Breeze 2                            | 09857293 | BAH | 0.7290                              |
| BD                                  | 09857132 | BED | 0.7655                              |
| BGStar Blood Glucose Strips 2.7IU   | 09857422 | SAC | 0.7290                              |
| CareSens N Blood Glucose Test Strip | 09857526 | ISE | 0.6912                              |
| Contour                             | 09857127 | BAY | 0.7290                              |
| Contour Next                        | 09857453 | BAY | 0.7290                              |
| EZ Health Oracle                    | 09857357 | TRE | 0.7290                              |
| Freestyle                           | 09857141 | TER | 0.7290                              |
| Freestyle Lite                      | 09857297 | ABB | 0.7290                              |
| FreeStyle Precision Test Strips     | 09857502 | ABD | 0.7290                              |
| GE200 Blood Glucose Test Strips     | 09857525 | BIN | 0.5508                              |
| Ideal Life Glucose Test Strip       | 09857538 | IDL | 0.6800                              |
| MediSure Blood Glucose Strip        | 09857432 | MEH | 0.6900                              |

| PRODUCT NAME                       | PIN      | MFR | AMOUNT (\$) MOHLTC<br>PAYS PER UNIT |
|------------------------------------|----------|-----|-------------------------------------|
| MyGlucoHealth                      | 09857454 | EHS | 0.6851                              |
| Nova Max                           | 09857313 | NOB | 0.7290                              |
| On Call Plus                       | 09857340 | ACO | 0.4500                              |
| One Touch Ultra                    | 09854290 | LIF | 0.7290                              |
| One Touch Verio                    | 09857392 | LIF | 0.7290                              |
| Precision Xtra                     | 09854070 | ABB | 0.7290                              |
| Prestige Smart System              | 09853677 | THR | 0.6067                              |
| Suretest Blood Glucose Test Strips | 09857522 | SKY | 0.7290                              |
| TrueTrack Smart System             | 09857283 | HOM | 0.4000                              |

# **Part X**

# **Abbreviations**

# A. List of Manufacturers Abbreviations

| ABBREVIATION | MANUFACTURER                          |
|--------------|---------------------------------------|
| <b>AAP</b>   | AA Pharma Inc.                        |
| <b>ABB</b>   | Abbott Laboratories Limited           |
| <b>ABD</b>   | Abbott Diabetes Care Ltd.             |
| <b>ABV</b>   | AbbVie Corporation                    |
| <b>ACC</b>   | Accel Pharma Inc.                     |
| <b>ACH</b>   | Accord Healthcare Inc.                |
| <b>ACO</b>   | Acon Laboratories Incorporated        |
| <b>ACT</b>   | Actelion Pharmaceutiques Canada Inc.  |
| <b>ACV</b>   | Actavis Pharma Company                |
| <b>AGI</b>   | Agila Specialties Pvt Ltd.            |
| <b>AGP</b>   | Actavis Group PTC ehf                 |
| <b>AJC</b>   | Agila-Jamp Canada Inc.                |
| <b>ALC</b>   | Alcon Canada Inc.                     |
| <b>ALL</b>   | Allergan Inc.                         |
| <b>ALM</b>   | Almirall Ltd.                         |
| <b>ALV</b>   | Alveda Pharmaceuticals Inc.           |
| <b>AMG</b>   | Amgen Canada Inc.                     |
| <b>APX</b>   | Apotex Inc.                           |
| <b>ASC</b>   | Actavis Specialty Pharmaceuticals Co. |
| <b>ASE</b>   | Astellas Pharma Canada Inc.           |
| <b>ASN</b>   | Aspen Pharma Trading Limited          |

| ABBREVIATION | MANUFACTURER                                                |
|--------------|-------------------------------------------------------------|
| <b>AST</b>   | Astra Pharma Inc.                                           |
| <b>ATO</b>   | Aton Pharma Inc.                                            |
| <b>AUR</b>   | Auro Pharma Inc.                                            |
| <b>AUT</b>   | Auto Control Medical                                        |
| <b>AVE</b>   | Aventis Pharma                                              |
| <b>AYE</b>   | Ayerst Laboratories, Division of Ayerst, McKenna & Harrison |
| <b>AZC</b>   | AstraZeneca                                                 |
| <b>BAH</b>   | Bayer Inc., Health Care Division                            |
| <b>BAR</b>   | Barr Laboratories Inc.                                      |
| <b>BAX</b>   | Baxter Corporation                                          |
| <b>BAY</b>   | Bayer Inc., Consumer Care Division                          |
| <b>BED</b>   | BD Consumer Healthcare                                      |
| <b>BFI</b>   | Axcan Pharma Inc.                                           |
| <b>BGP</b>   | BGP Pharma ULC                                              |
| <b>BIN</b>   | Bionime Corporation                                         |
| <b>BIO</b>   | Biovail Pharmaceuticals Canada                              |
| <b>BJH</b>   | Draxis Health Inc.                                          |
| <b>BMP</b>   | Biomed Pharma                                               |
| <b>BOE</b>   | Boehringer-Ingelheim (Canada) Ltd./Ltee                     |
| <b>BQU</b>   | Bristol Myers Squibb Canada Inc.                            |
| <b>BSH</b>   | Bausch & Lomb Canada Inc.                                   |
| <b>BWE</b>   | Burroughs Wellcome Inc.                                     |
| <b>CIB</b>   | Ciba Pharmaceuticals, Division of Ciba-Geigy Canada Ltd.    |
| <b>CIP</b>   | Cipher Pharmaceuticals Inc.                                 |
| <b>COB</b>   | Cobalt Pharmaceuticals Company                              |
| <b>CPL</b>   | Clay-Park Labs Inc.                                         |

| ABBREVIATION | MANUFACTURER                                                   |
|--------------|----------------------------------------------------------------|
| <b>CRY</b>   | Crystaal Corp.                                                 |
| <b>CYI</b>   | Cytex Pharmaceutical Co.                                       |
| <b>DES</b>   | Desbergers Limited                                             |
| <b>DKT</b>   | Dioptic Laboratories, Division of Akorn Pharmaceuticals Canada |
| <b>DPC</b>   | Dominion Pharmacal                                             |
| <b>DRR</b>   | Dr. Reddy's Laboratories Canada Inc.                           |
| <b>DUI</b>   | Duchesnay Inc.                                                 |
| <b>ECL</b>   | ECL Pharma Group Ltd.                                          |
| <b>EDO</b>   | Endo Pharmaceuticals Inc.                                      |
| <b>EHS</b>   | Entra Health Systems                                           |
| <b>ELA</b>   | Elan Pharmaceuticals Inc.                                      |
| <b>ERF</b>   | Erfa Canada Inc.                                               |
| <b>ETH</b>   | Ethypharm Inc.                                                 |
| <b>EUR</b>   | Euro-Pharm International Canada                                |
| <b>FAM</b>   | Famy Care Ltd.                                                 |
| <b>FEI</b>   | Ferring Inc.                                                   |
| <b>FOU</b>   | Fournier Pharma Inc.                                           |
| <b>FRS</b>   | Merck Frosst Canada & Cie, Merck Frosst Canada & Co.           |
| <b>HOR</b>   | Frank W. Horner Inc.                                           |
| <b>GAC</b>   | Galderma Canada Inc                                            |
| <b>GCH</b>   | GlaxoSmithKline Consumer Healthcare Inc.                       |
| <b>GEI</b>   | Geigy Pharmaceuticals, Division of Ciba-Geigy Canada Ltd.      |
| <b>GEM</b>   | Genmed, A Division of Pfizer Canada Inc.                       |
| <b>GIL</b>   | Gilead Sciences Canada, Inc.                                   |
| <b>GLA</b>   | Glaxo Canada Inc.                                              |
| <b>GLW</b>   | Glaxo Wellcome Inc.                                            |

| ABBREVIATION | MANUFACTURER                                               |
|--------------|------------------------------------------------------------|
| <b>GMP</b>   | Generic Medical Partners                                   |
| <b>GPB</b>   | G Pohl Boskamp GMBH & Co KG                                |
| <b>GRA</b>   | Graceway Pharmaceuticals                                   |
| <b>GSK</b>   | GlaxoSmithKline Inc., GlaxoSmithKline Consumer Health Care |
| <b>GZM</b>   | Genzyme Canada Inc.                                        |
| <b>HEA</b>   | Healthpoint Canada                                         |
| <b>HEY</b>   | HEYL Chemisch-pharmazeutische Fabrik GmbH & Co. KG         |
| <b>HLR</b>   | Hoffmann-La Roche Limited                                  |
| <b>HMR</b>   | Hoechst Marion Roussel Canada Inc.                         |
| <b>HOM</b>   | Home Diagnostics Inc                                       |
| <b>HOS</b>   | Hospira Healthcare Corporation                             |
| <b>HRU</b>   | Hoechst-Roussel Canada Inc.                                |
| <b>IDL</b>   | Ideal Life Inc.                                            |
| <b>IMU</b>   | Immunex Corporation                                        |
| <b>IMM</b>   | Immunotech Research Ltd.                                   |
| <b>INT</b>   | InterMune Canada Inc.                                      |
| <b>IOB</b>   | Iolab Canada Inc.                                          |
| <b>IPS</b>   | Ipsen Limited                                              |
| <b>ISE</b>   | I-Sens, Inc.                                               |
| <b>IVA</b>   | Ivax Laboratories Incorporated                             |
| <b>JAC</b>   | Jacobus Pharmaceutical Company Inc.                        |
| <b>JAJ</b>   | Johnson & Johnson Inc.                                     |
| <b>JAN</b>   | Janssen Inc.                                               |
| <b>JHP</b>   | JHP Pharmaceuticals LLC                                    |
| <b>JNO</b>   | Janssen-Ortho Inc.                                         |
| <b>JOU</b>   | Jouveinal Inc.                                             |

| ABBREVIATION | MANUFACTURER                                     |
|--------------|--------------------------------------------------|
| JPC          | Jamp Pharma Corporation                          |
| LAF          | Laboratoires Fournier S.A.                       |
| LBT          | Laboratoires Thea                                |
| LEA          | Lee-Adams Lab                                    |
| LED          | Lederle – Division of Cyanamid Canada Inc.       |
| LEO          | Leo Pharma Inc.                                  |
| LIF          | Lifescan Canada Ltd.                             |
| LIL          | Eli Lilly Canada Inc.                            |
| MAB          | Meda AB                                          |
| MAL          | Mallinckrodt Canada ULC                          |
| MAN          | Paul Maney Labs, Division of Canapharm Ind. Inc. |
| MAR          | Marcan Pharmaceuticals Inc.                      |
| MAY          | Mayne Pharma (Canada) Inc.                       |
| MCL          | McNeil Consumer Products Co.                     |
| MED          | Medisense Canada Inc.                            |
| MEF          | Medical Futures Inc.                             |
| MEH          | MediHub International Inc.                       |
| MEK          | Merck Canada Inc.                                |
| MEL          | Melia Pharm Inc.                                 |
| MEP          | MedTec Products Inc.                             |
| MEU          | Merus Labs Inc.                                  |
| MEZ          | Merz Pharmaceutical Gmbh                         |
| MFC          | Merck Frosst Canada Ltd.                         |
| MFS          | Merck Frosst/Schering Pharma GP                  |
| MIN          | Mint Pharmaceuticals Inc.                        |
| MJN          | Mead Johnson Nutritionals                        |

| ABBREVIATION | MANUFACTURER                                                |
|--------------|-------------------------------------------------------------|
| <b>MJS</b>   | Mead Johnson Canada                                         |
| <b>MMH</b>   | 3M Pharmaceuticals, Division 3M Canada Inc.                 |
| <b>MMT</b>   | MM Therapeutics Inc.                                        |
| <b>MRR</b>   | Marion Merrell Dow Canada                                   |
| <b>MSD</b>   | Merck Sharp & Dohme Canada, Division of Merck Frosst Canada |
| <b>MYL</b>   | Mylan Pharmaceuticals ULC                                   |
| <b>NAT</b>   | Natco Pharma (Canada) Inc.                                  |
| <b>NDA</b>   | Nadeau Laboratory Ltd.                                      |
| <b>NES</b>   | Nestle Clinical Nutrition                                   |
| <b>NGP</b>   | Next Generation Pharma Inc.                                 |
| <b>NOB</b>   | Nova Biomedical Corporation                                 |
| <b>NON</b>   | Novartis Nutrition Corporation                              |
| <b>NOO</b>   | Novo Nordisk Canada Inc.                                    |
| <b>NOP</b>   | Novopharm Ltd.                                              |
| <b>NOV</b>   | Novartis Pharma Canada Inc.                                 |
| <b>NUT</b>   | Nutricia North America                                      |
| <b>NYC</b>   | Nycomed Canada Inc.                                         |
| <b>ODN</b>   | Odan Laboratories Ltd.                                      |
| <b>OMC</b>   | Ortho McNeil                                                |
| <b>OMG</b>   | Omega Laboratories Ltd.                                     |
| <b>ORC</b>   | Orchid Healthcare                                           |
| <b>ORG</b>   | Organon Canada Ltd./Ltee                                    |
| <b>ORY</b>   | Oryx Pharmaceuticals Inc.                                   |
| <b>OTS</b>   | Otsuka Pharmaceutical Co. Ltd.                              |
| <b>OVA</b>   | Ovation Pharmaceuticals Inc.                                |
| <b>PAL</b>   | Paladin Labs Inc.                                           |

| ABBREVIATION | MANUFACTURER                                               |
|--------------|------------------------------------------------------------|
| <b>PAR</b>   | Patriot, A Division of Janssen Inc.                        |
| <b>PDA</b>   | Parke-Davis, Division Warner-Lambert Canada Inc.           |
| <b>PED</b>   | Pediapharm Licensing Inc.                                  |
| <b>PEN</b>   | Pendopharm Inc., Division of Pharmascience Inc.            |
| <b>PFI</b>   | Pfizer Canada Inc.                                         |
| <b>PFP</b>   | Purdue Pharma                                              |
| <b>PGI</b>   | Proctor & Gamble Inc.                                      |
| <b>PGP</b>   | Proctor & Gamble Pharmaceuticals Canada, Inc.              |
| <b>PHE</b>   | Pharmel Inc.                                               |
| <b>PMJ</b>   | Pharmacia & Upjohn                                         |
| <b>PMS</b>   | Pharmascience Inc.                                         |
| <b>PPC</b>   | Pharmaceutical Partners of Canada                          |
| <b>PRE</b>   | Prempharm Inc.                                             |
| <b>QUO</b>   | Questcor Operations Ltd.                                   |
| <b>RAN</b>   | Ranbaxy Pharmaceuticals Canada Inc.                        |
| <b>RBP</b>   | RB Pharmaceuticals Ltd.                                    |
| <b>RBT</b>   | Roberts Pharmaceutical of Canada Inc.                      |
| <b>RIA</b>   | Laboratoire Riva Inc.                                      |
| <b>RIV</b>   | Rivex Pharma Inc.                                          |
| <b>ROD</b>   | Roche Diagnostics, A Division of Hoffmann-La Roche Limited |
| <b>ROG</b>   | Rougier Pharma, Division of Ratiopharm Inc.                |
| <b>ROS</b>   | Ross Laboratories – Abbott (Nutritional Products)          |
| <b>RPH</b>   | Ratiopharm Inc.                                            |
| <b>RPP</b>   | Rhone-Poulenc Rorer – Ethical Division                     |
| <b>RPR</b>   | Rhone-Poulenc Rorer Consumer Inc.                          |
| <b>SAC</b>   | Schering-Plough Canada Inc.                                |

| ABBREVIATION | MANUFACTURER                         |
|--------------|--------------------------------------|
| <b>SAI</b>   | Sanis Health Inc.                    |
| <b>SAO</b>   | Schering Canada Inc.                 |
| <b>SAV</b>   | Sanofi Aventis Canada Inc.           |
| <b>SCH</b>   | Searle Canada Inc.                   |
| <b>SCP</b>   | Schering-Plough Canada Inc.          |
| <b>SDZ</b>   | Sandoz Canada Inc.                   |
| <b>SEA</b>   | Searle Canada Inc.                   |
| <b>SEP</b>   | Sepracor Pharmaceuticals Inc.        |
| <b>SET</b>   | Septa Pharmaceuticals Inc.           |
| <b>SEV</b>   | Servier Canada Inc.                  |
| <b>SHI</b>   | Shire Canada Pharma Canada ULC       |
| <b>SHL</b>   | SHS International Ltd.               |
| <b>SHS</b>   | SHS North America                    |
| <b>SIG</b>   | Sigma-Tau Pharmaceutical Inc.        |
| <b>SKY</b>   | Skymed Corporation                   |
| <b>SNE</b>   | Smith & Nephew Inc.                  |
| <b>SMJ</b>   | Smith Kline Beecham Pharma Inc.      |
| <b>SOT</b>   | Shire Orphan Therapies Inc.          |
| <b>SPH</b>   | Solvay Pharma Inc.                   |
| <b>STA</b>   | Stason Pharmaceuticals Inc.          |
| <b>STE</b>   | Sterimax Inc.                        |
| <b>STI</b>   | Stiefel Canada Inc.                  |
| <b>STL</b>   | Stallergenes Canada Inc.             |
| <b>SUO</b>   | Sunovion Pharmaceuticals Canada Inc. |
| <b>SYN</b>   | Syntex Inc.                          |
| <b>TAK</b>   | Takeda Canada Inc.                   |

| ABBREVIATION | MANUFACTURER                                        |
|--------------|-----------------------------------------------------|
| TAR          | Taro Pharmaceuticals Inc.                           |
| TER          | Therasense Canada Inc.                              |
| TEV          | Teva Canada Limited                                 |
| THE          | Theramed Corporation                                |
| THR          | Thermor Ltd.                                        |
| TPH          | TaroPharma, a Division of Taro Pharmaceuticals Inc. |
| TRE          | Tremblay Harrison Inc.                              |
| TRT          | Triton Pharma Inc.                                  |
| UCB          | UCB Canada Inc.                                     |
| UPJ          | The Upjohn Company of Canada                        |
| VAE          | Valeo Pharma Inc.                                   |
| VAL          | Valeant Canada Ltd.                                 |
| VAN          | Vanc Pharmaceuticals Inc.                           |
| VIH          | ViiV Healthcare ULC                                 |
| VLH          | Lundbeck Canada Inc.                                |
| VPI          | VPI Pharmaceuticals Inc.                            |
| WAB          | Waymar Pharmaceuticals Inc.                         |
| WAR          | Warner Chilcott Canada Co.                          |
| WAT          | Watson Laboratories Inc.                            |
| WAY          | Wyeth Pharmaceuticals                               |
| WEL          | WellSpring Pharmaceutical Canada Corp.              |
| WHB          | Whitehall-Robins Inc.                               |
| WSQ          | Westwood Squibb Pharmaceuticals                     |
| WYA          | Wyeth-Ayerst Canada Inc.                            |
| WYE          | Wyeth Ltd.                                          |
| XED          | Xediton Pharmaceuticals Inc.                        |

| ABBREVIATION | MANUFACTURER                |
|--------------|-----------------------------|
| ZYN          | Zymcan Pharmaceuticals Inc. |

## B. List of Dosage Form Abbreviations

| ABBREVIATION     | DOSAGE FORM                             |
|------------------|-----------------------------------------|
| 3 Phase          | Three Phase                             |
| Aero             | Aerosol                                 |
| Amp              | Ampoule                                 |
| App              | With Applicator                         |
| Cap              | Capsule                                 |
| Cart             | Cartridge                               |
| Chew             | Chewable                                |
| Cl Lot           | Cleansing Lotion                        |
| Combi Pk         | Combination Pack                        |
| CR               | Controlled Release                      |
| Cr               | Cream                                   |
| Dos              | Dose                                    |
| DR               | Delayed Release                         |
| Eff              | Effervescent                            |
| Emol             | Emollient                               |
| Emuls            | Emulsion                                |
| EC               | Enteric Coated                          |
| Ent              | Enteric Coated                          |
| Ent Microsph Cap | Enteric Coated Microspheres in Capsules |

| ABBREVIATION    | DOSAGE FORM                  |
|-----------------|------------------------------|
| ER              | Extended Release             |
| Ex (or in) Aq   | In Water                     |
| Fl              | Fluid                        |
| Gran            | Granule                      |
| Gtt             | Drop(s)                      |
| Hr              | Per Hour                     |
| Inh             | For Inhalation               |
| Inh Pd          | Inhale Powder                |
| Inh Solution    | Inhale Solution              |
| Inj             | Injectable                   |
| LA              | Long Acting                  |
| Liq             | Liquid                       |
| Lot             | Lotion                       |
| Loz             | Lozenge                      |
| Mcg             | Microgram                    |
| ML              | Millilitre                   |
| Multi Dose Vial | Multiple Dose Vial           |
| Nas-Inh         | Nasal Inhaler                |
| Nas-Sp          | Nasal Spray                  |
| Oculent         | Eye Ointment                 |
| ODT             | Orally Disintegrating Tablet |
| Oily            | In Oil                       |
| Oint            | Ointment                     |
| O/L             | Oral Liquids                 |
| Oph             | Ophthalmic                   |
| Oph Sol         | Ophthalmic Solution          |

| ABBREVIATION | DOSAGE FORM              |
|--------------|--------------------------|
| Oral Pd      | Oral Powder              |
| Oral Susp    | Oral Suspension          |
| Ot           | Otic                     |
| Ot Sol       | Otic Solution            |
| Past         | Paste or Pastille        |
| Patch        | Therapeutic System Patch |
| Pd           | Powder                   |
| Pd Inh       | Powder for Inhalation    |
| P.E.         | Powdered Extract         |
| Ped          | Pediatric                |
| Pil          | Pill                     |
| Pk           | Package                  |
| Pref Autoinj | Prefilled Autoinjector   |
| Pref Pen     | Prefilled Pen            |
| Pref Syr     | Prefilled Syringe        |
| Prolong-Rel  | Prolonged-Release        |
| Pulv         | Pulverized               |
| Rect         | Rectal                   |
| Rect Aero    | Rectal Aerosol Foam      |
| SDV          | Single Dose Vial         |
| SG Cap       | Soft Gelatin Cap         |
| SL           | Sublingual               |
| Sol          | Solution                 |
| Sp           | Spray                    |
| Sprinkle Cap | Sprinkle Capsule         |
| Sq Cm        | Square Centimetre        |

| ABBREVIATION | DOSAGE FORM       |
|--------------|-------------------|
| SR           | Sustained Release |
| Sup          | Suppository       |
| Syr          | Syrup             |
| Tab          | Tablet            |
| Tamp         | Tampon            |
| Tinct, Tr    | Tincture          |
| Top          | Topical           |
| Top Cr       | Topical Cream     |
| Top Gel      | Topical Gel       |
| Top Sol      | Topical Solution  |

# **Part XI**

## **Section Currently Not in Use**

# **Part XII**

## **Limited Use Drug Products**

# Part XII: Limited Use Drug Products

## Introduction

Please refer to the e-Formulary to access up-to-date information on Limited Use (LU) product listings and their clinical criteria. For information about the designation of LU benefits, see Part I of the Formulary/CDI.

## Finding an 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 ODB program. Each LU criterion has a corresponding RFU code. LU drugs are eligible for coverage only in situations where the clinical criteria have been met. Any other indication may be considered through the EAP described in Part VIII of the Formulary/CDI.

## LU Reimbursement Process

### Completing an 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 LU drugs used in chronic conditions have been granted extended authorization periods beyond one year. For drugs with an “indefinite” authorization period, it is only necessary for the prescriber 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, prescribers 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.

Documentation that the patient meets the LU criteria may be provided on a regular prescription form according to the following instructions. Failure to have the RFU code appropriately documented on the prescription may result in:

- Prescription not being filled by the pharmacist
- Recoveries of monies paid to pharmacies by the ministry
- Patient being required to pay for the LU drug prescription

All LU prescriptions require an RFU code to be completed by the prescriber. The RFU code verifies that the patient meets the LU criteria. Effective May 16, 2008, the RFU code can be communicated by one of the following methods:

- Writing on an LU prescription
- Electronically on an electronically-generated LU prescription
- Verbally during a verbal order of an LU prescription by a prescriber\*
- Verbally during an LU prescription transfer between pharmacies\*

\*Verbal communications of RFU codes must be documented by the receiving pharmacy in writing

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). Pursuant to subsection 29(1) of O. Reg. 201/96 made under the ODBA, a valid LU prescription with RFU code must be kept on file for 24 months to support the LU claim.

## Monitoring and Accountability Framework

Reimbursement for LU claims is made under the authority of section 23 of the ODBA and can only be made if the LU clinical criteria set out in the Formulary/CDI have been met. By writing the RFU code on a prescription for the LU drug product, the authorized prescriber affirms that the patient meets the clinical criteria.

For the purposes of claims review under the ODBA, it may be necessary on occasion for prescribers to provide supporting documents on request. Pursuant to section 46(1) of the *Personal Health Information Protection Act, 2004*, a health information custodian may be required to disclose personal health information about an individual to the ministry 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 LU Prescriptions for Prescribers

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 RFU code (e.g., RFU# 123); and
- Sign and date the prescription; and
- Fill in your CPSO number (for prescribers other than physicians, fill in your college registration number and indicate the professional college to which you belong).

The initial LU prescription with the RFU code must be fully complete before patients take the prescription to the pharmacy, or prescribers fax it directly to the pharmacy. All LU prescriptions require an RFU code to be completed by the prescriber. The RFU code verifies that the patient meets the LU criteria. Effective May 16, 2008, the RFU code may be communicated by one of the following methods:

- Writing on an LU prescription
- Electronically on an electronically-generated LU prescription
- Verbally during a verbal order of an LU prescription by a prescriber

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 OCP.

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 an LU drug as long as supporting documentation is available.

Reimbursement for LU claims is made under the authority of section 23 of the ODBA and can only be made if the authorized LU criteria have been met.

Prescribers should not complete an 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 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 LU Prescriptions for Pharmacists

All drug products, including LU drugs, are to be dispensed in accordance with the regulations of the OCP.

Pharmacists must ensure that all of the following information has been provided by the prescriber:

- The appropriate RFU code
- The date and prescriber's signature
- The physician's CPSO number (for prescribers other than physicians, the prescriber's college registration number is required)

Only the prescriber 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). Please note:

- Payments made in respect of LU claims with incomplete documentation (i.e., prescriptions that do not include the appropriate RFU code, date, prescriber's signature, CPSO number or college registration number) will be subject to recovery by the ministry
- 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 prescriber 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 an RFU code to be completed by the prescriber. The RFU code verifies that the patient meets the LU criteria. The RFU code may be communicated by one of the following methods:

- Writing on an LU prescription
- Electronically on an electronically-generated LU prescription
- Verbally during a verbal order of an LU prescription by a prescriber

Pharmacists may also communicate the RFU code verbally during an LU prescription transfer between pharmacies. Verbal communications of RFU codes must be documented by the receiving pharmacy in writing.

The LU authorization must be documented and will be valid for the duration indicated by the listed LU criteria. During this period any repeat prescription may be given verbally by a prescriber 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 OCP.

If a patient has met the LU criteria before being eligible for ODB, 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 ODBA and can only be made if the authorized LU criteria have been met. Pursuant to subsection 29(1) of O. Reg. 201/96 made under the ODBA, a valid LU prescription with RFU code must be kept on file for 24 months to support the LU claim.

Note: if the pharmacist is prescribing the drug therapy according to his/her scope of practice, the pharmacist can complete the LU documentation to confirm that the patient meets the LU criteria. As the prescriber of the medication, documentation of the assessment must be recorded appropriately before the claim is submitted.

Documentation may be requested for post-payment verification.

**The pharmacist must have a fully completed prescription with the appropriate RFU code before submitting an ODB claim.**

